

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: <b>Lauren Fyfe, Esq.</b> FIRM NAME: <b>Fyfe Law Firm</b> STREET ADDRESS: <b>10620 Treena Street, Ste 230</b> CITY: <b>San Diego</b> STATE: <b>CA</b> ZIP CODE: <b>92131</b> TELEPHONE NO.: <b>(858) 412-7714</b> FAX NO.: E-MAIL ADDRESS: <b>lauren@fyfelaw.com</b> ATTORNEY FOR (name): <b>Anthony Ferguson, Petitioner &amp; Proposed Administrator</b>		<b>FOR COURT USE ONLY</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: <b>17780 Arrow Blvd</b> MAILING ADDRESS: <b>17780 Arrow Blvd</b> CITY AND ZIP CODE: <b>Fontana, CA 92335</b> BRANCH NAME: <b>Fontana District Probate Division</b>		<b>ELECTRONICALLY FILED</b> <b>SUPERIOR COURT OF CALIFORNIA</b> <b>COUNTY OF SAN BERNARDINO</b> <b>FONTANA DISTRICT</b>	
ESTATE OF (name): <b>Ernestina Delores Ferguson AKA Ernestina D. Ferguson;</b> <b>Ernestina Ferguson</b> <b>DECEDENT</b>		<b>6/20/2024 12:00 AM</b>  <b>By: Arica Tobias, DEPUTY</b>	
<b>PETITION FOR</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost</b> <b>Will and for Letters Testamentary</b> <input type="checkbox"/> <b>Probate of</b> <input type="checkbox"/> <b>Lost</b> <b>Will and for Letters of Administration</b> <b>with Will Annexed</b> <input checked="" type="checkbox"/> <b>Letters of Administration</b> <input type="checkbox"/> <b>Letters of Special Administration</b> <input type="checkbox"/> <b>with general powers</b> <input checked="" type="checkbox"/> <b>Authorization to Administer Under the Independent</b> <b>Administration of Estates Act</b> <input type="checkbox"/> <b>with limited authority</b>		<b>CASE NUMBER:</b> <b>PROVA2400549</b>	
		<b>HEARING DATE AND TIME:</b>	<b>DEPT.:</b>

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

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

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

**requests that**

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): Anthony Ferguson 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)*: 04/11/2024 at *(place)*: Upland, California
- (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)*:  
1360 Springfield St., Apt B, Upland, CA 91786  
SAN BERNARDINO COUNTY

ESTATE OF (name): Ernestina Delores Ferguson AKA Ernestina D. Ferguson  
Ernestina Ferguson  
DECEDENT

CASE NUMBER:

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

- (1) Personal property: \$71,200.00
- (2) Annual gross income from
- (a) real property: \$ 28,644.00
- (b) personal property: \$ Unknown
- (3) **Subtotal** (add (1) and (2)): \$ 99,844.00
- (4) Gross fair market value of real property: \$ 550,000.00
- (5) (Less) Encumbrances: (\$ 145,000.00)
- (6) Net value of real property: \$ 405,000.00
- (7) **Total** (add (3) and (6)): \$ 504,844.00

- 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):

634 Baldwin Lane  
Langhorne, PA 19047

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

ESTATE OF (name): Ernestina Delores Ferguson AKA Ernestina D. Ferguson  
Ernestina Ferguson 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): Ernestina Delores Ferguson AKA Ernestina D. Ferguson  
Ernestina Ferguson  
DECEDENT

CASE NUMBER:

8.	<u>Name and relationship to decedent</u>	<u>Age</u>	<u>Address</u>
	Anthony Lamar Ferguson <i>Child of Decedent/Petitioner/ Proposed Administrator/Intestate Heir At Law</i>	Adult	634 Baldwin Lane Langhorne, PA 19047
	LaShondra Dee Mercurius <i>Child of Decedent/Intestate Heir At Law</i>	Adult	234 17th Street Seal Beach, CA 90740

☐ Continued on Attachment 8.

9. Number of pages attached: 4

Date: 6/8/2024

Lauren K. Fyfe, 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: 6/7/2024

Anthony Ferguson

(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.

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 292606 NAME: Lauren Fyfe, Esq. FIRM NAME: Fyfe Law Firm STREET ADDRESS: 10620 Treena Street, Ste 230 CITY: San Diego STATE: CA ZIP CODE: 92131 TELEPHONE NO.: (858) 412-7714 FAX NO.: E-MAIL ADDRESS: lauren@fyfelaw.com ATTORNEY FOR (name): Anthony Ferguson, Petitioner & Proposed Administrator		FOR COURT USE ONLY
<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, CA 92335 BRANCH NAME: Fontana District Probate Division		
ESTATE OF (Name): <b>Ernestina Delores Ferguson AKA Ernesta D. Ferguson; Ernesta Ferguson</b> , DECEDENT		
<b>WAIVER OF BOND BY HEIR OR BENEFICIARY</b> <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): **Anthony Ferguson**

Date: 6/17/2024

LaShondra Dee Mercurius

(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).)*

**ESTATE OF ERNESTINA DELORES FERGUSON AKA ERNESTINA D.  
FERGUSON**

**Priority of Appointment**

In accordance with San Bernardino Superior Court Local Rule 20-401, the petitioner, Anthony Ferguson, is informed, believes, and declares as follows:

Anthony Ferguson and his sister LaShondra Dee Mercurius are the only children of Ernestina Delores Ferguson, who passed unmarried. Both Anthony and LaShondra waive bond.

- This estate is solvent;
- The decedent passed without any known or reasonably-ascertainable, unsecured creditors of the estate, including contingent liabilities;
- There are not estimated liability(ies) to disclose as there are no unsecured creditors, including contingent liabilities known to Petitioner;
- Based on decedent's income and tax status, I anticipate that she will receive a tax return for both Federal and State. Decedent should not have a tax liability but instead a tax credit for her estate.
- I am in the process of preparing her decedent's tax return for 2023, as I have obtained her tax documents for 2023 and continue to monitor her personal mail. I have been a tax preparer for over 28 years with multiple clients in California and Pennsylvania. My tax business is Accurate Tax and Bookkeeping established in 1997.

**ESTATE OF ERNESTINA DELORES FERGUSON AKA ERNESTINA D.  
FERGUSON; ERNESTINA FERGUSON**

**Priority of Appointment & Nomination**

**Priority of Appointment:**

The petitioner, Anthony Ferguson, is entitled to Letters of Administration as he is an adult child of the Decedent and an intestate heir. Additionally, he has been nominated by his sister hereinbelow. *CA Probate Code §8461(b)*

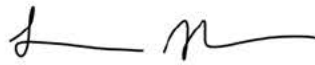
**Nomination:**

I, LaShondra Dee Mercurius, the undersigned state that I am an adult child of the above-named Decedent, and am a person entitled to Letters of Administration, of equal kinship to Anthony Ferguson, the Petitioner.

I hereby nominate my brother, Anthony Ferguson, to be appointed Administrator with authorization to administer under the Independent Administration of Estates Act, without bond. *CA Probate Code §8465(b)*

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

Date: 5/28/2024

  
\_\_\_\_\_  
LaShondra Dee Mercurius,  
Declarant

**Attachments 3g(2)(a) & (b)**



## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052024083739

## CERTIFICATE OF DEATH

3202436004489

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Last)		2. MIDDLE	
ERNESTINA		DOLORES	
3. LAST (Family)		FERGUSON	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
10/08/1955		68	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH mm/dd/yyyy	
AL		04/11/2024 FND	
8. SOCIAL SECURITY NUMBER		9. SEX	
[REDACTED]		F	
10. EVER IN U.S. ARMED FORCES?		11. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DIVORCED	
12. EDUCATION - Highest Level Degree		13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
ASSOCIATE		BLACK	
14. US DECEASED RESIDENCE (Last known address)		15. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
ADMINISTRATIVE CLERK		APPLIANCE MANUFACTURING	
16. US DECEASED RESIDENCE (Street and number, or location)		17. YEARS IN OCCUPATION	
1360 SPRINGFIELD ST APT B		20	
18. CITY		19. COUNTY/PROVINCE	
UPLAND		SAN BERNARDINO	
20. ZIP CODE		21. YEARS IN COUNTY	
91786		30	
22. STATE/FOREIGN COUNTRY		23. DECEASED'S NAME, RELATIONSHIP	
CA		ANTHONY FERGUSON, SON	
24. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		25. LAST BIRTH NAME	
634 BALDWIN LANE, LANGHORNE, PA 19047		-	
26. NAME OF SURVIVING SPOUSE (First)		27. MIDDLE	
-		-	
28. NAME OF FATHER (First)		29. MIDDLE	
ERNEST		-	
30. NAME OF MOTHER (First)		31. MIDDLE	
MISSOURI		-	
32. LAST BIRTH NAME		33. BIRTH STATE	
CUNNINGHAM		AL	
34. LAST BIRTH NAME		35. BIRTH STATE	
RAGLAND		AL	
36. DEPOSITION DATE mm/dd/yyyy		37. PLACE OF FINAL DISPOSITION	
04/26/2024		RESIDENCE OF ANTHONY FERGUSON	
38. TYPE OF DEPOSITION		39. SIGNATURE OF EMBALMER	
CREMATE/TRANSIT/RESIDENCE		NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT		41. LICENSE NUMBER	
ROSE HILLS MORTUARY		FD970	
42. SIGNATURE OF LOCAL REGISTRAR		43. DATE mm/dd/yyyy	
MICHAEL A. SEQUEIRA, MD		04/18/2024	
44. PLACE OF DEATH		45. IF HOSPITAL, SPECIFY ONE	
FOUND AT RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D <input type="checkbox"/> H	
46. COUNTY		47. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAN BERNARDINO		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
48. STREET AND NUMBER		49. CITY	
1360 SPRINGFIELD ST APT. B		UPLAND	
50. CAUSE OF DEATH		51. DEATH REPORTED TO CORONER?	
IN PENDING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
52. IMMEDIATE CAUSE		53. DEATH NUMBER	
[REDACTED]		702402740	
54. UNDERLYING CAUSE		55. DEATH REPORTED TO CORONER?	
[REDACTED]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (List in 107)		57. AUTOPSY PERFORMED?	
[REDACTED]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (List in 107)		59. USED IN DETERMINING CAUSE?	
[REDACTED]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.		61. DECEDENT PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
62. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		63. SIGNATURE AND TITLE OF CERTIFIER	
64. DECEDENT'S FIRST NAME		65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
66. DECEDENT'S LAST NAME		67. LICENSE NUMBER	
68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		69. DATE mm/dd/yyyy	
70. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		71. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
72. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		73. INJURY DATE mm/dd/yyyy	
74. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		75. HOUR (24 Hour)	
76. LOCATION OF INJURY (Street and number, or location, and city, and zip)		77. SIGNATURE OF CORONER / DEPUTY CORONER	
78. SIGNATURE OF CORONER / DEPUTY CORONER		79. DATE mm/dd/yyyy	
STEPHENIE SEAVEY		04/19/2024	
80. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		81. SIGNATURE OF CORONER / DEPUTY CORONER	
STEPHENIE SEAVEY, DEP CORONER		[REDACTED]	

## CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

APR 29 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.

*Michael A. Sequeira MD*  
MICHAEL A. SEQUEIRA, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

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

RENCO 01/19/2023

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

