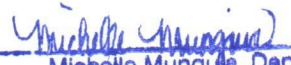


ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: William M. Nassar, Esq. 171787 FIRM NAME: William M. Nassar & Associates STREET ADDRESS: 1461 Ford St Ste 203 CITY: Redlands STATE: CA ZIP CODE: 92373 TELEPHONE NO.: (909) 307-2000 FAX NO.: (909) 307-2055 E-MAIL ADDRESS: wnassar@nassarlaw.com ATTORNEY FOR (name): Robert Shockley	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT MAY 02 2024  BY: Michelle Munguia, 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): MARVIN LEE SHOCKLEY, aka MARVIN L. SHOCKLEY, aka MARVIN SHOCKLEY <div style="text-align: right;">DECEDENT</div>			
PETITION FOR <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: <div style="text-align: center; font-size: 1.2em;">PROVA2400362</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">HEARING DATE AND TIME: <div style="text-align: center; font-size: 1.2em;">JUN 17 2024, 9AM</div> </td> <td style="width: 30%;">DEPT.: <div style="text-align: center; font-size: 1.2em;">F2</div> </td> </tr> </table>	HEARING DATE AND TIME: <div style="text-align: center; font-size: 1.2em;">JUN 17 2024, 9AM</div>	DEPT.: <div style="text-align: center; font-size: 1.2em;">F2</div>
HEARING DATE AND TIME: <div style="text-align: center; font-size: 1.2em;">JUN 17 2024, 9AM</div>	DEPT.: <div style="text-align: center; font-size: 1.2em;">F2</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): ROBERT SHOCKLEY

requests that

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

b. (name): ROBERT SHOCKLEY

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): 11/10/2023

at (place): San Bernardino, CA

- (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):

1635 Hampshire Rd
 San Bernardino, San Bernardino County, California 92404

ESTATE OF (name):

MARVIN LEE SHOCKLEY, aka MARVIN L.
SHOCKLEY, aka MARVIN SHOCKLEY

CASE NUMBER:

DECEDENT

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

- (1) Personal property: \$ 220,000.00
- (2) Annual gross income from
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 220,000.00
- (4) Gross fair market value of real property: \$ 300,000.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 300,000.00
- (7) Total (add (3) and (6)): \$ 520,000.00

- 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): Brother
- (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): MARVIN LEE SHOCKLEY, aka MARVIN L. SHOCKLEY, aka MARVIN SHOCKLEY

CASE NUMBER:

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): MARVIN LEE SHOCKLEY, aka MARVIN L. SHOCKLEY, aka MARVIN SHOCKLEY

CASE NUMBER:

DECEDENT

8. Name and relationship to decedent

Robert Shockley, brother

Age

Adult

Address

7815 Del Rosa Ave
San Bernardino, CA 92410

☐ Continued on Attachment 8.

9. Number of pages attached: 2

Date: 5/1/2024

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

(SIGNATURE OF ATTORNEY)*

*(Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

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

Date: 4/26/24

Robert Shockley
(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.

**PETITION FOR PROBATE
(Probate-Decedents Estates)**

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): Robert Shockley	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): MARVIN LEE SHOCKLEY, aka MARVIN L. SHOCKLEY, aka MARVIN SHOCKLEY, DECEDENT	
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

- I have read and understand paragraphs A through G above.
- 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.
- 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): Robert Shockley

Date: 4/26/24

ROBERT SHOCKLEY

(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)

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

Page ____ of ____

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

 CEB® Essential
 Forms™

WMN - Shockley, Marvin Lee

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

3052023254504

CERTIFICATE OF DEATH

3202336013797

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARVIN		3. LAST (Family) SHOCKLEY	
2. MIDDLE LEE		4. DATE OF BIRTH mm/dd/yyyy 02/21/1935	
5. AGE Yrs. 88		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER XXXX-XX-XXXX	
9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/ROSP (at time of death) NEVER MARRIED	
11. DATE OF DEATH mm/dd/yyyy 11/10/2023		12. HOURS 2130	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/BLACK? If yes, see worksheet on back. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUS DRIVER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION	
17. YEARS IN OCCUPATION 28		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE, CAUCASIAN	
19. DECEDENT'S RESIDENCE (Street and number, or location) 1635 HAMPSHIRE RD			
20. CITY SAN BERNARDINO		21. COUNTY/PROVINCE SAN BERNARDINO	
22. ZIP CODE 92404		23. YEARS IN COUNTY 48	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP ROBERT SHOCKLEY, BROTHER	
26. INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and zip) 7815 DEL ROSA AVE, SAN BERNARDINO, CA 92410		27. NAME OF SURVIVING SPOUSE/ROSP - FIRST JAMES	
28. MIDDLE WAYMAN		29. LAST (BIRTH NAME) SHOCKLEY	
30. NAME OF FATHER/PARENT - FIRST EULA		31. MIDDLE MAE	
32. LAST (BIRTH NAME) DICKINSON		33. BIRTH STATE OK	
34. NAME OF MOTHER/PARENT - FIRST EULA		35. MIDDLE MAE	
36. LAST (BIRTH NAME) DICKINSON		37. BIRTH STATE AR	
38. DISPOSITION DATE mm/dd/yyyy 11/22/2023		39. PLACE OF FINAL DISPOSITION LOMA LINDA UNIV. BODIES FOR SCIENCE	
40. TYPE OF DISPOSITION SCIENTIFIC USE		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. LICENSE NUMBER NONE		43. SIGNATURE OF LOCAL REGISTRAR MICHAEL A. SEQUEIRA, MD	
44. DATE mm/dd/yyyy 11/22/2023		45. PLACE OF DEATH MIRIAM'S BOARD AND CARE - HOSPICE	
46. COUNTY SAN BERNARDINO		47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1635 HAMPSHIRE ROAD	
48. CITY SAN BERNARDINO		49. CAUSE OF DEATH (A) CARDIOPULMONARY ARREST	
50. IMMEDIATE CAUSE (B) FAILURE TO THRIVE		51. CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	
52. DEMENTIA		53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		55. DECEDENT PRESENT IN LAST HEART <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
56. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: 08/21/2023 11/10/2023		57. SIGNATURE AND TITLE OF CERTIFIER ABDALLAH ABUSAMRAH SALAIMEH, MD	
58. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ABDALLAH ABUSAMRAH SALAIMEH, MD		59. LICENSE NUMBER A136229	
60. DATE 11/21/2023		61. DATE 11/21/2023	
62. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		63. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
64. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		65. INJURY DATE mm/dd/yyyy	
66. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		67. HOUR (24 hour)	
68. LOCATION OF INJURY (Street and number, or location, and city, and zip)		69. SIGNATURE OF CORONER / DEPUTY CORONER	
70. DATE mm/dd/yyyy		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
72. STATE REGISTRAR		73. FAX AUTH.	
74. CENSUS TRACT		75. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

MAR 21 2024

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Michael A. Sequeira 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.

PSNCO (Rev) 9/21

* 003241087 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE