

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: MARK JOHN TUNDIS, ESQ. 101464 FIRM NAME: TUNDIS & LESTER ATTORNEYS AT LAW STREET ADDRESS: 1425 WEST FOOTHILL BOULEVARD, SUITE 240 CITY: UPLAND STATE: CA ZIP CODE: 91786 TELEPHONE NO.: (909) 985-9643 FAX NO.: (909) 985-3381 E-MAIL ADDRESS: ATTORNEY FOR (name): Petitioner, James Roberts SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 3255 E. TAHQUITZ CANYON WAY MAILING ADDRESS: 3255 E. TAHQUITZ CANYON WAY CITY AND ZIP CODE: PALM SPRINGS, CA 92262 BRANCH NAME: PALM SPRINGS COURTHOUSE PROBATE ESTATE OF (name): MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS aka MARGARET ROBERTS 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 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	FOR COURT USE ONLY FILED Superior Court of California County of Riverside 8/28/2023 A. Grant Electronically Filed
CASE NUMBER: PRIN2301171	HEARING DATE AND TIME: 10-10-2023 at 8:45 a.m.
DEPT.: PS3	

1. Publication will be in (specify name of newspaper): CITY NEWS GROUP, INC.
- a. ☐ Publication requested.
- b. ☒ Publication to be arranged.
2. Petitioner (name each): MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS aka MARGARET ROBERTS requests that
- a. ☒ decedent's will and codicils, if any, be admitted to probate.
- b. (name): JAMES CYRIL ROBERTS
- (1) ☒ executor be appointed
- (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): 04/25/2023 at (place): Palm Springs, 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):
 79622 CARMEL VALLEY AVENUE, INDIO, RIVERSIDE COUNTY, CALIFORNIA, 92201

ESTATE OF (name):

MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS
aka MARGARET ROBERTS

CASE NUMBER:

DECEDENT

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

- (1) Personal property: \$
- (2) Annual gross income from
- (a) real property: \$
- (b) personal property: \$
- (3) Subtotal (add (1) and (2)): \$ 0.00
- (4) Gross fair market value of real property: \$ 228,000.00
- (5) (Less) Encumbrances: (\$ 63,550.36)
- (6) Net value of real property: \$ 164,449.64
- (7) Total (add (3) and (6)): \$ 164,449.64

- 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: 05/27/1991 ☐ 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): MARGARET JEAN ROBERTS aka
MARGARET J. ROBERTS aka MARGARET ROBERTS

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): MARGARET JEAN ROBERTS aka
MARGARET J. ROBERTS aka MARGARET ROBERTS

CASE NUMBER:

DECEDENT

8. Name and relationship to decedent	Age	Address
JAMES CYRIL ROBERTS - SON	Adult	11169 CARRILLO AVENUE
PROPOSED EXECUTOR		MONTCLAIR, CA 91763
PAULA JEAN ROBERTS (McGREGOR)	Adult	661 EAST CARROLL AVENUE
DAUGHTER		GLENDORA, CA 91741
DAVID WAYNE ROBERTS - DON	Adult	79622 CARMEL VALLEY
		INDIO, CA 92201

☐ Continued on Attachment 8.

9. Number of pages attached: 14

Date: 7-31-23

MARK JOHN TUNDIS

(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: 7-31-23

JAMES CYRIL ROBERTS

(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.

IN THE MATTER OF: MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS	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
ii	Federal income tax:	\$ 0
iii	Real and personal property tax:	\$ 0
Total:		\$ 0

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

Name of Creditor	Address	Maximum Potential Liability
NEWREZ	PO BOX 619063. DALLAS, TX 75261-9063	64,000.00
Total:		64,000.00

IN THE MATTER OF: MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS	CASE NUMBER:
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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 _____

☒ 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: 7-31-23

MARK JOHN TUNDIS

(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: 7-31-23

JAMES CYRIL ROBERTS

(TYPE OR PRINT NAME)

(SIGNATURE)

(TYPE OR PRINT NAME)

(SIGNATURE)

☐ Signatures of additional petitioners follow last attachment.

ATTACHMENT 11c

The physical and mailing addresses of all real proeprty in which the decedent's estate owns an interest is as follows:

46-616 Madison Street, Space 64, City of Indio, County of Riverside, State of California

A.P.N. - 616-071-001-2

PARCEL 1:

LOT 64, TOGETHER WITH 1/162ND INTEREST IN COMMON LOTS A THROUGH N INCLUSIVE, OF TRACT NO. 15462, IN THE CITY OF INDIO, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS PER MAP RECORDED IN BOOK 112, PAGES 97 THROUGH 99 INCLUSIVE, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY AND AMENDED BY CERTIFICATE OF CORRECTION RECORDED JULY 29, 1980 AS INSTRUMENT NO. 136552, OFFICIAL RECORDS.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER COMMON AREA, LOTS A THROUGH N INCLUSIVE, OF TRACT NO. 15462 AS PER MAP RECORDED IN BOOK 112, PAGES 97 THROUGH 99 INCLUSIVE, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: MARK JOHN TUNDIS, ESQ. 101464 FIRM NAME: TUNDIS & LESTER ATTORNEYS AT LAW STREET ADDRESS: 1425 WEST FOOTHILL BOULEVARD, SUITE 240 CITY: UPLAND STATE: CA ZIP CODE: 91786 TELEPHONE NO.: (909) 985-9643 FAX NO.: (909) 985-3381 E-MAIL ADDRESS: ATTORNEY FOR (name): Petitioner, James Roberts SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 3255 E. TAHQUITZ CANYON WAY MAILING ADDRESS: 3255 E. TAHQUITZ CANYON WAY CITY AND ZIP CODE: PALM SPRINGS, CA 92262 BRANCH NAME: PALM SPRINGS COURTHOUSE PROBATE ESTATE OF (Name): MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS aka MARGARET ROBERTS, DECEDENT	FOR COURT USE ONLY
WAIVER OF BOND BY HEIR OR BENEFICIARY <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 partially 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

1. I have read and understand paragraphs A through G above.
2. 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.
3. 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.
4. I WAIVE the posting of bond in this estate by (name of personal representative): JAMES CYRIL ROBERTS

Date: 7-31-23

JAMES CYRIL ROBERTS

(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).)

 Form Adopted for Mandatory Use
 Judicial Council of California
 DE-142/DE-111(A-3e) [Rev. July 1, 2017]

WAIVER OF BOND BY HEIR OR BENEFICIARY
 (Probate—Decedents Estates)

 Probate Code, § 8481
 www.courts.ca.gov

Page _____ of _____

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: MARK JOHN TUNDIS, ESQ. 101464 FIRM NAME: TUNDIS & LESTER ATTORNEYS AT LAW STREET ADDRESS: 1425 WEST FOOTHILL BOULEVARD, SUITE 240 CITY: UPLAND STATE: CA ZIP CODE: 91786 TELEPHONE NO.: (909) 985-9643 FAX NO.: (909) 985-3381 E-MAIL ADDRESS: ATTORNEY FOR (name): Petitioner, James Roberts SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 3255 E. TAHQUITZ CANYON WAY MAILING ADDRESS: 3255 E. TAHQUITZ CANYON WAY CITY AND ZIP CODE: PALM SPRINGS, CA 92262 BRANCH NAME: PALM SPRINGS COURTHOUSE PROBATE ESTATE OF (Name): MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS aka MARGARET ROBERTS, DECEDENT	FOR COURT USE ONLY
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER:

NOTICE: READ PARAGRAPHS A-G BEFORE YOU SIGN

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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 partially 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

1. I have read and understand paragraphs A through G above.
2. 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.
3. 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.
4. I WAIVE the posting of bond in this estate by (name of personal representative): JAMES CYRIL ROBERTS

Date: 7-31-23

DAVID WAYNE ROBERTS

(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).)

Form Adopted for Mandatory Use
Judicial Council of California
DE-142/DE-111(A-3e) [Rev. July 1, 2017]**WAIVER OF BOND BY HEIR OR BENEFICIARY**
(Probate--Decedents Estates)Probate Code, § 8481
www.courts.ca.gov

Page _____ of _____

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ESTATE OF (Name): MARGARET JEAN ROBERTS aka MARGARET J. ROBERTS aka MARGARET ROBERTS, DECEDENT		
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*		CASE NUMBER:

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- 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.
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- 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.

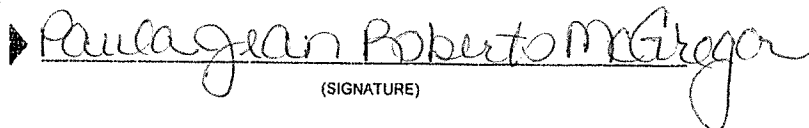
WAIVER

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- 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): JAMES CYRIL ROBERTS

Date: 7/24/23

PAULA JEAN ROBERTS (McGREGOR)

(TYPE OR PRINT NAME OF BENEFICIARY (AND AUTHORIZED SIGNER, IF BENEFICIARY IS NOT AN INDIVIDUAL))



(SIGNATURE)

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as Attachment 3e(2) (will) or Attachment 3e(3) (intestacy) to the Petition for Probate (form DE-111) (as form DE-111(A-3e).)

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 DE-142/DE-111(A-3e) [Rev. July 1, 2017]

 WAIVER OF BOND BY HEIR OR BENEFICIARY
 (Probate—Decedents Estates)

 Probate Code, § 8481
 www.courts.ca.gov

Page _____ of _____

Attachment 3f(2)

VLADIMIR VON RAUNER
ATTORNEY AT LAW
1181 Third Street, Suite B
Los Osos, CA 93402
(805) 528-2166

WILL
OF
MARGARET JEAN ROBERTS

I, Margaret Jean Roberts, a resident of Imperial County, California, declare this to be my Will, and I hereby revoke all Wills and Codicils previously made by me.

FIRST: Marital Status and Family.

I am not now married. I have three (3) adult children of a previous marriage, namely: Paula Jean McGregor, James Cyril Roberts, and David Wayne Roberts.

SECOND: Property Being Disposed.

It is my intention to dispose of all the property over which I have power of disposition at the time of my death.

THIRD: Nonexercise of Power of Appointment.

I hereby refrain from exercising any testamentary power of appointment that I now have or which may hereafter be conferred on me; no provision of this Will shall be construed as an exercise in whole or in part of any such power.

FOURTH: Disposition of Residuary Estate.

A. I direct my Executor to comply with the terms of a list that may be attached to this Will giving specific gifts to named persons or entities.

B. In the event that the property listed in any Codicil is not in my estate at the time of my death or any beneficiary does not survive me, this gift shall lapse and shall be added to and distributed as a part of the residue of my estate.

C. I give all of my estate as follows:

1) Two (2%) percent to Gideons International, P. O. Box 1695, Indio, California,

2) Ninety (90%) percent to my children, Paula Jean McGregor, James Cyril Roberts, and David Wayne Roberts, share and share alike. If any of my children should predecease me, then the share of my estate that would otherwise go to such deceased child shall go instead to the issue of the deceased child on the principle of representation. If any of my children should predecease me and leave no issue, then I give such deceased child's share to the surviving children.

3) The rest and residue I give to the General Board Church of the Nazarene, Kansas City, Missouri.

FIFTH: Nomination of Executor.

A. I nominate my son, James Cyril Roberts, as Executor of this Will. If he is unable or unwilling to act or to continue to act as Executor, then I nominate my daughter, Paula Jean McGregor, as

Executor of this Will with the same powers, rights, discretions, obligations, and immunities.

B. The term "my Executor" as used in this Will shall include any personal representative of my estate. I request that no bond shall be required of any Executor nominated in this Will.

C. I authorize my Executor to sell at either public or private sale, with or without notice, any property belonging to my estate, subject only to any confirmation required by law.

D. I authorize my Executor to administer my estate under the California Independent Administration of Estates Act.

SIXTH: Taxes

My Executor shall pay from the residue of my estate all inheritance, estate, and other death taxes, including interest and penalties, that may, because of my death, be attributable to any asset included in my probate estate or to any asset passing without probate administration. The tax shall be charged against my estate as though it were an ordinary expense of administration without adjustment among the beneficiaries of my Will.

SEVENTH: Disinheritance and Will Contest Provision.

Except as otherwise provided in this Will, I have intentionally failed to provide for any of my heirs. If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me without issue.

EIGHTH: General.

A. I have not entered into any contract to make a Will or a devise, not to revoke a will or a devise, or to die intestate.

B. If any part, clause, provision, or condition of this Will is held to be void, inoperative, ineffective, or otherwise invalid, its invalidity shall not affect any other part, clause, provision, or condition of this Will, and the remainder of this Will shall be carried into effect as if the invalid part, clause, provision, or condition had not been included.

C. As used in this Will, the masculine, feminine, or neuter gender, and the singular or plural number shall each be deemed to include the others whenever the context so indicates.

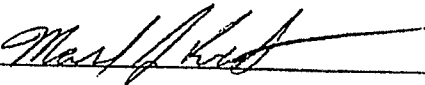
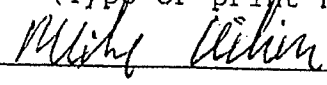
The foregoing Will is subscribed by me on the 27th day of May, 1991, at Desert Shores, California.


MARGARET J. ROBERTS

The foregoing instrument, consisting of five (5) pages, including the page signed by us as witnesses, was on the date thereof, by MARGARET JEAN ROBERTS, the testatrix, subscribed and declared to be her Will in the presence of us, who at her request, in her presence and in the presence of each other, do sign the same as witnesses. At the time of signing this Will, the testatrix and each of us who is acting as a witness is over eighteen (18) years of age. The testatrix appears to be of sound and disposing mind and memory, and each of us has no knowledge of any fact indicating that the

foregoing instrument, or any part of it, was procured by duress, menace, fraud, or the undue influence of any person whomsoever.

We, each for ourselves, declare under penalty of perjury that the foregoing is true and correct.

x	<u></u>	residing at <u>3725 Penmar</u>
	<u>Mark J. Kraft</u>	<u>El Monte, CA 91732</u>
	(Type or print name)	
x	<u></u>	residing at <u>4409 La Madera</u>
	<u>Mike Aikin</u>	<u>El Monte, CA 91732</u>
	(Type or print name)m	

Death Certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052023095719

CERTIFICATE OF DEATH

3202333006035

STATE FILE NUMBER 3052023095719		LOCAL REGISTRATION NUMBER 3202333006035	
1. NAME OF DECEASED (First, Middle, Last) MARGARET		2. MIDDLE JEAN	
3. LAST (Family) ROBERTS		4. DATE OF BIRTH (mm/dd/yyyy) 02/13/1934	
5. AGE (Years) 89		6. SEX F	
7. BIRTH STATE/PROVINCE/COUNTRY MO		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. MARRITAL STATUS (at Time of Death) WIDOWED	
11. DATE OF DEATH (mm/dd/yyyy) 04/25/2023		12. HOUR (of Day) 1014	
13. EDUCATION (Highest Level) ASSOCIATE		14. WAS DECEASED HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. NURSE		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. NUMBER OF BUSINESS OR OCCUPATION (e.g., grocery store, road construction, employment agency, etc.) MEDICAL		18. YEARS IN OCCUPATION 20	
19. DECEASED'S RESIDENCE (Street and number, or location) 79622 CARMEL VALLEY AVENUE			
20. CITY INDIO		21. COUNTY/PROVINCE RIVERSIDE	
22. ZIP CODE 92201		23. YEARS IN COUNTY 30	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP DAVE ROBERTS, DPOA	
26. INFORMANT'S ADDRESS (Street and number, city or town, state and zip) 79622 CARMEL VALLEY AVENUE, INDIO, CA 92201		27. NAME OF SURVIVING SPOUSE (First, Middle, Last) [REDACTED]	
28. MIDDLE [REDACTED]		29. LAST (BIRTH NAME) [REDACTED]	
30. NAME OF FATHER/PARENT (First, Middle, Last) CYRIL		31. LAST CRONK	
32. NAME OF MOTHER/PARENT (First, Middle, Last) IRENE		33. LAST (BIRTH NAME) UNKNOWN	
34. BIRTH STATE UNK		35. BIRTH STATE UNK	
36. DISPOSITION DATE (mm/dd/yyyy) 05/03/2023		37. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY 82925 AVENUE 52, COACHELLA, CA 92236	
38. TYPE OF DISPOSITION CREMATE/BURIAL		39. SIGNATURE OF EMBALMER NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT FITZHENRY-WIEFELS		41. LICENSE NUMBER FD2003	
42. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. MD		43. DATE (mm/dd/yyyy) 05/02/2023	
44. PLACE OF DEATH PREMIER CARE CENTER FOR PALM SPRINGS HOSPICE		45. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
46. CITY RIVERSIDE		47. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2990 E RAMON ROAD		49. CITY PALM SPRINGS	
50. CAUSE OF DEATH CONGESTIVE HEART FAILURE		51. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. VALVULAR HEART DISEASE, ATRIAL FIBRILLATION, CHRONIC RENAL FAILURE		53. BODYSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH VALVULAR HEART DISEASE, ATRIAL FIBRILLATION, CHRONIC RENAL FAILURE		55. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50 OR 51? (Yes, list type of operation and date.) NO		57. USED IN DETAIL (Cause of Death)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE REPORTED DATE AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: [REDACTED] Decedent Not Seen Since: [REDACTED]		59. SIGNATURE AND TITLE OF CORONER OSMUNDO R SAGUI, MD	
60. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE OSMUNDO R SAGUI, MD 275 N EL CIELO RD, PALM SPRINGS, CA 92264		61. LICENSE NUMBER A49557	
62. DATE OF DEATH 04/24/2023		63. DATE 04/28/2023	
64. CERTIFY THAT TIME OF DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		65. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
66. PLACE OF INJURY (e.g., Home, Construction site, wooded area, etc.)		67. INJURY DATE (mm/dd/yyyy) 122. HOUR (of Day)	
68. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		69. SIGNATURE OF CORONER / DEPUTY CORONER	
70. LOCATION OF INJURY (Street and number, or location, and city, and zip)		71. DATE (mm/dd/yyyy) 123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
72. SIGNATURE OF CORONER / DEPUTY CORONER		73. DATE (mm/dd/yyyy) 124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
74. STATE REGISTRAR		75. FAX AUTH. #	
76. CENSUS TRACT		77. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS

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 May 11, 2023

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

