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ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands STATE: CA ZIP CODE: 92373 TELEPHONE NO.: (909) 307-2000 FAX NO.: (909) 307-2055 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): John Arnold		FOR COURT USE ONLY  <b>FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO  JUL 22 2024  BY: <u>Amanda Romero</u> AMANDA ROMERO, DEPUTY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 17780 Arrow Blvd MAILING ADDRESS: 17780 Arrow Blvd CITY AND ZIP CODE: Fontana, CA 92335 BRANCH NAME: Fontana Limited Access District			
ESTATE OF (name): Marmen L. Ransom, aka Marmen Lee Ransom, aka Marmen Lee Moberly, aka Marmen Lee Moberly Ransom DECEDENT			
PETITION FOR <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		CASE NUMBER: PROVA2400038 HEARING DATE AND TIME: SEP 05 2024 9am DEPT.: F3	

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

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

2. Petitioner (name each): John Arnold

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.  
b. (name): John Arnold  
(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):

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

3. a. Decedent died on (date): 03/22/2024 at (place): Yucaipa, 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):  
33398 Oak Glen Rd 323  
Yucaipa, San Bernardino County, California 92399

Michelle H. Gilleece  
NOTICE: This Case is assigned to Dept F3  
for all purposes and is subject to CCP 170.6(2)

be appointed

## ESTATE OF (name):

Marmen L. Ransom, aka Marmen Lee Ransom,  
aka Marmen Lee Moberly, aka Marmen Lee Moberly Ransom

DECEDENT

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

(1) Personal property:	\$	80,000.00	
(2) Annual gross income from			
(a) real property:	\$	0.00	
(b) personal property:	\$	0.00	
(3) Subtotal (add (1) and (2)):	\$	80,000.00	
(4) Gross fair market value of real property:	\$	710,000.00	
(5) (Less) Encumbrances:	(\$	0.00)	
(6) Net value of real property:	\$	710,000.00	
(7) Total (add (3) and (6)):			\$ 790,000.00

- 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).) Bond waivers  
 (4) ☐ Sole personal representative is a corporate fiduciary or an exempt government agency. will be filed  
 prior to hearing.
- 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: Nominations will be filed prior to hearing.

- (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): Nephew; Conservator of the Person and Estate  
 (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): Marmen L. Ransom, aka Marmen Lee Ransom,  
aka Marmen Lee Moberly, aka Marmen Lee Moberly Ransom  
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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): Marmen L. Ransom, aka Marmen Lee Ransom,  
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8. Name and relationship to decedent  
Kathleen Ann Moberly Arnold,  
sister

Age  
Adult 1550 Massey Manor Lane  
Memphis, Tennessee 38120

Mark S. Arnold,  
brother

Address  
Adult 8080 Bradbury Road  
Henrico, Virginia 23231

John Arnold,  
petitioner/nephew (son of  
Kathleen Ann Moberly Arnold)

Age  
Adult 2255 Center Ave  
Martinez, CA 94553

☐ Continued on Attachment 8.

9. Number of pages attached: 1

Date: 7/3/24

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: 7/3/24

John Arnold  
(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.

# CERTIFICATION OF VITAL RECORD

## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052024063435

### CERTIFICATE OF DEATH

3202436003365

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		1. LAST NAME	
MARMEN		RANSOM	
2. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH (month/day/year)	
MARMEN LEE RANSOM		09/02/1934	
3. BIRTH STATE/FOREIGN COUNTRY		5. AGE Yrs	
OH		89	
6. SOCIAL SECURITY NUMBER		7. DATE OF DEATH (month/day/year)	
		03/22/2024	
8. EVER IN U.S. ARMED FORCES?		9. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DIVORCED	
10. EDUCATION - (Highest Level Completed)		11. DECEDENT'S RACE - (Up to 3 races may be listed (see instructions on back))	
HS GRADUATE		CAUCASIAN	
12. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		13. YEARS IN OCCUPATION	
MATHEMATICIAN		35	
14. DECEDENT'S RESIDENCE (Street and number, or location)		15. YEARS IN COUNTY	
33398 OAK GLEN RD 323		71	
16. CITY		17. STATE/FOREIGN COUNTRY	
YUCAIPA		CA	
18. INFORMANT'S NAME, RELATIONSHIP		19. INFORMANT'S ADDRESS (Street and number, or location, city, or town, state and zip)	
JOHN ARNOLD, NEPHEW		2255 CENTER AVENUE, MARTINEZ, CA 94553	
20. NAME OF SURVIVING SPOUSE/POD - FIRST		21. LAST BIRTH NAME	
22. NAME OF FATHER/PARENT - FIRST		23. LAST BIRTH NAME	
HARRY		MOBERLY	
24. NAME OF MOTHER/PARENT - FIRST		25. LAST BIRTH NAME	
KATHLEEN		DILLON	
26. DISPOSITION DATE (month/day/year)		27. PLACE OF FINAL DISPOSITION	
03/27/2024		MONTECITO MEMORIAL PARK	
28. TYPE OF DISPOSITION		29. SIGNATURE OF EMBALMER	
BURIAL		NOT EMBALMED	
30. NAME OF FUNERAL HOME/BURIAL		31. LICENSE NUMBER	
MONTECITO MEMORIAL PARK AND		FD958	
32. PLACE OF DEATH		33. SIGNATURE OF LOCAL REGISTRAR	
RESIDENCE HOSPICE		MICHAEL A. SEQUEIRA, MD	
34. CITY		35. DATE (month/day/year)	
SAN BERNARDINO		03/28/2024	
36. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		37. DEATH REPORTED TO CORONER	
33398 OAK GLEN RD #323		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
38. CAUSE OF DEATH		39. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CARDIOPULMONARY ARREST		40. DEATH REPORTED TO CORONER	
41. UNDERLYING CAUSE (Underlying cause of death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
MALIGNANT NEOPLASM OF UPPER OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST		42. DEATH REPORTED TO CORONER	
43. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 41		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NONE		44. DEATH REPORTED TO CORONER	
45. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NO		46. DEATH REPORTED TO CORONER	
47. SIGNATURE AND TITLE OF CERTIFIER		48. LICENSE NUMBER	
CASEY ANDREW GOODMAN, MD		A165712	
49. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		50. DATE (month/day/year)	
CASEY ANDREW GOODMAN, MD		03/28/2024	
51. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		52. SIGNATURE OF CORONER / DEPUTY CORONER	
01/12/2024 03/19/2024		2592 N SANTIAGO BLVD, ORANGE, CA 92667	
53. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		54. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
55. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		56. DATE (month/day/year)	
57. LOCATION OF INJURY (Street and number, or location, and city, and zip)		58. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
59. SIGNATURE OF CORONER / DEPUTY CORONER		60. DATE (month/day/year)	
61. STATE REGISTRAR		62. FAX AUTH#	
A B C D E		CENSUS TRACT	

### CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

MAR 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, 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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE