


<div style="display: flex; justify-content: space-between;"><div>ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar &amp; Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands TELEPHONE NO.: (909) 307-2000 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): Linda Pronschinske</div><div>STATE BAR NO.: STATE: CA ZIP CODE: 92373 FAX NO.: (909) 307-2055</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> San Bernardino STREET ADDRESS: 247 W. Third St MAILING ADDRESS: 247 W. Third St CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: Probate Division</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ESTATE OF (name): Sheryle Mary Scanlon, aka Sheryle M. Scanlon, aka Sheryle Scanlon <div style="text-align: right;">DECEDENT</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><b>PETITION FOR</b> <div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary</div><div><input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed</div><div><input checked="" type="checkbox"/> Letters of Administration</div><div><input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers</div><div><input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority</div></div></div>		<div>FOR COURT USE ONLY</div> <div style="margin-top: 50px;"><div style="border: 1px solid black; padding: 10px; display: inline-block;"><div style="text-align: center;"><div style="font-size: 1.2em; font-weight: bold; color: blue;">FILED</div><div style="font-size: 0.8em; color: blue;">SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO</div></div><div style="margin-top: 20px; font-size: 1.1em; color: blue;">JUL 18 2023</div><div style="margin-top: 20px; font-size: 1.2em; color: blue;"> BY: Brenda Perez-Cordero, Deputy</div></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">CASE NUMBER: PROSB2300721</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="border: 1px solid black; padding: 5px; width: 80%;">HEARING DATE AND TIME: <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"><div style="font-size: 1.2em; font-weight: bold; color: blue;">AUG 23 2023</div><div style="font-size: 1.2em; color: blue;">9:00am</div></div></div><div style="border: 1px solid black; padding: 5px; width: 15%;">DEPT.: 535</div></div>
---	--	---

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

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 be required for the reasons stated in item 3e.
- (2) ☒ \$ TBD 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):

True and correct copy of death certificate attached as "Exhibit A."

3. a. Decedent died on (date): 1/26/2023 at (place): San Bernardino, 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):  
 1930 W. College Ave #181, San Bernardino, San Bernardino County, California 92407

## ESTATE OF (name):

Sheryle Mary Scanlon, aka Sheryle M. Scanlon,  
aka Sheryle Scanlon

CASE NUMBER:

PROSB2300721

DECEDENT

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

- (1) Personal property: \$ 500,000.00 (Estimated/TBD)
- (2) Annual gross income from
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 500,000.00
- (4) Gross fair market value of real property: \$ 0.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 0.00
- (7) Total (add (3) and (6)): \$ 500,000.00

- 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): Decedent's paternal second cousin once removed
- (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): Sheryle Mary Scanlon, aka Sheryle M. Scanlon,  
aka Sheryle Scanlon

DECEDENT

CASE NUMBER:

PROSB2300721

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 decedentAgeAddress☒ Continued on Attachment 8.9. Number of pages attached: 3Date: 7-18-2023Shelby T. Phillips

(TYPE OR PRINT NAME OF ATTORNEY)

► [Signature]  
(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: 3-29-23Linda Pronschinske

(TYPE OR PRINT NAME OF PETITIONER)

► [Signature]  
(SIGNATURE OF PETITIONER) CRC 2.305(d)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

# **EXHIBIT A**



## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052023020654

## CERTIFICATE OF DEATH

3202336001004

1. NAME OF DECEDENT - FIRST (Last name) SHERLEY		2. MIDDLE MARY		3. LAST (First name) SCANLON		LOCAL REGISTRATION NUMBER	
4. DATE OF BIRTH mm/dd/yyyy 12/16/1947				5. AGE Yrs 75		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]		9. EVER IN U.S. ARMED FORCES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		10. MARITAL STATUS (at time of death) NEVER MARRIED	
11. EDUCATION - Highest Level Degree MASTER'S		12. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worked on back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) CAUCASIAN		14. DATE OF DEATH mm/dd/yyyy 01/26/2023	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ADMINISTRATION		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL		17. YEARS IN OCCUPATION 30			
18. DECEDENT'S RESIDENCE (street and number, or location) 1930 W. COLLEGE AVENUE #181							
19. CITY SAN BERNARDINO		20. COUNTY/PROVINCE SAN BERNARDINO		21. ZIP CODE 92407		22. STATE/FOREIGN COUNTRY CA	
23. INFORMANT'S NAME, RELATIONSHIP LINDA PRONSHINSKE, COUSIN				24. INFORMANT'S MAILING ADDRESS (street and number or rural route number, city or town, state and zip) 9885 UPPER 173RD COURT WEST, LAKEVILLE, MN 55044			
25. NAME OF SURVIVING SPOUSE/SPRP - FIRST -		26. MIDDLE -		27. LAST (BIRTH NAME) -		28. BIRTH STATE CA	
29. NAME OF FATHER/PARENT - FIRST MAURICE		30. MIDDLE -		31. LAST SCANLON		32. BIRTH STATE CA	
33. NAME OF MOTHER/PARENT - FIRST GERALDINE		34. MIDDLE MARIE		35. LAST (BIRTH NAME) INGWERS		36. BIRTH STATE IA	
37. DEPOSITION DATE mm/dd/yyyy 02/09/2023		38. PLACE OF FINAL DISPOSITION MONTECITO MEMORIAL PARK 3520 E. WASHINGTON STREET, COLTON, CA 92324					
39. TYPE OF DISPOSITION BURIAL		40. SIGNATURE OF BURIALER NOT EMBALMED		41. LICENSE NUMBER FD1133		42. DATE mm/dd/yyyy 02/02/2023	
43. NAME OF FUNERAL ESTABLISHMENT BOBBITT MEMORIAL CHAPEL INC		44. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD		45. LICENSE NUMBER 50		46. DATE mm/dd/yyyy 02/02/2023	
47. PLACE OF DEATH FOUND AT RESIDENCE		48. IF HOSPITAL, SPECIFY ONE HOSPITAL <input type="checkbox"/> HOME <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		49. IF OTHER THAN HOSPITAL, SPECIFY ONE HOSPITAL <input type="checkbox"/> HOME <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
50. COUNTY SAN BERNARDINO		51. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number, or location) 1930 W. COLLEGE AVENUE #181		52. CITY SAN BERNARDINO			
53. CAUSE OF DEATH IMMEDIATE CAUSE: PENDING		54. Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory shutdown without showing the etiology. DO NOT ABBREVIATE.		55. Time Interval Between Onset and Death (H) <input type="checkbox"/> (D) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (M) <input type="checkbox"/> (Y) <input type="checkbox"/>		56. DEATH REPORTED TO CORONER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
57. Sequentially, list conditions, if any, leading to cause of death. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		58. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		60. SIGNATURE AND TITLE OF CORONER / DEPUTY CORONER REBECCA M LONDON, DEP. CORONER	
61. MANNER OF DEATH Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/>		62. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		63. INJURY DATE mm/dd/yyyy 02/01/2023		64. INJURY HOUR (24 Hour) [REDACTED]	
65. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		66. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) [REDACTED]		67. LOCATION OF INJURY (street and number, or location, and city and zip) [REDACTED]		68. SIGNATURE OF CORONER / DEPUTY CORONER REBECCA M LONDON	
69. SIGNATURE OF CORONER / DEPUTY CORONER REBECCA M LONDON		70. DATE mm/dd/yyyy 02/01/2023		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REBECCA M LONDON, DEP. CORONER		72. FAX AUTH# [REDACTED]	
73. STATE REGISTRAR A		74. C		75. D		76. E	

## CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

FEB 07 2023

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.

\*003128790\*

## ATTACHMENT 8

<u>NAME/RELATIONSHIP</u>	<u>AGE</u>	<u>ADDRESS</u>
Linda Pronschinske Petitioner/Paternal 2 <sup>nd</sup> Cousin	Adult	9885 Upper 173 <sup>rd</sup> Ct W Lakeville, MN 55044
Roger Scaramella Paternal Cousin	Adult	16640 County Road 80 Perry, OK 73077
Bruce Ingwers Maternal Cousin	Adult	10020 E. Grand Ave Greenwood Village, CO 80111-3623
Richard Ingwers Maternal Cousin	Adult	5299 Blackhawk Dr Danville, CA 94506-5809
Thomas Ingwers Maternal Cousin	Adult	4592 Alhambra St San Diego, CA 92107
Lynda Lake Maternal Cousin	Adult	54 Northridge Circle Wickenburg, AZ 85390
Matthew Neale Paternal Cousin	Adult	604 Via Espiritu San Clemente, CA 92672-60001
Robert Taylor Maternal Cousin	Adult	71901 Cholla Way Palm Desert, CA 92260
Ronald Taylor Maternal Cousin	Adult	420 Sabino Drive Lake Havasu City, AZ 86403
Elizabeth Walters Maternal Cousin	Adult	2373 S. Joyce Street Denver, CO 80228-6416
Ruth Henricks C/O Bryan C. Hartnell Professional Fiduciary	Adult	25757 Redlands Blvd Redlands, CA 92373-8453