

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

290\*



**FROM:** Don Kent, Treasurer/Tax Collector

**SUBMITTAL DATE:**

OCT 01 2013

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 430.

Last Assessed to: Randy Lee Lillard, a single man and Marlee C. Lillard, a widowed woman. [\$13,057.17]  
District 4/4

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the Claim from the State of California, Franchise Tax Board for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 611363019-6;

(continued on page two)

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the March 15, 2011 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 18, 2011. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 2, 2011, to parties of interest as defined in section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

Don Kent  
Treasurer-Tax Collector

FORM APPROVED COUNTY COUNSEL  
DATE 10/01/13  
BY E.A. GARDNER  
Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
<b>COST</b>	\$ 13,057.17	\$ 0.00	\$ 13,057.17	\$ 0.00	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
<b>NET COUNTY COST</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale	<b>Budget Adjustment:</b> NO
	<b>For Fiscal Year:</b> 13/14

**C.E.O. RECOMMENDATION:**

APPROVE

BY:

Karen L. Johnson

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

2013 OCT 12 6:13 PM  
RECEIVED RIVERSIDE COUNTY

- A-30
- 4/5 Vote
- Positions Added
- Change Order

Prev. Agn. Ref.:

District: 4/4

Agenda Number:

9-12

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 430.

Last Assessed to: Randy Lee Lillard, a single man and Marlee C. Lillard, a widowed woman.

**DATE:** OCT 01 2013

**PAGE:** Page 2 of 2

**RECOMMENDATION MOTION: (continued)**

2. Approve the claim from Lenox Browne, Attorney in Fact for Daniel Lillard, Administrator to the Estate of Randy Lee Lillard, last assesse for payment of excess proceeds resulting from the Tax Collector's public action sale associated with parcel 611363019-6;
3. Approve the claim from Quinton Swanson, Attorney for the Estate of Marlee Lillard AKA Marlee C. Lillard AKA Marlee Patricia Lillard AKA Marilee Lillard, last assesse for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 611363019-6;
4. Authorize and direct the Auditor-Controller to issue warrants to the State of California, Franchise Tax Board in the amount \$6,790.93, Lenox Browne, Attorney in Fact for Daniel Lillard, Administrator to the Estate of Randy Lee Lillard in the amount of \$3,133.12 and Quinton Swanson, Attorney for the Estate of Marlee Lillard AKA Marlee C. Lillard AKA Marlee Patricia Lillard AKA Marilee Lillard for payment of excess proceeds in the amount of \$3,133.12, no sooner than ninety days from the date of this order, unless an appeal has been filed in superior court, pursuant to the California Revenue and Taxation Code Section 4675.

**BACKGROUND:**

**Summary (continued)**

The Treasurer-Tax Collector has received three claims for excess proceeds:

1. Claim from the State of California, Franchise Tax Board based on a Notice of State Tax Lien recorded August 24, 2010 as Instrument No. 2010-0404580.
2. Claim from Lenox Browne, Attorney in Fact for Daniel Lillard, Administrator for the Estate of Randy Lee Lillard based on a Limited Power of Attorney dated August 2, 2011, a Quitclaim Deed recorded February 16, 1978 as Instrument No. 30390, Letters of Testamentary filed March 18, 2009, Letters of Administration filed October 1, 2009 and the death certificate of Randy Lee Lillard.
3. Claim from Quinton Swanson, Attorney for the Estate of Marlee Lillard AKA Marlee C. Lillard AKA Marlee Patricia Lillard AKA Marilee Lillard based on a Quitclaim Deed recorded February 16, 1978 as Instrument No. 30390, Letters of Testamentary filed March 18, 2009, Letters of Administration filed October 1, 2009 and the death certificate of Marlee Patricia Lillard.

Pursuant to Section 4675 (a) & (e) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that the State of California, Franchise Tax Board be award excess proceeds in the amount of \$6,790.93, Lenox Browne, Attorney in Fact for Daniel Lillard, Administrator to the Estate of Randy Lee Lillard be awarded excess proceeds in the amount of \$3,133.12 and Quinton Swanson, Attorney for the Estate of Marlee Lillard AKA Marlee C. Lillard AKA Marlee Patricia Lillard AKA Marilee Lillard be awarded excess proceeds in the amount of \$3,133.12. Supporting documentation has been provided. The Tax Collector requests approval of the above recommendation motion. Notice of this recommendation was sent to the claimants by certified mail.

**Impact on Citizens and Businesses**

Excess proceeds are being released to a lien holder and the heirs of the estate for last assessees of the property.

**ATTACHMENTS (if needed, in this order):**

Copies of Excess Proceeds Claim forms and Supporting Documentation.



July 27, 2011

In Reply Refer To: 624:Lillard

**CLAIM FOR EXCESS PROCEEDS**

**RIVERSIDE COUNTY TREASURER-TAX COLLECTOR  
POB 12005  
RIVERSIDE CA 92502**

Assessment No. : 611363019-6 Item 430  
Taxpayer (s) : Randy Lillard  
FTB Account Number [REDACTED]

I, Deborah Barrett, am the Supervisor of the Collection Advisory Team, of the State of California, Franchise Tax Board and am authorized to execute this claim on behalf of said Board.

The Franchise Tax Board hereby claims any or all of the excess proceeds resulting from the trustee sale or tax defaulted sale on May 18, 2011.

The claim is based on the fact that the Franchise Tax Board was a party in interest in the property at the time of sale and the following proof is submitted to establish rights to the excess proceeds:

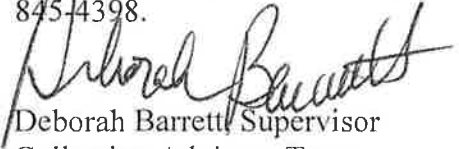
A Certificate of Tax Due and Delinquency reflecting the current tax indebtedness of Randy Lillard, Account Number [REDACTED]

A perfected and enforceable state tax lien arose upon all real property of Randy Lillard pursuant to Revenue and Taxation Code Section 19221.

The amount of the claim for the Franchise Tax Board is \$6,838.63 as of May 18, 2011.

I declare under penalty of perjury that the foregoing and attached supporting documents are true and correct.

If you have any questions regarding this claim, contact Sandra Thurman of this department at 916-845-4398.

  
Deborah Barrett, Supervisor  
Collection Advisory Team

State of California  
Franchise Tax Board

Certificate of Tax Due and Delinquency

Filed Pursuant to Part 10.2, Division 2, Revenue and Taxation Code

State of California )  
                                  )  
County of Sacramento )

The Franchise Tax Board certifies that:

The taxpayer is delinquent in payment of tax, penalties, and interest imposed upon the taxpayer under the provisions of the California Revenue and Taxation Code.

The name of the taxpayer, the last known address, and the amount of tax, penalties, and interest with reference to which the taxpayer is delinquent are as follows:

RANDY LILLARD  
DANIEL LILLARD  
QUINTON R SWANSON  
800 E FLORIDA AVE STE 250  
HEMET, CA 92543 - 0000

<u>Tax Year</u>	<u>Tax</u>	<u>Penalties</u>	<u>Interest</u>	<u>Fees</u>	<u>Payments</u>	<u>Total</u>
2005	\$6,780.00	\$1,003.40	\$1,808.62	\$13.00	\$2,766.39	\$6,838.63
<b>Total</b>	<b>\$6,780.00</b>	<b>\$1,003.40</b>	<b>\$1,808.62</b>	<b>\$13.00</b>	<b>\$2,766.39</b>	<b>\$6,838.63</b>

Balance reflects the total liability as of the date of the sale May 18, 2011.

The following Certificate(s) of Amount of Tax, Penalties, and Interest Due have been filed as follows:

Cert. No. 10224-539307 recorded in Riverside County on August 24, 2010 for the tax year 2005 under Instrument No. 2010-0404580.

The taxpayer is indebted to the State of California in the above amount; no part of the indebtedness has been paid and the whole thereof is now due, owing and unpaid from the taxpayer to the State of California; the Franchise Tax Board has fully complied with all provisions of the Revenue and Taxation Code relating to the computation and levy of tax, penalties, and interest.

IN WITNESS WHEREOF the Franchise Tax Board has caused this Certificate to be executed in its name and on its behalf and its seal to be affixed by the undersigned, thereunto duly authorized.

Dated July 27, 2011  
(Seal)

FRANCHISE TAX BOARD  
of the State of California  
BY.....*S. Thurman*.....  
Sandra Thurman, Advisor  
(916) 845-4398



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
COLLECTION ADVISORY TEAM, MS A-340  
PO BOX 2952  
SACRAMENTO CA 95812-2952

October 2, 2012

In Reply Refer To: 624:Lillard

**CLAIM FOR EXCESS PROCEEDS**

**RIVERSIDE COUNTY TREASURER-TAX COLLECTOR  
POB 12005  
RIVERSIDE CA 92502**

CORRECTED COPY OF CLAIM

Assessment No. : 611363019-6 Item 430

Taxpayer (s) : Randy Lillard

FTB Account Number: [REDACTED]

I, Deborah Barrett, am the Supervisor of the Collection Advisory Team, of the State of California, Franchise Tax Board and am authorized to execute this claim on behalf of said Board.

The Franchise Tax Board hereby claims any or all of the excess proceeds resulting from the trustee sale or tax defaulted sale on March 15, 2011.

The claim is based on the fact that the Franchise Tax Board was a party in interest in the property at the time of sale and the following proof is submitted to establish rights to the excess proceeds:


A Certificate of Tax Due and Delinquency reflecting the current tax indebtedness of Randy Lillard, Account Number [REDACTED]

A perfected and enforceable state tax lien arose upon all real property of Randy Lillard pursuant to Revenue and Taxation Code Section 19221.

The amount of the claim for the Franchise Tax Board is \$6,838.63 as of March 15, 2011.

I declare under penalty of perjury that the foregoing and attached supporting documents are true and correct.

If you have any questions regarding this claim, contact Sandra Thurman of this department at 916-845-4398.

  
Deborah Barrett, Supervisor  
Collection Advisory Team

State of California  
Franchise Tax Board

Certificate of Tax Due and Delinquency

Filed Pursuant to Part 10.2, Division 2, Revenue and Taxation Code

State of California )  
County of Sacramento )

The Franchise Tax Board certifies that:

The taxpayer is delinquent in payment of tax, penalties, and interest imposed upon the taxpayer under the provisions of the California Revenue and Taxation Code.

The name of the taxpayer, the last known address, and the amount of tax, penalties, and interest with reference to which the taxpayer is delinquent are as follows:

RANDY LILLARD  
DANIEL LILLARD  
QUINTON R SWANSON  
800 B FLORIDA AVE STE 250  
HEMET, CA 92343 - 0000

<u>Tax Year</u>	<u>Tax</u>	<u>Penalties</u>	<u>Interest</u>	<u>Fees</u>	<u>Payments</u>	<u>Total</u>
2005	\$6,780.00	\$1,003.40	\$1,760.92	\$13.00	\$2,766.39	\$6,790.93
<b>Total</b>	<b>\$6,780.00</b>	<b>\$1,003.40</b>	<b>\$1,760.92</b>	<b>\$13.00</b>	<b>\$2,766.39</b>	<b>\$6,790.93</b>

Balance reflects the total liability as of the date of the sale March 15, 2011.

The following Certificate(s) of Amount of Tax, Penalties, and Interest Due have been filed as follows:

Cert. No. 10224-539307 recorded in Riverside County on August 24, 2010 for the tax year 2005 under Instrument No. 2010-0404580.

The taxpayer is indebted to the State of California in the above amount; no part of the indebtedness has been paid and the whole thereof is now due, owing and unpaid from the taxpayer to the State of California; the Franchise Tax Board has fully complied with all provisions of the Revenue and Taxation Code relating to the computation and levy of tax, penalties, and interest.

IN WITNESS WHEREOF the Franchise Tax Board has caused this Certificate to be executed in its name and on its behalf and its seal to be affixed by the undersigned, thereunto duly authorized.

Dated October 2, 2012  
(Seal)

FRANCHISE TAX BOARD  
of the State of California

BY *Sandra Thurman*  
Sandra Thurman, Advisor  
(916) 845-4398

Recording Requested by

✓ STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
Sacramento CA 95812-2952

And When Recorded Mail to

✓ Special Procedures Section  
PO Box 2952  
Sacramento CA 95812-2952

DOC # 2010-0404580

08/24/2010 08:00A Fee:NC

Page 1 of 1

Recorded in Official Records  
County of Riverside

Larry W. Ward  
Assessor, County Clerk & Recorder



### NOTICE OF STATE TAX LIEN

De2  
M  
C62

FILED WITH: RIVERSIDE

CERTIFICATE NUMBER: 10224539307

The Franchise Tax Board of the State of California hereby certifies that the following named taxpayer is liable under parts 10 or 11 of Division 2 of the Revenue and Taxation Code to the State of California for amount due and required to be paid by said taxpayer as follows:

Name of Taxpayer ✓ : ESTATE OF RANDY L LILLARD ✓

FTB Account Number [REDACTED]

Social Security Number [REDACTED]

Last Known Address ✓ : 800 E. FLORID AVE ✓  
: HEMET CA 92543-

For Taxable Years : 2005

TAX	PENALTY	INTEREST	COLLECTION FEES	PAYMENTS	ADJUSTMENTS	* TOTAL
6780.00	1003.40	1603.08	13.00	0.00	-2766.39	6633.09

Further interest and fees will accrue at the rate prescribed by law until paid; that the Franchise Tax Board of the State of California complied with all of the provisions of parts 10 or 11 of Division 2 of the Revenue and Taxation Code of the State of California in computing, levying, determining and assessing the tax; the said amounts are due and payable and have not been paid. Said lien attaches to all property and rights to such property now owned or later acquired by the taxpayer.

IN WITNESS WHEREOF, the Franchise Tax Board of the State of California has duly authorized the undersigned to execute this Notice in its name.

Dated: 08/12/10

FRANCHISE TAX BOARD  
of the State of California

COLLECTION BUREAU  
Telephone Number (916) 845-4350

By: *William S. Jones*

Authorized facsimile signature.

\* Additional interest is accruing at the rate prescribed by law.

FTB 2930 V1EM ARCS (REV 03-2010)



STATE OF CALIFORNIA

**FRANCHISE TAX BOARD**

COLLECTION ADVISORY TEAM; MS A-340  
P. O. BOX 2852  
SACRAMENTO, CA 95812-2952

Date: OCTOBER 1, 2012

**FACSIMILE TRANSMITTAL COVER SHEET**

**CONFIDENTIALITY NOTE:**

This telecopy may contain confidential and/or legally privileged information and is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, the employee, or agent responsible for delivering this telecopy to the intended recipient, be advised that any copying, dissemination, distribution, unauthorized inspection, or disclosure of information from this telecopy is prohibited. Persons disclosing confidential information are subject to penalties under applicable laws.

If you have received this telecopy in error, please notify the sender immediately by telephone and mail the entire facsimile message back to us at the address listed above.

Please deliver the following page(s)

**TO:** NAME : ADRIAN POTENCIANO  
FIRM/UNIT : RIVERSIDE COUNTY  
FAX NO. : 951-955-3990  
PHONE NO.: ( )  
RE : RANDY LILLARD

**FROM:** NAME : SANDY THURMAN  
FIRM/UNIT : FRANCHISE TAX BOARD  
FAX NO. : 916-845-9243  
PHONE NO.: (916) 845-4398

Number of pages FAXED: (includes this page)

Hard copy:  will follow  
 will not follow

Comments:

UPDATED CLAIM FOR RANDY LILLARD  
Thanks

Sandy Thurman  
916-845-4398





Riverside County Treasurer-Tax Collector  
4080 Lemon St. • Riverside, CA 92501  
(951) 955-3900

# Fax

**To:** Sandy Thurman **From:** Adrian Potenciano  
**Fax:** (916) 845-0137 **Date:** September 26, 2012  
**Phone:** **Pages:** 3  
**Re:** Updated Statement of Monies **CC:**

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle,**

Hello Sandy,

Can you please send me an updated statement of monies owed on Randy Lillard. I have attached the copy of original claim for Excess Proceeds.

**Also, please correct the date to reflect the liability as of the date of the sale is March 15, 2011?**

Thanks,

*Adrian Potenciano*

(951) 955-3842

APotenciano@co.riverside.ca.us

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 189 Item 430 Assessment No.: 611363019-6

Assessee: LILLARD MARLEE C ESTATE OF & LILLARD RANDY L ESTATE OF

Situs: 45709 SAGE ST INDIO

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012

RECEIVED  
2012 MAR 28 AM 11:57  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

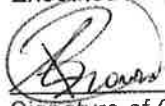
I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$13,057.17 from the sale of the above mentioned real property. I/We were the  lienholder(s),  property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 30390; recorded on 2/16/1978. A copy of this document is attached here to. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.  
CERTIFIED DEATH CERTIFICATES FOR MARLEE LILLARD AND RANDY LILLARD  
CERTIFIED COPY OF DOCUMENT 30390 SHOWING MARLEE LILLARD AND RANDY LILLARD AS JOINT OWNERS  
COPIES OF COURT ORDERS REP: INPC22165 AND INPC22266 APPOINTING DANIEL LILLARD AS EXECUTOR OF  
THE ESTATES OF RANDY LILLARD AND MARLEE LILLARD RESPECTIVELY.  
POWER OF ATTORNEY AND DECLARATION UNDER CALIFORNIA REVENUE AND TAXATION CODE GRANTED BY  
DANIEL LILLARD TO LENDX BROWNE OF EMERALD CAPITAL SOLUTIONS TO FILE A  
CLAIM ON HIS BEHALF.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 10<sup>th</sup> day of DECEMBER, 2011 at HENNEPIN COUNTY, MINNESOTA  
County, State

  
ATTORNEY IN FACT  
FOR DANIEL LILLARD  
Signature of Claimant

Signature of Claimant

LENDX BROWNE  
Print Name

Print Name

16540 43RD AVE N  
Street Address

Street Address

PLYMOUTH, MN 55446  
City, State, Zip

City, State, Zip

612-810-4540  
Phone Number

Phone Number

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that I/We DANIEL LILLARD  
hereby appoint LENOX BROWNE - PRESIDENT OF EMERALD CAPITAL SOLUTIONS  
as my true and lawful attorney, for me and in my name and stead, and for my use and benefit to  
claim funds held for me by RIVERSIDE COUNTY

Giving and granting unto my said attorney in fact, full power and authority to do and perform any  
and all other acts necessary or incident to the performance and execution of the powers herein  
expressly granted with power to do and perform all acts authorized hereby; as fully to all intents  
and purposes as the Grantor might or could if personally present.

This Limited Power of Attorney will cease eighteen (18) months from the date hereof:

Dated this 2nd day of AUGUST, 20 11

[Handwritten Signature]

Signed

STATE OF Ill  
COUNTY OF DePage

I the undersigned Notary Public in and for the State of Illinois hereby  
certify that on the 2 day of August, 20 11 the above Grantor  
personally appeared before me Paula Campos, to me known  
to be the individual(s) described in and who executed the within instrument and acknowledged that  
he/she signed the same as his/her free and voluntary act and deed for the uses and purposes  
therein mentioned.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal of office the  
day and year last above written.

(SEAL)

NOTARY PUBLIC STATE OF ILLINOIS  
"OFFICIAL SEAL"  
PAULA CAMPOS  
Notary Public, State of Illinois  
My Commission Expires Nov. 15, 2011

30390

RECORDING REQUESTED BY

(AND WHEN RECORDED MAIL TO

NAME Marlee C. Lillard  
ADDRESS 45709 Sage St.  
CITY & STATE Indio, Ca. 92201

RECEIVED FOR RECORD  
FEB 16 1978

30 Min. Past 9 o'Clock A.M.  
At Request of

*Marlee*  
Book 1978, Page 30390  
Recorded in Official Records  
of Riverside County, California  
*W.D. Balogh* Recorder  
FEE \$

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

NAME Marlee C. Lillard  
STREET ADDRESS 45709 Sage St.  
CITY & STATE Indio, Ca. 92201

### Quitclaim Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)

DOCUMENTARY TRANSFER TAX is \$ None

unincorporated area  City of \_\_\_\_\_

Parcel No. \_\_\_\_\_

computed on full value of property conveyed, or

computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
Billy L. Lillard, husband of Marlee C. Lillard

hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Marlee C. Lillard, wife of Billy L. Lillard and Randy Lee Lillard,  
a single man, as joint tenants.

the following described real property in the City of Indio  
county of Riverside state of California:

Lots 33 & 34 of MARSHALL'S 3RD ADDITION TO INDIO, as per map recorded  
in Map Book 18, page 78 of Records of Riverside County, State of  
California.

Dated January 31, 1978

STATE OF ~~OKLAHOMA~~ TEXAS  
COUNTY OF MCLENNAN

On January 31, 1978 before me, the under-  
signed, a Notary Public in and for said County and State, personally  
appeared Billy L. Lillard

\_\_\_\_\_ known to me  
to be the person whose name is subscribed to the within  
instrument and acknowledged that he executed the same.

*Helen Clark*  
HELEN CLARK, Notary Public  
My commission expires 7-31-78  
Name (Typed or Printed)  
Notary Public In and for said County and State

*Billy L. Lillard*

*[Signature]*

(This area for official notarial seal)

MAIL TAX STATEMENT AS DIRECTED ABOVE 1-103 (2-69)

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state, county number, and address):

TELEPHONE AND FAX NOS.:

951-658-0025

951.658.1765

CLARK, LORD & SWANSON, ATTORNEYS AT LAW  
QUINTON R. SWANSON SBN 195886  
PROFESSIONAL SUITE 2  
133 NORTH BUENA VISTA STREET  
HEMET, CALIFORNIA 92543

FOR COURT USE ONLY

ATTORNEY FOR (Name): DANIEL LILLARD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

STREET ADDRESS: 82675 STATE HIGHWAY 111

MAILING ADDRESS: 46-200 OASIS STREET

CITY AND ZIP CODE: INDIO, CALIFORNIA 92201

BRANCH NAME: PROBATE

FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

MAR 18 2009

*M. Martinez*

ESTATE OF (Name): RANDY LEE LILLARD

DECEDENT

LETTERS

TESTAMENTARY

OF ADMINISTRATION WITH WILL ANNEXED

OF ADMINISTRATION

SPECIAL ADMINISTRATION

CASE NUMBER:

In P 022145

LETTERS

1.  The last will of the decedent named above having been proved, the court appoints (name):

DANIEL LILLARD

a.  executor.

b.  administrator with will annexed.

2.  The court appoints (name):

a.  administrator of the decedent's estate.

b.  special administrator of decedent's estate  
(1)  with the special powers specified in the Order for Probate.

(2)  with the powers of a general administrator.

(3)  letters will expire on (date):

3.  The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  with full authority

with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

4.  The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1.  PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).

2.  INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.

3.  INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer. (Name and title):

4. Executed on (date): 01/15/09  
at (place): ELGIN, ILLINOIS

*Daniel Lillard*

(SIGNATURE)

DANIEL LILLARD

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)



Date: MAR 18 2009

Clerk, by

*Mary Martinez*  
(DEPUTY)

(SEAL)



Date: 3/13/09

Clerk, by

*Mary Martinez*  
(DEPUTY)

ORIGINAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  
 CLARK, LORD & SWANSON, ATTORNEYS AT LAW  
 QUINTON R. SWANSON SBN 195886  
 PROFESSIONAL SUITE 2  
 133 NORTH BUENA VISTA STREET  
 HEMET, CALIFORNIA 92543  
 TELEPHONE AND FAX NOS.:  
 951-658-0025 951.658.0025

ATTORNEY FOR (Name): DANIEL LILLARD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE  
 STREET ADDRESS: 3255 EAST TAHQUITZ CANYON WAY  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: PALM SPRINGS, CALIFORNIA 92262  
 BRANCH NAME: INDIO

ESTATE OF (Name): MARLEE PATRICIA LILLARD

DECEDENT

FOR COURT USE ONLY

FILED  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF RIVERSIDE

OCT 01 2009  
 R. FERNANDEZ

LETTERS

TESTAMENTARY  OF ADMINISTRATION  
 OF ADMINISTRATION WITH WILL ANNEXED  SPECIAL ADMINISTRATION

CASE NUMBER:  
 INP 022266

LETTERS

- The last will of the decedent named above having been proved, the court appoints (name):
  - executor.
  - administrator with will annexed.
- The court appoints (name): DANIEL LILLARD AS EXECUTOR OF THE ESTATE OF RANDY LEE LILLARD
  - administrator of the decedent's estate.
  - special administrator of decedent's estate
    - with the special powers specified in the Order for Probate.
    - with the powers of a general administrator.
    - letters will expire on (date):
- The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  with full authority  with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
- The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

- PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
- INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
- INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer. (Name and title):

4. Executed on (date): 3/28/2009  
 at (place): ELGIN, ILLINOIS

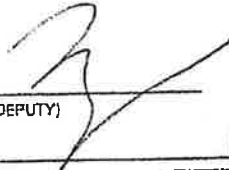
  
 (SIGNATURE)

CERTIFICATION

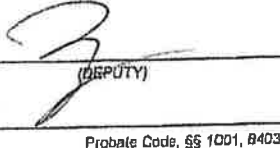
I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.



Date: OCT 01 2009  
 Clerk, by   
 (DEPUTY)



Date: 10-01-09  
 Clerk, by   
 (DEPUTY)

Receipt on 12-26-08 of a Will  
Randy Lee Lillard deceased  
dated 9-29-07, pursuant to  
Sec. 320 Probate Code, is  
hereby acknowledged.

# Last Will and Testament

CLERK-SUPERIOR COURT  
By T. CONGLETON Deputy

BE IT KNOWN that I, Randy Lee Lillard  
of 45-709 Sage Studio, County of Riverside  
in the State of California, being of sound and disposing mind and memory  
and over the age of eighteen (18) years, and not being actuated by any duress, menace, fraud, mistake or undue  
influence, do make, publish and declare this to be my Last Will and Testament, hereby revoking all my prior Wills and  
Codicils at any time made.

## I. Marriage and Children

I am married to None, and all references in this Will to  
my \_\_\_\_\_ (husband or wife) are references to \_\_\_\_\_ (him or her). I have the  
following children:  
Name: None Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## II. Executor

I appoint Daniel Lillard of 90W800 Bowers  
Bond Elgin St. as Executor of this, my Last Will and Testament, and provide that if this Executor  
is unable or unwilling to serve, then I appoint \_\_\_\_\_  
of \_\_\_\_\_ as alternate  
Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations  
and funeral expenses. I further provide my Executor shall not be required to post surety bond in this or any other  
jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

## III. Guardian

In the event I shall die as the sole parent of minor children, then I appoint None  
\_\_\_\_\_ as Guardian of said minor children. If this named Guardian is unable or unwilling to  
serve, then I appoint None \_\_\_\_\_ as alternate Guardian.

## IV. Bequests

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

Name: Daniel Lillard Address: 90W800 Bowers Bond  
Elgin St.  
Relationship: Brother Property: all property I  
own  
Name: None Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Property: \_\_\_\_\_

Name: None Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Property: \_\_\_\_\_

Name: None Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Property: \_\_\_\_\_

**V. Simultaneous Death of Spouse**

In the event that my \_\_\_\_\_ (husband or wife) shall die simultaneously with me or there is no direct evidence to establish that my \_\_\_\_\_ (husband or wife) and I died other than simultaneously, I direct that \_\_\_\_\_ (I or my husband or wife) shall be deemed to have predeceased \_\_\_\_\_ (me or my husband or wife), notwithstanding any provision of law to the contrary, and that the provisions of my Will shall be construed on such presumption.

**VI. Simultaneous Death of Beneficiary**

If any beneficiary of this Will, including any beneficiary or any trust established by this Will, other than my \_\_\_\_\_ (husband or wife), shall die within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.

**VII. All Remaining Property; Residuary Clause**

I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my Brother (husband or wife), provided that my n/a (husband or wife) survives me. I make no provision for my children, knowing that, as their parent, my n/a (husband or wife) will continue to be mindful of their needs and requirements. If my n/a (husband or wife) does not survive me, then I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my children per share, but if any child predeceases me, then his or her share will pass, per share, to his or her lineal descendants, natural or adopted, if any, who survive me; but if there are none, then his or her share will lapse and pass equally as part of the shares of my other named children; but if none of my named children survives me or leaves a lineal descendant who survives me, then according to the order of intestate succession in the State of California.

**VIII. Additional Powers of the Executor**

My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court: My Brother is to receive all of my personal Property in Texas, New Mexico, and California. He will also have all my responsibility for part of Marlene Lillard's belongings and anything that belonged to my father Billy Lillard.



**IX. Optional Provisions**

I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not part of this Will.

           If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid promissory note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt.

           Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

RL I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor.

           I direct that my remains be cremated and that the ashes be disposed of in the following manner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

           I desire to be buried in the \_\_\_\_\_ cemetery in \_\_\_\_\_ County, State of \_\_\_\_\_

**X. Severability and Survival**

If any part of this Will is declared invalid, illegal or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any court so interpreting this Will and any provision in it construe in favor of survival.

Testator's Initials: RL

**Execute and attest before a notary.**

**Caution: Louisiana residents should consult an attorney before preparing a will.**

**IN WITNESS WHEREOF**, I have hereunto set my hand this 29<sup>th</sup> day of Sept. 2007, to this my Last Will and Testament.

Testator's Signature: Randy L Lillard

**XI. Witnessed**

The Testator has signed this Will at the end and on each other separate page, and has declared or signified in our presence that it is his or her Last Will and Testament, and in the presence of the Testator and each other we have hereunto subscribed our names this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness' Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgment**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

We, \_\_\_\_\_, and \_\_\_\_\_

the Testator and the Witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the Testator signed the instrument as his or her Last Will and Testament and that each of the Witnesses, in the presence of the Testator and each other, signed the will as a witness.

Testator: \_\_\_\_\_ Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_

Type of ID \_\_\_\_\_  
(Seal)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  
 951-658-0025 TELEPHONE AND FAX NOS.: 951.658.1765  
 CLARK, LORD & SWANSON, ATTORNEYS AT LAW  
 QUINTON R. SWANSON SBN 195886  
 PROFESSIONAL SUITE 2  
 133 NORTH BUENA VISTA STREET  
 HEMET, CALIFORNIA 92543

FOR COURT USE ONLY  
**FILED**  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF RIVERSIDE

ATTORNEY FOR (Name): DANIEL LILLARD  
 SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE  
 STREET ADDRESS: 82675 STATE HIGHWAY 111  
 MAILING ADDRESS: 46-200 OASIS STREET  
 CITY AND ZIP CODE: INDIO, CALIFORNIA 92201  
 BRANCH NAME: PROBATE

MAR 05 2009  
 G. RUSHING

ESTATE OF (Name): RANDY LEE LILLARD  
 DECEDENT

**ORDER FOR PROBATE**  
 ORDER  Executor  
 APPOINTING  Administrator with Will Annexed  
 Administrator  Special Administrator  
 Order Authorizing Independent Administration of Estate  
 with full authority  with limited authority

CASE NUMBER:  
 INP 022165

**WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.**

1. Date of hearing: MAR 05 2009 Time: 8:45 AM Dept./Room: PS1 Judge: James A. Cox, Judge

THE COURT FINDS  
 2. a. All notices required by law have been given.  
 b. Decedent died on (date): 06/27/2008  
 (1)  a resident of the California county named above.  
 (2)  a nonresident of California and left an estate in the county named above.  
 c. Decedent died  
 (1)  intestate  
 (2)  testate  
 and decedent's will dated: 09/29/2007  
 was admitted to probate by Minute Order on (date):

and each codicil dated:  
 March 5, 2009 *[Signature]*

THE COURT ORDERS  
 3. (Name): DANIEL LILLARD  
 is appointed personal representative:  
 a.  executor of the decedent's will  
 b.  administrator with will annexed  
 c.  administrator  
 d.  special administrator  
 (1)  with general powers  
 (2)  with special powers as specified in Attachment 3d(2)  
 (3)  without notice of hearing  
 (4)  letters will expire on (date):

and letters shall issue on qualification.

4. a.  Full Authority is granted to administer the estate under the Independent Administration of Estates Act.  
 b.  Limited authority is granted to administer the estate under the Independent Administration of Estates Act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).  
 5. a.  Bond is not required.  
 b.  Bond is fixed at: \$ 20,000.00 to be furnished by an authorized surety company or as otherwise provided by law.  
 c.  Deposits of: \$ are ordered to be placed in a blocked account at (specify institution and location):  
 and receipts shall be filed. No withdrawals shall be made without a court order.  Additional orders in Attachment 5c.  
 d.  The personal representative is not authorized to take possession of money or any other property without a specific court order.

6.  (Name): RONALD R. EASTON is appointed probate referee.  
 Probate Referee  
 44489 Town Center Wy D31  
 Palm Desert CA 92260  
 (760) 341-1490 Fax 364-3315  
 Date: March 5, 2009 *[Signature]*  
 JUDGE OF THE SUPERIOR COURT

7. Number of pages attached: \_\_\_\_\_  SIGNATURE FOLLOWS LAST ATTACHMENT

ORIGINAL

MAR 05 2009

ORIGINAL

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

951-658-0025

TELEPHONE AND FAX NOS.:

951.658.0025

CLARK, LORD & SWANSON, ATTORNEYS AT LAW  
QUINTON R. SWANSON SBN 195886  
PROFESSIONAL SUITE 2  
133 NORTH BUENA VISTA STREET  
HEMET, CALIFORNIA 92543

ATTORNEY FOR (Name): DANIEL LILLARD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

STREET ADDRESS: 3255 EAST TAHQUITZ CANYON WAY

MAILING ADDRESS: PALM SPRINGS, CALIFORNIA 92262

CITY AND ZIP CODE: PALM SPRINGS, CALIFORNIA 92262

BRANCH NAME: INDIO

ESTATE OF (Name): MARLEE PATRICIA LILLARD

DECEDENT

FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

AUG 12 2009

C. Cardenas

JMC  
AUG 18 2009  
CS

ORDER FOR PROBATE

- ORDER  Executor
- APPOINTING  Administrator with Will Annexed
- Administrator  Special Administrator
- Order Authorizing Independent Administration of Estate
- with full authority  with limited authority

CASE NUMBER:

INP 0222LdP

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. Date of hearing: 8/12/09 Time: 8:45 A.M. Dept./Room: PS1 Judge: James Coy

THE COURT FINDS

- 2. a. All notices required by law have been given.
- b. Decedent died on (date): 05/07/2006
  - (1)  a resident of the California county named above.
  - (2)  a nonresident of California and left an estate in the county named above.
- c. Decedent died
  - (1)  intestate
  - (2)  testate
 and decedent's will dated: \_\_\_\_\_ and each codicil dated: \_\_\_\_\_
 

was admitted to probate by Minute Order on (date): \_\_\_\_\_

THE COURT ORDERS

3. (Name): DANIEL LILLARD AS EXECUTOR OF ESTATE OF RANDY LEE LILLARD

is appointed personal representative:

- a.  executor of the decedent's will
- b.  administrator with will annexed
- c.  administrator
- d.  special administrator
  - (1)  with general powers
  - (2)  with special powers as specified in Attachment 3d(2)
  - (3)  without notice of hearing
  - (4)  letters will expire on (date): \_\_\_\_\_

and letters shall issue on qualification.

- 4. a.  Full Authority is granted to administer the estate under the Independent Administration of Estates Act.
- b.  Limited authority is granted to administer the estate under the Independent Administration of Estates Act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

- 5. a.  Bond is not required.
- b.  Bond is fixed at: \$ 20,000.00 to be furnished by an authorized surety company or as otherwise provided by law.

- c.  Deposits of: \$ \_\_\_\_\_ are ordered to be placed in a blocked account at (specify institution and location): \_\_\_\_\_ and receipts shall be filed. No withdrawals shall be made without a court order.  Additional orders in Attachment 5c.

- d.  The personal representative is not authorized to take possession of money or any other property without a specific court order.

6.  (Name): \_\_\_\_\_ is appointed probate referee.

Date: Aug. 12, 2009  
JOAN SCOTT  
Probate Referee  
P.O. Box 2125

*[Signature]*  
JUDGE OF THE SUPERIOR COURT

7. Number of pages attached: \_\_\_\_\_

SIGNATURE FOLLOWS LAST ATTACHMENT

Riverside, CA 92516-2125  
ORDER FOR PROBATE  
(951) 780-8683

Legal Solutions Plus

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200633005843

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, SPOUSE AND PARENT INFORMATION, FUNERAL DIRECTORY/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONERS USE ONLY, STATE REGISTRAR.



034168727

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED NOV 30 2011

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

Larry W Ward ASSESSOR-COUNTY CLERK-RECORDER RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

**CERTIFICATE OF DEATH** 3200833007591  
STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO FALSIFIES, WHITEOUTS OR ALTERATIONS  
VS 12/05/04

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>RANDY</b>		3. LAST (Family) <b>LILLARD</b>	
2. MIDDLE <b>LEE</b>		4. DATE OF BIRTH mm/dd/yyyy <b>09/29/1952</b>	
5. AGE Yrs <b>55</b>		6. SEX <b>M</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
9. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>			
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
12. MARITAL STATUS (at Time of Death) <b>NEVER MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/27/2008</b>	
8. HOUR (24 Hours) <b>2034</b>		10. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
13. EDUCATION — Highest Level/Type (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14. WAS DECEDENT TRIPARTICULATE (SPANISH)? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>OWNER</b>		18. YEARS IN OCCUPATION <b>40</b>	
19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>APARTMENT COMPLEX</b>			
20. DECEDENT'S RESIDENCE (Street and number or location) <b>45-709 SAGE ST.</b>			
21. CITY <b>INDIO</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>	
23. ZIP CODE <b>92201</b>		24. YEARS IN COUNTY <b>55</b>	
25. STATE/FOREIGN COUNTRY <b>CA.</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>DAN LILLARD, BROTHER</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>40 W 800 BOWES BEND DR., ELGIN, IL 60124</b>			
28. NAME OF SURVIVING SPOUSE — FIRST <b>MARLEE</b>		29. MIDDLE <b>-</b>	
30. LAST ( Maiden Name) <b>-</b>		31. NAME OF FATHER — FIRST <b>BILLY</b>	
32. MIDDLE <b>L.</b>		33. LAST <b>LILLARD</b>	
34. BIRTH STATE <b>TX.</b>		35. NAME OF MOTHER — FIRST <b>MARLEE</b>	
36. MIDDLE <b>-</b>		37. LAST ( Maiden) <b>KERNS</b>	
38. BIRTH STATE <b>OK.</b>		39. DISPOSITION DATE mm/dd/yyyy <b>07/22/2008</b>	
40. PLACE OF FINAL DISPOSITION <b>RES DAN LILLARD</b> <b>40 W 800 BOWES BEND DR., ELGIN, IL 60124</b>			
41. TYPE OF DISPOSITION(S) <b>CR/TR/RES.</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>FD967</b>		44. SIGNATURE OF LOCAL REGISTRAR <b>ERIC K. FRYKMAN, M.D.</b>	
45. NAME OF FUNERAL ESTABLISHMENT <b>FITZHENRY FUNERAL HOME</b>		46. DATE mm/dd/yyyy <b>07/21/2008</b>	
101. PLACE OF DEATH <b>RESIDENCE.</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> ED/OPD <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>45-709 SAGE ST.</b>	
106. CITY <b>INDIO</b>		107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT state/terminal events such as cardiac arrest, respiratory arrest, or ventilator malfunction without showing the etiology. DO NOT ABBREVIATE. <b>(A) PENDING</b>	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>2008-04774</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
113A. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. 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: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
118. 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"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause not determined			
119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy	
121. HOUR (24 Hours)		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER <b>WARREN G. HORTON</b>		126. DATE mm/dd/yyyy <b>07/19/2008</b>	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>WARREN G. HORTON, DEPUTY CORONER</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

1 OF 2



\* 0 3 4 1 6 8 7 2 8 \*

**CERTIFIED COPY OF VITAL RECORDS**  
**STATE OF CALIFORNIA, COUNTY OF RIVERSIDE**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED **NOV 30 2011**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

*Larry W. Ward*  
**LARRY W. WARD**  
 ASSESSOR-COUNTY CLERK-RECORDER  
 RIVERSIDE COUNTY, CALIFORNIA



PBNC0 (REV) 06/11

ANY ALTERATION OR REPERCUSSIONS VOID THIS CERTIFICATE

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3200833007591

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

1.1

BIRTH [ ] DEATH [X] FETAL DEATH [ ]

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields: 1A. NAME-FIRST (RANDY), 1B. MIDDLE (LEE), 1C. LAST (LILLARD), 2. SEX (M), 3. DATE OF EVENT (06/27/2008 FND), 4. CITY OF EVENT (INDIO), 5. COUNTY OF EVENT (RIVERSIDE)

PART II STATEMENT OF CORRECTIONS

Table with 3 columns: 6. CERTIFICATE ITEM NUMBER, 7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 8. INFORMATION AS IT SHOULD APPEAR. Rows include items 107A, 107AT, 112, 113, 119.

2 OF 2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER section with fields for signature, date, name, address, city, state, zip code, and registrar information.



CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED NOV 30 2011

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

Signature of Larry W. Ward, Assessor-County Clerk-Recorder



DECLARATION

BE IT KNOWN, that I/We DANIEL LILLARD  
hereby declare the following to be true and correct with respect to my rights to claim excess  
proceeds for Parcel/Assessment Number 611363019-6 from the public auction  
of tax-defaulted property held on 15<sup>th</sup> day of MARCH 2011 in RIVERSIDE COUNTY, CA  
in the amount of up to \$13,057.17

I/We have been advised of our right to file a claim for excess proceeds on our behalf by  
LENOX BROWNE OF EMERALD CAPITAL SOLUTIONS  
The parties have disclosed all the facts to each other as required by the California Revenue and  
Taxation Code.

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

Dated this 2<sup>nd</sup> day of AUGUST, 20 11

*Daniel Lillard*  
DANIEL LILLARD

Signed

Signed

Address 701 W SUNSET VILLA PARK IL 60181  
Phone 847-687-4253

Subscribed and sworn to before me

this 04 day of NOVEMBER 2011  
State of Illinois

Notary Public *Evelyn Sandoval*





CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 189 Item 430 Assessment No.: 611363019-6

Assessee: LILLARD MARLEE C ESTATE OF & LILLARD RANDY L ESTATE OF

Situs: 45709 SAGE ST INDIO

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012

RECEIVED

MAY 21 2012

CW

TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 31,810 from the sale of the above mentioned real property. I/We were the  lienholder(s),  property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 30390, recorded on 2/16/1978. A copy of this document is attached here to. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Attached are: Deed by which title was acquired, Recorded Letters of Conservatorship for Marilee Lillard, valid deed Marilee to Randy, valid deed Randy to Marilee, Death Certificate for Marilee, Death Certificate for Randy, Court order Letters of Administration Estate of Marilee, Holographic Will of Randy, Order Letters of Administration Estate of Randy. If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim. All other proceeds due to Department of Health Care Services. I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 21<sup>st</sup> day of May, 2012 at Riverside, CA  
County, State

  
Signature of Claimant  
Quinton Sumner

  
Signature of Claimant  
Quinton Sumner

Attorney for Estate of Marilee Lillard  
Print Name  
800 E Florida Ave Suite 250  
Street Address  
Hemet, CA 92543  
City, State, Zip  
951-765-9000  
Phone Number

Attorney for Estate of Randy Lillard  
Print Name  
800 E Florida Ave Suite 250  
Street Address  
Hemet, CA 92543  
City, State, Zip  
951-765-9000  
Phone Number

30390

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Marlee C. Lillard  
ADDRESS 45709 Sage St.  
CITY & STATE Indio, Ca. 92201

RECEIVED FOR RECORD  
FEB 16 1978  
30 Min. Post 9 o'Clock A.M.  
At Request of  
*W.D. Balogh*  
Notary Public  
Riverside County, California  
FEB 16 1978

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDERS USE

MAIL TAX STATEMENTS TO

NAME Marlee C. Lillard  
ADDRESS 45709 Sage St.  
CITY & STATE Indio, Ca. 92201

### Quitclaim Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ None

unincorporated area  City of \_\_\_\_\_

Parcel No. \_\_\_\_\_

computed on full value of property conveyed, or

computed on full value less value of liens or encumbrances existing at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
Billy L. Lillard, husband of Marlee C. Lillard

hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Marlee C. Lillard, wife of Billy L. Lillard and Rancy Lee Lillard,  
a single man, as joint tenants.

the following described real property in the City of Indio  
county of Riverside, state of California:

Lots 33 & 34 of MARSHALL'S 3RD ADDITION TO INDIO, as per map recorded  
in Map Book 18, page 78 of Records of Riverside County, State of  
California.

Dated January 31, 1978

STATE OF ~~TEXAS~~ TEXAS }  
COUNTY OF MCLENNAN } SS.

On January 31, 1978 before me, the under-  
signed, a Notary Public in and for said County and State, personally  
appeared Billy L. Lillard

*Billy L. Lillard*

\_\_\_\_\_ known to me  
to be the person whose name is subscribed to the within  
instrument and acknowledged that he executed the same.

*Helen Clark*

HELEN CLARK, Notary Public  
My commission expires 7-31-78

Name (Typed or Printed)  
Notary Public in and for said County and State

(This area for official notarial seal)

MAIL TAX STATEMENT AS DIRECTED ABOVE (1-103 (2-69))

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  
 951-658-0025  
 CLARK, LORD & SWANSON, ATTORNEYS AT LAW  
 QUINTON R. SWANSON SBN 195886  
 PROFESSIONAL SUITE 2  
 133 NORTH BUENA VISTA STREET  
 HEMET, CALIFORNIA 92543  
 ATTORNEY FOR (Name): DANIEL LILLARD

TELEPHONE AND FAX NOS.:  
 951.658.0025

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE  
 STREET ADDRESS: 3255 EAST TAHQUITZ CANYON WAY  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: PALM SPRINGS, CALIFORNIA 92262  
 BRANCH NAME: INDIO

ESTATE OF (Name): MARLEE PATRICIA LILLARD

DECEDENT

FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

OCT 01 2009

R. FERNANDEZ

CASE NUMBER:

INP 0222106

LETTERS

- TESTAMENTARY  OF ADMINISTRATION  
 OF ADMINISTRATION WITH WILL ANNEXED  SPECIAL ADMINISTRATION

LETTERS

- The last will of the decedent named above having been proved, the court appoints (name):
  - executor.
  - administrator with will annexed.
- The court appoints (name): DANIEL LILLARD AS EXECUTOR OF THE ESTATE OF RANDY LEE LILLARD
  - administrator of the decedent's estate.
  - special administrator of decedent's estate
    - with the special powers specified in the Order for Probate.
    - with the powers of a general administrator.
    - letters will expire on (date):
- The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  with full authority  with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
- The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

- PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
- INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
- INSTITUTIONAL FIDUCIARY (name):  
 I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.  
 (Name and title):

4. Executed on (date): 3/28/2009  
 at (place): ELGIN, ILLINOIS

  
 (SIGNATURE)

CERTIFICATION

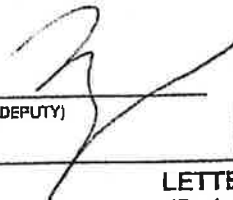
I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.



Date: OCT 01 2009

Clerk, by

  
 (DEPUTY)



Date: 10-01-09

Clerk, by

  
 (DEPUTY)

ORIGINAL

Wanda Lee Lillard, deceased  
dated 9-29-07, pursuant to  
Sec. 320 Probate Code, is  
hereby acknowledged.

# Last Will and Testament

CLERK SUPERIOR COURT  
By T. CONGLETON Deputy

BE IT KNOWN that I, Randy Lee Lillard  
of 45-709 Sage Landing, County of Riverside  
in the State of California, being of sound and disposing mind and memory  
and over the age of eighteen (18) years, and not being actuated by any duress, menace, fraud, mistake or undue  
influence, do make, publish and declare this to be my Last Will and Testament, hereby revoking all my prior Wills and  
Codicils at any time made.

## I. Marriage and Children

I am married to None, and all references in this Will to  
my \_\_\_\_\_ (husband or wife) are references to \_\_\_\_\_ (him or her). I have the  
following children:

Name: None Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## II. Executor

I appoint Daniel Lillard of 40W800 Beves  
Bond Elgin St. as Executor of this, my Last Will and Testament, and provide that if this Executor  
is unable or unwilling to serve, then I appoint \_\_\_\_\_  
of \_\_\_\_\_

as alternate  
Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations  
and funeral expenses. I further provide my Executor shall not be required to post surety bond in this or any other  
jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

## III. Guardian

In the event I shall die as the sole parent of minor children, then I appoint None  
\_\_\_\_\_ as Guardian of said minor children. If this named Guardian is unable or unwilling to  
serve, then I appoint None as alternate Guardian.

## IV. Bequests

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

Name: Daniel Lillard Address: 40W800 Beves Bond  
Elgin St.  
Relationship: Brother Property: all Property I  
own

Name: None Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Property: \_\_\_\_\_

Name: None Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Property: \_\_\_\_\_

Name: None Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Property: \_\_\_\_\_

### V. Simultaneous Death of Spouse

In the event that my \_\_\_\_\_ (husband or wife) shall die simultaneously with me or there is no direct evidence to establish that my \_\_\_\_\_ (husband or wife) and I died other than simultaneously, I direct that \_\_\_\_\_ (I or my husband or wife) shall be deemed to have predeceased \_\_\_\_\_ (me or my husband or wife), notwithstanding any provision of law to the contrary, and that the provisions of my Will shall be construed on such presumption.

### VI. Simultaneous Death of Beneficiary

If any beneficiary of this Will, including any beneficiary or any trust established by this Will, other than my \_\_\_\_\_ (husband or wife), shall die within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.

### VII. All Remaining Property; Residuary Clause

I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my Brother (husband or wife), provided that my n/a (husband or wife) survives me. I make no provision for my children, knowing that, as their parent, my n/a (husband or wife) will continue to be mindful of their needs and requirements. If my n/a (husband or wife) does not survive me, then I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my children per share, but if any child predeceases me, then his or her share will pass, per share, to his or her lineal descendants, natural or adopted, if any, who survive me; but if there are none, then his or her share will lapse and pass equally as part of the shares of my other named children; but if none of my named children survives me or leaves a lineal descendant who survives me, then according to the order of intestate succession in the State of California.

### VIII. Additional Powers of the Executor

My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court: My Brother is to Receive all of my personal Property in Texas, New Mexico and California. He will also have all my responsibility for any of Marlene Lillard's belongings and anything that belongs to my father Billy Lillard.

**IX. Optional Provisions**

I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not part of this Will.

           If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid promissory note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt.

           Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor.

           I direct that my remains be cremated and that the ashes be disposed of in the following manner:           

           I desire to be buried in the            cemetery in            County, State of           

**X. Severability and Survival**

If any part of this Will is declared invalid, illegal or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any court so interpreting this Will and any provision in it construe in favor of survival.

Testator's Initials: R.L.L.

**Execute and attest before a notary.**

**Caution: Louisiana residents should consult an attorney before preparing a will.**

**IN WITNESS WHEREOF**, I have hereunto set my hand this 29<sup>th</sup> day of Sept. 2007, to this my Last Will and Testament.

Testator's Signature: Randy L Lillard

**XI. Witnessed**

The Testator has signed this Will at the end and on each other separate page, and has declared or signified in our presence that it is his or her Last Will and Testament, and in the presence of the Testator and each other we have hereunto subscribed our names this            day of           , 20          .

Witness' Signature:           

Address:

Witness' Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgment**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

We, \_\_\_\_\_, and \_\_\_\_\_

the Testator and the Witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the Testator signed the instrument as his or her Last Will and Testament and that each of the Witnesses, in the presence of the Testator and each other, signed the will as a witness.

Testator: \_\_\_\_\_ Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Witness: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_

Type of ID \_\_\_\_\_  
(Seal)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  
 951-658-0025 TELEPHONE AND FAX NOS.: 951.658.0025  
 CLARK, LORD & SWANSON, ATTORNEYS AT LAW  
 QUINTON R. SWANSON SBN 195886  
 PROFESSIONAL SUITE 2  
 133 NORTH BUENA VISTA STREET  
 HEMET, CALIFORNIA 92543  
 ATTORNEY FOR (Name): DANIEL LILLARD

FOR COURT USE ONLY

**FILED**  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF RIVERSIDE

AUG 12 2009

C. Cardenas

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**  
 STREET ADDRESS: 3255 EAST TAHQUITZ CANYON WAY  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: PALM SPRINGS, CALIFORNIA 92262  
 BRANCH NAME: INDIO

ESTATE OF (Name): MARLEE PATRICIA LILLARD  
 DECEDENT

CASE NUMBER:  
 INP 0222Ldp

- ORDER FOR PROBATE**
- ORDER  Executor  
 APPOINTING  Administrator with Will Annexed  
 Administrator  Special Administrator  
 Order Authorizing Independent Administration of Estate  
 with full authority  with limited authority

**WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.**

1. Date of hearing: 8/12/09 Time: 8:45 A.M. Dept./Room: PS1 Judge: James Coy

**THE COURT FINDS**

2. a. All notices required by law have been given.  
 b. Decedent died on (date): 05/07/2006  
 (1)  a resident of the California county named above.  
 (2)  a nonresident of California and left an estate in the county named above.  
 c. Decedent died  
 (1)  intestate  
 (2)  testate  
 and decedent's will dated: and each codicil dated:  
 was admitted to probate by Minute Order on (date):

**THE COURT ORDERS**

3. (Name): DANIEL LILLARD AS EXECUTOR OF ESTATE OF RANDY LEE LILLARD

is appointed personal representative:

- a.  executor of the decedent's will  
 b.  administrator with will annexed  
 c.  administrator  
 d.  special administrator  
 (1)  with general powers  
 (2)  with special powers as specified in Attachment 3d(2)  
 (3)  without notice of hearing  
 (4)  letters will expire on (date):

and letters shall issue on qualification.

4. a.  Full Authority is granted to administer the estate under the Independent Administration of Estates Act.  
 b.  Limited authority is granted to administer the estate under the Independent Administration of Estates Act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).  
 5. a.  Bond is not required.  
 b.  Bond is fixed at: \$ 20,000.00 to be furnished by an authorized surety company or as otherwise provided by law.  
 c.  Deposits of: \$ are ordered to be placed in a blocked account at (specify institution and location): and receipts shall be filed. No withdrawals shall be made without a court order.  Additional orders in Attachment 5c.  
 d.  The personal representative is not authorized to take possession of money or any other property without a specific court order.  
 6.  (Name): is appointed probate referee.

Date: Aug. 12, 2009  
 JOAN SCOTT  
 Probate Referee  
 P.O. Box 2125

*[Signature]*  
 JUDGE OF THE SUPERIOR COURT

7. Number of pages attached:  SIGNATURE FOLLOWS LAST ATTACHMENT



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE AND FAX NOS.:

951-658-0025 951.658.1765
CLARK, LORD & SWANSON, ATTORNEYS AT LAW
QUINTON R. SWANSON SBN 195886
PROFESSIONAL SUITE 2
133 NORTH BUENA VISTA STREET
HEMET, CALIFORNIA 92543

FOR COURT USE ONLY

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

MAR 05 2009

G. RUSHING

ATTORNEY FOR (Name): DANIEL LILLARD
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
STREET ADDRESS: 82675 STATE HIGHWAY 111
MAILING ADDRESS: 46-200 OASIS STREET
CITY AND ZIP CODE: INDIO, CALIFORNIA 92201
BRANCH NAME: PROBATE
ESTATE OF (Name): RANDY LEE LILLARD

DECEDENT

CASE NUMBER:

INP 022165

ORDER FOR PROBATE

- ORDER APPOINTING [X] Executor
[ ] Administrator with Will Annexed
[ ] Administrator [ ] Special Administrator
[X] Order Authorizing Independent Administration of Estate
[ ] with full authority [ ] with limited authority

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. Date of hearing: MAR 05 2009 Time: 8:45 AM Dept./Room: PS1 Judge: James A. Cox, Judge

THE COURT FINDS

- 2. a. All notices required by law have been given.
b. Decedent died on (date): 06/27/2008
(1) [X] a resident of the California county named above.
(2) [ ] a nonresident of California and left an estate in the county named above.
c. Decedent died
(1) [ ] intestate
(2) [X] testate
and decedent's will dated: 09/29/2007
was admitted to probate by Minute Order on (date):

and each codicil dated:

March 5, 2009 [Signature]

THE COURT ORDERS

3. (Name): DANIEL LILLARD

is appointed personal representative:

- a. [X] executor of the decedent's will
b. [ ] administrator with will annexed
c. [ ] administrator

- d. [ ] special administrator
(1) [ ] with general powers
(2) [ ] with special powers as specified in Attachment 3d(2)
(3) [ ] without notice of hearing
(4) [ ] letters will expire on (date):

and letters shall issue on qualification.

- 4. a. [X] Full Authority is granted to administer the estate under the Independent Administration of Estates Act.
b. [ ] Limited authority is granted to administer the estate under the Independent Administration of Estates Act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

- 5. a. [ ] Bond is not required.
b. [X] Bond is fixed at: \$ 20,000.00 to be furnished by an authorized surety company or as otherwise provided by law.

- c. [ ] Deposits of: \$ are ordered to be placed in a blocked account at (specify institution and location):
and receipts shall be filed. No withdrawals shall be made without a court order. [ ] Additional orders in Attachment 5c.

- d. [ ] The personal representative is not authorized to take possession of money or any other property without a specific court order.

6. [X] (Name):

RONALD R EASTON
Probate Referee
4489 Town Center Wy D312
Palm Desert CA 92260
(760) 341-1490 Fax 564-3315

is appointed probate referee.

Date: March 5, 2009

[Signature]
JUDGE OF THE SUPERIOR COURT

7. Number of pages attached:

[ ] SIGNATURE FOLLOWS LAST ATTACHMENT

ORDER FOR PROBATE

Legal Solutions & Plus

Probate Code, §§ 8006, 8400.

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

## CERTIFICATE OF DEATH

3200633005843

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>MARLEE</b>		3. LAST (Family) <b>LILLARD</b>	
2. MIDDLE <b>PATRICIA</b>		4. DATE OF BIRTH mm/dd/yyyy <b>08/24/1920</b>	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. <b>85</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>OK</b>		12. MARITAL STATUS (at Time of Death) <b>WIDOWED</b>	
9. SOCIAL SECURITY NUMBER [REDACTED]		7. DATE OF DEATH mm/dd/yyyy <b>05/07/2006</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hours) <b>1500</b>	
13. EDUCATION — Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
14/15. WAS DECEDENT PREPARED FOR AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>MANAGER</b>	
18. DECEDENT'S RESIDENCE (Street and number or location) <b>45-709 SAGE ST.</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>45-709 SAGE ST.</b>		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>REAL ESTATE</b>	
21. CITY <b>INDIO</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>	
23. ZIP CODE <b>92201</b>		24. YEARS IN COUNTY <b>82</b>	
25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>WILLIAM GONZALEZ, PUBLIC GUARDIAN</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>3190 CHICAGO AVE., RIVERSIDE, CA 92507</b>		28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>3190 CHICAGO AVE., RIVERSIDE, CA 92507</b>	
29. NAME OF SURVIVING SPOUSE — FIRST <b>-</b>		30. LAST ( Maiden Name) <b>-</b>	
31. NAME OF FATHER — FIRST <b>RAYMOND</b>		32. MIDDLE <b>JESSE</b>	
33. LAST <b>COX</b>		34. BIRTH STATE <b>TX</b>	
35. NAME OF MOTHER — FIRST <b>EDNA</b>		36. MIDDLE <b>DEAN</b>	
37. LAST ( Maiden) <b>MEDEARIS</b>		38. BIRTH STATE <b>AR</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>06/12/2006</b>		40. PLACE OF FINAL DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518</b>	
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>RUBIDOUX MORTUARY</b>	
45. LICENSE NUMBER <b>FD-913</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>GARY M FELDMAN, MD</b>	
47. DATE mm/dd/yyyy <b>06/08/2006</b>		48. DATE mm/dd/yyyy <b>06/08/2006</b>	
101. PLACE OF DEATH <b>EISENHOWER MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ED/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>39-000 BOB HOPE DRIVE</b>	
106. CITY <b>RANCHO MIRAGE</b>		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ED/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
107. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) <b>CARDIAC ARRHYTHMIA</b> (B) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) MINS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) YEARS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ALZHEIMERS DEMENTIA</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. 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: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>	
116. LICENSE NUMBER <b>A033981</b>		117. DATE mm/dd/yyyy <b>06/08/2006</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ROBERT F STEINBERG M.D. 73211 FRED WARING DR #200, PALM DESERT, CA 92260</b>		119. 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"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. INJURY DATE mm/dd/yyyy	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		000247938	
CEMSUS TRACT		*012006000247938*	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

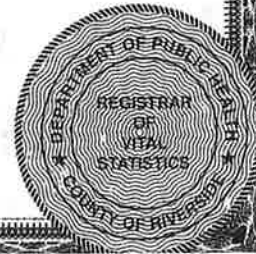


*Gary Feldman M.D.*  
Gary Feldman M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED

**Jun 13, 2006**

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



CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE  
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200833007591

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (MAY 1994)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RANDY		2. MIDDLE LEE		3. LAST (Family) LILLARD	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) JOHN - DOE U08-150		4. DATE OF BIRTH mm/dd/yyyy 09/29/1952		5. AGE Yrs. 55	
6. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of death) NEVER MARRIED		7. DATE OF DEATH mm/dd/yyyy 06/27/2008		8. HOUR (24 Hours) FND 2034	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) APARTMENT COMPLEX		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number or location) 45-709 SAGE ST.					
21. CITY INDIO		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92201	
24. YEARS IN COUNTY 55		25. STATE/FOREIGN COUNTRY CA.			
26. INFORMANT'S NAME, RELATIONSHIP DAN LILLARD, BROTHER		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 40 W 800 BOWES BEND DR., ELGIN, IL 60124			
28. NAME OF SURVIVING SPOUSE - FIRST -		29. MIDDLE -		30. LAST (Maiden Name) -	
31. NAME OF FATHER - FIRST BILLY		32. MIDDLE L.		33. LAST LILLARD	
34. BIRTH STATE TX.		35. NAME OF MOTHER - FIRST MARLEE		36. MIDDLE -	
37. LAST (Maiden) KERNS		38. BIRTH STATE OK.			
39. DISPOSITION DATE mm/dd/yyyy 07/22/2008		40. PLACE OF FINAL DISPOSITION RES DAN LILLARD 40 W 800 BOWES BEND DR., ELGIN, IL 60124			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT FITZHENRY FUNERAL HOME		45. LICENSE NUMBER FD967		46. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.	
47. DATE mm/dd/yyyy 07/21/2008					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 45-709 SAGE ST.		106. CITY INDIO	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PENDING		108. CITY INDIO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) [REDACTED]		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. 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)		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy		117. DATE mm/dd/yyyy			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. 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"/> Suicide <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER WARREN G. HORTON		127. DATE mm/dd/yyyy 07/19/2008		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER WARREN G. HORTON, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*012008000851432*			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Aug 27, 2008

Eric Frykman, M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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



# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

## PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3200833007591

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1.1

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

### PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST RANDY	1B. MIDDLE LEE	1C. LAST LILLARD	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 06/27/2008 FND	4. CITY OF EVENT INDIO	5. COUNTY OF EVENT RIVERSIDE	

### PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	PENDING	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
107AT	--	YEARS
112		NONE
113		NO
119	PENDING INVESTIGATION	NATURAL

LIST ONE  
ITEM PER  
LINE

20F2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER WARREN G. HORTON	10. DATE SIGNED—MM/DD/CCYY 08/06/2008	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER	
	12. ADDRESS—STREET and NUMBER 800 SOUTH REDLANDS AVE	13. CITY PERRIS	14. STATE CA	15. ZIP CODE 92570
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 08/13/2008		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24Ae (REV. 1/08)

1.1

### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

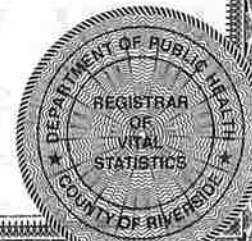
Aug 27, 2008

Eric Frykman, M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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





PLEASE COMPLETE THIS INFORMATION  
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

JOHN J. RYAN  
PUBLIC GUARDIAN/CONSERVATOR  
P. O. Box 1405  
Riverside, California 92502-1405

M	S	U	PAGE	SIZE	DA	PCOR	NOGOR	SMF	MSC	
	1		5							
								✓	a	
A	R	L				COPY	LONG	REFUND	NCHQ	EXAM

ⓧ

TRA: Government Code 6103

DTT: C  
DL

Letters of Conservatorship

Title of Document

**THIS AREA FOR  
RECORDER'S  
USE ONLY**

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION  
(\$3.00 Additional Recording Fee Applies)

FOR RECORDER'S USE ONLY

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

TELEPHONE AND FAX NOS.  
(909) 955-6300  
(909) 955-6322

IF RECORDED RETURN TO:

WILLIAM C. KATZENSTEIN

COUNTY COUNSEL

3535 Tenth Street, Ste. 300  
Riverside, CA 92501

ATTORNEY FOR (Name): COUNTY OF RIVERSIDE

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

STREET ADDRESS: 46-200 Oasis

MAILING ADDRESS: Same

CITY AND ZIP CODE: Indio, CA

BRANCH NAME: Probate

CONSERVATORSHIP OF (Name):

MARLEE LILLARD AKA MARILEE LILLARD

CONSERVATEE

AMENDED LETTERS OF CONSERVATORSHIP

Person  Estate  Limited Conservatorship

CASE NUMBER:

INP-017708

FOR COURT USE ONLY

1.  (Name): Riverside County Public Guardian is the appointed  conservator  limited conservator of the  person  estate of (name): MARLEE LILLARD AKA MARILEE LILLARD

2.  (For conservatorship that was on December 31, 1980, a guardianship of an adult or of the person of a married minor) (Name): was appointed the guardian of the  person  estate by order dated (specify): and is now the conservator of the  person  estate of (name):

3.  Other powers have been granted or conditions imposed as follows:

a.  Exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in Probate Code section 2356.

(1)  This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of the conservatorship.

(2)  (If court order limits duration) This medical authority terminates on (date):

b.  Authority to place conservatee in a care or nursing facility described in Probate Code section 2356.5(b).

c.  Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).

d.  Powers to be exercised independently under Probate Code section 2590 as specified in Attachment 3d (specify powers, restrictions, conditions, and limitations).

e.  Conditions relating to the care and custody of the property under Probate Code section 2402 as specified in Attachment 3e.

f.  Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358 as specified in Attachment 3f.

g.  (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 as specified in Attachment 3g.

h.  (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) as specified in Attachment 3h.

Other (specify): Attachment 3i

4.  The conservator is not authorized to take possession of money or any other property without a specific court order.

5. Number of pages attached: 1

WITNESS, clerk of the court, with seal of the court affixed.

Date: APR 12 2002

Clerk, by G. Prader, Deputy  
(Continued on reverse)



2002-648592  
11/88/2862 88-889  
2 of 5



FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

APR 12 2002

G. PRAUER

APR 11-363-018

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in Probate Code section 1875.

Form Approved by the  
Judicial Council of California  
GC-350 (Rev. January 1, 1998)  
Mandatory Form [1/1/2000]

LETTERS OF CONSERVATORSHIP




Probate Code, § 1834

**LETTERS OF CONSERVATORSHIP  
AFFIRMATION**

I solemnly affirm that I will perform according to law the duties of  conservator  limited conservator.

Executed on (date): 03/14/02

, at (place): Riverside, CA


  
\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

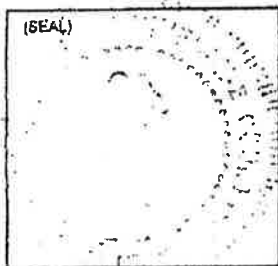
APN 611-363-018

**CERTIFICATION**

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Date: **APR 15 2002**

Clerk, by , Deputy



ATTACHMENT 3i

The Assessment fee required under Probate Code Section 1851.5 is ordered paid subsequent to the filing of the petition and no later than the hearing on the account unless, at said hearing the Court waives or reserves the fee.

APN 611-363-018



2002-648592  
11/08/2002 08:00A  
4 of 5



This must be in red to be a  
"CERTIFIED COPY"

Each document to which this certificate is attached  
is certified to be a full, true and correct copy of the  
original on file and of record in my office.

Superior Court of California  
County of Riverside  
José Octavio Guillén, Clerk

By H. Prober  
DEPUTY

Dated: 4-15-02



Certification must be in red to be a  
"CERTIFIED COPY"



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE AND FAX NOS:

951-658-0025 951.658.1765

CLARK, LORD & SWANSON, ATTORNEYS AT LAW  
QUINTON R. SWANSON SBN 195886  
PROFESSIONAL SUITE 2  
133 NORTH BUENA VISTA STREET  
HEMET, CALIFORNIA 92543

ATTORNEY FOR (Name): DANIEL LILLARD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

STREET ADDRESS: 82675 STATE HIGHWAY 111  
MAILING ADDRESS: 46-200 OASIS STREET  
CITY AND ZIP CODE: INDIO, CALIFORNIA 92201  
BRANCH NAME: PROBATE

ESTATE OF (Name): RANDY LEE LILLARD

DECEDENT

FOR COURT USE ONLY

FILED  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

MAR 18 2009

*M. Martinez*

LETTERS

- TESTAMENTARY
- OF ADMINISTRATION WITH WILL ANNEXED
- OF ADMINISTRATION
- SPECIAL ADMINISTRATION

CASE NUMBER:

InP022165

LETTERS

1.  The last will of the decedent named above having been proved, the court appoints (name):  
**DANIEL LILLARD**
  - a.  executor.
  - b.  administrator with will annexed.
2.  The court appoints (name):
  - a.  administrator of the decedent's estate.
  - b.  special administrator of decedent's estate
    - (1)  with the special powers specified in the Order for Probate.
    - (2)  with the powers of a general administrator.
    - (3)  letters will expire on (date):
3.  The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  with full authority  with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4.  The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1.  PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2.  INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3.  INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer. (Name and title):

4. Executed on (date): 01/15/09  
at (place): ELGIN, ILLINOIS

*Daniel Lillard*  
(SIGNATURE)

DANIEL LILLARD

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

Date: MAR 18 2009

Clerk, by

*Mary Martinez*  
(DEPUTY)



(SEAL)

Date: 3/13/09

Clerk, by

*Mary Martinez*  
(DEPUTY)



RECORDING REQUESTED BY

MARLEE C. LILLARD

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME RANDY L. LILLARD

STREET ADDRESS 45-709 SAGE ST.

CITY, STATE & ZIP CODE INDIO, CA 92201-4639

TITLE ORDER NO. NONE ESCROW NO. NONE



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
	1		2			✓			
					4				
A	R	L	COPY	LONG	REFUND	NCHG	EXAM		

14

TRA:007  
**QUITCLAIM DEED**

DOCUMENTARY TRANSFER TAX \$ NONE  
 computed on full value of property conveyed, or  
 computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax \_\_\_\_\_ Firm Name \_\_\_\_\_

C  
MM

MARLEE C. LILLARD A UNMARRIED WOMAN  
(NAME OF GRANTOR(S))  
 the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to RANDY L. LILLARD A SINGLE MAN  
(NAME OF GRANTEE(S))  
 the following described real property in the City of INDIO, County of RIVERSIDE, State of CA:

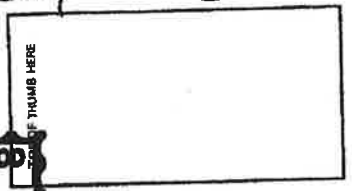
LOT 33 MB018/078 MARSHALLS 3RD ADDITION  
TO INDIO, AS PER RECORDS OF RIVERSIDE  
COUNTY.

Assessor's parcel No. 611-363-019  
 Executed on 23rd October 2002 at Rancho Mirage CA 92270  
(CITY AND STATE)

STATE OF CA  
 COUNTY OF RIVERSIDE

Marlee C. Lillard  
(SIGNATURE)

on 23rd October 2002 before me, Pauline Sharon Axelrod (Notary Public)  
(NAME/TITLE, "JANE DOE, NOTARY PUBLIC")  
 personally appeared Marlee C. Lillard personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Pauline Sharon Axelrod  
(SIGNATURE OF NOTARY) (SEAL)

MAIL TAX STATEMENTS TO: RANDY LEE LILLARD  
45-709 SAGE ST INDIO, CA 92201-4639

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE OFFICER(S)  
 (TITLES)  
 PARTNER(S)  LIMITED  
 GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER: \_\_\_\_\_  
 SIGNER IS REPRESENTING:  
 (Name of Person(s) or Entity(ies))  
 \_\_\_\_\_  
 \_\_\_\_\_

Under the provisions of Government Code 27361-7, I certify under the penalty of perjury that the notary seal on the document to which this statement is attached reads as follows:

Name of Notary: Pauline Sharon Axelrod

Commissions #: 1320353

Place of Execution: Indio, CA Riverside County

Date Commission Expires: Sept. 8, 2005

Date: 10/23/2002

Signature: Tonita Noonan

Print Name: Tonita Noonan



2002-607537  
10/20/2002 00:00A  
2 of 2

RECORDING REQUESTED BY

**RANDY L. LILLARD**

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME **MARLEE C. LILLARD**  
STREET ADDRESS **45-709 SAGE ST**  
CITY, STATE & ZIP CODE **INDIO, CA 92201-4639**  
TITLE ORDER NO. **NONE** ESCROW NO. **NONE**

DOC # 2002-739970

12/11/2002 08:00A Fee:7.00

Page 1 of 1

Recorded in Official Records

County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	BMF	MISC.
						<input checked="" type="checkbox"/>			
A	R	L	COPY	LONG	REFUND	NCHG	EXAM		

**TRA-007  
QUITCLAIM DEED**

DOCUMENTARY TRANSFER TAX \$ **NONE**  
 computed on full value of property conveyed, or  
 computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax Firm Name

**C  
AJ**

**RANDY L. LILLARD** **A SINGLE MAN**

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to **MARLEE C. LILLARD** **A WIDOWED WOMAN** the following described real property in the City of **INDIO**, County of **RIVERSIDE**, State of **CA**:

**(1/2) ONE HALF OF LOT 33 MB 018/078  
MARSHALLS 3RD ADD TO INDIO**

Assessor's parcel No. **611-363-019**

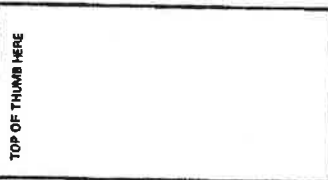
Executed on **12-10-02** at **INDIO, CA 92201**

STATE OF **CA**  
COUNTY OF **RIVERSIDE**

**Randy L. Lillard**  
**RANDY L. LILLARD**

On **12-10-02** before me, **\*Dicki L. Stinson\***

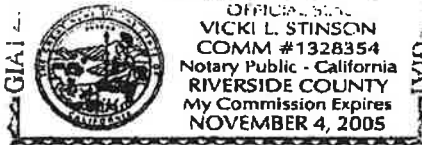
RIGHT THUMBPRINT (Optional)



personally appeared **\*Randy L. Lillard\*** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/it~~ executed the same in his/~~her/its~~ authorized capacity(ies), and that by his/~~her/its~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

**Dicki L. Stinson**  
(SIGNATURE OF NOTARY) (SEAL)



CAPACITY CLAIMED BY SIGNER(S)

- INDIVIDUAL(S)
- CORPORATE OFFICER(S)
- PARTNER(S)  LIMITED  GENERAL
- ATTORNEY IN FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER:

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity(ies))

MAIL TAX STATEMENTS TO:

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

WOLCOTTS FORM 790 ©1994 WOLCOTTS FORMS, INC. QUITCLAIM DEED Rev. 3-94b (price class 3A)



7 67775 39790 1