

COPY

DE-111

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): Jennifer D. Schmitt		FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO JUL 11 2024 BY: Brenda Perez-Cordero, 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): Rochelle D. Schmitt aka Rochelle Schmitt DECEDENT		
PETITION FOR <input checked="" type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <i>Successor</i> <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration <input type="checkbox"/> 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		CASE NUMBER: PROSB2200601 HEARING DATE AND TIME: AUG 12 2024 9:00am
		DEPT.: Fa

1. Publication will be in (specify name of newspaper): TBD

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

2. Petitioner (name each): Jennifer D. Schmitt

requests that

a. decedent's will and codicils, if any, be admitted to probate.

b. (name): Jennifer D. Schmitt

- (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): 2/25/2021

at (place): Redlands, CA * See death certificate

(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):
attached as Exhibit A.

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):

819 Salem Drive
Redlands, CA 92373
County of San Bernardino

ESTATE OF (name): Rochelle D. Schmitt aka Rochelle Schmitt	CASE NUMBER: PROSB2200601
DECEDENT	

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

(1) Personal property:	\$	807,344	
(2) Annual gross income from			
(a) real property:	\$		
(b) personal property:	\$		
(3) Subtotal (add (1) and (2)):	\$	<u>807,344</u>	
(4) Gross fair market value of real property:	\$		
(5) (Less) Encumbrances:	(\$	<u> </u>)	
(6) Net value of real property:	\$	<u> 0</u>	
(7) Total (add (3) and (6)):			\$ <u> 807,344</u>

- 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: 9/14/2018 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): Rochelle D. Schmitt aka Rochelle Schmitt

CASE NUMBER:
PROSB2200601

DECEDENT

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): Rochelle D. Schmitt aka Rochelle Schmitt	CASE NUMBER: PROSB2200601
DECEDENT	

8. Name and relationship to decedent Age Address
- Gregory L. Schmitt Adult Deceased as of 3/5/2024, no issue or
Deceased Adult Son spouse
- Robert L. Schmitt Adult Deceased as of 12/15/2023, left
Deceased Adult Son issue.
- Gary L. Schmitt Deceased as of 5/5/2018
Deceased Spouse
- Jennifer D. Schmitt aka Jennifer Teigen Schmitt Adult 226 Candy Lane
Daughter-in-law Redlands, CA 92373
- Ian Schmitt Adult 226 Candy Lane
Issue of Robert L. Schmitt Redlands, CA 92373

Continued on Attachment 8.

9. Number of pages attached: 15

Date: 6.26.2024

William M. Nassar, Esq.
(TYPE OR PRINT NAME OF ATTORNEY)

▶ *William M. Nassar*
(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: 6/25/2024

Jennifer D. Schmitt
(TYPE OR PRINT NAME OF PETITIONER)

▶ *Jennifer D. Schmitt*
(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.: 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): Jennifer D. Schmitt	FOR COURT USE ONLY
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): Rochelle D. Schmitt aka Rochelle Schmitt , DECEDENT	
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER: PROSB2200601

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): Petitioner, Jennifer D. Schmitt

Date: 6/25/2024

Jennifer D. Schmitt _____

(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).)*

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

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

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

Page _____ of _____

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): Jennifer D. Schmitt	FOR COURT USE ONLY
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): Rochelle D. Schmitt aka Rochelle Schmitt , DECEDENT	
WAIVER OF BOND BY HEIR OR BENEFICIARY <input checked="" type="checkbox"/> Attachment 3e to Petition for Probate*	CASE NUMBER: PROSB2200601

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): Petitioner, Jennifer D. Schmitt

Date: 6/26/2024

Tan Schmitt _____

(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).)*

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

Attachment 3FC2)

LAST WILL OF ROCHELLE SCHMITT

I, ROCHELLE SCHMITT, a resident of Orange County, California, declare that this is my will. I hereby revoke all my previous wills and codicils.

ARTICLE ONE. INTRODUCTORY PROVISIONS

1.1 Marital Status

I am not currently married.

1.2 Identification of Living Children

I have two living children as follows:

<u>Name</u>	<u>Date of Birth</u>
GREGORY A. SCHMITT	March 1, 1962
ROBERT L. SCHMITT	November 12, 1963

1.3 No Deceased Children

I have no deceased children.

1.4 No Contract Affecting Will

I have not entered into any contract to make a will or a testamentary gift, to not revoke a will or a testamentary gift, or to die intestate.

ARTICLE TWO. GIFT OF ENTIRE ESTATE

2.1 Gift of Entire Estate

I give all of my property to the trustee of the GARY L. SCHMITT and ROCHELLE SCHMITT FAMILY TRUST, as AMENDED and RESTATED on JUNE 27, 2007, created on August 23, 1994, and amended and restated under the declaration of trust executed on the same date as, but immediately before, the execution of this will, by ROCHELLE SCHMITT, as Settlor and Trustee. The trustee of that trust shall add the property disposed of under this will to the trust

attachment 3FC2)

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

principal and hold, administer, and distribute the property in accordance with the provisions of that declaration of trust, including any amendments and restatements of that declaration of trust that have been made before or after execution of this will.

ARTICLE THREE. RESIDUARY PROVISIONS

3.1 Disposition of Residue

If the GARY L. SCHMITT and ROCHELLE SCHMITT FAMILY TRUST, as AMENDED and RESTATED on JUNE 27, 2007 has been revoked, terminated, or declared invalid for any reason, I give the residue of my estate outright to my heirs.

ARTICLE FOUR. EXECUTOR

4.1 Nomination of Executor

I nominate JENNIFER D. SCHMITT, settlors' daughter in law, and JENNIFER TEIGEN SCHMITT, settlors' daughter in law, as coexecutors of this will.

4.2 Remaining Coexecutor Serves Alone

If either coexecutor is unable (by reason of death, incapacity, or any other reason) or unwilling to serve or continue to serve as a coexecutor, no successor coexecutor shall be appointed in that capacity unless it appears to the court having jurisdiction over my estate that appointment of a successor coexecutor is necessary or in the best interest of the beneficiaries of my estate. Rather, the remaining coexecutor shall have full power to act as executor and to complete the administration of my estate.

4.3 Successor Executors

If the office of executor becomes vacant, by reason of death, incapacity, or any other reason then I nominate ROBERT L. SCHMITT, my son, as successor executor.

If ROBERT L. SCHMITT is unable (by reason of death, incapacity, or any other reason) or unwilling to serve as successor executor, a new executor or set of coexecutors shall be

Attachment 3f(2)

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

nominated by ROBERT L. SCHMITT. If no valid nomination is made under any of the preceding provisions of this section or any other provision of this will, a new executor or set of coexecutors shall be appointed by the court.

4.4 Prohibited Appointment of Executor

Notwithstanding any other provision of this will, GREGORY A. SCHMITT shall not be appointed or serve as executor or coexecutors of this will.

4.5 Waiver of Bond

No bond or undertaking shall be required of any executor nominated in this will.

4.6 General Powers of Executor

The executor shall have full authority to administer my estate under the California Independent Administration of Estates Act. The executor shall have all powers now or hereafter conferred on executors by law, except as otherwise specifically provided in this will, including any powers enumerated in this will.

4.7 Power to Access Digital Assets

I consent to the disclosure to the executor of all my digital assets including the contents of electronic communications sent or received by me. For purposes of this instrument, "digital asset" has the same meaning as set forth in California Probate Code section 871, or applicable successor statute. This authority is intended to constitute "consent to disclosure of the content of electronic communications" under the Revised Uniform Fiduciary Access to Digital Assets Act (California Probate Code sections 870 et seq. or applicable successor statute), and "lawful consent" under the Stored Communications Act (18 U.S.C. sections 2701 et seq. or applicable successor statute), and the Computer Fraud and Abuse Act (19 U.S.C. section 1030 or applicable successor statute), to the extent that such consent is required.

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

4.8 Power to Invest

The executor shall have the power to invest estate funds in any kind of real or personal property, as the executor deems advisable.

4.9 Division or Distribution in Cash or in Kind

In order to satisfy a pecuniary gift or to distribute or divide estate assets into shares or partial shares, the executor may distribute or divide those assets in kind, or divide undivided interests in those assets, or sell all or any part of those assets and distribute or divide the property in cash, in kind, or partly in cash and partly in kind. Property distributed to satisfy a pecuniary gift under this will shall be valued at its fair market value at the time of distribution. This section shall apply only to the extent that it does not conflict with the provisions of the GARY L. SCHMITT and ROCHELLE SCHMITT FAMILY TRUST, as AMENDED and RESTATED on JUNE 27, 2007.

4.10 Power to Sell, Lease, and Grant Options to Purchase Property

The executor shall have the power to sell, at either public or private sale and with or without notice, lease, and grant options to purchase any real or personal property belonging to my estate, on such terms and conditions as the executor determines to be in the best interest of my estate.

4.11 Power to Purchase Estate Property

The executor shall have the power to sell any property of my estate to, or exchange any property of my estate with the property of, any person serving as executor at the time of the sale or exchange, provided that any such sale or exchange shall be for adequate consideration.

4.12 Payments to Legally Incapacitated Persons

If at any time any beneficiary under this will is a minor, or it appears to the executor that any beneficiary is incapacitated, incompetent, or for any other reason not able to receive

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

payments or make intelligent or responsible use of the payments, then the executor, in lieu of making direct payments to the beneficiary, may make payments to the beneficiary's conservator or guardian; to the beneficiary's custodian under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act of any state; to the beneficiary's custodian under the California Uniform Transfers to Minors Act until the beneficiary reaches the age of twenty-five (25) years; to one or more suitable persons as the executor deems proper, such as a relative or a person residing with the beneficiary, to be used for the beneficiary's benefit; to any other person, firm, or agency for services rendered or to be rendered for the beneficiary's assistance or benefit; or to accounts in the beneficiary's name with financial institutions. If there is no custodian then serving or nominated to serve by the testator for a beneficiary, the personal representative or executor, as the case may be, shall designate the custodian. The receipt of payments by any of the foregoing shall constitute a sufficient acquittance of the executor for all purposes.

ARTICLE FIVE. CONCLUDING PROVISIONS

5.1 Definition of Death Taxes

The term "death taxes," as used in this will, shall mean all inheritance, estate, succession, and other similar taxes that are payable by any person on account of that person's interest in my estate or by reason of my death, including penalties and interest, but excluding the following:

- (a) Any additional tax that may be assessed under Internal Revenue Code Section 2032A.
- (b) Any federal or state tax imposed on a "generation-skipping transfer," as that term is defined in the federal tax laws, unless the applicable tax statutes provide that the generation-skipping transfer tax on that transfer is payable directly out of the assets of my gross estate.

5.2 Payment of Death Taxes

Pursuant to the GARY L. SCHMITT and ROCHELLE SCHMITT FAMILY TRUST, as AMENDED and RESTATED on JUNE 27, 2007 executed on the same date as, but immediately

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

before, the execution of this will by ROCHELLE SCHMITT, as Settlor and Trustee, all death taxes, whether or not attributable to property inventoried in my probate estate, shall be paid by the trustee from that trust. If that trust does not exist at the time of my death, or if the assets of that trust are insufficient to pay the death taxes in full, I direct the executor to pay any death taxes, whether or not attributable to property inventoried in my probate estate, that cannot be paid by the trustee, by prorating and apportioning those taxes among the persons interested in my estate, as provided in the California Probate Code.

5.3 Simultaneous Death

If any beneficiary under this will and I die simultaneously, or if it cannot be established by clear and convincing evidence whether that beneficiary or I died first, I shall be deemed to have survived that beneficiary, and this will shall be construed accordingly.

5.4 Survivorship Requirement

For purposes of this will, a beneficiary shall not be deemed to have survived me if that beneficiary dies within thirty (30) days after my death.

5.5 No-Contest Clause

If any beneficiary under this will, singularly or in combination with any other person or persons, directly or indirectly, and without probable cause challenges the validity of this will on any of the grounds listed below, then the right of that person to take any interest given to him or her by this will shall be void, and any gift or other interest in my estate to which the beneficiary would otherwise have been entitled shall pass as if he or she had predeceased me without issue:

- (a) Forgery;
- (b) Lack of due execution;
- (c) Lack of capacity;
- (d) Menace, duress, fraud, or undue influence;

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

- (e) Revocation pursuant to the terms of this will or applicable law;
- (f) Disqualification of a beneficiary under California Probate Code section 6112 or 21380.

5.6 Definition of Incapacity

- (a) For purposes of this will, a person is deemed "incapacitated" or deemed to suffer from "incapacity" if any of the following circumstances apply:
 - (i) The person is unable, in the executor's judgment, to provide properly for that person's own needs for physical health, food, clothing, or shelter; to manage substantially that person's own financial resources; or to resist fraud or undue influence.
 - (ii) Either a medical doctor, board-certified neuropsychologist, or a board-certified psychiatrist, not related by blood or marriage to any executor or beneficiary, examines such person and declares under penalty of perjury that such person is either temporarily or permanently incapacitated, according to generally accepted medical definitions.
 - (iii) The person is operating under a legal disability, such as a duly established conservatorship.
 - (iv) The court makes a finding that the person is either temporarily or permanently incapacitated under the criteria set forth in Prob. Code Section 810 et seq.
- (b) In case of temporary incapacity of a sole executor, the successor executor designated under this will shall serve during the period of temporary incapacity as though he or she were the only executor. In case of temporary incapacity of a coexecutor, the other coexecutor shall make any and all decisions during the period of temporary incapacity as though that coexecutor were the only executor.
- (c) Any executor deemed to be temporarily incapacitated shall be deemed to be permanently incapacitated 90 days after the determination of temporary incapacity unless a determination of capacity is made within that 90-day period. If a determination of capacity is made, the executor may resume serving as executor. If there is a subsequent determination of incapacity, the executor has another 90-day period to obtain a determination of capacity.
- (d) Any successor executor or coexecutor serving in place of a temporarily incapacitated executor shall not be relieved of liability until that executor's account has been settled or an account has been waived by a majority of all current beneficiaries of the estate.
- (e) If any executor or any beneficiary whose capacity is in question disputes the determination of incapacity under any of the standards listed above, such person may

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

petition the court for a finding regarding that person's capacity. The court's finding shall be conclusive. If the court determines that the executor or other person whose capacity is in question has capacity, the estate property shall bear all expenses associated with the examination or court proceeding. If the court sustains the determination of incapacity, the individual challenging the determination of incapacity shall bear all expenses of the examination or court proceeding.

(f) Each individual executor agrees to cooperate in any examination reasonably necessary for the purpose of determining capacity, agrees to waive the doctor-patient privilege in respect to the results of such examination, and agrees to provide written authorization in compliance with the privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d) and the provisions of California Civil Code Section 56.10 for the disclosure and use of that executor's health information and medical records to the extent that such disclosure and use are necessary to make a determination of the executor's capacity. Refusal to submit to the examination, to provide the waiver or to provide the written authorization when requested by the successor executor shall be deemed a resignation by that executor.

5.7 Number and Gender

As used in this will, references in the masculine gender shall be deemed to include the feminine and neuter genders, and vice versa, and references to the singular shall be deemed to include the plural, and vice versa, wherever the context so permits.

5.8 Captions

The captions appearing in this will are for convenience of reference only, and shall be disregarded in determining the meaning and effect of the provisions of this will.

5.9 Severability Clause

If any provision of this will is invalid, that provision shall be disregarded, and the remainder of this will shall be construed as if the invalid provision had not been included.

5.10 California Law to Apply

All questions concerning the validity and interpretation of this will shall be governed by the laws of the State of California in effect at the time this will is executed.

Attachment 3f(2)

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

Executed on September 14, 2018, at Redlands, California.

Rochelle Schmitt
ROCHELLE SCHMITT

Attachment 3f(2)

Attachment 3f(2)

Last Will of ROCHELLE SCHMITT

On the date written above, we, the undersigned, each being present at the same time, witnessed the signing of this instrument by ROCHELLE SCHMITT, who declared to us that this instrument was the will of ROCHELLE SCHMITT. At that time, ROCHELLE SCHMITT appeared to us to be of sound mind and memory and, to the best of our knowledge, was not acting under fraud, duress, menace, or undue influence. Understanding this instrument, which consists of ten (10) pages, including the pages on which the signature of ROCHELLE SCHMITT and our signatures appear, to be the will of ROCHELLE SCHMITT, we subscribe our names as witnesses thereto.


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

Executed on September 14, 2018, at Redlands, California.



Name: William M. Nassar

Address: 1461 Ford Street, Ste. 203
Redlands, California 92373



Name: Ermelinda A. Nassar

Address: 1461 Ford Street, Ste. 203
Redlands, California 92373

SHORT TITLE:

- ESTATE OF ROCHELLE SCHMITT

CASE NUMBER:

PROSB2200601

ATTACHMENT (Number): 3g(1)(d)*(This Attachment may be used with any Judicial Council form.)*

The prior Executor, ROBERT L. SCHMITT, has unfortunately passed away. Even though the prior Executor obtained a signed Order granting final distribution, filed on October 30, 2023, and the prior Executor provided written distribution instructions to Charles Schwab prior to his death, Charles Schwab is unwilling to distribute funds without a living personal representative. This makes a successor Executor necessary, and as the named successor Executor in the decedent's will, Petitioner Jennifer Schmitt is petitioning to be named the successor Executor.

Attached hereto as Exhibit B is a true and correct copy of prior Executor Robert L. Schmitt's death certificate.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 1
(Add pages as required)

EXHIBIT A

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

CERTIFICATE OF DEATH

3202130004752

1 NAME OF DECEASED - FIRST, MIDDLE, LAST ROCHELLE D. SCHMITT		3 LAST FIRST NAME SCHMITT	
7A ALIEN STATUS - Includes ALIEN FIRST, MIDDLE, LAST			
4 DATE OF BIRTH (month/day/year) 06/23/1942		5 AGE (Year) 78	
8 BIRTH STATE, FOREIGN COUNTRY MI		12 MARRIAGE STATUS (date of death) WIDOWED	
13 EDUCATION - For all third degree HS GRADUATE		14 DECEASED'S RACE - Up to 2 select (may be listed but not checked on fact) CAUCASIAN	
17 USUAL OCCUPATION - Type of work for most of the 60 days USE PREVIOUS		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, retail, contractor, employment agency, etc.) AEROSPACE	
19 YEARS IN OCCUPATION 25			
20 RESIDENTIAL ADDRESS (do not include box or trailer) 819 SALEM DRIVE			
21 CITY REDLANDS		22 COUNTY OR COUNTY EQUIVALENT SAN BERNARDINO	
23 ZIP CODE 92373		24 YEARS IN COUNTY 1	
25 STATE, FOREIGN COUNTRY CA			
26 SPONSOR'S NAME, RELATIONSHIP JENNIFER D. SCHMITT, DAUGHTER-IN-LAW			
27 SPONSOR'S ADDRESS (do not include box or trailer) 226 CANDY LANE, REDLANDS, CA 92273			
28 NAME OF SURVIVING SPOUSE (first, middle, last)		29 MIDDLE	
30 LAST SURVIVING SPOUSE			
31 NAME OF FATHER (first, middle, last) NATHAN		32 MIDDLE	
33 NAME OF MOTHER (first, middle, last) MABEL		34 LAST SURVIVING MOTHER BAYLISS	
35 BIRTH STATE PA		36 BIRTH STATE ENGLAND	
37 DATE OF DEATH (month/day/year) 03/24/2021		38 PLACE OF DEATH (do not include box or trailer) FOREST LAWN MEMORIAL PARK 4471 LINCOLN AVENUE, CYPRESS, CA 90630	
39 TYPE OF DEATH CR/BU		40 SIGNATURE OF COUNTY CLERK QUINN VINSON	
41 NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARKS & MORTUARIES		42 LICENSE NUMBER FD1051	
43 SIGNATURE OF LOCAL REGISTRAR MICHAEL A SEQUEIRA, MD		44 LICENSE NUMBER EMB9599	
45 DATE OF DEATH 03/19/2021			
46 PLACE OF DEATH PLYMOUTH VILLAGE			
47 COUNTY SAN BERNARDINO		48 CITY REDLANDS	
49 ADDRESS 819 SALEM DRIVE			
50 CAUSE OF DEATH RESPIRATORY ARREST			
51 ALZHEIMER'S DEMENTIA			
52 OTHER CAUSE OF DEATH (do not include box or trailer)			
53 NONE			
54 SIGNATURE AND TITLE OF CERTIFIER GARY GURSHARAN SANDHU M.D.			
55 LICENSE NUMBER A93748		56 DATE OF CERTIFICATION 03/18/2021	
57 SIGNATURE AND TITLE OF COUNTY CLERK GARY GURSHARAN SANDHU M.D.			
58 LICENSE NUMBER GARY GURSHARAN SANDHU M.D.			
59 DATE OF DEATH 02/17/2021			
60 DATE OF DEATH 02/25/2021			
61 ADDRESS 41593 WINCHESTER ROAD SUITE 200, TEMECULA, CA 92590			
62 SIGNATURE AND TITLE OF COUNTY CLERK			
63 LICENSE NUMBER			
64 DATE OF CERTIFICATION			
65 SIGNATURE AND TITLE OF COUNTY CLERK			
66 LICENSE NUMBER			
67 DATE OF CERTIFICATION			
68 SIGNATURE AND TITLE OF COUNTY CLERK			
69 LICENSE NUMBER			
70 DATE OF CERTIFICATION			
71 SIGNATURE AND TITLE OF COUNTY CLERK			
72 LICENSE NUMBER			
73 DATE OF CERTIFICATION			
74 SIGNATURE AND TITLE OF COUNTY CLERK			
75 LICENSE NUMBER			
76 DATE OF CERTIFICATION			
77 SIGNATURE AND TITLE OF COUNTY CLERK			
78 LICENSE NUMBER			
79 DATE OF CERTIFICATION			
80 SIGNATURE AND TITLE OF COUNTY CLERK			
81 LICENSE NUMBER			
82 DATE OF CERTIFICATION			
83 SIGNATURE AND TITLE OF COUNTY CLERK			
84 LICENSE NUMBER			
85 DATE OF CERTIFICATION			
86 SIGNATURE AND TITLE OF COUNTY CLERK			
87 LICENSE NUMBER			
88 DATE OF CERTIFICATION			
89 SIGNATURE AND TITLE OF COUNTY CLERK			
90 LICENSE NUMBER			
91 DATE OF CERTIFICATION			
92 SIGNATURE AND TITLE OF COUNTY CLERK			
93 LICENSE NUMBER			
94 DATE OF CERTIFICATION			
95 SIGNATURE AND TITLE OF COUNTY CLERK			
96 LICENSE NUMBER			
97 DATE OF CERTIFICATION			
98 SIGNATURE AND TITLE OF COUNTY CLERK			
99 LICENSE NUMBER			
100 DATE OF CERTIFICATION			

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.

APR 13 2021



COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A



EXHIBIT B

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			
305203278059		3202338015147	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Print)		2. LAST (Print)	
ROBERT		SCHMITT	
3. MIDDLE (Print)		4. LAST (Print)	
LOUIS		SCHMITT	
5. DATE OF BIRTH - month/day/year		6. AGE - Yrs	
11/12/1963		60	
7. SEX - M/F		8. RACE - Type of race as shown on last	
M		CAUCASIAN	
9. MARRIAGE STATUS - M/F/S		10. DATE OF DEATH - month/day/year	
MARRIED		12/18/2023	
11. HIGHER EDUCATION - Type of degree or certificate earned		12. YEARS OF OCCUPATION	
DOCTORATE		23	
13. OCCUPATION - Type of work for which he/she is best qualified		14. TYPE OF BUSINESS OR INDUSTRY - e.g., grocery store, real estate, occupation (print)	
PHYSICIAN		FAMILY PRACTICE	
15. DECEASED'S RESIDENCE (street and number, or box/route)			
228 CANDY LN.			
16. CITY		17. COUNTY	
REDLANDS		SAN BERNARDINO	
18. ZIP CODE		19. STATE	
92373		CA	
20. INFORMANT'S NAME, RELATIONSHIP			
JENNIFER D. SCHMITT, SPOUSE			
21. ADDRESS (street and number, or box/route) (print name, city and state)			
228 CANDY LN., REDLANDS, CA 92373			
22. NAME OF SURVIVING SPOUSE (Print)		23. LAST BIRTH (Name)	
JENNIFER		TEIGEN	
24. NAME OF FATHER (Print)		25. LAST BIRTH (Name)	
GARY		SCHMITT	
26. NAME OF MOTHER (Print)		27. LAST BIRTH (Name)	
ROCHELLE		COHN	
28. DEPOSIT DATE - month/day/year		29. PLACE OF FINAL DEPOSITION	
12/21/2023		RIVERSIDE NATIONAL CEMETERY	
30. TYPE OF DEPOSITION		31. LICENSE NUMBER	
CREMATE/BURIAL		NOT EMBALMED	
32. NAME OF FUNERAL HOME (Print)		33. SIGNATURE OF LOCAL REGISTRAR	
EMERSON BARTLETT MEMORIAL		MICHAEL A. SEQUEIRA, MD	
34. LICENSE NUMBER		35. DATE - month/day/year	
FD696		12/21/2023	
36. PLACE OF DEATH			
RESIDENCE-HOSPICE			
37. COUNTY		38. CITY	
SAN BERNARDINO		REDLANDS	
39. CAUSE OF DEATH			
SQUAMOUS CELL CARCINOMA THYMUS			
40. UNDERLYING CAUSE			
DIABETES MELLITUS TYPE II			
41. THIS OPERATION PERFORMED FOR ANY OCCASION IN YEAR (Y/N) (If none, then in between and final)			
THYMUS AND LEFT LUNG RESECTION 03/04/2021			
42. SIGNATURE AND TITLE OF CLERK		43. LICENSE NUMBER	
SUSANA ELIZABETH GALAVIZ-BARCELO, MD		A106081	
44. SIGNATURE AND TITLE OF CLERK		45. DATE - month/day/year	
SUSANA E. GALAVIZ-BARCELO, MD		12/19/2023	
46. PLACE OF BIRTH (City, State, Country)		47. PLACE OF DEATH (City, State, Country)	
9881 SIERRA AVE., FONTANA, CA 92335		9881 SIERRA AVE., FONTANA, CA 92335	
48. PLACE OF BIRTH (City, State, Country)			
9881 SIERRA AVE., FONTANA, CA 92335			
49. PLACE OF DEATH (City, State, Country)			
9881 SIERRA AVE., FONTANA, CA 92335			
50. SIGNATURE OF CLERK/DEPUTY CLERK			
MICHAEL A. SEQUEIRA, MD			
51. DATE - month/day/year			
12/22/2023			
52. TYPE, TITLE OF CLERK/DEPUTY CLERK			
REGISTERAR			

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS DATE ISSUED

DEC 22 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, 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.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT B