

<div>ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Rachel King FIRM NAME: King Law Firm Attorneys at Law, Inc STREET ADDRESS: 34859 Frederick Street, Suite 108 CITY: Wildomar TELEPHONE NO.: 951-834-7715 E-MAIL ADDRESS: cases@thelawyerking.com ATTORNEY FOR (name): Scott Laffin</div>		<div>STATE BAR NO.: 300298</div>		<div>FOR COURT USE ONLY</div>	
<div>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 4050 Main Street MAILING ADDRESS: same as above CITY AND ZIP CODE: Riverside CA 92501 BRANCH NAME: Historic Courthouse</div>		<div>STATE: CA ZIP CODE: 92595 FAX NO.: 951-319-7129</div>		<div>FILED Superior Court of California County of Riverside 6/4/2024 M. Valencia Electronically Filed</div>	
<div>ESTATE OF (name): Teresa Lynn Persing</div>		<div>DECEDENT</div>			
<div>PETITION FOR</div>		<div><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</div>		<div>CASE NUMBER: PRR12401406</div>	
				<div>HEARING DATE AND TIME: 07/10/24 - 08:30</div>	
				<div>DEPT.: 12</div>	

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

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

2. **Petitioner** (*name each*):
Scott Sammuel Laffin

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): **Scott Sammuel Laffin** 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): **05/06/2024** at (place): **Citrus Gardens Memory Care-Hospice**
- (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):
25911 Stanford St
Hemet, CA 92544

ESTATE OF (name):
Teresa Lynn Persing

DECEDENT

CASE NUMBER:

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

- (1) Personal property: **\$Unk**
- (2) Annual gross income from
- (a) real property: **\$ 0**
- (b) personal property: **\$ 0**
- (3) **Subtotal** (add (1) and (2)): **\$ Unk**
- (4) Gross fair market value of real property: **\$ 627,700**
- (5) (Less) Encumbrances: **(\$ 0)**
- (6) Net value of real property: **\$ 627,700.00**
- (7) **Total** (add (3) and (6)): **\$ 627,700.00**

- 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): **Son**
- (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):
1894 53rd Ave. SW
Albany, OR 97321
- (3) ☒ resident of the United States.
- (4) ☐ nonresident of the United States.

ESTATE OF (name):
Teresa Lynn Persing

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):
Teresa Lynn Persing

DECEDENT

CASE NUMBER:

8.	<u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
	Scott Sammuel Laffin-Son	50	1894 53rd Ave. SW Albany, OR 97321
	Carrie Ash-Daughter	51	4847 Alzada Dr La Mesa, CA 91941

☐ Continued on Attachment 8.

9. Number of pages attached: _____

Date: 06 / 03 / 2024

Rachel King

(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: 06 / 03 / 2024

Scott Sammuel Laffin

(TYPE OR PRINT NAME OF PETITIONER)



(SIGNATURE OF PETITIONER)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

Signatures of additional petitioners follow last attachment.

IN THE MATTER OF: In Re The Estate of Teresa Lynn Persing	CASE NUMBER:
Riverside County Mandatory Attachment to Form DE-111	

(Continued from Petition for Probate (form DE-111).)

10. I have enclosed a true and correct copy of the decedent's death certificate (with social security number redacted), as required by Local Rule 7200.
11. (Check one of the following):
- a. ☐ This is a petition for appointment of a special administrator without general powers, and without power to sell real property.
 - b. ☐ The decedent's estate does not include any interest in real property.
 - c. ☒ The physical and mailing addresses of all real property in which the decedent's estate owns an interest is listed in attachment 11c as required by Local Rule 7132.
12. I have completed an internet search to identify and locate the heirs of the decedent as required by Local Rule 7132. A true and correct copy of the entry related to the decedent from each website or, if none, the listing of results, is enclosed as attachment 12.
13. (Check one of the following):
- a. ☐ Petitioner requests appointment with the bond required by Probate Code 8482.
 - b. ☒ Petitioner requests either no bond or a minimum bond of \$30,000 based on the will waiving bond or bond waivers filed by all heirs. To support this request, petitioner alleges as follows as required by Local Rule 7203:
 - (1) The decedent is expected to owe the following taxes:

i	State income tax:	\$ <u>Unk</u>
ii	Federal income tax:	\$ <u>Unk</u>
iii	Real and personal property tax:	\$ <u>Unk</u>
		Total: \$ <u>Unk</u>
 - 2) The decedent's known and reasonably-ascertainable unsecured or contingent creditors are as follows:

Name of Creditor	Address	Maximum Potential Liability
Unknown		
Total:		

IN THE MATTER OF: In Re The Estate of Teresa Lynn Persing	CASE NUMBER:
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3) The estate is expected to be: ☒ solvent ☐ insolvent

4) The efforts taken to obtain the above information were as follows:

☐ Reviewed decedent's mail for _____ days

☐ Reviewed current utility bills

☐ Reviewed current property tax bills

☐ Reviewed bank statements for the last _____

☐ Reviewed most recent income tax returns

☒ Other: Petitioner was previously the Conservator of the Estate of Decedent before she died, and he is aware of the estate assets.

14. (Select the appropriate option)

a. ☒ Decedent was not married or in a registered domestic partnership at the time of death.

b. ☐ Decedent was married or in a registered domestic partnership at the time of death. (Select the appropriate option below:)

i. ☐ Petitioner does not intend to administer the share of the estate passing to the spouse / registered domestic partner in this estate because:

(aa) ☐ A spousal property petition was filed on (date): _____

(ab) ☐ Petitioner believes a spousal property petition will be filed, or is not necessary (specify reason(s)): _____

☐ Continued on attachment 14

ii. ☐ Petitioner intends to administer the share of the estate passing to the spouse / registered domestic partner in this estate. A Consent to Administer Property Passing to Surviving Spouse / Domestic Partner (Riverside County Local Form RI-PR104)

(aa) ☐ is enclosed as attachment 14.

(ab) ☐ was filed on (date): _____, and a copy is attached as attachment 14.

(ac) ☐ is not necessary for the following reason(s) (explain): _____

☐ Continued on attachment 14

Date: 06 / 03 / 2024

Rachel King

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

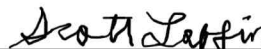
*(Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

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

Date: 06 / 03 / 2024

Scott Samuel Laffin

(TYPE OR PRINT NAME)



(SIGNATURE)

(TYPE OR PRINT NAME)

(SIGNATURE)

☐ Signatures of additional petitioners follow last attachment.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052024098672

CERTIFICATE OF DEATH

3202433006411

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) TERESA		3. LAST (Family) PERSING	
2. MIDDLE LYNN		4. DATE OF BIRTH mm/dd/yyyy 07/15/1953	
5. AGE Yrs. 70		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY IN		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDOP (at Time of Death) WIDOWED	
13. EDUCATION—Highest Level/degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/yyyy 05/06/2024	
15. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED. HOMEMAKER		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. HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 30		20. DECEDENT'S RESIDENCE (Street and number, or location) 26482 CLYDESDALE LN	
21. CITY MORENO VALLEY		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92555		24. YEARS IN COUNTY 20	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SCOTT LAFFIN, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1894 53RD AVE SW, ALBANY, OR 97321		28. NAME OF SURVIVING SPOUSE/SDOP—FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST JAMES		32. MIDDLE -	
33. LAST WILLIAMSON		34. BIRTH STATE IN	
35. NAME OF MOTHER/PARENT—FIRST MAXINE		36. MIDDLE -	
37. LAST (BIRTH NAME) COY		38. BIRTH STATE IN	
39. DISPOSITION DATE mm/dd/yyyy 05/14/2024		40. PLACE OF FINAL DISPOSITION RESIDENCE OF CARRIE ASH 4847 ALZEDA DR. LA MESA, CA 91941	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT HEMET VALLEY MORTUARY	
45. LICENSE NUMBER FD833		46. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. M.D.	
47. DATE mm/dd/yyyy 05/09/2024		48. PLACE OF DEATH CITRUS GARDENS MEMORY CARE- HOSPICE	
49. COUNTY RIVERSIDE		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 25911 STANFORD ST	
51. CITY HEMET		52. CAUSE OF DEATH IMMEDIATE CAUSE (A) ALZHEIMER'S DISEASE (B) SEQUENTIALLY, last conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	
53. TIME INTERVAL BETWEEN ONSET AND DEATH YRS		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. BIO-PSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		56. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		60. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
61. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Arrived Since Decedent Last Seen Alive 01/17/2024 05/06/2024		62. SIGNATURE AND TITLE OF CERTIFIER ALAN LOUIS KAPLAN, MD	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALAN LOUIS KAPLAN, MD 3770 MYERS ST, RIVERSIDE, CA 92503		64. LICENSE NUMBER A122522	
65. DATE 05/09/2024		66. DATE 05/09/2024	
67. 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		68. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		70. INJURY DATE mm/dd/yyyy	
71. HOUR (24 Hours)		72. DATE mm/dd/yyyy	
73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		74. SIGNATURE OF CORONER / DEPUTY CORONER	
75. STATE REGISTRAR		76. FAX AUTH.#	
77. CENSUS TRACT		78. DATE ISSUED	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE

This 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 May 15, 2024

PINC0 (Rev) 08/21

Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

002324469



Doc ID: bea1194eb8896fa58c621c3e5fec30710f18a600

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO. 300298 NAME: Rachel King FIRM NAME: King Law Firm Attorneys at Law, Inc STREET ADDRESS: 34859 Frederick Street, Suite 108 CITY: Wildomar STATE: CA ZIP CODE: 92595 TELEPHONE NO.: 951-834-7715 FAX NO.: 951-319-7129 E-MAIL ADDRESS: cases@thelawyerking.com ATTORNEY FOR (name): Scott Laffin		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 4050 Main Street MAILING ADDRESS: same as above CITY AND ZIP CODE: Riverside CA 92501 BRANCH NAME: Historic Courthouse		
ESTATE OF (Name): Teresa Lynn Persing, 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): Scott Sammuel Laffin

Date: 06 / 04 / 2024

Carrie Ash

(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).)

SHORT TITLE: — In Re The Estate of Teresa Lynn Persing	CASE NUMBER:
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ATTACHMENT (Number): 11c

(This Attachment may be used with any Judicial Council form.)

Attachment 11c is as follows:

Physical and mailing address of all real property decedent owns an interest in:

26482 Clydesdale Ln,
Moreno Valley, CA 92555

APN: 308-412-003

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 1
(Add pages as required)

SHORT TITLE:

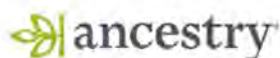
— In Re The Estate of Teresa Lynn Persing

CASE NUMBER:

ATTACHMENT (Number): 12*(This Attachment may be used with any Judicial Council form.)*

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 6*(Add pages as required)*



27 record(s) found for Teresa Persing.

[Start a free trial to view records](#)

Get access to other records for **Teresa Persing**

[1 birth records](#)

[12 marriage and divorce records](#)

[14 death records](#)

[0 census records](#)

[0 immigration records](#)

Register of Births			
Year	County	Name	Parents
1890	Franklin	Leta Persing	Thomas & Mary
1891	Franklin	John Persing	Thomas & Mary
1892	Franklin	John Persing	Thomas & Mary
1893	Franklin	John Persing	Thomas & Mary
1894	Franklin	John Persing	Thomas & Mary
1895	Franklin	John Persing	Thomas & Mary
1896	Franklin	John Persing	Thomas & Mary
1897	Franklin	John Persing	Thomas & Mary
1898	Franklin	John Persing	Thomas & Mary
1899	Franklin	John Persing	Thomas & Mary
1900	Franklin	John Persing	Thomas & Mary
1901	Franklin	John Persing	Thomas & Mary
1902	Franklin	John Persing	Thomas & Mary
1903	Franklin	John Persing	Thomas & Mary
1904	Franklin	John Persing	Thomas & Mary
1905	Franklin	John Persing	Thomas & Mary
1906	Franklin	John Persing	Thomas & Mary
1907	Franklin	John Persing	Thomas & Mary
1908	Franklin	John Persing	Thomas & Mary
1909	Franklin	John Persing	Thomas & Mary
1910	Franklin	John Persing	Thomas & Mary
1911	Franklin	John Persing	Thomas & Mary
1912	Franklin	John Persing	Thomas & Mary
1913	Franklin	John Persing	Thomas & Mary
1914	Franklin	John Persing	Thomas & Mary
1915	Franklin	John Persing	Thomas & Mary
1916	Franklin	John Persing	Thomas & Mary
1917	Franklin	John Persing	Thomas & Mary
1918	Franklin	John Persing	Thomas & Mary
1919	Franklin	John Persing	Thomas & Mary
1920	Franklin	John Persing	Thomas & Mary
1921	Franklin	John Persing	Thomas & Mary
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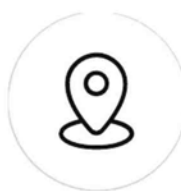
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