

**NOTICE: This case is assigned to Dept. F1**

DE-111

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY:  NAME: Sheela Stark  FIRM NAME: Sheela Stark Law Group, APC  STREET ADDRESS: 1461 Ford Street Ste 203  CITY: Redlands  TELEPHONE NO.: (909) 767-3890  E-MAIL ADDRESS: office@lawyerstark.com  ATTORNEY FOR (name): Tawnya Glasscock</p> <p>STATE BAR NO.: 290270</p> <p>STATE: CA ZIP CODE: 92373  FAX NO.: (909) 912-8328</p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino</b>  STREET ADDRESS: 17780 Arrow Blvd.  MAILING ADDRESS: 17780 Arrow Blvd.  CITY AND ZIP CODE: Fontana 92335  BRANCH NAME: Fontana Courthouse</p> <p>ESTATE OF (name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna  <b>DECEDENT</b></p> <p><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 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</p>	<p style="text-align: center;"><b>FOR COURT USE ONLY</b></p> <p><b>For all purpose and is subject to CCP 170.6(2)</b></p> <p>ELECTRONICALLY FILED  SUPERIOR COURT OF CALIFORNIA  COUNTY OF SAN BERNARDINO  FONTANA DISTRICT</p> <p>2/20/2025 2:58 PM</p> <p>By: Arica Tobias, DEPUTY</p> <p>CASE NUMBER: PROVA2500148</p> <p>HEARING DATE AND TIME: 04/07/2025 9:00 AM DEPT.: F1</p>
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1. Publication will be in (specify name of newspaper): Fontana Herald News

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

2. Petitioner (name each):

Tawnya Glasscock

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.  
b. (name): Tawnya Glasscock 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) ☒ \$ 190,000.00 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): 11/03/2024 at (place): Loma Linda, CA  
(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):  
135 N. Pepper Ave, Spc. #16 Rialto San Bernardino CA 92376

ESTATE OF (name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna  
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CASE NUMBER:

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

- (1) Personal property: \$190,000.00
- (2) Annual gross income from
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 190,000.00
- (4) Gross fair market value of real property: \$ 0.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 0.00
- (7) Total (add (3) and (6)): \$ 190,000.00

- 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): Child
- (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):  
1726 Buckeye Rd.  
Fort Scott, KS 66701

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

ESTATE OF (name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna  
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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.

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8.	<u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
	Marilyn Rose Hanna Predeceased Spouse DOD: 3/11/2015		135 N. Peper Ave, Spc. #16 Rialto, CA 92376
	Tawnya Glasscock Petitioner and Child	Adult	1726 Buckeye Rd. Fort Scott, KS 66701
	Steven Hanna Child	Adult	CDC: BY1584, Housing D5, Cell 114U P.O. Box 50005 Delano, CA 93216

☐ Continued on Attachment 8.

9. Number of pages attached: \_\_\_\_\_

Date: 2/4/2025

Sheela Stark

(TYPE OR PRINT NAME OF ATTORNEY )



(SIGNATURE OF ATTORNEY ) \*

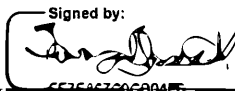
\* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

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

Date: 1/31/2025

Tawnya Glasscock

(TYPE OR PRINT NAME OF PETITIONER)

Signed by: 

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

# **EXHIBIT A**

## 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

3062024258786

## CERTIFICATE OF DEATH

3202436012992

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MICHAEL		JOHN		HANNA	
4. DATE OF BIRTH mm/dd/yyyy					
08/22/1948					
5. AGE Yrs. Mths. Ds.					
76 0 0					
6. SEX M F					
M					
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (of hour)		9. MIN (of hour)	
11/03/2024		0353			
10. DECEASED'S RACE - Up to 3 races may be listed (see back)					
ARABIC, LEBANESE					
11. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
ROOFER					
12. YEARS OF BUSINESS OR INDUSTRIAL EXP. (factory, store, home construction, employment, etc.)					
CONSTRUCTION					
13. YEARS IN OCCUPATION					
55					
14. DECEASED'S RESIDENCE (Street, apt. or housing, or location)					
136 N PEPPER AVE SP #10					
15. CITY					
RIALTO					
16. COUNTY					
SAN BERNARDINO					
17. ZIP CODE					
92376					
18. YEARS IN COUNTY					
70					
19. STATE OR FOREIGN COUNTRY					
CA					
20. INFORMANT'S NAME, RELATIONSHIP					
LEILA KACHEVAS, SISTER					
21. ADDRESS OF INFORMANT (Street, apt. or housing, or location)					
1945 MESA DR. COLTON, CA 92324					
22. NAME OF DECEASED'S SPOUSE (Last, first)					
23. MIDDLE					
24. LAST BIRTH NAME					
25. NAME OF PREDECESSOR (Last, first)					
26. MIDDLE					
27. LAST BIRTH NAME					
28. BIRTH STATE					
29. BIRTH DATE					
30. BIRTH CITY					
31. BIRTH COUNTY					
32. BIRTH COUNTRY					
33. DEATH DATE mm/dd/yyyy					
11/15/2024					
34. PLACE OF FINAL RESIDENCE (Street, apt. or housing, or location)					
3520 E WASHINGTON ST. COLTON, CA 92324					
35. TYPE OF DEATH (a)					
CREMATE/BURIAL					
36. NOT EMBALMED					
37. LICENSE NUMBER					
11/08/2024					
38. NAME OF FUNERAL HOME (Street, apt. or housing, or location)					
CALIFORNIA MEMORIAL MORTUARY AND CREMATORY					
39. LICENSE NUMBER					
FDX187					
40. SIGNATURE OF LOCAL REGISTRAR					
MICHAEL A. SEQUEIRA, MD.					
41. NAME OF HOSPITAL (Street, apt. or housing, or location)					
LOMA LINDA UNIVERSITY MEDICAL CENTER					
42. CITY					
LOMA LINDA					
43. COUNTY					
SAN BERNARDINO					
44. FACILITY ADDRESS (Street, apt. or housing, or location)					
11234 ANDERSON STREET					
45. CITY					
LOMA LINDA					
46. COUNTY					
SAN BERNARDINO					
47. CAUSE OF DEATH					
IN ACUTE HYPOXIC RESPIRATORY FAILURE					
48. METASTATIC CANCER UNKNOWN ORIGIN					
49. LEFT LEFT-SIDED EMPHYSEMA					
50. EMPHYSEMA, MASS OF THE COLON					
51. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 117 OR 118? (Yes or No)					
No					
52. CERTIFY THIS TO THE BEST OF MY KNOWLEDGE (I am a physician or other qualified person, and I am not aware of any other cause of death)					
53. SIGNATURE AND TITLE OF CERTIFIER					
NAUREEN FAROOK, MD.					
54. TYPE ADDRESS (Street, apt. or housing, or location)					
11234 ANDERSON STREET, LOMA LINDA, CA 92364					
55. CITY					
LOMA LINDA					
56. COUNTY					
SAN BERNARDINO					
57. STATE					
CA					
58. ZIP CODE					
92364					
59. DATE OF DEATH					
11/03/2024					
60. INJURED AT WORK					
No					
61. PLACE OF DEATH (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
62. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
63. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
64. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
65. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
66. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
67. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
68. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
69. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
70. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
71. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
72. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
73. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
74. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
75. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
76. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
77. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
78. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
79. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
80. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
81. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
82. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
83. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
84. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
85. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
86. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
87. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
88. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
89. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
90. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
91. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
92. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
93. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
94. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
95. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
96. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
97. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
98. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
99. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					
100. SIGNATURE OF DECEASED (a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z)					

## CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

NOV 20 2024

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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE