

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands STATE: CA ZIP CODE: 92373 TELEPHONE NO.: (909) 307-2000 FAX NO.: (909) 307-2055 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): LESLIE BEDROS	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT JUN 18 2023 BY <u><i>[Signature]</i></u> AMY GAMEZ-REYES, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. Third St MAILING ADDRESS: 247 W. Third St CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division	
ESTATE OF (name): EDGAR O. JOHANSON <u>aka Edgar Orvan Johanson</u> DECEDENT	
PETITION FOR <input checked="" 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 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: PROSB2300755 HEARING DATE AND TIME: AUG 02 2023 9:00AM DEPT.: S36

1. Publication will be in (specify name of newspaper): CITY NEWS GROUP
- a. Publication requested.
 b. Publication to be arranged.
2. Petitioner (name each): LESLIE BEDROS

Michelle H. Gillette S36
 NOTICE: This Case is assigned to Dept. S36
 for all purposes and is subject to CCP 170.6(2)

be appointed

requests that

- a. decedent's will and codicils, if any, be admitted to probate.
- b. (name): LESLIE BEDROS
- (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):

Copy of Decedent's Death Certificate attached as "Exhibit A".

3. a. Decedent died on (date): 03/29/2022 at (place): Loma Linda, San Bernardino County, 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):

25393 Cole Street
Loma Linda, CA 92354

ESTATE OF (name): EDGAR O. JOHANSON <i>aka Edgar Orvan Johanson</i>	CASE NUMBER:
DECEDENT	

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

(1) Personal property:	\$	600,000	
(2) Annual gross income from			
(a) real property:	\$	0	
(b) personal property:	\$	0	
(3) Subtotal (add (1) and (2)):	\$	600,000	
(4) Gross fair market value of real property:	\$	0	
(5) (Less) Encumbrances:	(\$	0)	
(6) Net value of real property:	\$	0	
(7) Total (add (3) and (6)):			\$ 600,000

- 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: 12/11/1986 codicil dated (specify for each):
 First - 3/26/2013; Second - 11/27/2017
 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): Edgar O. Johanson aka Edgar Orvan Johanson DECEDENT	CASE NUMBER:
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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.

ESTATE OF (name): EDGAR O. JOHANSON <i>a.k.a Edgar Orvan Johanson</i>	CASE NUMBER:
DECEDENT	

<u>8. Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
LESLIE LORRAINE BEDROS Daughter	Adult	1585 Smiley Heights Dr Redlands, CA 92373
DAINA ELIZABETH LEBARD Daughter	Adult	19430 Muirfield Circle Excelsior, MN 55331
LORRAINE ESTELLE JOHANSON Spouse		DECEASED
DONALD B. CRANE No relation	Adult	801 East Chapman Avenue Suite 104 Fullerton, CA 92831

Continued on Attachment 8.

9. Number of pages attached: 17

Date: 6.13.2023

Shelby T. Phillips, Esq.
(TYPE OR PRINT NAME OF ATTORNEY)

Shelby T. Phillips
(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: 6/12/2023

LESLIE BEDROS
(TYPE OR PRINT NAME OF PETITIONER)

Leslie Bedros
(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

ATTACHMENT 3e(2)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands STATE: CA ZIP CODE: 92373 TELEPHONE NO.: (909) 307-2000 FAX NO.: (909) 307-2055 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): LESLIE BEDROS	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. Third St MAILING ADDRESS: 247 W. Third St CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division	
ESTATE OF (Name): EDGAR O. JOHANSON <i>aka Edgar Orvan Johanson</i>	
, DECEDENT	

WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER:
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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 partially 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

1. I have read and understand paragraphs A through G above.
2. 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.
3. 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.
4. I WAIVE the posting of bond in this estate by (name of personal representative): LESLIE BEDROS

Date: 3/9/2023

DAINA LEBARD


 (SIGNATURE) *CRC 2.305(2)*

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

**(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).)*

attachment 3e(2)

ATTACHMENT 3f(2)

Last Will and Testament

OF

EDGAR ORVAN JOHANSON

I, EDGAR ORVAN JOHANSON, a resident of the County of Riverside, State of California, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils previously made by me.

FIRST: I declare that I am married to LORRAINE ESTELLE JOHANSON and all references in this Will to "my wife" are to her. I have two (2) children now living, whose names and dates of birth are:

DAINA ELIZABETH LEBARD

April 2, 1960

LESLIE LORRAINE BEDROS

September 17, 1961

I have no deceased children.

The terms "my child" and "my children" as used in this Will shall include any other children hereafter born to or adopted by me.

SECOND: I direct that all federal estate taxes and all inheritance and succession taxes payable by reason of my death which are attributable to property subject to probate administration or to property determined to pass to my wife pursuant to California Probate Code section 650 et seq., or any successor to said statute, shall be paid out of the residue of my

estate. All such taxes attributable to property that does not form a part of my probate estate (including but not limited to joint tenancy property, life insurance proceeds and any property over which I may have general power of appointment, but excluding property determined to pass to my wife pursuant to said section), shall be paid from the residue of my estate and charged to and collected from the persons receiving such property to the extent provided by law. If, however, my Executor in my Executor's absolute discretion shall determine that any such taxes due from an outside transferee cannot be collected without undue delay or expense, then such person's share of said taxes may be charged to the residue.

THIRD: It is my intention by this Will to dispose of all property which I am entitled to dispose of by Will. I confirm to my wife her interest in our community property.

FOURTH: I give all my jewelry, personal automobiles, clothing, household furniture and furnishings, and other tangible articles of a personal nature, to my wife if she survives me. If she does not, all of said property shall pass to my children who survive me in equal shares as they shall agree, or as my Executor shall in my Executor's discretion determine if my children do not agree, unless otherwise provided for under the terms of that certain Trust Agreement dated _____, 1986 of which my wife and I are Trustors.

My Executor shall represent any child under age eighteen (18) in matters relating to any distribution under this Article, including selection of the assets that shall constitute that child's share, and my Executor may in my Executor's discretion

sell for the child's account any part of that child's share. Any property or its proceeds distributable to a child under age eighteen (18) pursuant to this Article may be delivered without bond to any suitable person with whom he resides or who has the care or control of him.

FIFTH: I give, devise and bequeath all of the rest, residue and remainder of my estate to the Trustee, or Successor Trustee, named under that certain Trust Agreement dated _____, 1986 of which my wife and I are Trustors, to be added to and become a part of the corpus of said Trust, and to be held, administered and distributed in accordance with the terms and provisions thereof, and any amendments thereto in effect at my death. It is not my intention by this Will to create a separate or testamentary trust, nor to subject such living trust to the jurisdiction of the probate court.

If, for any reason, the foregoing bequest is not operative or is invalid, or if the Trust referred to in the above paragraph fails or has been revoked, I give, devise and bequeath such residuary estate to the Trustee or Successor Trustee named in said Trust Agreement, as Trustee, in trust, and I direct the Trustee to hold, administer and distribute the Trust Estate pursuant to the provisions of the Trust Agreement as such provisions exist as of the date of this Will or any Codicil hereto to the same extent and in the same manner as though the Trust Agreement were herein set forth in full.

SIXTH: I have intentionally omitted all my heirs or other relatives who are not specifically mentioned herein, and I hereby generally and specifically disinherit each, any and all

persons whomsoever claiming to be or who may be lawfully determined to be my heirs at law, except as otherwise mentioned in this Will, and if any such person or such heirs who, if I die intestate, would be entitled or shall lawfully become entitled to any part of my estate or any of the devisees or legatees, or their successors in interest, shall either directly or indirectly, singly or in conjunction with other persons, seek to establish or establish or assert any claims to my estate or any part hereof, except under this Will or Sections 630 through 684 inclusive of the California Probate Code, or to impair, invalidate or set aside its provisions, or shall endeavor to secure or take any part of my estate in any manner other than through or under this Will or Sections 630 through 684 inclusive of the California Probate Code, then in any and all of the above-mentioned cases and events, I hereby give, devise and bequeath to such person or persons the sum of One Dollar (\$1) and no more, in lieu of any other share or interest in my estate.

SEVENTH: In the event any provision or provisions of this Will are or are adjudged to be for any reason unenforceable, I direct that, disregarding such provisions, the remaining provisions hereof shall subsist and be carried into effect.

EIGHTH: As used in this Will, the term "issue" shall refer to lineal descendants of all degrees, and the terms "child," "children," and "issue" shall include adopted persons. As used in this Will, the masculine, feminine, or neuter gender, and the singular or plural number, shall each be allowed to include the others whenever the context so indicates.

NINTH: Although my wife and I are executing our Wills simultaneously, we have not entered into either a contract to make Wills or a contract not to revoke Wills.

TENTH: I hereby nominate, constitute and appoint my wife, as Executrix of this Will. In the event of the refusal or inability of my wife to act as Executrix, I nominate, constitute and appoint DAINA ELIZABETH LEBARD and LESLIE LORRAINE BEDROS to act as Co-Executors of this Will in her place. In the event of the refusal or inability of either to act as Executor, I nominate, constitute and appoint the other to act as Executor of this Will in her place.

I hereby unequivocally state my desire to have the Executors of my Will seek the professional assistance of DONALD B. CRANE in carrying out their duties under this Will. The Executor is authorized to retain said professional services at reasonable compensation, and I urge the Executor to do so.

No bond shall be required of any Executor nominated in this Will.

I authorize my Executor to mortgage, lease or sell the whole or any part of my estate at either public or private sale, with or without notice, subject only to such confirmation as may be provided by law. My Executor may also, so long as in my Executor's sole discretion it is deemed advisable, hold, manage or operate any property or business I may hold or own at the time of my death.

I authorize my Executor to invest and reinvest surplus monies of my estate in such types of investments both real and personal, as my Executor in my Executor's discretion may select;

including corporate obligations of every kind, preferred or common stocks, common trust funds, improved or unimproved real properties, interests in joint ventures and partnerships, and interests in ownership and/or operation of a business, subject only to such confirmation as may be required by law.

The foregoing instrument is subscribed by me on the 11th day of DECEMBER, 1986, at Laguna Hills, California.


EDGAR ORVAN JOHANSON


The foregoing instrument, consisting of seven (7) pages, including the page signed by us as witnesses, was on the date which it bears, by EDGAR ORVAN JOHANSON, subscribed as and declared to be his Last Will and Testament, in the presence of us who, at his request and in his presence, and in the presence of each other, have subscribed our names as witnesses thereto. Each of us observed the signing of this Will by EDGAR ORVAN JOHANSON and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed.

Each of us is now more than eighteen (18) years of age and a competent witness and resides at the address set forth opposite his or her name.

We are acquainted with EDGAR ORVAN JOHANSON. At this time, he is over the age of eighteen (18) years, and to the best of our knowledge he is of sound mind and is not acting under duress, menace, fraud, misrepresentation, or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on the 11th day of DECEMBER, 1986 at Laguna Hills, California.

 residing at 29022 LA PLATA
LAGUNA HILLS, CA 92653

Patricia A. Ball residing at 25015 Silverleaf
Laguna Hills Ca 92653



FIRST CODICIL TO LAST WILL AND TESTAMENT

OF

EDGAR ORVAN JOHANSON

I, Edgar Orvan Johanson a resident of the County of Riverside, State of California, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do hereby make, publish and declare this to be the First Codicil to my Last Will and Testament dated December 11th, 1986.

FIRST: I hereby amend Article TENTH of my Last Will and Testament dated December 11th, 1986, to remove the second paragraph therein regarding the professional assistance of Donald B. Crane.

SECOND: In all other respects, I confirm, ratify and republish my Last Will and Testament dated December 11th, 1986.

I subscribe my name to this First Codicil to my Last Will and Testament on this 26th day of March, 2013, at Banning, California.

Edgar Orvan Johanson
Edgar Orvan Johanson
EDGAR ORVAN JOHANSON

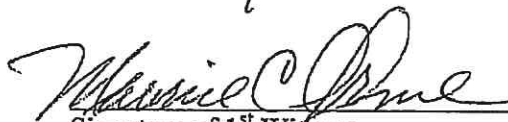
The foregoing instrument, consisting of two (2) pages, including the page signed by us as witnesses, was on the date which it bears, by Edgar Orvan Johanson subscribed as and declared to be his First Codicil to Last Will and Testament, in the presence of us who, at his request and in his presence, and in the presence of each other, have subscribed our names as witnesses thereto. Each of us observed the signing of this First Codicil to Last Will and Testament by Edgar Orvan Johanson and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed.

Each of us is now more than eighteen (18) years of age and a competent witness and resides at the address set forth opposite his or her name.

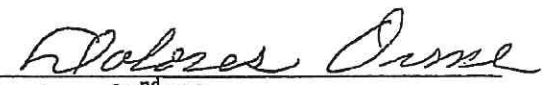
We are acquainted with Edgar Orvan Johanson. At this time, he is over the age of eighteen (18) years, and to the best of our knowledge he is of sound mind and is not acting under duress, menace, fraud, misrepresentation, or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on the 26 day of March, 2013, at Banning, California.


Signature of 1st Witness

MAURICE C. ORME
Print Name


Signature of 2nd Witness

DOLORIS ORME
Print Name

Mailing Address:
1455 HAIG POINT Circle
BANNING, CA. 92220

Mailing Address:
1455 HAIG POINT Circle
BANNING, CA 92220

SECOND CODICIL TO LAST WILL AND TESTAMENT

OF

EDGAR ORVAN JOHANSON

I, Edgar Orvan Johanson a resident of the County of San Bernardino, State of California, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do hereby make, publish and declare this to be the Second Codicil to my Last Will and Testament dated December 11th, 1986. The First Codicil is dated March 26, 2013.

FIRST: I hereby amend Article TENTH of my Last Will and Testament dated December 11th, 1986, as amended by my First Codicil dated March 26, 2013 to remove the first paragraph therein and replacing it with the following:

“I hereby nominate, constitute and appoint my wife as Executrix of this Will. In the event of the refusal or inability of my wife to act as Executrix, I nominate, constitute and appoint Leslie Lorraine Bedros to act as Executrix of this Will in her place. In the event of the refusal or inability of Leslie Lorraine Bedros to act as Executrix, I nominate, constitute and appoint Daina Elizabeth LeBard to act as Executrix of this Will in her place.”

SECOND: In all other respects, I confirm, ratify and republish my Last Will and Testament dated December 11th, 1986 and my First Codicil dated March 26, 2013.

I subscribe my name to this Second Codicil to my Last Will and Testament on this
27th day of November, 2017, at Redlands, California.

Edgar Orvan Johanson
EDGAR ORVAN JOHANSON

The foregoing instrument, consisting of three (3) pages, including the page signed by us as witnesses, was on the date which it bears, by Edgar Orvan Johanson subscribed as and declared to be his Second Codicil to Last Will and Testament, in the presence of us who, at his request and in his presence, and in the presence of each other, have subscribed our names as witnesses thereto. Each of us observed the signing of this Second Codicil to Last Will and Testament by Edgar Orvan Johanson and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed.

Each of us are now more than eighteen (18) years of age and a competent witness and resides at the address set forth opposite his or her name.

We are acquainted with Edgar Orvan Johanson. At this time, he is over the age of eighteen (18) years, and to the best of our knowledge he is of sound mind and is not acting under duress, menace, fraud, misrepresentation, or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on the 27 day of November, 2017, at Redlands, California.

Mary Santini
Signature of 1st Witness

MARY Santini
Print Name

Residing Address:
11719 McConnel Court
Yucaipa, CA 92399

Charles D. Howes
Signature of 2nd Witness

Charles D. Howes
Print Name

Residing Address:
10 Terracina Blvd. Apt 318
Redlands, CA 92373

EXHIBIT A

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052022079415

CERTIFICATE OF DEATH

3202236004731

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) EDGAR		3. LAST (Family) JOHANSON	
2. MIDDLE O		4. DATE OF BIRTH mm/dd/yyyy 08/21/1926	
5. AGE Yrs. 95		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 03/29/2022			
8. BIRTH STATE/FOREIGN COUNTRY AB, CN			
9. SOCIAL SECURITY NUMBER [REDACTED]			
10. MARRIAGE STATUS (at Time of Death) WIDOWED			
11. EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE			
13. EDUCATION - Highest Level Degree (see worksheet on back) MASTER'S			
14.13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17. LEGAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED PATHOLOGIST			
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTHCARE			
19. YEARS IN OCCUPATION 37			
20. DECEDENT'S RESIDENCE (Street and number, or location) 25393 COLE STREET			
21. CITY LOMA LINDA		22. STATE/FOREIGN COUNTRY CA	
23. ZIP CODE 92354		24. YEARS IN COUNTY 6	
26. INFORMANT'S NAME, RELATIONSHIP LESLIE BEDROS, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 1585 SMILEY HEIGHTS DRIVE, REDLANDS, CA 92373			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -		31. NAME OF FATHER/MOTHER - FIRST JOHN	
32. MIDDLE -		33. LAST JOHANSON	
34. BIRTH STATE AB, CN		35. NAME OF MOTHER/PATENT - FIRST OLGA	
36. MIDDLE -		37. LAST (BIRTH NAME) ANDERSON	
38. BIRTH STATE SWEDEN		39. DEPOSITION DATE mm/dd/yyyy 04/01/2022	
40. PLACE OF FINAL DISPOSITION RESIDENCE LESLIE BEDROS 1585 SMILEY HEIGHTS DRIVE, REDLANDS, CA 92373		41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE	
42. SIGNATURE OF EXAMINER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1902	
46. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD		47. DATE mm/dd/yyyy 03/31/2022	
101. PLACE OF DEATH LINDA VALLEY ASSISTED LIVING - HOSPICE			
102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Hosp <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Home <input type="checkbox"/> Hosp <input type="checkbox"/> Home <input type="checkbox"/> Hosp <input type="checkbox"/> Home <input type="checkbox"/> Hosp			
104. COUNTY SAN BERNARDINO		105. CITY LOMA LINDA	
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 25393 COLE STREET		107. CAUSE OF DEATH Enter the chain of events -> (Stroke, Myocardial Infarction, etc.) -> (This directly caused death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory non-function without showing the etiology, DO NOT ABBREVIATE.) 1. CARDIOPULMONARY ARREST 2. CONGESTIVE HEART FAILURE	
108. DATE CAUSE (Final disease or condition resulting in death) CHRONIC KIDNEY DISEASE STAGE III		109. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC KIDNEY DISEASE STAGE III		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	
114. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER AUNG THU, MD	
116. LICENSE NUMBER A70925		117. DATE mm/dd/yyyy 03/30/2022	
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNC		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE AUNG THU, MD 12364 PERRIS BLVD, MORENO VALLEY, CA 92557	
120. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		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, and city, and state)			
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS DATE ISSUED 04/13/2022
COUNTY OF SAN BERNARDINO

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

