

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: (SBN: 342047) NAME: Don M. Ross II FIRM NAME: Hi-Desert Law, Inc STREET ADDRESS: 57382 29 Palms Hwy CITY: Yucca Valley STATE: CA ZIP CODE: 92284 TELEPHONE NO.: 760-999-2095 FAX NO.: 760-610-0528 E-MAIL ADDRESS: dross@hidesertlaw.com ATTORNEY FOR (name): Jennifer A. Paoli	FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT 11/17/2023 4:48 PM By: Valerie Goldstein, DEPUTY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 17780 Arrow Blvd MAILING ADDRESS: 17780 Arrow Blvd CITY AND ZIP CODE: Fontana 92335 BRANCH NAME: Fontana			
ESTATE OF (name): Wayne W. Mackey <div style="text-align: right;">DECEDENT</div>			
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 checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: PROVA2300292 <table style="width: 100%;"> <tr> <td style="width: 70%;">HEARING DATE AND TIME: 01/08/2024 9:00 am</td> <td style="width: 30%;">DEPT.: F2</td> </tr> </table>	HEARING DATE AND TIME: 01/08/2024 9:00 am	DEPT.: F2
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1. Publication will be in (specify name of newspaper): San Bernardino City News

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

2. **Petitioner** (name each):

Jennifer A. Paoli

requests that

- a. ☒ decedent's will and codicils, if any, be admitted to probate.
 b. (name): Jennifer A. Paoli 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) ☐ \$ 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): 10/26/2023 at (place): San Bernardino

- (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):

5494 Mariposa Ave,
 29 Palms, CA 92277, San Bernardino County

ESTATE OF (name): Wayne W. Mackey	CASE NUMBER: DECEDENT
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3. d. **Character and estimated value of the property of the estate** (complete in all cases):

- (1) Personal property: \$1,000.00
- (2) Annual gross income from
- (a) real property: \$
- (b) personal property: \$
- (3) **Subtotal** (add (1) and (2)): \$ 1,000.00
- (4) Gross fair market value of real property: \$ 240,000.00
- (5) (Less) Encumbrances: (\$ TBD)
- (6) Net value of real property: \$ TBD
- (7) **Total** (add (3) and (6)): \$ TBD

- 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): daughter
- (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):
Wayne W. Mackey

DECEDENT

CASE NUMBER:

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)*:
Wayne W. Mackey

DECEDENT

CASE NUMBER:

8.	<u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
	Jennifer Paoli, daughter	Over 18	580 Wood Duck Ct Susanville, CA 96130

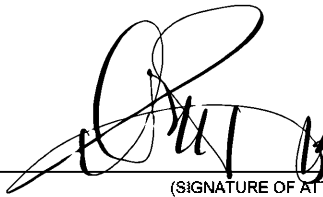
☐ Continued on Attachment 8.

9. Number of pages attached: 2

Date: 11/17/2023

Don M. Ross II

(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: 11/17/2023

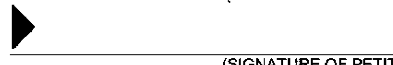
Jennifer A. Paoli

(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 RIVERSIDE

RIVERSIDE, CALIFORNIA

3052023238564

CERTIFICATE OF DEATH

3202333015133

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) WAYNE		2. MIDDLE WALTER		3. LAST (Family) MACKEY	
AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH: mm/dd/yyyy 01/14/1952		5. AGE Yrs. 71	6. SEX M
9. BIRTH STATE/FOREIGN COUNTRY NJ	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	7. DATE OF DEATH: mm/dd/yyyy 10/26/2023	8. HOUR (24 Hour) 2204
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COMMUNICATION CHIEF		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNITED STATES MARINE CORPS MILITARY		19. YEARS IN OCCUPATION 22	
20. DECEDENT'S RESIDENCE (Street and number, or location) 5494 MARIPOSA AVE					
21. CITY TWENTYNINE PALMS		22. COUNTY/PROVINCE SAN BERNARDINO		23. ZIP CODE 92277	24. YEARS IN COUNTY 32
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP GERENE BEHRENS, AHCD			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7107 GLENRIDGE DR, HYATTSVILLE, MD 20784					
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST WALTER		32. MIDDLE JOHN		33. LAST MACKEY	
34. BIRTH STATE UNK		35. NAME OF MOTHER/PARENT - FIRST THELMA		36. MIDDLE -	
37. LAST (BIRTH NAME) VANSICKLE		38. BIRTH STATE UNK			
39. DISPOSITION DATE: mm/dd/yyyy 11/02/2023		40. PLACE OF FINAL DISPOSITION GLEN OAKS MEMORIAL PARK 11115 MIDWAY, CHICO, CA 95928			
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1902		46. SIGNATURE OF LOCAL REGISTRAR 50 GEOFFREY LEUNG, M.D., ED. MD	
47. DATE: mm/dd/yyyy 11/02/2023					
101. PLACE OF DEATH PALM SPRINGS HEALTHCARE REHABILITATION CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home LTC <input type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 277 S. SUNRISE WAY		106. CITY PALM SPRINGS	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST (B) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (C) ESSENTIAL HYPERTENSION (D) NONE Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		108. TIME INTERVAL BETWEEN ONSET AND DEATH (A) MINS. (B) YRS. (C) YRS. (D) YRS.		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
115. SIGNATURE AND TITLE OF CERTIFIER ASHRAF ISAC ESKANDER, MD 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ASHRAF ISAC ESKANDER, MD 277 S. SUNRISE WAY, PALM SPRINGS, CA 92262		117. LICENSE NUMBER A48837		118. DATE: mm/dd/yyyy 11/01/2023	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE: mm/dd/yyyy		122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE: mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR: A B C D E					
FAX AUTH.#					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDEThis is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System.
Department of Public Health.DATE ISSUED **Nov 7, 2023**Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer
RIVERSIDE COUNTY, CALIFORNIAThis copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.
PRNCO (Rev) 08/21

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: (SBN: 342047) NAME: Don M. Ross II FIRM NAME: Hi-Desert Law, Inc STREET ADDRESS: 57382 29 Palms Hwy CITY: Yucca Valley STATE: CA ZIP CODE: 92284 TELEPHONE NO.: 760-999-2095 FAX NO.: 760-610-0528 E-MAIL ADDRESS: dross@hidesertlaw.com ATTORNEY FOR (name): Jennifer A. Paoli	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 17780 Arrow Blvd MAILING ADDRESS: 17780 Arrow Blvd CITY AND ZIP CODE: Fontana 92335 BRANCH NAME: Fontana	
ESTATE OF (Name): Wayne W. Mackey, DECEDENT	
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER:

NOTICE: READ PARAGRAPHS A–G BEFORE YOU SIGN

- A. A bond is a form of insurance to replace assets that may be mismanaged or stolen by the executor or administrator (the estate's **personal representative**). The cost of the bond is paid from the assets of the estate.
- B. A bond may not be required if the decedent's will admitted to probate waives a bond and the court approves.
- C. If the decedent's will does not waive bond, or if the decedent died without a will, the law ordinarily requires the personal representative to give a bond approved and ordered by the court. However, all persons eligible to receive a share of the estate may waive the requirement of a bond. If they all waive bond and the court approves, the personal representative will NOT have to give a bond.
- D. **If bond is not ordered by the court, and the estate suffers loss because the personal representative fails to properly perform the duties of the office, the loss or some part of it may not be recoverable from the personal representative. If so, your share of the estate may be partly or entirely lost.**
- E. You may waive the requirement of a bond by signing this form and delivering it to the petitioner for appointment of a personal representative or to the petitioner's attorney. Your waiver cannot be withdrawn after the court appoints the personal representative without requiring a bond. However, if you sign a waiver of bond, you may later petition the court to require a bond.
- F. A guardian ad litem or other legal representative with specific authority under law to waive bond must sign for a minor, an incapacitated person, an unascertained beneficiary, or a designated class of persons who are not ascertained or not yet in being. See Judicial Council forms DE-350 and DE-351 and Probate Code section 1003.
- G. **If you do not understand this form, do not sign it until you have asked a lawyer (who is independent of the lawyer for the proposed personal representative) to explain it to you.**

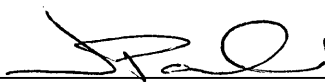
WAIVER

- I have read and understand paragraphs A through G above.
- I understand that before signing this form, I am free to consult with a lawyer of my choice concerning the possible consequences to me of waiving bond.
- I understand that I do not have to waive bond to allow the estate administration to begin or proceed, or to receive my share of the estate.
- I **WAIVE** the posting of bond in this estate by (name of personal representative): Jennifer A. Paoli

Date: 11/17/2023

Jennifer A. Paoli

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))


(SIGNATURE)

***(This form may be filed as an Independent form (as form DE-142) OR as Attachment 3e(2) (will) or Attachment 3e(3) (Intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)**