

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: KIMBERLY P WILLIAMS FIRM NAME: STREET ADDRESS: PO BOX 3234 CITY: EARP STATE: CA ZIP CODE: 92242 TELEPHONE NO.: 928-622-2607 FAX NO.: E-MAIL ADDRESS: MYHEAVENSENTW@GMAIL.COM ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO COUNTY STREET ADDRESS: 14455 CIVIC DR MAILING ADDRESS: CITY AND ZIP CODE: VICTORVILLE CA 92392 BRANCH NAME: ESTATE OF (name): MAX CURTIS WILLIAMS DECEDENT PETITION FOR <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 type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT OCT 20 2023 BY <u><i>[Signature]</i></u> AMY GAMEZ-REYES, DEPUTY CASE NUMBER: PROVV2300076 HEARING DATE AND TIME: NOV 28 2023 9:00am DEPT.: V12
--	---

1. Publication will be in (specify name of newspaper):

- a. ☒ Publication requested.
 b. ☐ Publication to be arranged.

2. Petitioner (name each):

KIMBERLY P WILLIAMS

requests that

a. ☐ decedent's will and codicils, if any, be admitted to probate.

b. (name):

- (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) ☐ \$ 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):

3. a. Decedent died on (date): **09/02/2022** at (place): **REDLANDS HOSPITAL**

- (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):

5568 HANAMO DR EARP CA 92242

ESTATE OF (name):

Max C Williams

DECEDENT

CASE NUMBER

Pronv 2300076

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

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

- 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):
- (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):

Max C Williams

DECEDENT

CASE NUMBER

PCOV 2300076

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): Williams Max C	DECEDENT	CASE NUMBER: PROV2300076
--	----------	------------------------------------

8. Name and relationship to decedent	Age	Address
KIMBERLY P WILLIAMS - Daughter	49	PO BOX 3234 BIG RIVER CA 92242
DON C WILLIAMS Grandson	31	PO BOX 3234 BIG RIVER CA 92242
HEAVEN L DUELING Granddaughter	13	PO BOX 3234 BIG RIVER CA 92242

Don and heaven are Kimberly Williams - Kids

☐ Continued on Attachment 8.

9. Number of pages attached: _____

Date: 10-20-23

Kimberly Williams

(TYPE OR PRINT NAME OF ATTORNEY)

Kimberly Williams

(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:

(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.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052022209109

CERTIFICATE OF DEATH

3202236012161

1. NAME OF DECEDENT - FIRST (Given) MAX		2. MIDDLE CURTIS		3. LAST (Family) WILLIAMS	
4. DATE OF BIRTH mm/dd/yyyy 03/26/1940					
5. AGE Yrs. 82		6. SEX M		7. DATE OF DEATH mm/dd/yyyy 09/02/2022	
8. BIRTH STATE/FOREIGN COUNTRY TN		9. SOCIAL SECURITY NUMBER 8973		10. MARITAL STATUS (at Time of Death) WIDOWED	
11. EDUCATION - Highest Level/Degree SOME COLLEGE		12. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		13. YEARS IN OCCUPATION 30	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SECURITY		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CALIFORNIA SPEEDWAY		16. YEARS IN OCCUPATION 30	
17. DECEASED'S RESIDENCE (Street and number, or location) 35080 CHANDLER AVE SP2					
18. CITY CALIMESA		19. COUNTY/PROVINCE RIVERSIDE		20. ZIP CODE 92320	
21. YEARS IN COUNTY 13		22. STATE/FOREIGN COUNTRY CA		23. INFORMANT'S NAME, RELATIONSHIP KIMBERLY WILLIAMS, DAUGHTER	
24. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, box, etc.) 35080 CHANDLER AVE SP2, CALIMESA, CA 92320		25. NAME OF SURVIVING SPOUSE/SPOD - FIRST RAY			
26. MIDDLE THOMAS		27. LAST BIRTH NAME WILLIAMS		28. BIRTH STATE TN	
29. NAME OF MOTHER/PARENT - FIRST BETTY		30. MIDDLE ELIZABETH		31. LAST BIRTH NAME MCMAHAN	
32. BIRTH STATE UNK		33. DATE OF DEATH mm/dd/yyyy 09/09/2022			
34. PLACE OF FINAL DISPOSITION RES OF KIMBERLY WILLIAMS		35. PLACE OF FINAL DISPOSITION 35080 CHANDLER AVE SP2, CALIMESA, CA 92320			
36. TYPE OF DISPOSITION CREMATE/RESIDENCE		37. SIGNATURE OF EMBALMER NOT EMBALMED		38. LICENSE NUMBER FD406	
39. NAME OF FUNERAL ESTABLISHMENT MARK B SHAW FUNERAL DIRECTORS		40. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD		41. DATE mm/dd/yyyy 09/09/2022	
42. PLACE OF DEATH REDLANDS COMMUNITY HOSPITAL		43. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> SKILLED NURSING <input type="checkbox"/> HOME <input type="checkbox"/> OTHER			
44. COUNTY SAN BERNARDINO		45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 350 TERRACINA BLVD		46. CITY REDLANDS	
47. CAUSE OF DEATH ACUTE HYPOXEMIC RESPIRATORY FAILURE		48. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
49. ASPIRATION PNEUMONIA ASPIRATION PNEUMONIA		49. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
50. DYSPHAGIA DYSPHAGIA		50. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
51. CEREBROVASCULAR ACCIDENT CEREBROVASCULAR ACCIDENT		51. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50 ACUTE HEART FAILURE, PULMONARY EDEMA		52. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		53. IF FEMALE, PREGNANT IN LAST YEAR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 08/29/2022		55. SIGNATURE AND TITLE OF CERTIFIER RACHEL SUBRAMANIAN, MD		56. LICENSE NUMBER A173352	
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RACHEL SUBRAMANIAN, MD		58. DATE mm/dd/yyyy 09/02/2022			
59. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 08/29/2022		60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RACHEL SUBRAMANIAN, MD		61. DATE mm/dd/yyyy 09/02/2022	
62. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		64. INJURY DATE mm/dd/yyyy	
65. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		66. INJURY DATE mm/dd/yyyy			
67. LOCATION OF INJURY (Street and number, or location, and city and zip)		68. INJURY DATE mm/dd/yyyy			
69. SIGNATURE OF CORONER / DEPUTY CORONER		70. DATE mm/dd/yyyy		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
72. STATE REGISTRAR		73. FAX AUTH/L		74. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

SEP 14 2022

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Michael A. Sequeira MD
MICHAEL A. SEQUEIRA, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS



* 003087623 *

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

