

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Sheela A. Stark, Esq. 290270</b> <b>Sheela Stark Law Group, APC</b> <b>1461 Ford Street Ste 203</b> <b>Redlands, CA 92373</b>  TELEPHONE NO.: (909) 767-3890 FAX NO. (Optional): (909) 912-8328 E-MAIL ADDRESS (Optional): office@lawyerstark.com ATTORNEY FOR (Name): Tawnya Glasscock	FOR COURT USE ONLY           CASE NUMBER: <b>PROVA2500148</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino</b>  STREET ADDRESS: 17780 Arrow Blvd. MAILING ADDRESS: 17780 Arrow Blvd. CITY AND ZIP CODE: Fontana 92335 BRANCH NAME: Fontana Courthouse	
ESTATE OF (Name): <b>Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna</b> <div style="text-align: right;">DECEDENT</div>	
<b>NOTICE OF PETITION TO ADMINISTER ESTATE OF</b> <b>(Name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna</b>	

- To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of (specify all names by which the decedent was known):  
 Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna
- A **Petition for Probate** has been filed by (name of petitioner): Tawnya Glasscock  
 in the Superior Court of California, County of (specify): San Bernardino
- The Petition for Probate requests that (name): Tawnya Glasscock  
 be appointed as personal representative to administer the estate of the decedent.
- ☐ The petition requests the decedent's will and codicils, if any, be admitted to probate. The will and any codicils are available for examination in the file kept by the court.
- ☒ The petition requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.
- A hearing on the petition will be held in this court as follows:
 

a. Date: 04/07/2025	Time: 9:00 AM	Dept.: F1	Room:
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- b. Address of court: ☒ same as noted above ☐ other (specify):
- If you object to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.
- If you are a creditor or a contingent creditor of the decedent, you must file your claim with the court and mail a copy to the personal representative appointed by the court within the **later** of either (1) **four months** from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) **60 days** from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.  
**Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.**
- You may examine the file kept by the court. If you are a person interested in the estate, you may file with the court a Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code section 1250. A Request for Special Notice form is available from the court clerk.
- ☐ Petitioner ☒ Attorney for petitioner (name): Sheela A. Stark, Esq.

(Address): 1461 Ford Street Ste 203  
 Redlands, CA 92373

(Telephone): (909) 767-3890

**NOTE:** If this notice is published, print the caption, beginning with the words NOTICE OF PETITION TO ADMINISTER ESTATE, and do not print the information from the form above the caption. The caption and the decedent's name must be printed in at least 8-point type and the text in at least 7-point type. Print the case number as part of the caption. Print items preceded by a box only if the box is checked. Do not print the italicized instructions in parentheses, the paragraph numbers, the mailing information, or the material on page 2.

ESTATE OF (Name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna DECEDENT	CASE NUMBER: PROVA2500148
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**PROOF OF SERVICE BY MAIL**

- I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
  - My residence or business address is (*specify*): **SHEELA STARK LAW GROUP, APC.**  
**1461 FORD ST., STE 203**  
**REDLANDS, CA 92373**
  - I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
    - ☐ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.
    - ☒ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
  - Date mailed: 2/26/2025
    - Place mailed (*city, state*): REDLANDS, CA
  - ☒ I served, with the *Notice of Petition to Administer Estate*, a copy of the petition or other document referred to in the notice.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 2/26/2025

MARINA WILLIAMS

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	Tawnya Glasscock	1726 Buckeye Rd. Fort Scott, KS 66701
2.	Steven Hanna	CDC: BY1584, Housing D5, Cell114U P.O. Box 50005 Delano, CA 93216
3.		
4.		
5.		
6.		

☐ Continued on an attachment. (You may use form DE-121(MA) to show additional persons served.)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



**NOTICE: This case is assigned to Dept. F1**

DE-111

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY:  NAME: Sheela Stark  FIRM NAME: Sheela Stark Law Group, APC  STREET ADDRESS: 1461 Ford Street Ste 203  CITY: Redlands  TELEPHONE NO.: (909) 767-3890  E-MAIL ADDRESS: office@lawyerstark.com  ATTORNEY FOR (name): Tawnya Glasscock</p> <p>STATE BAR NO.: 290270</p> <p>STATE: CA ZIP CODE: 92373  FAX NO.: (909) 912-8328</p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino</b>  STREET ADDRESS: 17780 Arrow Blvd.  MAILING ADDRESS: 17780 Arrow Blvd.  CITY AND ZIP CODE: Fontana 92335  BRANCH NAME: Fontana Courthouse</p> <p>ESTATE OF (name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna  <b>DECEDENT</b></p> <p><b>PETITION FOR</b> <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</p>	<p style="text-align: center;"><b>FOR COURT USE ONLY</b></p> <p><b>For all purpose and is subject to CCP 170.6(2)</b></p> <p>ELECTRONICALLY FILED  SUPERIOR COURT OF CALIFORNIA  COUNTY OF SAN BERNARDINO  FONTANA DISTRICT</p> <p>2/20/2025 2:58 PM</p> <p>By: Arica Tobias, DEPUTY</p> <p>CASE NUMBER: PROVA2500148</p> <p>HEARING DATE AND TIME: 04/07/2025 9:00 AM DEPT.: F1</p>
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1. Publication will be in (specify name of newspaper): Fontana Herald News

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

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

Tawnya Glasscock

**requests that**

- a. ☐ decedent's will and codicils, if any, be admitted to probate.  
b. (name): Tawnya Glasscock 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) ☒ \$ 190,000.00 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):

Attached hereto as Exhibit A is a true and correct copy of the decedent's death certificate.

3. a. Decedent died on (date): 11/03/2024 at (place): Loma Linda, 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):  
135 N. Pepper Ave, Spc. #16 Rialto San Bernardino CA 92376

ESTATE OF (name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna  
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3. d. Character and estimated value of the property of the estate (complete in all cases):

- (1) Personal property: \$190,000.00
- (2) Annual gross income from
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 190,000.00
- (4) Gross fair market value of real property: \$ 0.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 0.00
- (7) Total (add (3) and (6)): \$ 190,000.00

- e. (1) ☐ Will waives bond. ☐ Special administrator is the named executor, and the will waives bond.
- (2) ☐ All beneficiaries are adults and have waived bond, and the will does not require a bond. (Affix waiver as Attachment 3e(2).)
- (3) ☐ All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3e(3).)
- (4) ☐ Sole personal representative is a corporate fiduciary or an exempt government agency.

- f. (1) ☒ Decedent died intestate.
- (2) ☐ Copy of decedent's will dated: ☐ codicil dated (specify for each):

are affixed as Attachment 3f(2). (Include typed copies of handwritten documents and English translations of foreign-language documents.)

☐ The will and all codicils are self-proving (Prob. Code, § 8220).

- (3) ☐ The original of the will and/or codicil identified above has been lost. (Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)

g. Appointment of personal representative (check all applicable boxes):

- (1) Appointment of executor or administrator with will annexed:
- (a) ☐ Proposed executor is named as executor in the will and consents to act.
- (b) ☐ No executor is named in the will.
- (c) ☐ Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(1)(c).)
- (d) ☐ Other named executors will not act because of ☐ death ☐ declination ☐ other reasons (specify):

☐ Continued in Attachment 3g(1)(d).

- (2) Appointment of administrator:
- (a) ☒ Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3g(2)(a).)
- (b) ☐ Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3g(2)(b).)
- (c) ☒ Petitioner is related to the decedent as (specify): Child
- (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):  
1726 Buckeye Rd.  
Fort Scott, KS 66701

- (3) ☒ resident of the United States.
- (4) ☐ nonresident of the United States.

ESTATE OF (name): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna  
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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): Michael John Hanna AKA Michael J. Hanna AKA Michael Hanna  
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8.	<u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
	Marilyn Rose Hanna Predeceased Spouse DOD: 3/11/2015		135 N. Peper Ave, Spc. #16 Rialto, CA 92376
	Tawnya Glasscock Petitioner and Child	Adult	1726 Buckeye Rd. Fort Scott, KS 66701
	Steven Hanna Child	Adult	CDC: BY1584, Housing D5, Cell 114U P.O. Box 50005 Delano, CA 93216

☐ Continued on Attachment 8.

9. Number of pages attached: \_\_\_\_\_

Date: 2/4/2025

Sheela Stark

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY) \*

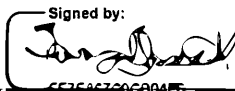
\* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

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

Date: 1/31/2025

Tawnya Glasscock

(TYPE OR PRINT NAME OF PETITIONER)

Signed by: 

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

# **EXHIBIT A**

## CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF PUBLIC HEALTH

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

5052024238786

# CERTIFICATE OF DEATH

3202436012982

1. NAME OF DECEASED - FIRST (Last)		2. MIDDLE		3. LAST NAME		LOCAL REGISTRATION NUMBER	
MICHAEL		JOHN		HANNA			
4. DATE OF BIRTH (month/day)				5. AGE YRS		6. SEX	
08/22/1948				76		M	
7. DATE OF DEATH (month/day)		8. HOUR		9. TIME (of day)		10. PLACE OF DEATH	
11/03/2024		0953					
11. SOCIAL SECURITY NUMBER		12. RACE		13. ETHNICITY		14. MARITAL STATUS	
[REDACTED]		[REDACTED]		[REDACTED]		WIDOWED	
15. BIRTH STATE		16. BIRTH COUNTRY		17. BIRTH DATE		18. BIRTH TIME	
CA		[REDACTED]		[REDACTED]		[REDACTED]	
19. EDUCATION		20. HIGHEST GRADE		21. HIGHEST GRADE		22. HIGHEST GRADE	
11		[REDACTED]		[REDACTED]		[REDACTED]	
23. OCCUPATION		24. TYPE OF BUSINESS		25. YEARS IN BUSINESS		26. YEARS IN OCCUPATION	
ROOFER		CONSTRUCTION				55	
27. PREVIOUS RESIDENCE (Address and Number or location)							
135 N. PEPPER AVE. SP. #10							
28. CITY		29. COUNTY		30. ZIP CODE		31. STATE	
RIALTO		SAN BERNARDINO		92376		CA	
32. INFORMANT NAME, RELATIONSHIP				33. ADDRESS (Street, City, State, ZIP)			
LEILA KACHEVAS, SISTER				1945 MESA DR. COLTON, CA 92324			
34. NAME OF DECEASED'S PREVIOUS EMPLOYER		35. ADDRESS		36. LAST BIRTH NAME		37. BIRTH STATE	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
38. NAME OF PRESENT EMPLOYER		39. ADDRESS		40. LAST BIRTH NAME		41. BIRTH STATE	
JOSEPH		[REDACTED]		[REDACTED]		[REDACTED]	
42. NAME OF PRESENT EMPLOYER		43. ADDRESS		44. LAST BIRTH NAME		45. BIRTH STATE	
ELSIE		[REDACTED]		[REDACTED]		[REDACTED]	
46. DEPOSITION DATE		47. PLACE OF FINAL DEPOSITION		48. SIGNATURE OF DECEASED		49. LIC. SET NUMBER	
11/05/2024		MONTECITO MEMORIAL PARK AND MORTUARY		[REDACTED]		[REDACTED]	
50. TYPE OF DEPOSITION		51. SIGNATURE OF DECEASED		52. SIGNATURE OF DECEASED		53. SIGNATURE OF DECEASED	
CREMATE/BURIAL		NOT EMBALMED		[REDACTED]		[REDACTED]	
54. NAME OF FUNERAL HOME		55. ADDRESS		56. SIGNATURE OF DECEASED		57. SIGNATURE OF DECEASED	
FAMILY MEMORIAL MORTUARY AND		[REDACTED]		[REDACTED]		[REDACTED]	
CREMATORY		[REDACTED]		[REDACTED]		[REDACTED]	
58. CITY		59. COUNTY		60. ZIP CODE		61. STATE	
LOMA LINDA UNIVERSITY MEDICAL CENTER		[REDACTED]		[REDACTED]		[REDACTED]	
62. COUNTY		63. CITY		64. ADDRESS		65. CITY	
SAN BERNARDINO		[REDACTED]		[REDACTED]		LOMA LINDA	
66. CAUSE OF DEATH		67. CAUSE OF DEATH		68. CAUSE OF DEATH		69. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
70. CAUSE OF DEATH		71. CAUSE OF DEATH		72. CAUSE OF DEATH		73. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
74. CAUSE OF DEATH		75. CAUSE OF DEATH		76. CAUSE OF DEATH		77. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
78. CAUSE OF DEATH		79. CAUSE OF DEATH		80. CAUSE OF DEATH		81. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
82. CAUSE OF DEATH		83. CAUSE OF DEATH		84. CAUSE OF DEATH		85. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
86. CAUSE OF DEATH		87. CAUSE OF DEATH		88. CAUSE OF DEATH		89. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
90. CAUSE OF DEATH		91. CAUSE OF DEATH		92. CAUSE OF DEATH		93. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
94. CAUSE OF DEATH		95. CAUSE OF DEATH		96. CAUSE OF DEATH		97. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
98. CAUSE OF DEATH		99. CAUSE OF DEATH		100. CAUSE OF DEATH		101. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
102. CAUSE OF DEATH		103. CAUSE OF DEATH		104. CAUSE OF DEATH		105. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
106. CAUSE OF DEATH		107. CAUSE OF DEATH		108. CAUSE OF DEATH		109. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
110. CAUSE OF DEATH		111. CAUSE OF DEATH		112. CAUSE OF DEATH		113. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
114. CAUSE OF DEATH		115. CAUSE OF DEATH		116. CAUSE OF DEATH		117. CAUSE OF DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[	

**CERTIFIED COPY OF VITAL RECORD**

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED

NOV 20 2024

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.

*[Handwritten signatures and initials are visible over the typed text.]*

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.

**THE UNIVERSITY OF CHICAGO PRESS**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE