DE-111

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 318651 NAME: SHELBY T. PHILLIPS, ESQ. FIRM NAME: WILLIAM M. NASSAR & ASSOCIATES STREET ADDRESS: 1461 FORD STREET, STE. 203 CITY: REDLANDS STATE: CA ZIP CODE: 92373-3909 TELEPHONE NO.: (909) 307-2000 FAX NO.: (909) 307-2055 E-MAIL ADDRESS: sphillips@nassarlaw.com ATTORNEY FOR (*name*): Linda Pronschinske	*FOR COURT USE ONLY* FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO APR 14 2023 BY: Sabrina Munoz, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W. THIRD STREET MAILING ADDRESS: 247 W. THIRD STREET CITY AND ZIP CODE: SAN BERNARDINO, CA 92415 BRANCH NAME: SAN BERNARDINO DISTRICT - PROBATE DIVISION	
ESTATE OF (*name*): GERALDINE MARIE SCANLON DECEDENT	
PETITION FOR ☐ **Probate of** ☐ **Lost Will and for Letters Testamentary** ☐ **Probate of** ☐ **Lost Will and for Letters of Administration with Will Annexed** ☒ **Letters of Administration** ☐ **Letters of Special Administration** ☐ **with general powers** ☒ **Authorization to Administer Under the Independent Administration of Estates Act** ☐ **with limited authority**	CASE NUMBER: PROSB2300471 HEARING DATE AND TIME: MAY 17 2023 9:00am DEPT.: S35

1. Publication will be in (*specify name of newspaper*): City News Group
   a. ☐ Publication requested.
   b. ☒ Publication to be arranged.
2. **Petitioner** (*name each*):
   LINDA PRONSCHINSKE

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

requests that

a. ☐ decedent's will and codicils, if any, be admitted to probate.
b. (*name*): LINDA PRONSCHINSKE 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*): 12/08/2020 * Copy of Death Certificate attached as "Exhibit A" at (*place*): Highland, San Bernardino County, 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*):
   474 W. 23RD ST, SAN BERNARDINO, SAN BERNARDINO COUNTY, CALIFORNIA 92405

Form Adopted for Mandatory Use
Judicial Council of California
DE-111 [Rev. July 1, 2017]

PETITION FOR PROBATE
(Probate—Decedents Estates)

Probate Code, §§ 8002, 10450;
www.courts.ca.gov

ESTATE OF *(name)*: DECEDENT	CASE NUMBER:

3. d. **Character and estimated value of the property of the estate** *(complete in all cases):*
   (1) Personal property: $350,000.00
   (2) Annual gross income from
      (a) real property: $
      (b) personal property: $
   (3) **Subtotal** *(add (1) and (2)):* $
   (4) Gross fair market value of real property: $ 350,000.00
   (5) (Less) Encumbrances: ($ 0)
   (6) Net value of real property: $ 350,000.00
   (7) **Total** *(add (3) and (6)):* $ 700,000.00

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

f. (1) ☒ Decedent died intestate.
   (2) ☐ Copy of decedent's will dated: ☐ codicil dated *(specify for each):*
   are affixed as Attachment 3f(2). *(Include typed copies of handwritten documents and English translations of foreign-language documents.)*
   ☐ The will and all codicils are self-proving (Prob. Code, § 8220).
   (3) ☐ The original of the will and/or codicil identified above has been lost. *(Affix a copy of the lost will or codicil or a written statement of the testamentary words or their substance in Attachment 3f(3), and state reasons in that attachment why the presumption in Prob. Code, § 6124 does not apply.)*

g. **Appointment of personal representative** *(check all applicable boxes):*
   (1) Appointment of executor or administrator with will annexed:
      (a) ☐ Proposed executor is named as executor in the will and consents to act.
      (b) ☐ No executor is named in the will.
      (c) ☐ Proposed personal representative is a nominee of a person entitled to Letters. *(Affix nomination as Attachment 3g(1)(c).)*
      (d) ☐ Other named executors will not act because of ☐ death ☐ declination ☐ other reasons *(specify):*
      ☐ Continued in Attachment 3g(1)(d).
   (2) Appointment of administrator:
      (a) ☐ Petitioner is a person entitled to Letters. *(If necessary, explain priority in Attachment 3g(2)(a).)*
      (b) ☐ Petitioner is a nominee of a person entitled to Letters. *(Affix nomination as Attachment 3g(2)(b).)*
      (c) ☑ Petitioner is related to the decedent as *(specify):* 2nd cousin of daughter of decedent
   (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):*
   9885 UPPER 173RD CT W, LAKEVILLE, MN 55044
   (3) ☒ resident of the United States.
   (4) ☐ nonresident of the United States.

ESTATE OF *(name)*: 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)*: DECEDENT	CASE NUMBER:

8. Name and relationship to decedent | Age | Address

Name and relationship to decedent	Age	Address
Sheryle M. Scanlon, surviving child of decedent	Deceased	
Linda Pronschinske, 2nd cousin of daughter of decedent	Adult	9885 Upper 173rd Ct W Lakeville, MN 55044

☐ Continued on Attachment 8.

9. Number of pages attached: 2

Date: 4·13·2023

Shelby T. Phillips, esq.
(TYPE OR PRINT NAME OF ATTORNEY)

▶ Shelby T. Phillips
(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: 3-29-23

Linda Pronschinske
(TYPE OR PRINT NAME OF PETITIONER)

▶ Linda Pronschinske
(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

▶
(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

EXHIBIT A

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

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV 3/06)

STATE FILE NUMBER: 3202036017065

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
GERALDINE	MARIE	SCANLON

AKA: ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
04/14/1923	97			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
IOWA	[redacted]	YES [X] NO UNK	WIDOWED	12/08/2020	1930

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
BACHELOR	YES [X] NO	WHITE

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
ACCOUNTANT	COUNTY GOVERNMENT	17

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)					
7534 PALM AVENUE					
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**	
HIGHLAND	SAN BERNARDINO	92346	77	CA	

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
SHERYLE SCANLON, DAUGHTER	474 W. 23RD STREET, SAN BERNARDINO, CA 92405

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT – FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
WILLIAM	-	INGWERS	IL
35. NAME OF MOTHER/PARENT – FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
MARY	FLORENCE	WILSON	IL

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
12/23/2020	MONTECITO MEMORIAL PARK	3520 E. WASHINGTON STREET, COLTON, CA 92324

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER
BU	▶ TYLER BROWN	E(6)	EMB9539
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
BOBBITT MEMORIAL CHAPEL INC	FD1133	▶ MICHAEL A SEQUEIRA, MD E(6)	12/22/2020

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice [X] Nursing Home/LTC Decedent's Home Other	
HIGHLAND PALMS HEALTHCARE CENTER			
104. COUNTY	**105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)**	**106. CITY**	
SAN BERNARDINO	7534 PALM AVE	HIGHLAND	

CAUSE OF DEATH

107. CAUSE OF DEATH (Final disease or condition resulting in death) — Enter the chain of events — diseases, injuries, or complications — that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Time Interval Between Onset and Death

IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST	(A) MINS	108. DEATH REPORTED TO CORONER? [X] YES [ ] NO
(B) CONGESTIVE HEART FAILURE	(B) YEARS	109. BIOPSY PERFORMED? [ ] YES [X] NO
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C)	(C)	110. AUTOPSY PERFORMED? [ ] YES [X] NO
(D)	(D)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE, DIABETES MELLITUS TYPE II, HYPERTENSION, DEMENTIA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)
NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
▶ TARIQ JAMIL M.D. E(6)	A70628	12/21/2020

(A) Decedent Attended Since mm/dd/ccyy	(B) Decedent Last Seen Alive mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
08/14/2019	11/03/2020	TARIQ JAMIL M.D. 355 E 21ST ST STE G, SAN BERNARDINO, CA 92404

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be Determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):

125. LOCATION OF INJURY (Street and number, or location, and city, and zip):

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▶		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						01000100476362		

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED Michael A Sequeira MD

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

DEC 29 2020 *0028763 68*

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

PDNCD (Rev) 08/20

GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF SAN BERNARDINO — DEPARTMENT OF PUBLIC HEALTH