

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Gary A. Foltz FIRM NAME: Lester, Cantrell & Kraus, LLP STREET ADDRESS: 1770 Iowa Avenue, Suite 110 CITY: Riverside TELEPHONE NO.: (951) 300-2690 E-MAIL ADDRESS: GFoltz@lc-lawyers.com ATTORNEY FOR (name): Stephen Kaminski STATE BAR NO.: 076423 STATE: CA ZIP CODE: 92507 FAX NO.: (951) 300-2694	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT </div> <div style="margin: 10px auto; width: 80%;"> APR 11 2023 </div> <div style="margin: 10px auto; width: 80%;"> BY AMY GAMEZ-REYES, DEPUTY </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W. Third Street MAILING ADDRESS: (same) CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate	
ESTATE OF (name): Michael P. Kaminski aka Michael Perry Kaminski 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 <input type="checkbox"/> 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: <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> PROSB2300460 </div>	
HEARING DATE AND TIME: <div style="margin: 5px auto; width: 80%;"> MAY 23 2023 9:00am </div>	DEPT.: <div style="margin: 5px auto; width: 80%;"> S35 </div>

1. Publication will be in (specify name of newspaper): San Bernardino City News

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

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

Stephen Kaminski

requests that

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

b. (name): Stephen Kaminski

- (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): February 2, 2023 at (place): 29053 Red Tail Court, Highland, 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):

29053 Red Tail Court, Highland, San Bernardino County, CA.

DOUGLAS MANN
 NOTICE: This Case is assigned to Dept. **S35**
 for all purposes and is subject to CCP 170.6(2)

be appointed

ESTATE OF (name):

Michael P. Kaminski
DECEDENT

CASE NUMBER:

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

- (1) Personal property: \$800,000
- (2) Annual gross income from
- (a) real property: \$ 36,000
- (b) personal property: \$ 3,000
- (3) **Subtotal** (add (1) and (2)): \$ 839,000
- (4) Gross fair market value of real property: \$ 550,000
- (5) (Less) Encumbrances: (\$ 0)
- (6) Net value of real property: \$ 550,000
- (7) **Total** (add (3) and (6)): \$ 1,389,000

- 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: 11-29-1990 ☐ 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):

Michael P. Kaminski
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):

Michael P. Kaminski
DECEDENT

CASE NUMBER:

8. Name and relationship to decedentAgeAddress

Stephen Kaminski, brother

69

7047 Valinda Ave.
Alta Loma, CA 91701

Bruno J. Kaminski, father

deceased

March 4, 2001

Elizabeth Kaminski, mother


deceased

December 28, 1989

☐ Continued on Attachment 8.9. Number of pages attached: 5Date: March 2, 2023

Gary A. Foltz

(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: March 2, 2023

Stephen Kaminski

(TYPE OR PRINT NAME OF PETITIONER)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

Attachment 3f(2)

**LAST WILL AND TESTAMENT
OF
MICHAEL P. KAMINSKI**

I, Michael P. Kaminski, domiciled and resident in the state of California, now in the active military service of the United States, Social Security Number 545-92-9796, and temporarily residing at Neubrucke, Federal Republic of Germany, declare that this is my LAST WILL AND TESTAMENT and revoke all other wills and codicils previously made by me.

FIRST: I direct that all of my funeral expenses, and those, if any, arising out of my last illness shall be paid from the assets of my estate as a cost of the administration of my estate.

SECOND: I give, devise and bequeath my memorial flag, if I own it at the time of my death, to my Parents, Bruno and Elizabeth Kaminski, in fee simple absolute, or such of them as shall survive me.

THIRD: I give, devise and bequeath all of the rest, remainder and residue of my estate and property to which I may be entitled at the time of my death, wherever situated of whatever nature, be it real, personal or mixed, including lapsed legacies and any property over which I may have a power of appointment, to my Brother, Stephen W. Kaminski, in fee simple absolute, as his sole and absolute property if he shall survive me.

FOURTH: In the event my said Brother shall not survive me, I give, devise and bequeath all of the rest, remainder and residue of my estate and property, to Bruno J. Kaminski, in fee simple absolute, if he shall survive me.

Michael P. Kaminski
FIFTH: I hereby appoint Stephen W. Kaminski of 7047 Valinda Ave., Rancho, Cucamonga, California, as Executor of this my LAST WILL AND TESTAMENT. The term "Executor" is used herein without regard to gender and applies equally to describe said person whether such person is male or female. I direct that my Executor be permitted to serve without bond or surety and without the intervention of any court or courts, except as required by law. In addition to any powers and discretions granted my Executor by law, I hereby authorize and empower my said Executor, in his or her absolute discretion, to sell, exchange, convey, transfer, assign, mortgage, pledge, lease, or rent the whole or any part of my real or personal estate, to invest, reinvest, or retain investments of my estate, to extend or renew any indebtedness upon such terms and for such time as the Executor deems appropriate and, to perform all acts and to execute all documents which my Executor may deem necessary, convenient or proper in regard to my property. In the event that my said Executor shall predecease me or shall for any reason refuse or be unable to serve or to continue serving as Executor hereof, then I hereby appoint Bruno J. Kaminski of 3540 Camellia Dr., San Bernadino, California, as Executor in his stead, to serve without bond or surety and with the same powers and authority.

If it becomes necessary to have ancillary administration of my estate in any jurisdiction where the Executor, of this my Last Will and Testament regardless of gender, is unable or does not desire to qualify as ancillary representative, I appoint as ancillary legal representative such individual or corporation as my Executor shall designate in writing. I direct that any balance of my property remaining after such ancillary administration be delivered, to the extent permitted by law, to my Executor for disposition in accordance with the terms of this Will. I direct that all of the powers or privileges and immunities granted to my Executor hereunder shall also apply to any such ancillary legal representative. I further direct that such ancillary legal representative shall not be required to give any bond or other security for the faithful performance of his or its duties, or if any bond is required, neither he nor it shall be required to give any surety thereon.

SIXTH: Wherever in this my LAST WILL AND TESTAMENT it is provided that any person shall benefit hereunder if such person shall survive me, that person shall be deemed not to have survived me if he or she shall die within sixty (60) days after my death, or at the same time as I, or in a common disaster with me, or under such circumstances that it is difficult or impossible to determine which of us died first.

Michael P. Kaminski
SEVENTH: I have served in the armed forces of the United States. Therefore, I direct my Executor to consult with the legal assistance officer at the nearest military installation to ascertain if there are any benefits to which my dependents are entitled by virtue of my military affiliation at the time of my death. Regardless of my military status at the time of my death, I direct my Executor to consult with the nearest Veterans Administration and Social Security Administration offices to ascertain if there are any benefits to which my dependents may be entitled.

EIGHTH: Except as otherwise provided in this my LAST WILL AND TESTAMENT, I have intentionally omitted to provide herein for any other relative or for any other person, whether claiming to be an heir of mine or not.

IN WITNESS WHEREOF I have at Baumholder, Federal Republic of Germany, this _____ day of _____, 19_____, set my hand and seal in the presence of the witnesses whose names appear hereafter, to this, my LAST WILL AND TESTAMENT, consisting of _____ typewritten pages, this page included, the preceding pages hereof bearing my signature along the left hand margin.

Michael P. Kaminski (SEAL)
Testator

ATTESTATION CLAUSE

On this 29th day of November, 1990, the foregoing instrument was signed, published, and declared by the Testator as his LAST WILL AND TESTAMENT, in the presence of each of us and all of us together, who at his request, in his presence, and in the presence of each other, also signed the said instrument as witness. We further state that each of us believes that at the time he executed the foregoing instrument he was of sound mind and memory, of lawful age, and did so execute it as his own free act and deed and not under the unlawful influence of any person.

Linda Roberson

SSAN: 278 60 1314

PERMANENT ADDRESS: 2517 E. 108th St.
Cleveland, Oh 44105

Johnny Crowell

SSAN: 319-51-4494

PERMANENT ADDRESS: 3531 W. Madison
Chicago, IL 60624

Berit Smith

SSAN: 227-21-0471

PERMANENT ADDRESS: Rothemweg 31
6589 Hoppstädten FRG

WILLIAM T. KAMM

CALIFORNIA SELF PROVING CLAUSE

The foregoing instrument consisting of 4 pages, including this page, was at the date hereof, by Michael P. Kaminski signed as and declared to be his Will, 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 him 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 years of age and a competent witness and resides at the address set forth after his name.

We are acquainted with Michael P. Kaminski. At this time, he is over the age of eighteen years, and to the best of our knowledge is of sound mind and is not acting under duress, menace, fraud, misrepresentation or undue influence.

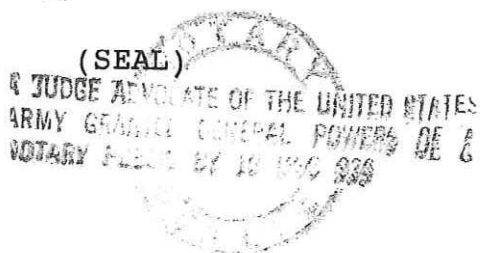
We declare under penalty of perjury that the foregoing is true and correct.

Executed on 29 November, 1990, at Baumholder, Federal Republic of Germany.

[Signature]
Witness
[Signature]
Witness
[Signature]
Witness

WITH THE UNITED STATES ARMED FORCES IN EUROPE
BAUMHOLDER, FEDERAL REPUBLIC OF GERMANY
APO NY 09034

Subscribed, sworn and acknowledged before me by Michael P. Kaminski, testator, and subscribed and sworn to before me by Sinda Roberson, Johnny Crowell, and Burgit Smith, witnesses, this 29 day of November, 1990.



[Signature]
RANDY T. KIRKVOLD
CPT, JA
Asst Staff Judge Advocate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052023026020

CERTIFICATE OF DEATH

3202336001288

1. NAME OF DECEASED - FIRST (Given) MICHAEL		2. MIDDLE PERRY		3. LAST (Family) KAMINSKI	
4. DATE OF BIRTH mm/dd/yyyy 11/07/1952					
5. AGE Yrs. 70		6. SEX M		7. DATE OF DEATH mm/dd/yyyy 02/02/2023	
8. HOUR (24 Hours) 1136		9. BIRTH STATE/FOREIGN COUNTRY CA			
10. SOCIAL SECURITY NUMBER 545-92-9796		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
12. MARITAL STATUS/SDP* (at Time of Death) DIVORCED		13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
14. EDUCATION - Highest Level/degree (see worksheet on back) HS GRADUATE		15. WAS DECEASED HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED NUCLEAR SPECIALIST		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY			
18. DECEASED'S RESIDENCE (Street and number, or location) 29053 RED TAIL COURT		19. YEARS IN OCCUPATION 24			
20. CITY HIGHLAND		21. COUNTY/PROVINCE SAN BERNARDINO		22. ZIP CODE 92346	
23. YEARS IN COUNTY 35		24. STATE/FOREIGN COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP STEPHEN KAMINSKI, BROTHER		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7047 VALINDA AVENUE, ALTA LOMA, CA 91701			
27. NAME OF SURVIVING SPOUSE/SDP - FIRST -		28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF FATHER/PARENT - FIRST BRUNO		31. MIDDLE JAMES		32. LAST KAMINSKI	
33. NAME OF MOTHER/PARENT - FIRST ELIZABETH		34. MIDDLE RAE		35. LAST FEDOR	
36. BIRTH STATE IL		37. BIRTH STATE OH		38. BIRTH STATE OH	
39. DISPOSITION DATE mm/dd/yyyy 02/08/2023		40. PLACE OF FINAL DISPOSITION FORT DOUGLAS POST CEMETERY 405 CHIPETA WAY, SALT LAKE CITY, UT 84108			
41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED			
43. NAME OF FUNERAL ESTABLISHMENT BOBBITT MEMORIAL CHAPEL INC		44. LICENSE NUMBER FD1133		45. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD	
46. DATE mm/dd/yyyy 02/08/2023		47. DATE mm/dd/yyyy 02/08/2023			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> SOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. COUNTY SAN BERNARDINO		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 29053 RED TAIL COURT		105. CITY HIGHLAND	
106. CAUSE OF DEATH Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT enter terminal event(s) such as cardiac arrest, respiratory arrest, or hemorrhagic shock without showing the etiology. DO NOT ABBREVIATE. (A) CORONARY ARTERY DISEASE (B) POLYCYTHEMIA VERA Sequentially list conditions, if any, leading to cause of death. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST		107. TIME INTERVAL BETWEEN ONSET AND DEATH (A) YEARS 702300921 (B) YEARS 702300921 (C) YEARS 702300921 (D) YEARS 702300921			
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 MORBID OBESITY, ATRIAL FIBRILLATION		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Spouse <input type="checkbox"/> Decedent's Last Seen Alive <input type="checkbox"/> (A) mm/dd/yyyy (B) mm/dd/yyyy 09/13/2022 09/13/2022		115. SIGNATURE AND TITLE OF CERTIFIER GIORGIO ROVERAN, MD		116. LICENSE NUMBER A106675	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GIORGIO ROVERAN, MD 26001 REDLANDS BLVD., REDLANDS, CA 92373		118. DATE mm/dd/yyyy 02/08/2023			
119. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <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 02/08/2023			
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. DATE mm/dd/yyyy			
129. SIGNATURE OF CORONER/DEPUTY CORONER		130. DATE mm/dd/yyyy			
131. SIGNATURE OF CORONER/DEPUTY CORONER		132. DATE mm/dd/yyyy			
133. SIGNATURE OF CORONER/DEPUTY CORONER		134. DATE mm/dd/yyyy			
135. SIGNATURE OF CORONER/DEPUTY CORONER		136. DATE mm/dd/yyyy			
137. SIGNATURE OF CORONER/DEPUTY CORONER		138. DATE mm/dd/yyyy			
139. SIGNATURE OF CORONER/DEPUTY CORONER		140. DATE mm/dd/yyyy			
141. SIGNATURE OF CORONER/DEPUTY CORONER		142. DATE mm/dd/yyyy			
143. SIGNATURE OF CORONER/DEPUTY CORONER		144. DATE mm/dd/yyyy			
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155. SIGNATURE OF CORONER/DEPUTY CORONER		156. DATE mm/dd/yyyy			
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159. SIGNATURE OF CORONER/DEPUTY CORONER		160. DATE mm/dd/yyyy			
161. SIGNATURE OF CORONER/DEPUTY CORONER		162. DATE mm/dd/yyyy			
163. SIGNATURE OF CORONER/DEPUTY CORONER		164. DATE mm/dd/yyyy			
165. SIGNATURE OF CORONER/DEPUTY CORONER		166. DATE mm/dd/yyyy			
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173. SIGNATURE OF CORONER/DEPUTY CORONER		174. DATE mm/dd/yyyy			
175. SIGNATURE OF CORONER/DEPUTY CORONER		176. DATE mm/dd/yyyy			
177. SIGNATURE OF CORONER/DEPUTY CORONER		178. DATE mm/dd/yyyy			
179. SIGNATURE OF CORONER/DEPUTY CORONER		180. DATE mm/dd/yyyy			
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183. SIGNATURE OF CORONER/DEPUTY CORONER		184. DATE mm/dd/yyyy			
185. SIGNATURE OF CORONER/DEPUTY CORONER		186. DATE mm/dd/yyyy			
187. SIGNATURE OF CORONER/DEPUTY CORONER		188. DATE mm/dd/yyyy			
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STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

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Michael A. Sequeira M.D.
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COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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