

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME KATHRYN S. KAUFMAN, ESQ. FIRM NAME Law Offices of ARTHUR S. BROWN, APLC STREET ADDRESS 5741 Palmer Way, Suite B CITY Carlsbad STATE CA ZIP CODE 92010 TELEPHONE NO (760) 438-5599 FAX NO. (760) 438-8140 E-MAIL ADDRESS Kathryn@WhyProbate.com ATTORNEY FOR (name): LINDSAY A. WYLIE, Proposed Administrator		FOR COURT USE ONLY ELECTRONICALLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO FONTANA DISTRICT 2/11/2025 12:26 PM By: Alex Umana, DEPUTY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: 17780 Arrow Boulevard CITY AND ZIP CODE Fontana, California 92335 BRANCH NAME Fontana - Probate			
ESTATE OF (name): SEAN T. DUNBAR		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 checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority		CASE NUMBER: PROVA2500116	
		HEARING DATE AND TIME 4/10/2025 9AM	
		DEPT F3	

1. Publication will be in (specify name of newspaper): The San Bernardino County Sentinel

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

2. **Petitioner (name each):**
LINDSAY A. WYLIE

requests that

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

- b. (name): LINDSAY A. WYLIE

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): December 24, 2024 at (place): 901 N. Del Sol Lane, Diamond Bar, 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):**
741 East Hawthorne Street, Ontario, California
San Bernardino County

ESTATE OF (name):	SEAN T. DUNBAR DECEDENT	CASE NUMBER
-------------------	----------------------------	-------------

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

- | | | |
|---|------------------|---------------|
| (1) Personal property: | \$10,000.00 | |
| (2) Annual gross income from | | |
| (a) real property: | \$ 00.00 | |
| (b) personal property: | \$ 00.00 | |
| (3) Subtotal (add (1) and (2)): | \$ 10,000.00 | |
| (4) Gross fair market value of real property: | \$ 675,000.00 | |
| (5) (Less) Encumbrances: | (\$ 150,000.00) | |
| (6) Net value of real property: | \$ 525,000.00 | |
| (7) Total (add (3) and (6)): | | \$ 535,000.00 |

- 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): 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):
317 Auster Park Avenue
Las Vegas, Nevada 89148
- (3) ☒ resident of the United States.
- (4) ☐ nonresident of the United States.

ESTATE OF (name):	SEAN T. DUNBAR 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):	SEAN T. DUNBAR DECEDENT	CASE NUMBER:
-------------------	----------------------------	--------------

8. Name and relationship to decedent	Age	Address
LINDSAY A. WYLIE Surviving Spouse	Adult	901 North Del Sol Lane Diamond Bar, California 91765
JACQUELINE S. DUNBAR Mother	Adult	901 North Del Sol Lane Diamond Bar, California 91765
FORREST F. DUNBAR Deceased Father	Deceased	Not Applicable

☐ Continued on Attachment 8.

9. Number of pages attached: 4

Date: 2/11/25

KATHRYN S. KAUFMAN, 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: 2/7/25

LINDSAY A. WYLIE
(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.

EXHIBIT 3

**DEATH CERTIFICATE OF
SEAN T. DUNBAR**

Estate of SEAN T. DUNBAR
Exhibit 3 - Death Certificate - SEAN T. DUNBAR
Case #

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052024286189

CERTIFICATE OF DEATH

3202419062889

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
SEAN		TOSHIO KIMO	
3. LAST (Family)		DUNBAR	
4. DATE OF BIRTH (month/day/year)		5. AGE (Year)	
11/15/1969		55	
6. SEX		7. DATE OF DEATH (month/day/year)	
M		12/24/2024	
8. HOURS (0-24)		9. MINUTES (0-60)	
2005			
10. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)		11. DECEASED'S ETHNICITY (check one)	
JAPANESE, CAUCASIAN		<input checked="" type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> OTHER	
12. DECEASED'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		13. KIND OF BUSINESS OR INDUSTRY (e.g., office, shop, road construction, employment agency, etc.)	
PROCESS SPECIALIST		OIL REFINERY	
14. DECEASED'S RESIDENCE (street and number, or location)		15. YEARS IN OCCUPATION	
741 E HAWTHORNE STREET		16	
16. CITY		17. COUNTY (PROVINCE)	
ONTARIO		SAN BERNARDINO	
18. ZIP CODE		19. YEARS IN COUNTY	
91764		22	
20. STATE/FOREIGN COUNTRY		21. DECEASED'S MARITAL STATUS (at time of death)	
CA		MARRIED	
22. INFORMANT'S NAME, RELATIONSHIP		23. INFORMANT'S ADDRESS (street and number, or location, or both, of the state and zip)	
LINDSAY ANN WYLIE, SPOUSE		741 E HAWTHORNE STREET, ONTARIO, CA 91764	
24. NAME OF SURVIVING SPOUSE (SPD) - FIRST		25. MIDDLE	
LINDSAY		ANN	
26. LAST (BIRTH NAME)		27. LAST (BIRTH NAME)	
WYLIE		DUNBAR	
28. NAME OF PARENT - FIRST		29. MIDDLE	
FORREST		FREDERICK	
30. LAST (BIRTH NAME)		31. BIRTH STATE	
DUNBAR		ID	
32. NAME OF PARENT - FIRST		33. MIDDLE	
JACQUELINE		SANAE-LANI	
34. LAST (BIRTH NAME)		35. BIRTH STATE	
OSAKODA		HI	
36. DISPOSITION DATE (month/day/year)		37. PLACE OF DISPOSITION	
01/21/2025		RES: LINDSAY ANN WYLIE 741 E. HAWTHORNE STREET, ONTARIO, CA 91764	
38. TYPE OF DISPOSITION		39. SIGNATURE OF EMBALMER	
CREMATE/RESIDENCE		NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT		41. LICENSE NUMBER	
FOREST LAWN MEMORIAL-PARKS & MORTUARIES		FD1150	
42. SIGNATURE OF LOCAL REGISTRAR		43. DATE (month/day/year)	
MUNTU DAVIS MD		01/10/2025	
44. PLACE OF DEATH		45. IF OTHER THAN HOSPITAL, SPECIFY ONE	
PRIVATE RESIDENCE		<input checked="" type="checkbox"/> HOME <input type="checkbox"/> OTHER	
46. COUNTY		47. FACILITY ADDRESS OR LOCATION WHERE DEATH OCCURRED (street and number, or location)	
LOS ANGELES		901 N DEL SOL LANE	
48. CITY		49. DEATH REPORTED TO COUNTY	
DIAMOND BAR		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
50. CAUSE OF DEATH		51. DEATH REPORTED TO COUNTY	
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
52. IMMEDIATE CAUSE (Final event or condition resulting in death)		53. YRS	
		2024-20160	
54. UNDERLYING CAUSE (Underlying cause of death)		55. AUTOPSY PERFORMED	
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN BY ICD-10)		57. USED IN DETERMINING CAUSE	
OBESITY		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 56 OR 57? (If yes, list type of operation and date)		59. DECEASED'S PREVIOUS LAST NAME	
NO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
60. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CAUSE OF DEATH IS AS STATED		61. SIGNATURE AND TITLE OF CERTIFIER	
At the hour DATE AND PLACE STATED FROM THE CAUSE OF DEATH		116. LICENSE NUMBER	
Use of Autopsy Section: Decedent Last Seen At: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		117. DATE (month/day/year)	
62. TYPE OF DEATH (NATURAL, ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED)		118. TYPE OF DEATH (NATURAL, ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED)	
63. I CERTIFY THAT MY OPINION OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE OF DEATH		64. PLACED AT WORK?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
65. PLACE OF INJURY (e.g., home, construction site, accident scene, etc.)		66. INJURY DATE (month/day/year)	
67. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		68. HOUR (0-24)	
69. LOCATION OF INJURY (street and number, or location, and city and zip)		69. SIGNATURE OF CORONER, DEPUTY CORONER	
70. SIGNATURE OF CORONER, DEPUTY CORONER		71. DATE (month/day/year)	
DAVID SIMPSON		12/31/2024	
72. TYPE NAME, TITLE OF CORONER, DEPUTY CORONER		73. SIGNATURE OF CORONER, DEPUTY CORONER	
DAVID SIMPSON, DEP CORONER		DAVID SIMPSON, DEP CORONER	
74. STATE REGISTRAR		75. FAX AUTH.	
A B C D E		76. CENSUS TRACT	

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.

David Simpson
VF

Health Officer and Registrar

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

004516977

JAN 15 2025



EXHIBIT 3e(3)

WAIVER OF BOND

Estate of SEAN T. DUNBAR
Exhibit 3e(3) - Waiver of Bond
Case #

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 248004 NAME: KATHRYN S. KAUFMAN, ESQ. FIRM NAME: Law Offices of ARTHUR S. BROWN, APLC STREET ADDRESS: 5741 Palmer Way, Suite B CITY: Carlsbad STATE: CA ZIP CODE: 92010 TELEPHONE NO.: (760) 438-5599 FAX NO.: (760) 438-8140 E-MAIL ADDRESS: Kathryn@WhyProbate.com ATTORNEY FOR (name): LINDSAY A. WYLIE, Proposed Administrator		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: 17780 Arrow Boulevard CITY AND ZIP CODE: Fontana, California 92335 BRANCH NAME: Fontana - Probate		
ESTATE OF (Name): SEAN T. DUNBAR , 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.

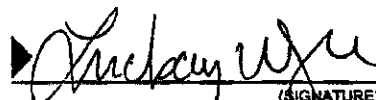
WAIVER

- 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): LINDSAY A. WYLIE

Date: 2/7/25

LINDSAY A. WYLIE

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


 (Signature by email)

(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).)