

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: Shelby T. Phillips, Esq. 318651 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: sphillips@nassarlaw.com ATTORNEY FOR (name): KENNETH THORMOD and BARBARA RADFORD	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO APR 11 2024 BY <u>Jonathan Luna</u> JONATHAN LUNA, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 14455 Civic Drive, Suite 100 MAILING ADDRESS: 14455 Civic Drive, Suite 100 CITY AND ZIP CODE: Victorville, CA 92392 BRANCH NAME: Victorville District	
ESTATE OF (name): Martha Kay Thormod, aka Martha K. Thormod aka Martha Thormod <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: PROB 24 0042 HEARING DATE AND TIME: 5/8/24 9AM DEPT.: 12

1. Publication will be in (specify name of newspaper): City News Group
 a. ☐ Publication requested.
 b. ☒ Publication to be arranged.
2. Petitioner (name each): KENNETH THORMOD and BARBARA RADFORD

NOTICE: This Case is assigned to Dept 12
 for all purposes and is subject to CCP 170.6(2)

DOUGLAS MANIN

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
- b. (name): KENNETH THORMOD and BARBARA RADFORD 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) ☒ \$ 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):

Attached hereto as Exhibit A is a true and correct copy of the decedent's death certificate.

3. a. Decedent died on (date): 1/14/2024 at (place): Riverside, 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):
 14186 Polly Court
 Helendale, San Bernardino County, California 92342

ESTATE OF (name):

Martha Kay Thormod, aka Martha K. Thormod
aka Martha Thormod

CASE NUMBER:

DECEDENT

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

- (1) Personal property: \$ 23,000.00
- (2) Annual gross income from
- (a) real property: \$ 0.00
- (b) personal property: \$ 0.00
- (3) Subtotal (add (1) and (2)): \$ 23,000.00
- (4) Gross fair market value of real property: \$ 225,000.00
- (5) (Less) Encumbrances: (\$ 0.00)
- (6) Net value of real property: \$ 225,000.00
- (7) Total (add (3) and (6)): \$ 248,000.00

- 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 & Sister-in-Law / Co-Conservators
- (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): Martha Kay Thormod, aka Martha K. Thormod
aka Martha Thormod

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. -- Pre-deceased domestic partner Barbara Miller passed away on October 30, 2016.
- (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): Martha Kay Thormod, aka Martha K. Thormod aka Martha Thormod	CASE NUMBER:
DECEDENT	

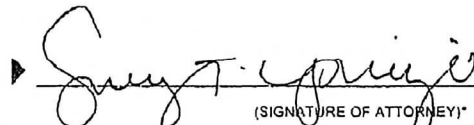
8. Name and relationship to decedent	Age	Address
Barbara Radford, Sister-in-law	Adult	623 Ranchito Road Monrovia, CA 91016
Kenneth Thormod, Brother	Adult	623 Ranchito Road Monrovia, CA 91016
Mike Thormod, Brother	Deceased	
Jason S. Thormod, Nephew (child of Mike Thormod)	Adult	421 Cedar Forrest Drive Nashville, TN 37221-1218
Steven Michael Thormod, Nephew (child of Mike Thormod)	Adult	4993 Droubay Drive Las Vegas, NV 89122
Barbara Ann Miller, Registered Domestic Partner	Deceased	
Amanda Deobler (grandchild of predeceased domestic partner of decedent)	Adult	740 Hickory Ridge Saint Albans, WV 25177
Daniel Conte, Jr. (grandchild of predeceased domestic partner of decedent)	Adult	2127 Medina Ave Simi Valley, CA 93063

☐ Continued on Attachment 8.

9. Number of pages attached: 1

Date: 3.27.2024

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


(SIGNATURE OF ATTORNEY) *cre 2.305d*

*(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: 3/27/2024

Kenneth Thormod
(TYPE OR PRINT NAME OF PETITIONER)


(SIGNATURE OF PETITIONER) *cre 2.305d*

Barbara Radford
(TYPE OR PRINT NAME OF PETITIONER)


(SIGNATURE OF PETITIONER) *cre 2.305d*

Signatures of additional petitioners follow last attachment.

EXHIBIT A

STATE OF CALIFORNIA									
CERTIFICATION OF VITAL RECORD									
COUNTY OF RIVERSIDE									
RIVERSIDE, CALIFORNIA									
3052024015714		CERTIFICATE OF DEATH				3202433001021			
STATE FILE NUMBER		USE BLOCK FOR ONLY THE FOLLOWING CONDITIONS OR ALTERATIONS VS-11 (REV 5/01)				LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
MARTHA		KAY		THORMOD		06/28/1948		75	
6. SEX		7. DATE OF DEATH mm/dd/yyyy		8. HOUR		9. MINUTE		10. SECOND	
F		01/14/2024		0521					
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SPD* (at time of death)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR		15. MINUTE	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NEVER MARRIED		01/14/2024		0521			
16. DECEASED'S RACE - Up to 3 races may be listed (See worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE METING		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food processing, employment agency, etc.)		19. YEARS IN OCCUPATION		20. YEARS IN BUSINESS	
CAUCASIAN		BANK ADMINISTRATOR		BANKING		20			
21. CITY		22. COUNTY/TOWN/VILLAGE		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
RIVERSIDE		RIVERSIDE		92501		0		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and Apt. No., P.O. Box, Rural Route, etc.; City, State and Zip)		28. INFORMANT'S SIGNATURE		29. DATE mm/dd/yyyy		30. SIGNATURE OF LOCAL REGISTRAR	
KENNETH THORMOD, BROTHER		623 RANCHITO ROAD, MONROVIA, CA 91016		[Signature]		01/29/2024		[Signature]	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE		35. BIRTH DATE	
JORGEN				THORMOD		DENMARK			
36. NAME OF MOTHER/PARENT - FIRST		37. MIDDLE		38. LAST		39. BIRTH STATE		40. BIRTH DATE	
LILLIAN		ISA		LONBO		DENMARK			
41. DISPOSITION DATE mm/dd/yyyy		42. PLACE OF FINAL DISPOSITION		43. TYPE OF DISPOSITION		44. SIGNATURE OF EMBALMER		45. LICENSE NUMBER	
01/30/2024		FOREST LAWN MEMORIAL-PARKS & MORTUARIES		CREMATE/BURIAL		NOT EMBALMED			
46. NAME OF FUNERAL ESTABLISHMENT		47. LICENSE NUMBER		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE mm/dd/yyyy		50. SIGNATURE OF LOCAL REGISTRAR	
FOREST LAWN MEMORIAL-PARKS & MORTUARIES		FD656		GEOFFREY LEUNG, M.D., ED. MS		01/29/2024		[Signature]	
51. PLACE OF DEATH		52. COUNTY		53. CITY		54. STATE		55. ZIP CODE	
RIVERSIDE COMMUNITY HOSPITAL		RIVERSIDE		RIVERSIDE		CA		92501	
56. CAUSE OF DEATH		57. IMMEDIATE CAUSE		58. UNDERLYING CAUSE		59. OTHER CAUSE		60. OTHER CAUSE	
SEPTIC SHOCK		COMMUNITY ACQUIRED PNEUMONIA		SENIOR DEMENTIA					
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		62. THIS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (Yes, list type of operation and date.)		63. DECEASED PREGNANT IN LAST YEAR		64. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		65. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
NONE		NO							
66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE PLACE AND DATE AND PLACE STATED ABOVE		67. SIGNATURE AND TITLE OF CERTIFIER		68. LICENSE NUMBER		69. DATE mm/dd/yyyy		70. SIGNATURE OF LOCAL REGISTRAR	
ZERON GHAZARIAN, MD		4234 RIVERWALK PKWY STE 230, RIVERSIDE, CA 92505		A145823		01/29/2024		[Signature]	
71. I CERTIFY THAT IF MY OATH OF OFFICE OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE		72. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		73. INJURED AT WORK?		74. INJURY DATE mm/dd/yyyy		75. HOUR (24 hr max)	
01/12/2024		01/14/2024		ZERON GHAZARIAN, MD		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		01/14/2024	
76. MANNER OF DEATH		77. PLACE OF INJURY (e.g., Home, Construction site, wooded area, etc.)		78. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		79. LOCATION OF INJURY (Street and number, or location, and city and zip)		80. SIGNATURE OF CORONER / DEPUTY CORONER	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/>									
81. SIGNATURE OF CORONER / DEPUTY CORONER		82. DATE mm/dd/yyyy		83. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		84. FAX AUTH.#		85. CENSUS TRACT	
[Signature]									

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS

COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Feb 6, 2024**

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

Dr. Geoffrey Leung, M.D., Ed. M.S., County Health Officer

RIVERSIDE COUNTY, CALIFORNIA

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