

PS3

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ESTATE OF (name): William C. Kujawa, aka William Chester Kujawa, aka William Kujawa <div style="text-align: right; margin-top: 5px;">DECEDENT</div>	CASE NUMBER:
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3. d. Character and estimated value of the property of the estate (complete in all cases):

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

- 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: 7/18/2023 ☐ 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):
- (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): William C. Kujawa, aka William Chester Kujawa,
aka William Kujawa

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4. ☒ Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.
5. a. Decedent was survived by (check items (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
- (1) ☐ spouse.
 - (2) ☒ no spouse as follows:
 - (a) ☒ divorced or never married.
 - (b) ☐ spouse deceased.
 - (3) ☐ registered domestic partner.
 - (4) ☒ no registered domestic partner. (See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
 - (5) ☐ child as follows:
 - (a) ☐ natural or adopted.
 - (b) ☐ natural adopted by a third party.
 - (6) ☒ no child.
 - (7) ☐ issue of a predeceased child.
 - (8) ☒ no issue of a predeceased child.
- b. Decedent ☐ was ☒ was not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)
6. (Complete if decedent was survived by (1) a spouse or registered domestic partner but no issue (only a or b apply), or (2) no spouse, registered domestic partner, or issue. (Check the first box that applies):
- a. ☐ Decedent was survived by a parent or parents who are listed in item 8.
 - b. ☐ Decedent was survived by issue of deceased parents, all of whom are listed in item 8.
 - c. ☐ Decedent was survived by a grandparent or grandparents who are listed in item 8.
 - d. ☐ Decedent was survived by issue of grandparents, all of whom are listed in item 8.
 - e. ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
 - f. ☐ Decedent was survived by next of kin, all of whom are listed in item 8.
 - g. ☐ Decedent was survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 8.
 - h. ☒ Decedent was survived by no known next of kin.
7. (Complete only if no spouse or issue survived decedent.)
- a. ☒ Decedent had no predeceased spouse.
 - b. ☐ Decedent had a predeceased spouse who
 - (1) ☐ died not more than 15 years before decedent and who owned an interest in **real property** that passed to decedent,
 - (2) ☐ died not more than five years before decedent and who owned **personal property** valued at \$10,000 or more that passed to decedent, (If you checked (1) or (2), check only the first box that applies):
 - (a) ☐ Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
 - (b) ☐ Decedent was survived by a parent or parents of the predeceased spouse who are listed in item 8.
 - (c) ☐ Decedent was survived by issue of a parent of the predeceased spouse, all of whom are listed in item 8.
 - (d) ☐ Decedent was survived by next of kin of the decedent, all of whom are listed in item 8.
 - (e) ☐ Decedent was survived by next of kin of the predeceased spouse, all of whom are listed in item 8.
 - (3) ☐ neither (1) nor (2) apply.
8. Listed on the next page are the names, relationships to decedent, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the trustee and personal representative are the same person.

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8. Name and relationship to decedent
Justin Graham, first named
executor

Age Adult Address 67660 Ovante Rd
Cathedral City, CA 92234

Peggy Nichols, second named
executor

Adult 4530 N 35th Place
Phoenix, AZ 85018

Howard Brown Clinic

N/A P.O. Box 13500
Chicago, IL 60613

☐ Continued on Attachment 8.

9. Number of pages attached: 18

Date: 7-18-24

William M. Nassar, 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: 07/18/2024

Justin Graham

(TYPE OR PRINT NAME OF PETITIONER)

Justin Graham

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

IN THE MATTER OF: Estate of William Kujawa	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:	\$	0.00
ii. Federal income tax:	\$	0.00
iii. Real and personal property tax:	\$	0.00
Total:	\$	0.00

2) The decedent's known and reasonably-ascertainable unsecured or contingent creditors are as follows:

Name of Creditor	Address	Maximum Potential Liability
Total:		0.00

IN THE MATTER OF:
Estate of William Kujawa

CASE NUMBER:


- 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 90 days
 - ☒ Reviewed current utility bills
 - ☒ Reviewed current property tax bills
 - ☒ Reviewed bank statements for the last 90
 - ☒ Reviewed most recent income tax returns
 - ☐ Other:

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: 7-18-24

William M. Nassar, 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: 07/18/2024

JUSTIN GRAHAM
(TYPE OR PRINT NAME)

Justin Graham

(SIGNATURE)

(TYPE OR PRINT NAME)

(SIGNATURE)

☐ Signatures of additional petitioners follow last attachment.

Page 2 of 2

ATTACHMENT 3f(2)

***LAST WILL AND TESTAMENT
OF
WILLIAM C KUJAWA***

I, William C Kujawa, of Cathedral City, California, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

**ARTICLE I
IDENTIFICATION OF FAMILY**

I am not currently married to anyone.

I do not have any children at the time of the signing of this Will.

**ARTICLE II
PAYMENT OF DEBTS AND EXPENSES**

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate.

**ARTICLE III
DISPOSITION OF PROPERTY**

A. Specific Bequests. I direct that the following specific bequests be made from my estate.

Wells Fargo Account Balance shall be distributed to Howard Brown Clinic Chicago, Illinois. If this beneficiary does not survive me, this bequest shall be distributed to Peggy McNichols. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

B. Digital Assets. My digital assets shall be distributed in accordance with Schedule A of this Will. For the purposes of this Will, digital assets shall mean electronic assets that are stored on my computers, electronic devices, or on any online account, as identified in Schedule A. Online accounts include, but are not limited to, social-networking sites, online backup services, servers, email accounts, photo and document sharing sites, financial and business accounts, domain names, virtual property, websites, and blogs. An instructional document, titled, "Letter of Instructions" with associated websites, usernames, passwords, and related information, is hereby incorporated by reference into this Will and shall be distributed to the Digital Executor designated in this Will.

C. Remaining Tangible Personal Property. My remaining tangible personal property shall be distributed to Justin Graham. If this beneficiary does not survive me, this property shall be distributed to Pey Mc Nichols. If this beneficiary does not survive me, this property shall be distributed with my residuary estate.

D. Residuary Estate. I direct that my residuary estate be distributed to Justin Graham, Palm Springs, California. If such beneficiary does not survive me, my residuary estate shall be distributed to Peggy McNichols, Phoenix, Arizona. If such beneficiary does not survive me, my residuary estate shall be distributed to the following beneficiaries in the percentages as shown:

100% - Howard Brown Clinic, Chicago, Illinois. If this person does not survive me, this share shall be distributed proportionately to the other distributee(s) listed under this provision.

ARTICLE IV PET CARE DIRECTIVES

Notwithstanding any other provision of this Will, I further direct that:

A. Pet Caretaker. I give my following pet(s):

- My cat, Mufffin
- My cat, Samantha
- My cat, Daville

and any other animals which I may own as companion animals at the time of my death, to Justin Graham, presently residing at 67660 Ovante, Palm Springs, California 92234, with the request that he or she treat them as companion animals. If he or she is unable or unwilling to accept my animals, I give such animals to No Kill Home, presently residing at _____, _____, with the request that he or she treat them as companion animals. If he or she is unable or unwilling to accept my animals, my Executor shall select an appropriate person to accept the animals and treat them as companion animals, and I give my animals to such person.

ARTICLE V NOMINATION OF INDEPENDENT EXECUTOR

I nominate Justin Graham, of Palm Springs, California, as my Independent Executor, to serve without bond, surety, or other security. If such person or entity does not serve for any reason, I nominate Peggy McNichols, of Phoenix, Arizona, to serve as my Independent Executor, to serve without bond, surety, or other security.

ARTICLE VI NOMINATION OF DIGITAL EXECUTOR

I nominate Justin Graham, of Palm Springs, California, as my Digital Executor, to serve without bond, surety, or other security. If such person or entity does not serve for any reason, I nominate Peggy McNichols, of Phoenix, Arizona, to serve as my Digital Executor, without bond, surety, or other security. For the purposes of this Will, Digital Executor shall mean a designated executor assigned to manage the responsibilities for my digital assets after death.

ARTICLE VII EXECUTOR POWERS

A. Power to Administer Estate. My Independent Executor, with respect to my estate, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the following rights, powers, and authority without order of court and without notice to anyone: to identify, gather, value, secure, manage and distribute assets, to maintain records, to settle and wind up business affairs, to pay just debts, to file necessary tax returns, to redirect mail, to cancel services, to establish trusts, and to carry out my wishes as set forth in this Will.

B. Independent Administration. My Independent Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE VIII DIGITAL EXECUTOR POWERS

A. Digital Executor. My Digital Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to manage, distribute, and/or terminate my digital assets in accordance with the Letter of Instructions incorporated by reference into this Will, without order of court and without notice to anyone. My Digital Executor's powers shall include, but not be limited to, the power to access, download, and backup digital assets, to convert my file formats, to access any and all devices as necessary to manage digital assets, to clear computer caches and to delete files. The Digital Executor shall also:

1. *Standard of Care.* Manage, distribute, and/or terminate my digital assets, exercising the judgment and care, under the circumstances then prevailing, that persons of prudence, discretion and intelligence exercise in the management of their own affairs, not in regard to speculation but in regard to the permanent disposition of their digital assets, considering the probable safety of their digital assets.
2. *Employ Professional Assistance.* Employ and compensate counsel and other persons deemed necessary by the Digital Administrator for proper administration of my digital assets.

3. *Delegate Authority.* Delegate authority when such delegation is advantageous to the estate or to the management, distribution and/or termination of my digital assets.

4. *Duration of Powers.* Continue to exercise the powers provided in this Article VIII notwithstanding the termination of my estate until all the digital assets of the estate have been distributed.

5. *Compensation.* Receive reasonable compensation for their services under this Will and be exonerated from and to pay all reasonable expenses and charges of the estate.

B. Independent Administration. My Digital Executor shall have the right to administer my digital assets using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE IX SPECIAL DIRECTIVES

I hereby state, that in addition to the directives and bequests as set forth in this Will, it is my desire and wish to include the following special directives and last wishes: My remains will be returned to Chicago for burial Resurrection Cemetery Justice Illinois Sec 22 Between Frank Rojek and Marie Kujawa casket will be made of wood. Dressed only in sweatpants and a sweatshirt black Year of death filled in on already installed headstone at Cemetery This shall be paid out of an exixsting checking account

ARTICLE X MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. One Hundred-Twenty (120) Hour Survival Requirement. For the purposes of determining the appropriate distributions under this Will, no person shall be deemed to have survived me unless such person is also surviving on the one hundred-twentieth (120) hour after the hour of my death.

C. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions of the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith. No successor trustee shall be obliged

to inquire into or be in any way accountable for the previous administration of the trust property.

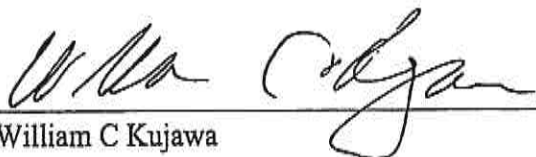
D. Compensation. The Executor is entitled to receive reasonable compensation for their services under this Will and be exonerated from and to pay all reasonable expenses and charges of the estate and trust.

E. Intentional Exclusion. The failure of this Will to provide for any distribution to the following person(s) or organization(s) is intentional: Members of my maternal and fraternal families

F. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Independent Executor.

IN WITNESS WHEREOF, I have subscribed my name below, this ____ day of _____, _____.

Testator Signature:


William C Kujawa

We, the undersigned, hereby certify that the above instrument, which consists of ____ pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by William C Kujawa (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature:



PLEASE SEE ATTACHED
CERTIFICATE
NOTARY INITIALS 

Name: John Ramirez
Address: The UPS Store
City: 31855 Date Palm Dr. #3
State: Cathedral City, CA 92234
Phone Number: 760 324 8184
Email: Store.3065@theupsstore.com

Witness Signature: _____



Name: **The UPS Store**

Address: **31855 Date Palm Dr. #3**

City: **Cathedral City, CA 92234**

State: _____

Phone Number: **760 324-8184**

Email: **Store 3065 @ the UPS store.com**

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside

On 07/18/2023 before me, Julio Ramirez, Notary Public
(insert name and title of the officer)

personally appeared William C Kujawa
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



ATTACHMENT 10

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052024085682

CERTIFICATE OF DEATH

3202433005600

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
WILLIAM		KUJAWA	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
		07/07/1946	
5. AGE Yrs.		6. SEX	
77		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
03/11/2024		0240	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IL			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SPD* (at time of death)	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/AS/SPANISH? (if yes, see worksheet on back)	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
TEACHER		WHITE, CAUCASIAN	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
PUBLIC EDUCATION		40	
19. DECEDENT'S RESIDENCE (Street and number, or location)			
- UNK			
20. CITY		21. COUNTY/PROVINCE	
UNK		RIVERSIDE	
22. ZIP CODE		23. YEARS IN COUNTY	
92509		UNK	
24. STATE/FOREIGN COUNTRY		25. BIRTH STATE	
CA		USA-UNK	
26. IF ORIGINANT'S NAME, RELATIONSHIP		27. ORIGINANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
PEGGY MC NICHOLS, DPOA		USA-UNK	
28. NAME OF SURVIVING SPOUSE/SPD - FIRST		29. MIDDLE	
-		-	
30. LAST (BIRTH NAME)		31. BIRTH STATE	
-		USA-UNK	
32. NAME OF FATHER/PARENT - FIRST		33. MIDDLE	
UNK		UNK	
34. LAST (BIRTH NAME)		35. BIRTH STATE	
UNK		USA-UNK	
36. NAME OF MOTHER/PARENT - FIRST		37. MIDDLE	
UNK		UNK	
38. LAST (BIRTH NAME)		39. BIRTH STATE	
UNK		USA-UNK	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION	
05/15/2024		RESURRECTION CATHOLIC CEMETERY & MAUSOLEUM	
42. TYPE OF DISPOSITION(S)		43. LICENSE NUMBER	
TRANSIT/BURIAL		EMB8260	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
METROPOLITAN MORTUARY		FD2147	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
GEOFFREY LEUNG, M.D., ED. M.		04/23/2024	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RIVERSIDE POSTACUTE CARE		<input type="checkbox"/> IP <input type="checkbox"/> ER/ED <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
RIVERSIDE		8781 LAKEVIEW AVE	
105. CITY		106. CAUSE OF DEATH	
RIVERSIDE		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.	
107. IMMEDIATE CAUSE (final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER?	
(A) ACUTE CARDIORESPIRATORY ARREST		(A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
(B) PROGRESSIVE LEWY BODY DEMENTIA		(B) MINS NONE	
(C)		(C) MOS	
(D)		(D) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		110. AUTOPSY PERFORMED?	
NONE		(A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)		112. USED IN DETERMINING CAUSE?	
NO		(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		114. DECEDENT PREGNANT IN LAST YEAR?	
Decedent Attended Since Decedent Last Seen Alive		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
ARVIND KISHORE MATHUR, MD		A124774	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE mm/dd/yyyy	
ARVIND KISHORE MATHUR, MD		03/21/2024	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. FAX AUTH.#	
STATE REGISTRAR		CENSUS TRACT	
A B C D E			

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 **Jun 10, 2024**

PRNCO (REV 06/2)

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



ATTACHMENT 12



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KUJAWA

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"WILLIAM KUJAWA" obituaries (4)



John William Kujawa

Published 01/21/2013

John William Kujawa In Jesus' wisdom, John was given to us for a short time and returned to His loving arms on Tuesday, January 15, 2013. He will be deeply missed by his parents: Bill and Marie; sister: Audrey and brother: Joe; grandpa... [Read More](#)



Last Name "Kujawa"




South Milwaukee, WI




Molthen-Bell & Son

John William Kujawa


X

 Published 01/20/2013


Kujawa, John William In Jesus' wisdom, John was given to us for a short time and returned to His loving arms on Tuesday, January 15, 2013. He will be deeply missed by his parents: Bill and Marie; sister Audrey and brother Joe; grandparents... [Read More](#)

 Last Name "Kujawa"

 South Milwaukee, WI

 Molthen-Bell & Son

WILLIAM KUJAWA


 Published 06/03/2010

Death Notice KUJAWA, WILLIAM, 94, of Cape Coral, died May 28. Arrangements by Fuller Cape Coral Funeral Home-Cremation Service. [Read More](#)


 Last Name "KUJAWA"

 Fort Myers, FL

William L. Kujawa

 Published 05/10/2007

William L. Kujawa, 78, of Mesa, AZ passed away on April 26, 2007. He was born January 6, 1929 in Los Angeles, CA and later moved to Michigan with his family where he graduated from River Rouge High School. He served in the U.S. Navy and gra... [Read More](#)

 Last Name "Kujawa"

 Mesa, AZ

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