

ATTORNEY OR PARTY WITHOUT ATTORNEY: <span style="float: right;">STATE BAR NO.: 290270</span> NAME: <b>Sheela Stark</b> FIRM NAME: <b>Sheela Stark Law Group, APC</b> STREET ADDRESS: <b>1461 Ford Street Ste 203</b> CITY: <b>Redlands</b> <span style="float: right;">STATE: <b>CA</b> ZIP CODE: <b>92373</b></span> TELEPHONE NO.: <b>(909) 767-3890</b> <span style="float: right;">FAX NO.: <b>(909) 912-8328</b></span> E-MAIL ADDRESS: <b>office@lawyerstark.com</b> ATTORNEY FOR (name): <b>Nolan Presley</b>	<b>FOR COURT USE ONLY</b>  ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT  12/10/2024 5:10 PM  By: Arica Tobias, DEPUTY		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino County</b> STREET ADDRESS: <b>17780 Arrow Blvd.</b> MAILING ADDRESS: <b>Fontana Courthouse</b> CITY AND ZIP CODE: <b>Fontana 92335</b> BRANCH NAME: <b>Fontana Courthouse</b>			
ESTATE OF (name): <b>Lori Hembree</b>  <div style="text-align: right;"><b>DECEDENT</b></div>			
<b>PETITION FOR</b> <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input checked="" type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: <b>PROVA2400341</b>  <table style="width: 100%;"> <tr> <td style="width: 80%;">HEARING DATE AND TIME: <b>01/21/2024 9:00 AM</b></td> <td style="width: 20%;">DEPT.: <b>F2</b></td> </tr> </table>	HEARING DATE AND TIME: <b>01/21/2024 9:00 AM</b>	DEPT.: <b>F2</b>
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1. Publication will be in (specify name of newspaper): **City News Group**
    - a. ☐ Publication requested.
    - b. ☒ Publication to be arranged.
  2. Petitioner (name each):  
**Nolan Presley**  
  
**requests that**
    - a. ☐ decedent's will and codicils, if any, be admitted to probate.
    - b. (name): **Nolan Presley** be appointed
      - (1) ☐ executor
      - (2) ☐ administrator with will annexed
      - (3) ☒ administrator
      - (4) ☐ special administrator ☐ with general powers and Letters issue upon qualification.
    - c. ☒ full ☐ limited authority be granted to administer under the Independent Administration of Estates Act.
    - d. (1) ☐ bond not be required for the reasons stated in item 3e.  
(2) ☒ \$ **1,100,000.00** bond be fixed. The bond will be furnished by an admitted surety insurer or as otherwise provided by law. (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob. Code, § 8482.)  
(3) ☐ \$ \_\_\_\_\_ in deposits in a blocked account be allowed. Receipts will be filed.  
(Specify institution and location): \_\_\_\_\_
- Attached hereto as EXHIBIT A is a true and correct copy of the decedent's death certificate.
3. a. Decedent died on (date): **9/28/2018** at (place): **Los Angeles, California**
    - (1) ☒ a resident of the county named above.
    - (2) ☐ a nonresident of California and left an estate in the county named above located at (specify location permitting publication in the newspaper named in item 1): \_\_\_\_\_
  - b. ☐ Decedent was a citizen of a country other than the United States (specify country): \_\_\_\_\_
  - c. Street address, city, and county of decedent's residence at time of death (specify):  
**3508 Spur Court, Chino, San Bernardino County, California 91710**

ESTATE OF (name): Lori Hembree

DECEDENT

CASE NUMBER:

PROVA2400341

## 3. d. Character and estimated value of the property of the estate (complete in all cases):

- (1) Personal property: \$0
- (2) Annual gross income from
- (a) real property: \$ 0
- (b) personal property: \$ 0
- (3) Subtotal (add (1) and (2)): \$ 0
- (4) Gross fair market value of real property: \$ 1,000,000.00
- (5) (Less) Encumbrances: (\$ TBD )
- (6) Net value of real property: \$ 1,000,000.00
- (7) Total (add (3) and (6)): \$ 1,000,000.00

- e. (1) ☐ Will waives bond. ☐ Special administrator is the named executor, and the will waives bond.
- (2) ☐ All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 3e(2).)
- (3) ☐ All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3e(3).)
- (4) ☐ Sole personal representative is a corporate fiduciary or an exempt government agency.

- f. (1) ☒ Decedent died intestate.
- (2) ☐ Copy of decedent's will dated: ☐ codicil dated (specify for each):

are affixed as Attachment 3f(2). (Include typed copies of handwritten documents and English translations of foreign-language documents.)

☐ The will and all codicils are self-proving (Prob. Code, § 8220).

- (3) ☐ The original of the will and/or codicil identified above has been lost. (Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)

## g. Appointment of personal representative (check all applicable boxes):

- (1) Appointment of executor or administrator with will annexed:
- (a) ☐ Proposed executor is named as executor in the will and consents to act.
- (b) ☐ No executor is named in the will.
- (c) ☐ Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(1)(c).)
- (d) ☐ Other named executors will not act because of ☐ death ☐ declination ☐ other reasons (specify):

☐ Continued in Attachment 3g(1)(d).

## (2) Appointment of administrator:

- (a) ☒ Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3g(2)(a).)
- (b) ☐ Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(2)(b).)
- (c) ☒ Petitioner is related to the decedent as (specify): Nephew by marriage; Conservator for Surviving Spouse
- (3) ☐ Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 3g(3).)
- (4) ☐ Proposed personal representative would be a successor personal representative.

## h. Proposed personal representative is a

- (1) ☒ resident of California.
- (2) ☐ nonresident of California (specify permanent address):

- (3) ☒ resident of the United States.
- (4) ☐ nonresident of the United States.

ESTATE OF (name): Lori Hembree

DECEDENT

CASE NUMBER:

PROVA2400341

4. ☐ Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.
5. a. Decedent was survived by (check items (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
- (1) ☒ spouse.
- (2) ☐ no spouse as follows:
- (a) ☐ divorced or never married.
- (b) ☐ spouse deceased.
- (3) ☐ registered domestic partner.
- (4) ☒ no registered domestic partner. (See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
- (5) ☐ child as follows:
- (a) ☐ natural or adopted.
- (b) ☐ natural adopted by a third party.
- (6) ☒ no child.
- (7) ☐ issue of a predeceased child.
- (8) ☒ no issue of a predeceased child.
- b. Decedent ☐ was ☒ was not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)
6. (Complete if decedent was survived by (1) a spouse or registered domestic partner but no issue (only a or b apply), or (2) no spouse, registered domestic partner, or issue. (Check the first box that applies):
- a. ☒ Decedent was survived by a parent or parents who are listed in item 8.
- b. ☐ Decedent was survived by issue of deceased parents, all of whom are listed in item 8.
- c. ☐ Decedent was survived by a grandparent or grandparents who are listed in item 8.
- d. ☐ Decedent was survived by issue of grandparents, all of whom are listed in item 8.
- e. ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- f. ☐ Decedent was survived by next of kin, all of whom are listed in item 8.
- g. ☐ Decedent was survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 8.
- h. ☐ Decedent was survived by no known next of kin.
7. (Complete only if no spouse or issue survived decedent.)
- a. ☐ Decedent had no predeceased spouse.
- b. ☐ Decedent had a predeceased spouse who
- (1) ☐ died not more than 15 years before decedent and who owned an interest in real property that passed to decedent,
- (2) ☐ died not more than five years before decedent and who owned personal property valued at \$10,000 or more that passed to decedent, (If you checked (1) or (2), check only the first box that applies):
- (a) ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- (b) ☐ Decedent was survived by a parent or parents of the predeceased spouse who are listed in item 8.
- (c) ☐ Decedent was survived by issue of a parent of the predeceased spouse, all of whom are listed in item 8.
- (d) ☐ Decedent was survived by next of kin of the decedent, all of whom are listed in item 8.
- (e) ☐ Decedent was survived by next of kin of the predeceased spouse, all of whom are listed in item 8.
- (3) ☐ neither (1) nor (2) apply.
8. Listed on the next page are the names, relationships to decedent, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the trustee and personal representative are the same person.

ESTATE OF (name): Lori Hembree	CASE NUMBER: DECEDENT PROVA2400341
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8. Name and relationship to decedent	Age	Address
Nolan Presley - petitioner; nephew by marriage; Conservator of Surviving Spouse	Adult	1816 Circle Ct La Verne, CA 91750
Leo Presley - surviving spouse	Adult	3508 Spur Court Chino, CA 91710
Elaine O. Grimm - mother	Post-deceased	POST DECEASED
Kristine E. Bolender - sister	Post-deceased	POST DECEASED
Katie E. Forsman - niece; Personal Representative for the Estate of Elaine O. Grimm	Adult	2520 Valley Center Dr. Santa Rosa, CA 95405
Tyler D. Bolender - nephew	Adult	PO Box 3329 Shelton, WA 98584

☐ Continued on Attachment 8.

9. Number of pages attached: 3

Date: 12/10/2024

Sheela A. Stark, Esq.

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)\*

\* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12/10/2024

Nolan Presley

(TYPE OR PRINT NAME OF PETITIONER)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)



(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

**ATTACHMENT 3g(2)(a)**

NOLAN PRESLEY, Petitioner herein, is the nephew of LEO PRESLEY, who is the surviving spouse of LORI HEMBREE, decedent herein. NOLAN PRESLEY is the court-appointed Conservator of the Person and Estate of LEO PRESLEY, in the San Bernardino Superior Court Case #CONVA2400072. As such, NOLAN PRESLEY, as Conservator of the Person and Estate of LEO PRESLEY, has first priority to act as Administrator, on behalf of Surviving Spouse LEO PRESLEY.

# **EXHIBIT A**

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

3052018204362

### CERTIFICATE OF DEATH

3201819045586

1 NAME OF DECEASED <b>LORI</b>		2 MIDDLE <b>ELLEN</b>		3 LAST (Family) <b>HEMBREE</b>	
4 DATE OF BIRTH <b>09/02/1949</b>		5 AGE Yrs. <b>69</b>		6 SEX <b>F</b>	
8 BIRTH STATE/COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13 EDUCATION - Highest Level/Original <b>BACHELOR</b>		14 WAS DECEASED HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12 MARITAL STATUS/POSP (at time of death) <b>MARRIED</b>	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>PHARMACEUTICAL REPRESENTATIVE</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PHARMACEUTICAL</b>		19 YEARS IN OCCUPATION <b>32</b>	
20 DECEASED'S RESIDENCE (Street and number, or location) <b>3508 SPUR COURT</b>					
21 CITY <b>CHINO</b>		22 COUNTY/PROVINCE <b>SAN BERNARDINO</b>		23 ZIP CODE <b>91710</b>	
24 YEARS IN COUNTY <b>32</b>		25 STATE/FOREIGN COUNTRY <b>CA</b>			
26 INFORMANT'S NAME, RELATIONSHIP <b>LEO G. PRESLEY JR., HUSBAND</b>			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route, box, city or town, state and zip) <b>3508 SPUR COURT, CHINO, CA 91710</b>		
28 NAME OF SURVIVING SPOUSE/SPOF - FIRST <b>LEO</b>		29 MIDDLE <b>GRADY</b>		30 LAST (BIRTH NAME) <b>PRESLEY JR.</b>	
31 NAME OF FATHER/PARENT - FIRST <b>RICHARD</b>		32 MIDDLE <b>-</b>		33 LAST <b>GRIMM</b>	
34 BIRTH STATE <b>CA</b>		35 NAME OF MOTHER/PARENT - FIRST <b>ELAINE</b>		36 MIDDLE <b>-</b>	
37 LAST (BIRTH NAME) <b>KRASE</b>		38 BIRTH STATE <b>CA</b>		39 BIRTH STATE <b>CA</b>	
40 DISPOSITION DATE <b>10/10/2018</b>		41 PLACE OF FINAL DISPOSITION <b>RESIDENCE OF LEO G. PRESLEY JR., 3508 SPUR COURT, CHINO, CA 91710</b>			
42 TYPE OF DISPOSITION(S) <b>CR/RES</b>		43 SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		44 LICENSE NUMBER	
45 NAME OF FUNERAL ESTABLISHMENT <b>BEST CREMATION CARE OF CALIFORNIA</b>		46 LICENSE NUMBER <b>FD2154</b>		47 SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS, M.D.</b>	
48 DATE <b>10/10/2018</b>		49 PLACE OF DEATH <b>KINDRED HOSPITAL - LOS ANGELES</b>			
101 COUNTY <b>LOS ANGELES</b>		102 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>5525 WEST SLAUSON AVENUE</b>		103 CITY <b>LOS ANGELES</b>	
104 CAUSE OF DEATH <b>IN CARDIOPULMONARY ARREST</b>		105 HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> CIVIC <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other		106 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
107 CAUSE OF DEATH <b>SEPSIS</b>		108 MINS <b>10</b>		109 DAYS <b>10</b>	
110 WKS <b>10</b>		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
114 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date) <b>NO</b>					
115 I CERTIFY THAT THIS DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED <b>08/15/2018 09/27/2018</b>		116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JAMEEL M. HOURANI D.O. 3831 HUGHES AVENUE, STE. 063, CULVER CITY, CA 90232</b>		117 LICENSE NUMBER <b>20A5417</b>	
118 DATE OF DEATH <b>08/15/2018</b>		119 DATE OF DEATH <b>09/27/2018</b>		120 DATE OF DEATH <b>10/09/2018</b>	
121 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		122 INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		123 INJURY DATE <b>10/09/2018</b>	
124 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
125 DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
126 LOCATION OF INJURY (Street and number, or location, and city and zip)					
127 SIGNATURE OF CORONER / DEPUTY CORONER					
128 DATE <b>10/16/2018</b>					
129 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
130 STATE REGISTRAR <b>A B C D E</b>					

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles  
Department of Public Health if it bears the Registrar's signature in purple ink.

001840970

Health Officer and Registrar  
DATE ISSUED  
OCT 16 2018

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE