FORM APPROVED COUNTY COUNSEL
BY: GREGORY P. PRIAMOS DATE 6/29/15

599 A

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

FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE: JUN 29 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Items 478 and 479. Last assessed to: Juan Jose Pena and Benita S. Pena, husband and wife as joint tenants. District 4 [$68,039] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claims from Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Revocable Living Trust dated February 26, 2001 for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 611233012-7 and 611233013-8;

(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 April 29, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2013. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 17, 2013 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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	$ 68,039	$ 0	$ 68,039	$ 0	Consent ☐ Policy ☒
NET COUNTY COST	$ 0	$ 0	$ 0	$ 0	

SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale

Budget Adjustment: N/A

For Fiscal Year: 15/16

C.E.O. RECOMMENDATION: APPROVE

BY: Samuel Wong 7/13/15
Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.: | **District: 4** | **Agenda Number:** 9-54

RECOMMENDED MOTION:

2. Deny the claims from Ruben S. Bonilla, heir to the Estate of Benita S. Pena;
3. Deny the claims from Richard Pena, heir to the Estate of Benita S. Pena;
4. Deny the claims from Elizabeth Ann Vaughan, heir to the Estate of Benita S. Pena;
5. Authorize and direct the Auditor-Controller to issue a warrant to Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Trust dated February 26, 2001 in the amount of $68,039.83, 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 ten claims for excess proceeds:

1. Claims from Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Revocable Living Trust dated February 26, 2001 based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.
2. Claims from Ruben S. Bonilla, heir to the Estate of Benita S. Pena based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.
3. Claims from Richard Pena, heir to the Estate of Benita S. Pena based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.
4. Claims from Elizabeth Ann Vaughan, heir to the Estate of Benita S. Pena based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.

Pursuant to Section 4675 (a) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Revocable Living Trust dated February 26, 2001 be awarded excess proceeds in the amount of $68,039.83. The claim from Ruben S. Bonilla, heir to the Estate of Benita S. Pena be denied since the funds are being distributed to the Co-Successor Trustees of the estate. The claim from Richard Pena, heir to the Estate of Benita S. Pena be denied since the funds are being distributed to the Co-Successor Trustees of the estate. The claim from Elizabeth Ann Vaughan, heir to the Estate of Benita S. Pena be denied since the funds are being distributed to the Co-Successor Trustees of the estate. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

BACKGROUND:
Summary (continued)

EP 196	Item 478	$52,629.99
EP 196	Item 479	$15,409.84
TOTAL		**$68,039.83**

Impact on Citizens and Businesses
Excess proceeds are being released to the Co-Successor Trustees of the last assessee of the property.

ATTACHMENTS (if needed, in this order):

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Items 478 and 479. Last assessed to: Juan Jose Pena and Benita S. Pena, husband and wife as joint tenants. District 4 [$68,039] Fund 65595 Excess Proceeds from Tax Sale.
DATE: JUN 29 2015

Copies of the Excess Proceeds Claim forms and supporting documentation are attached.

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

RECEIVED
2014 MAY 13 AM 11:59
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: **Don Kent, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $52,629.99 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 611233012-7; recorded on 12/6/1978 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.

BIRTH CERT. NOT AVAILABLE

If the property is held in Joint Tenancy, the taxsale 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.

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

Executed this 08 day of MAY, 2014 at ORANGE, CA
County, State

Signature of Claimant	Signature of Claimant
Lemuel S. Bonilla	
Print Name	Print Name
1247 E. PALM AVE.	
Street Address	Street Address
ORANGE, CA 92866	
City, State, Zip	City, State, Zip
(714) 538-4723	
Phone Number	Phone Number

SCO 8-21 (1-99)

THE

BENITA S. PENA

REVOCABLE LIVING TRUST

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

ARTICLE 1
THE NAME OF MY TRUST

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

ARTICLE 2
MY FAMILY

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and

2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

3. JOHN PENA, whose birthdate is October 16, 1954, whose address is 51910 Avenida Navarro, La Quinta, California 92253; and

4. R. LINDA STERN, whose birthdate is June 21, 1957, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679; and

5. RICHARD PENA, whose birthdate is March 3, 1962, whose address is 21122 Briarwood, Trabuco Canyon, California 92679; and

6. ELIZABETH HAAS, whose birthdate is November 15, 1963, whose address is 49035 Serenata Court, La Quinta, California 92253.

All reference to my children in this agreement are to these children.

ARTICLE 3
TRUSTEES

3.1 Initial Trustee. I have retained the right to act as my own Trustee so long as I am physically and mentally capable.

3.2 Successor Trustee. When I become unable to serve as Trustee, by reason of death or incapacity, I appoint the following to act as Successor Co-Trustee:

1. LEMUEL BONILLA, whose address is 1247 E. Palm, Orange, California 92666; or

2. JOHN PENA, whose address is 51910 Avenida Navarro, La Quinta, California 92253; or

3. R. LINDA STERN, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679.

3.3 Trustees. References in the Trust to "Trustee or Trustees" shall include me or my Successor Trustees.

Where two or more individuals are appointed to serve as Successor Trustees, they shall serve together while both are able, qualified and willing to do so. If either shall become unable, unqualified or unwilling to serve, the other shall serve alone as Successor Trustee.

If, during the term of this Trust, any single Successor Trustee shall become unable, unqualified or unwilling to continue as a Trustee, the next appointed Successor Trustee(s) shall succeed to the office of Trustee.

The exercise by any Trustee of the discretionary powers herein granted with respect to the allocation or distribution of property or gifts and making adjustment with

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

Ratification and Execution by Settlor

I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.

Benita S. Pena

BENITA S. PENA
Settlor

APPROVED:

Barbara H

Attorney for Settlor

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;

2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and

3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.

Benita S. Pena

BENITA S. PENA
Trustee

STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE)

On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature

(Seal)

LARRY COPENBARGER
COMMISSION #1209478
Notary Public - California
ORANGE COUNTY
My Commission Expires
JANUARY 30, 2003

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
(REV 10/2007)

3201333000944 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT–FIRST (Given): BENITA
2. MIDDLE: SOTO
3. LAST (Family): PENA
4. AKA (ALSO KNOWN AS) – Include full AKA (FIRST, MIDDLE, LAST):
5. DATE OF BIRTH mm/dd/ccyy: 06/29/1923
6. AGE Yrs: 89
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
7. SEX: F
8. BIRTH STATE/FOREIGN COUNTRY: MEXICO
9. SOCIAL SECURITY NUMBER:
10. EVER IN U.S. ARMED FORCES? YES [X] NO UNK
11. MARITAL STATUS/S.D.P. (at Time of Death): WIDOWED
12. DATE OF DEATH mm/dd/ccyy: 01/25/2013
13. HOUR (24 Hours): 1718
14. EDUCATION – Highest Level/Degree (see worksheet on back): 08
15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? [X] YES MEXICAN AMERICAN [ ] NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): CAUCASIAN
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.): RESTAURANT
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 72926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92260
24. YEARS IN COUNTY: 65
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: RICHARD PENA, SON
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, or post office box, city or town, state and zip): 72926 GRAPEVINE, PALM DESERT, CA 92260

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP–FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -
31. NAME OF FATHER/PARENT–FIRST: JUAN
32. MIDDLE: -
33. LAST: SOTO
34. BIRTH STATE: MEXICO
35. NAME OF MOTHER/PARENT–FIRST: VIRGINIA
36. MIDDLE: -
37. LAST (BIRTH NAME): FELIX
38. BIRTH STATE: MEXICO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 02/08/2013
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY, 82925 AVENUE 52, COACHELLA, CA 92236
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: ▶ MARK RICE
43. LICENSE NUMBER:
44. NAME OF FUNERAL ESTABLISHMENT: FITZHENRY-WIEFELS
45. LICENSE NUMBER: FD2051
46. SIGNATURE OF LOCAL REGISTRAR: ▶ CAMERON KAISER, MD
47. DATE mm/dd/ccyy: 01/29/2013

PLACE OF DEATH

101. PLACE OF DEATH: MANOR CARE - ODYSSEY
102. IF HOSPITAL, SPECIFY ONE: IP / ER/OP / DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice / [X] Nursing Home/ALF / Decedent's Home / Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or address): 74350 COUNTRY CLUB DRIVE
106. CITY: PALM DESERT

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CARDIOPULMONARY ARREST — Time Interval Between Onset and Death: (A) MINS

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) SENILE DEMENTIA — (B) YRS

(C) — (C)

(D) — (D)

108. DEATH REPORTED TO CORONER? YES [X] NO — Referral number:
109. BIOPSY PERFORMED? YES [X] NO
110. AUTOPSY PERFORMED? YES [X] NO
111. AUTOPSY USED IN DETERMINING CAUSE? YES / NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO

114. IF FEMALE, PREGNANT IN LAST YEAR? YES / [X] NO / UNK

PHYSICIAN'S CERTIFICATION

115. 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 (A) mm/dd/ccyy: 11/07/2012 — Decedent Last Seen Alive (B) mm/dd/ccyy: 01/25/2013
116. SIGNATURE AND TITLE OF CERTIFIER: ▶ RUPINDER KAUR MANN M.D.
117. LICENSE NUMBER:
118. DATE mm/dd/ccyy: 01/29/2013
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: RUPINDER KAUR MANN M.D. 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270

CORONER'S USE ONLY

120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: Natural / Accident / Homicide / Suicide / Pending Investigation / Could not be determined
121. INJURED AT WORK? YES / NO / UNK
122. INJURY DATE mm/dd/ccyy:
123. HOUR (24 Hours):
124. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.):
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
126. LOCATION OF INJURY (Street and number, or location, and city, and zip):
127. SIGNATURE OF CORONER / DEPUTY CORONER: ▶
128. DATE mm/dd/ccyy:
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR

A	B	C	D	E

0100010022640 74

FAX AUTH.#:
CENSUS TRACT:

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

DATE ISSUED Feb 20, 2013

001125421

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

PRINCO (Rev. 1/2013)

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

39633004456

STATE FILE NUMBER — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93) — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): JUAN
2. MIDDLE: JOSE
3. LAST (FAMILY): PENA
4. DATE OF BIRTH MM/DD/CCYY: 06/04/1928
5. AGE YRS.: 67
6. IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES
7. SEX: M
8. DATE OF DEATH MM/DD/CCYY: 05/10/1996
9. HOUR: 1217
9. STATE OF BIRTH: MX.
10. [illegible]
11. MILITARY SERVICE: 13. ___ TO 15. ___ [X] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION —YEARS COMPLETED: 6
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: [X] YES MEXICAN/AMERICAN [ ] NO
16. USUAL EMPLOYER: CITY OF INDIO
17. OCCUPATION: PARK SUPERVISOR
18. KIND OF BUSINESS: MUNICIPAL GOVERNMENT
19. YEARS IN OCCUPATION: 25

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 72-926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY: RIVERSIDE
23. ZIP CODE: 92260
24. YRS IN COUNTY: 47
25. STATE OR FOREIGN COUNTRY: CA.

INFORMANT

26. NAME RELATIONSHIP: BENITA PENA-WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 72-976 GRAPEVINE PALM DESERT, CA. 92260

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: BENITA
29. MIDDLE: -
30. LAST (MAIDEN NAME): SOTO
31. NAME OF FATHER—FIRST: TEODORO
32. MIDDLE: -
33. LAST: PENA
34. BIRTH STATE: MX.
35. NAME OF MOTHER—FIRST: ESTHER
36. MIDDLE: -
37. LAST (MAIDEN): AMAREL
38. BIRTH STATE: MX.

DISPOSITION(S)

39. DATE MM/DD/CCYY: 05/17/1996
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: ▶ [signature]
43. LIC. NO.
44. NAME OF FUNERAL DIRECTOR: FITZHENRY FUNERAL HOME
45. LICENSE NO.: FD-967
46. SIGNATURE OF LOCAL REGISTRAR: ▶ [signature] M.D. Sr.
47. MM/DD/CCYY: 05/13/1996

PLACE OF DEATH

101. PLACE OF DEATH: EISENHOWER MEDICAL CENTER
102. IF HOSPITAL SPECIFY ONE: [X] IN [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. [ ] OTHER
104. COUNTY: RIVERSIDE
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 39-000 BOB HOPE DR.
106. CITY: RANCHO MIRAGE

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.)

		TIME INTERVAL BETWEEN ONSET AND DEATH	108 DEATH REPORTED TO CORONER
IMMEDIATE CAUSE	(A) ACUTE RESPIRATORY ARREST	IMMED.	[ ] YES [X] NO REFERRAL NUMBER
DUE TO	(B) ACUTE ASPIRATION OF SECRETION	6 HR.	109 BIOPSY PERFORMED [ ] YES [X] NO
DUE TO	(C) DYSPHAGIA, SEVERE	4 DAYS	110 AUTOPSY PERFORMED [ ] YES [X] NO
DUE TO	(D) MASSIVE CEREBROVASCULAR ACCIDENT	5 DAYS	111 USED IN DETERMINING CAUSE [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: INSULIN DEPENDENT DIABETES MELLITUS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

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/CCYY: 06/10/1992 DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 05/10/1996
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature]
116. LICENSE NO.: G42098
117. DATE MM/DD/CCYY: 05/10/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: RICHARD G. BYRD, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA. 92270

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E | F | G | H | FAX AUTH. #

CENSUS TRACT: 45702

1 OF 2

0 34 358 412

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 FEB 1 2014

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

32-350

3 05 1996 077443
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

3963300445 6
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) JUAN	2. MIDDLE JOSE	3. LAST (FAMILY) PENA
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 05/10/1996	6. CITY OF OCCURRENCE RANCHO MIRAGE
	7. COUNTY OF OCCURRENCE RIVERSIDE		
	8. FATHER'S NAME AS STATED ON ORIGINAL TEODORO PENA	9. MOTHER'S NAME AS STATED ON ORIGINAL ESTHER AMAREL	

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

2 OF 2

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
10		

2 OF 2

LIST ONE ITEM PER LINE

R1

REASON FOR CORRECTION: 13. TO CORRECT THE RECORD.

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM — USE BLACK INK ONLY

14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
▶ [signature]	FUNERAL DIRECTOR	06/19/1996
17. AGE LEGAL	18. ADDRESS (STREET, CITY, STATE, ZIP) 82-975 REQUA AVE. INDIO, CA. 92201	
19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
[signature]	SECRETARY	06/19/1996
22. AGE LEGAL	23. ADDRESS (STREET, CITY, STATE, ZIP) 82-975 REQUA AVE. INDIO, CA. 92201	

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
	▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	07/30/1996

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR 93 74020 VS 26 (REV. 1/94)

034358416

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 FEB 27 2014

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR-COUNTY CLERK-RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Order Number _____ Escrow Number 318-9790 jd

RECORDING REQUESTED BY

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

Mr. and Mrs. Juan Jose Pena
72-926 Grapevine
Palm Desert, Ca. 92260

255974

RECEIVED FOR RECORD
DEC 6 1978
AT 9:00 O'CLOCK A.M.
At Request of
TITLE INS. & TRUST CO.
Book 1978, Page 255974
Recorded in Official Records of Riverside County, California
Dorothy Rogers, Recorder
FEE $ 3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

3-

City of Indio
(City or "Unincorporated")

Grant Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $ 82.50
☒ computed on full value of property conveyed, or
☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

389555-JH

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

For a Valuable Consideration, the receipt of which is hereby acknowledged, hereby GRANT(s)

To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside, State of California, described as follows:

Lots 13, 14 and 15 BLOCK 4 of Wilson's First Addition to Indio as per map on file- in Book 10 page 41 of Maps.

Dated November 7, 1978

STATE OF CALIFORNIA
COUNTY OF Riverside } SS.
On November 9, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared Ernest R. Duncan and Edna A. Duncan, Raymond M. White and Merle E. White, known to me to be the persons whose names subscribed to the within instrument and acknowledged that they executed the same.
WITNESS my hand and official seal.

Signature Armida Chrestman

Ernest R. Duncan
Ernest R. Duncan

Edna A. Duncan
Edna A. Duncan

Raymond M. White
Raymond M. White

Merle E. White
Merle E. White

ARMIDA CHRESTMAN
NOTARY PUBLIC
RIVERSIDE COUNTY
CALIFORNIA
My Commission Expires April 18, 1981

(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

(Address - Number, Street, City, State, and Zip Code)

034211 8-77 PS

INQSITUS 72926 GRAPEVINE
PARC NO 628-094-004-3
ASMT NBR 628094004-3
TRA 018-006
SITUS 72926 GRAPEVINE ST PALM DESERT 92260
ASSESSEE PENA JUAN J
PENA BENITA S
ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

August 8, 2001

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

Please provide me with a copy of the Grant Deed for each of the above noted properties, 72 926 Grapevine St, Palm Desert, Ca. and APN 611-233-012-7(lots 13 &14) & APN 661-233-013-8(lot 15) located in Indio, Ca..

I am enclosing a personal check for amount of $40.00. Please let me know if it is insufficient. It is imperitive that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260

Benita S. Pena

Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

Form N-560 (REV. 5-25-55)

THE UNITED STATES OF AMERICA

No. A-349537

CERTIFICATE OF CITIZENSHIP

Application No. 110-32 A6 170 191

ORIGINAL

Personal description of holder as of date of issuance of this certificate: Sex Male; date of birth October 1, 1943; country of birth Mexico; complexion Medium; color of eyes Brown; color of hair Brown; height 5 feet 6 inches; weight 130 pounds; visible distinctive marks None; Marital status Single

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

Lemuel Soto Bonilla
(Complete and true signature of holder)

Seal

Be it known, that * * * * * * * LEMUEL SOTO BONILLA * * * * * * *, now residing at 52-372 Empalma Street, Coachella, California, having applied to the Commissioner of Immigration and Naturalization for a certificate of citizenship pursuant to Section 341 of the Immigration and Nationality Act, having proved to the satisfaction of the Commissioner that he is now a citizen of the United States of America, became a citizen thereof on February 15, 1957 and is now in the United States.

Now Therefore, in pursuance of the authority contained in Section 341 of the Immigration and Nationality Act, this certificate of citizenship is issued this Thirty-first day of March in the year of our Lord nineteen hundred and Fifty-nine, and of our Independence the one hundred and Eighty-third, and the seal of the Department of Justice affixed pursuant to statute.

IT IS A VIOLATION OF THE U. S. CODE (AND PUNISHABLE AS SUCH) TO COPY, PRINT, PHOTOGRAPH, OR OTHERWISE ILLEGALLY USE THIS CERTIFICATE.

J. M. Swing
COMMISSIONER

DEPARTMENT OF JUSTICE

RECORDING REQUESTED BY &
WHEN RECORDED MAIL TO:

Law Offices of CHRISTOPHER D. KIERNAN
78-451 Highway 111
La Quinta CA 92253

039358

RECEIVED FOR RECORD
AT 8:00 AM

FEB - 1 1999

Recorder

Fees $ 9

CORRECTED TRUSTEE'S DEED UPON SALE

The undersigned grantor declares:

1. The grantees herein were the foreclosing beneficiaries.
2. The amount of the unpaid debt together with cost was $252,510.40.
3. The amount paid by the grantee of the trustee's sale was $252,510.40.
4. The documentary transfer tax is NONE.
5. Said property is in the City of Indio, County of Riverside.

RONALD R. EASTON, herein called "trustee", is the duly substituted trustee pursuant to an instrument recorded June 28, 1998 as Instrument No. 178070, recorded in the Official Records of Riverside County, California, and does hereby grant and convey, without warranty, express or implied, to JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants, herein called "grantee", all of its right, title, and interest in and to that certain property situated in the City of Indio, County of Riverside, State of California, and described as follows:

> Lots 13, 14, and 15 in Block 4 of Wilsons First Addition to Indio, County of Riverside as per map recorded in Book 10, Page 41 of Maps, in the office of the county Recorder of Riverside County.

Trustee states that:

This conveyance is made pursuant to the powers conferred upon the substituted trustee by that certain deed of trust dated August 23, 1984 and executed by FLORENCIO MENDEZ and PATRICIA MENDEZ, husband and wife, as trustor, and recorded December 6, 1984, in Book 1984 as Instrument No. 281093, Official Records of Riverside County, California, and after fulfillment of a condition specified in said deed of trust authorizing this conveyance.

Default occurred as set forth in a Notice of Default and Election to Sell which was recorded in the Office of the Recorder of said County.

All requirements of law regarding the mailing of copies of Notices of Default and related notices and the posting and publication of copies of the Notice of Sale have been complied with.

Said property was sold by said trustee at public auction on September 20, 1989 at the place named in the Notice of Sale in the County of Riverside, California, in which the property is situated. Grantee, being the highest bidder at such sale, became the purchaser of said property and paid therefor to said trustee in the amount bid, being $252,510.40 in

SECURITY UNION TITLE INS. CO.
MICROGRAPHICS DIVISION
5814 Nineth Boulevard, Suite 200
Santa Fe Springs, CA 90670

RIVERSIDE

lawful money of the United States, or by the satisfaction, pro tanto, of the obligations and secured by said deed of trust.

**NOTE: This Corrected Trustee's Deed Upon Sale is being recorded to correct the two (2) errors in the original Trustee's Deed Upon Sale where the original Trustee erroneously stated the property was situate in Cathedral City. Mr. Easton is no longer in business and cannot be located to correct the errors himself. The property is, and always has been, located in the City of Indio and this Corrected Trustee's Deed Upon Sale corrects and amends only those two (2) errors.

Dated: January 22, 1999

CHRISTOPHER D. KIERNAN

STATE OF CALIFORNIA)
) ss.
COUNTY OF RIVERSIDE)

On January 22, 1999, before me, K. SMITH, a Notary Public in and for said County and State, personally appeared CHRISTOPHER D. KIERNAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

K. SMITH
Commission # 1178010
Notary Public - California
Riverside County
My Comm. Expires Apr 25, 2002

K. SMITH, Notary Public

RIVERSIDE

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 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $ 52627.99 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 255974 ; recorded on 12-6-1978. 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.

If the property is held in Joint Tenancy, the taxsale 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.

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

Executed this 6 day of May, 2014 at Orange Co., CA
County, State

Rosa Linda Stern	
Signature of Claimant	Signature of Claimant
Rosa Linda Stern	
Print Name	Print Name
32215 Fall River Rd.	
Street Address	Street Address
Trabuco Canyon, CA 92679	
City, State, Zip	City, State, Zip
949-636-5690	
Phone Number	Phone Number

SCO 8-21 (1-99)

INQSITUS 72926 GRAPEVINE
PARC NO 628-094-004-3
ASMT NBR 628094004-3
TRA 018-006
SITUS 72926 GRAPEVINE ST PALM DESERT 92260
ASSESSEE PENA JUAN J
PENA BENITA S
ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

August 8, 2001

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

Please provide me with a copy of the Grant Deed for each of the above noted properties, 72 926 Grapevine St, Palm Desert, Ca. and APN 611-233-012-7(lots 13 &14) & APN 661-233-013-8(lot 15) located in Indio, Ca..

I am enclosing a personal check for amount of $40.00. Please let me know if it is insufficient. It is imperitive that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260

Benita S. Pena

Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

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Ph. (760) 568 2229
(760) 564 4203

THE

BENITA S. PENA

REVOCABLE LIVING TRUST

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

ARTICLE 1
THE NAME OF MY TRUST

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

ARTICLE 2
MY FAMILY

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and

2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

Ratification and Execution by Settlor

I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.

Benita S. Pena

BENITA S. PENA
Settlor

APPROVED:

Attorney for Settlor

Order Number _____ Escrow Number 318-9790 jd

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

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AT 9:00 O'CLOCK A.M.
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Book 1978, Page 255974
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Donald D. Sachse, Recorder
FEE $ 3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

3-

City of Indio
(City or "Unincorporated")

Grant Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $ 82.50
☒ computed on full value of property conveyed, or
☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

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389555-JH

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Signature Armida Chrestman

Ernest R. Duncan
Ernest R. Duncan

Edna A. Duncan
Edna A. Duncan

Raymond M. White
Raymond M. White

Merle E. White
Merle E. White

ARMIDA CHRESTMAN
NOTARY PUBLIC
RIVERSIDE COUNTY
CALIFORNIA
My Commission Expires April 18, 1981

(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

(Address - Number, Street, City, State, and Zip Code)

G34231 8-77 75

Order Number | Escrow Number 318-9790 jd

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Ernest R. Duncan

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Edna A. Duncan

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Raymond M. White

Merle E. White
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NOTARY PUBLIC
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My Commission Expires April 18, 1981

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(Name)

(Address - Number, Street, City, State, and Zip Code)

034231 5-77 PS

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND 3311 CERTIFICATE NUMBER 36032

THIS CHILD

1a. NAME OF CHILD—FIRST NAME: Rosalinda

1b. MIDDLE NAME:

1c. LAST NAME: Pena

2. SEX: Female

3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET?: Single

3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?:

4a. DATE OF BIRTH—MONTH, DAY, YEAR: June 21, 1957

4b. HOUR: 8:08 A M

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Coachella Valley Hospital

5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 45-280 King Street ☒ WITHIN CITY LIMITS ☐ OUTSIDE CITY LIMITS

5c. CITY OR TOWN: Indio

5d. COUNTY: Riverside

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: Benita

6b. MIDDLE NAME:

6c. LAST NAME: Soto

7. COLOR OR RACE OF MOTHER: Mexican

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 31 YEARS

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico

10. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH: 52-372 Empalm

USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (DO NOT USE P. O. BOX NUMBER OR LOCATION): 52-372 Empalm

11b. IF INSIDE CITY CORPORATE LIMITS: ☐ CHECK HERE

11c. IF OUTSIDE CITY CORPORATE LIMITS: CHECK ONE ☐ ON A FARM ☒ NOT ON A FARM

11d. CITY OR TOWN: Coachella

11e. COUNTY: Riverside

11f. STATE: California

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME: Juan

12b. MIDDLE NAME: Jose

12c. LAST NAME: Pena

13. COLOR OR RACE OF FATHER: Mexican

14. AGE OF FATHER (AT TIME OF THIS BIRTH): 32 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico

16a. PRESENT OR LAST OCCUPATION: Laborer

16b. KIND OF INDUSTRY OR BUSINESS: City of Indio

INFORMANT'S CERTIFICATION

I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

12a. PARENT OR OTHER INFORMANT—SIGNATURE (FATHER PREFERRED): ▶ Benita S. Pena

17a. DATE SIGNED BY INFORMANT: June 24, 1957

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.

18a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—SIGNATURE—DEGREE OR TITLE: ▶ A. Olivenin M.D.

18b. ADDRESS: Aladdin Theatre Bldg.

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT:

20. LOCAL REGISTRAR—SIGNATURE: ▶ Everett M. Stone - MD

21. DATE RECEIVED BY LOCAL REGISTRAR: 7-11-57

034358402

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

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DATE ISSUED FEB 21 2014

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Larry W. Ward

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

FBNCO (Ev) 05/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 2/98)

3201333000944 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): BENITA
2. MIDDLE: SOTO
3. LAST (Family): PENA
4. AKA; ALSO KNOWN AS – Include full AKA (FIRST MIDDLE LAST):
5. DATE OF BIRTH mm/dd/ccyy: 06/29/1923
6. AGE Yrs.: 89 — IF UNDER ONE YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
7. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY: MEXICO
10. SOCIAL SECURITY NUMBER:
11. EVER IN US ARMED FORCES? YES [ ] NO [X] UNK [ ]
12. MARITAL STATUS/SRDP (at Time of Death): WIDOWED
7. DATE OF DEATH mm/dd/ccyy: 01/25/2013
8. HOUR (24 Hours): 1718
13. EDUCATION – Highest Level/Degree (see worksheet on back): 08
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back): YES [X] MEXICAN AMERICAN — NO [ ]
16. DECEDENT'S RACE – (Up to 3 races may be listed (see worksheet on back)): CAUCASIAN
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.): RESTAURANT
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 72926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92260
24. YEARS IN COUNTY: 65
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: RICHARD PENA, SON
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 72926 GRAPEVINE, PALM DESERT, CA 92260

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP – FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -
31. NAME OF FATHER/PARENT – FIRST: JUAN
32. MIDDLE: -
33. LAST: SOTO
34. BIRTH STATE: MEXICO
35. NAME OF MOTHER/PARENT – FIRST: VIRGINIA
36. MIDDLE: -
37. LAST (BIRTH NAME): FELIX
38. BIRTH STATE: MEXICO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 02/08/2013
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY, 82925 AVENUE 52, COACHELLA, CA 92236
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: ▶ MARK RICE
43. LICENSE NUMBER:
44. NAME OF FUNERAL ESTABLISHMENT: FITZHENRY-WIEFELS
45. LICENSE NUMBER: FD205
46. SIGNATURE OF LOCAL REGISTRAR: ▶ CAMERON KAISER, MD
47. DATE mm/dd/ccyy: 01/29/2013

PLACE OF DEATH

101. PLACE OF DEATH: MANOR CARE - ODYSSEY
102. IF HOSPITAL, SPECIFY ONE: ER/OP [ ] DOA [ ]
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice [ ] Nursing Home/ICF [X] Decedent's Home [ ] Other [ ]
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 74350 COUNTRY CLUB DRIVE
106. CITY: PALM DESERT

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CARDIOPULMONARY ARREST — Interval between Onset and Death: MINS

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) SENILE DEMENTIA — YRS
(C)
(D)

108. DEATH REPORTED TO CORONER? YES [ ] NO [X]
109. BIOPSY PERFORMED? YES [ ] NO [X]
110. AUTOPSY PERFORMED? YES [ ] NO [X]
111. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? YES [ ] NO [X] UNK [ ]

PHYSICIAN'S CERTIFICATION

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 (A) mm/dd/ccyy: 11/07/2012
Decedent Last Seen Alive (B) mm/dd/ccyy: 01/25/2013
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ RUPINDER KAUR MANN M.D.
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy: 01/29/2013
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: RUPINDER KAUR MANN M.D. 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined [ ]
120. INJURED AT WORK? YES [ ] NO [ ] UNK [ ]
121. INJURY DATE mm/dd/ccyy:
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 state):
126. SIGNATURE OF CORONER / DEPUTY CORONER: ▶
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						0100U1002264074		

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.

001125423

DATE ISSUED Feb 20, 2013

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

PRNCO (Rev) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

39663004456

STATE FILE NUMBER — STATE OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93) — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): JUAN
2. MIDDLE: JOSE
3. LAST (FAMILY): PENA
4. DATE OF BIRTH MM/DD/CCYY: 06/06/1928
5. AGE YRS.: 67
IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 05/10/1996
8. HOUR: 1217
9. STATE OF BIRTH: MX.
10. SOCIAL SECURITY NO.:
11. MILITARY SERVICE: 19__ TO 19__ [X] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION —YEARS COMPLETED: 6
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: [X] YES MEXICAN/AMERICAN [ ] NO
16. USUAL EMPLOYER: CITY OF INDIO
17. OCCUPATION: PARK SUPERVISOR
18. KIND OF BUSINESS: MUNICIPAL GOVERNMENT
19. YEARS IN OCCUPATION: 25

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 72-926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY: RIVERSIDE
23. ZIP CODE: 92260
24. YRS IN COUNTY: 47
25. STATE OR FOREIGN COUNTRY: CA.

INFORMANT

26. NAME, RELATIONSHIP: BENITA PENA-WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 72-926 GRAPEVINE PALM DESERT, CA. 92260

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: BENITA
29. MIDDLE: -
30. LAST (MAIDEN NAME): SOTO
31. NAME OF FATHER—FIRST: TEODORO
32. MIDDLE: -
33. LAST: PENA
34. BIRTH STATE: MX.
35. NAME OF MOTHER—FIRST: ESTHER
36. MIDDLE: -
37. LAST (MAIDEN): AMAREL
38. BIRTH STATE: MX.

DISPOSITION(S)

39. DATE MM/DD/CCYY: 05/17/1996
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: ▶ James H. Fitzhenry
43. LICENSE NO.:
44. NAME OF FUNERAL DIRECTOR: FITZHENRY FUNERAL HOME
45. LICENSE NO.: FD-967
46. SIGNATURE OF LOCAL REGISTRAR: ▶ Herbert A. Kiesel, M.D.
47. DATE: 05/13/1996

PLACE OF DEATH

101. PLACE OF DEATH: EISENHOWER MEDICAL CENTER
102. IF HOSPITAL SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV HOSP [ ] RES [ ] OTHER
104. COUNTY: RIVERSIDE
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 39-000 BOB HOPE DR.
106. CITY: RANCHO MIRAGE

CAUSE OF DEATH

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ACUTE RESPIRATORY ARREST	IMMED.
DUE TO	(B) ACUTE ASPIRATION OF SECRETION	6 HR.
DUE TO	(C) DYSPHAGIA, SEVERE	4 DAYS
DUE TO	(D) MASSIVE CEREBROVASCULAR ACCIDENT	5 DAYS

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: INSULIN DEPENDENT DIABETES MELLITUS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

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/CCYY: 06/10/1992
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 05/10/1996
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ R. Byrd MD
116. LICENSE NO.: G
117. DATE MM/DD/CCYY: 05/10/1996
118. TIME ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: RICHARD C. BYRD, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA. 92270

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
119. MANNER OF DEATH: [ ] NATURAL [ ] ACCIDENT [ ] SUICIDE [ ] PENDING INVESTIGATION [ ] HOMICIDE [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)
126. SIGNATURE OF CORONER OR DEPUTY CORONER ▶
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A. B. C. D. E. F. G. H. FAX AUTH. #:
CENSUS TRACT: 45702

1 OF 2

* 0 3 4 3 5 8 4 1 0 *

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 FEB 7 1997

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

3 05 1996 077443
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

32-350

3963300445
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY: 1. 2. 3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN): JUAN	2. MIDDLE: JOSE	3. LAST (FAMILY): PENA
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX: M	5. DATE OF EVENT—MM/DD/CCYY: 05/10/1996	6. CITY OF OCCURRENCE: RANCHO MIRAGE
	7. COUNTY OF OCCURRENCE: RIVERSIDE		
	8. FATHER'S NAME AS STATED ON ORIGINAL: TEODORO PENA		9. MOTHER'S NAME AS STATED ON ORIGINAL: ESTHER AMAREL

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
10		

2 OF 2

2 OF 2

REASON FOR CORRECTION: 13. TO CORRECT THE RECORD.

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
▶ [signature]	FUNERAL DIRECTOR	06/19/1996
17. AGE: LEGAL	18. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201	

USE BLACK INK ONLY

19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
▶ [signature]	SECRETARY	06/19/1996
22. AGE: LEGAL	23. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201	

STATE/LOCAL REGISTRAR USE ONLY

24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	07/30/1996

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR 93 74180 W 24 (Rev 1/94)

034358414

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 FEB 21 2014

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

PRINCO (Rev) 03/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $52,629.89/100 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. 255974; recorded on 12/06/1978. 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.

If the property is held in Joint Tenancy, the taxsale 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.

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

Executed this 06 day of June, 2014 at Riverside; California
County, State

Signature of Claimant	Signature of Claimant
Ruben S. Bonilla	
Print Name	Print Name
78-540 Via Melodia	
Street Address	Street Address
La Quinta, CA 92253	
City, State, Zip	City, State, Zip
(760) 564-4203	
Phone Number	Phone Number

Benita S. Pena

Benita S. Pena, 89, of Palm Desert, Calif., went home to be with the Lord on January 25, 2013. She was born June 29 1923 to Juan and Virginia Soto in Tamazula, Durango, Mexico. Benita moved to the U.S. in 1947 and has been a resident of the Coachella Valley for the last 66 years. She arrived on a Saturday and was working at Valley Date Garden by Monday. Benita went on to work at Florence Café and Francis Café, where she eventually became the Owner and Operator with her husband Juan Pena. She was dedicated, driven, and extremely passionate about her work. Upon retirement, it was important for Benita to serve her community as a Volunteer. She taught Spanish at local Senior Centers, and also served as a volunteer at Eisenhower Medical Center. Benita was honored on various occasions for being an Outstanding Volunteer and was known for always taking the stairs, never the elevator. Her faith was a large part of her life and she loved teaching Sunday school. She was a proud member of La Iglesia Apostolica (35 years) in Indio, Palm Desert Presbyterian Church (15 years), and United Methodist Church (5 years) in Indio. Benita was an amazing Daughter, Sister, Wife, Mother, Grandmother, and friend. She loved

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 5/97)

3201333000944 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): BENITA
2. MIDDLE: SOTO
3. LAST (Family): PENA
AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 06/29/1923
5. AGE Yrs.: 89 — If Under One Year: Months / Days / If Under 24 Hrs.: Hours / Minutes
6. SEX: F
8. BIRTH STATE/FOREIGN COUNTRY: MEXICO
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
13. MARITAL STATUS/RDP* at Time of Death: WIDOWED
7. DATE OF DEATH mm/dd/ccyy: 01/25/2013
9. HOUR (24 Hours): 1718
12. EDUCATION – Highest Level/Degree (see worksheet on back): 08
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? If yes, see worksheet on back: ☒ YES MEXICAN AMERICAN ☐ NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): CAUCASIAN
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.): RESTAURANT
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 72926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92260
24. YEARS IN COUNTY: 65
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: RICHARD PENA, SON
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 72926 GRAPEVINE, PALM DESERT, CA 92260

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP – FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -
31. NAME OF FATHER/PARENT – FIRST: JUAN
32. MIDDLE: -
33. LAST: SOTO
34. BIRTH STATE: MEXICO
35. NAME OF MOTHER/PARENT – FIRST: VIRGINIA
36. MIDDLE: -
37. LAST (BIRTH NAME): FELIX
38. BIRTH STATE: MEXICO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 02/08/2013
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY, 82925 AVENUE 52, COACHELLA, CA 92236
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: ▶ MARK RICE
43. LICENSE NUMBER:
44. NAME OF FUNERAL ESTABLISHMENT: FITZHENRY-WIEFELS
45. LICENSE NUMBER: FD2051
46. SIGNATURE OF LOCAL REGISTRAR: ▶ CAMERON KAISER, MD
47. DATE (mm/dd/ccyy): 01/29/2013

PLACE OF DEATH

101. PLACE OF DEATH: MANOR CARE - ODYSSEY
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☒ Nursing Home/LTC ☐ Decedent's Home ☐ Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 74350 COUNTRY CLUB DRIVE
106. CITY: PALM DESERT

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(a) CARDIOPULMONARY ARREST
Sequentially list conditions, if any, leading to cause in Line a. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(b) SENILE DEMENTIA
(c)
(d)

Time Interval Between Onset and Death: (a) MINS (b) YRS (c) (d)

108. DEATH REPORTED TO CORONER? ☐ YES ☒ NO
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

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 (A) mm/dd/ccyy: 11/07/2012
Decedent Last Seen Alive (B) mm/dd/ccyy: 01/25/2013
117. SIGNATURE AND TITLE OF CERTIFIER: ▶ RUPINDER KAUR MANN M.D.
116. LICENSE NUMBER:
113. DATE mm/dd/ccyy: 01/29/2013
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: RUPINDER KAUR MANN M.D. 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy:
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: ▶
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR

A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
					010001002264074		

0343886688

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 JUN 0 1 2014

This copy is not valid unless prepared on security paper bearing date, seal and signature of the Assessor-County Clerk-Recorder.

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR-COUNTY CLERK-RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 051996 077443

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY—NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

STATE FILE NUMBER

39633004456

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): JUAN
2. MIDDLE: JOSE
3. LAST (FAMILY): PENA
4. DATE OF BIRTH MM/DD/CCYY: 06/04/1928
5. AGE (YRS.): 67
6. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 05/10/1996
8. HOUR: 1217
9. STATE OF BIRTH: MX.
10. SOCIAL SECURITY NO.: [redacted]
11. MILITARY SERVICE: 9 TO 18 [X] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION—YEARS COMPLETED: 6
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: [X] YES MEXICAN/AMERICAN [ ] NO
16. USUAL EMPLOYER: CITY OF INDIO
17. OCCUPATION: PARK SUPERVISOR
18. KIND OF BUSINESS: MUNICIPAL GOVERNMENT
19. YEARS IN OCCUPATION: 25

AMENDED 1 OF 2

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 72-926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY: RIVERSIDE
23. ZIP CODE: 92260
24. YRS IN COUNTY: 47
25. STATE OR FOREIGN COUNTRY: CA.

INFORMANT

26. NAME, RELATIONSHIP: BENITA PENA-WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 72-926 GRAPEVINE PALM DESERT, CA. 92260

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: BENITA
29. MIDDLE: -
30. LAST MAIDEN NAME: SOTO
31. NAME OF FATHER—FIRST: TEODORO
32. MIDDLE: -
33. LAST: PENA
34. BIRTH STATE: MX.
35. NAME OF MOTHER—FIRST: ESTHER
36. MIDDLE:
37. LAST (MAIDEN): AMAREL
38. BIRTH STATE: MX.

DISPOSITION(S)

39. DATE MM/DD/CCYY: 05/17/1996
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. NAME OF PLACE OF DISPOSITION: [redacted]
43. LICENSE NO.: 6382
44. NAME OF FUNERAL DIRECTOR: FITZHENRY FUNERAL HOME
45. LICENSE NO.: FD-967 [redacted]
46. DATE MM/DD/CCYY: 05/13/1996

PLACE OF DEATH

101. PLACE OF DEATH: EISENHOWER MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA [ ] CORN. NO. [ ] RES. [ ] OTHER
103. COUNTY: RIVERSIDE
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 39-000 BOB HOPE DR.
106. CITY: RANCHO MIRAGE

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) ACUTE RESPIRATORY ARREST — TIME INTERVAL BETWEEN ONSET AND DEATH: IMMED.

DUE TO (B) ACUTE ASPIRATION OF SECRETION — 6 HR.

DUE TO (C) DYSPHAGIA, SEVERE — 4 DAYS

DUE TO (D) MASSIVE CEREBROVASCULAR ACCIDENT — 5 DAYS

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: INSULIN DEPENDENT DIABETES MELLITUS

113. WAS OPERATION PERFORMED FOR A LIV CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
115. LICENSE NO.: G42098
116. DATE MM/DD/CCYY: 05/10/1996
DECEDENT ATTENDED SINCE MM/DD/CCYY: 06/10/1992
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 05/10/1996
118. TYPE NAME, DECEDENT'S NAME, MAILING ADDRESS + ZIP: RICHARD G.TYRD,M.D.39000 BOB HOPE DR. RANCHO MIRAGE,CA. 92270

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)
126. SIGNATURE OF CORONER OR DEPUTY CORONER: [redacted]
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A 1 | B X | C 2 | D | E 1 | F | G | H | FAX AUTH. # | CENSUS TRACT 45702

NOT VALID TO ESTABLISH IDENTITY

UNOFFICIAL INFORMATIONAL DOCUMENT

034388694

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STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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DATE ISSUED JUN 05 2001

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR-COUNTY CLERK-RECORDER

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 05 1996 077443
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

3963300 44510
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY: 1. 2. 3.

PART I · INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD: 1. NAME—FIRST (GIVEN): JUAN 2. MIDDLE: JOSE 3. LAST (FAMILY): PENA

ADDITIONAL INFORMATION TO LOCATE RECORD: 4. SEX: M 5. DATE OF EVENT—MM/DD/CCYY: 05/10/1996 6. CITY OF OCCURRENCE: RANCHO MIRAGE 7. COUNTY OF OCCURRENCE: RIVERSIDE

8. FATHER'S NAME AS STATED ON ORIGINAL: TEODORO PENA 9. MOTHER'S NAME AS STATED ON ORIGINAL: ESTHER AKAREL

PART II · STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
10	[redacted]	[redacted]

1 of 1

INFORMATIONAL DOCUMENT
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

REASON FOR CORRECTION: 13. TO CORRECT THE RECORD.

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON: [redacted] 15. TITLE/RELATIONSHIP TO PERSON IN PART I: FUNERAL DIRECTOR 16. DATE SIGNED—MM/DD/CCYY: 06/19/1996
17. AGE: LEGAL 18. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201

19. SIGNATURE OF SECOND PERSON: [redacted] 20. TITLE/RELATIONSHIP TO PERSON IN PART I: SECRETARY 21. DATE SIGNED—MM/DD/CCYY: 06/19/1996
22. AGE: LEGAL 23. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201

USE BLACK INK ONLY

STATE/LOCAL REGISTRAR USE ONLY: 24. SIGNATURE OF STATE OR LOCAL REGISTRAR: [redacted] 25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY: 07/30/1996

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

93-24439 VS 24 (REV. 2/91)

034388695

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

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DATE ISSUED JUN 05 2014

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

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

PENCO (Rev) 8/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE

BENITA S. PENA

REVOCABLE LIVING TRUST

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

ARTICLE 1
THE NAME OF MY TRUST

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

ARTICLE 2
MY FAMILY

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and

2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

Ratification and Execution by Settlor

I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.

Benita S. Pena

BENITA S. PENA
Settlor

APPROVED:

Barbara Hu

Attorney for Settlor

Order Number _____ Escrow Number 318-9790 jd

RECORDING REQUESTED BY

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

Mr. and Mrs. Juan Jose Pena
72-926 Grapevine
Palm Desert, Ca. 92260

255974

RECEIVED FOR RECORD
DEC 6 1978
AT 9:00 O'CLOCK A.M.
At Request of
TITLE INS. & TRUST CO.
Book 1978, Page 255974
Recorded in Official Records of Riverside County, California
Dorothy Sales, Recorder
FEE $ 3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

3-

City of Indio
(City or Unincorporated)

Grant Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $ 82.50
☒ computed on full value of property conveyed, or
☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

For a Valuable Consideration, the receipt of which is hereby acknowledged, hereby GRANT(s)

To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside State of California, described as follows:

Lots 13, 14 and 15 BLOCK 4 of Wilson's First Addition to Indio as per map on file in Book 10 page 41 of Maps.

389555-JH

Dated November 7, 1978

STATE OF CALIFORNIA
COUNTY OF Riverside } ss.
On November 9, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared Ernest R. Duncan and Edna A. Duncan, Raymond M. White and Merle E. White

known to me to be the persons whose names subscribed to the within instrument and acknowledged that they executed the same.
WITNESS my hand and official seal.

Signature Armida Chrestman

Ernest R. Duncan
Ernest R. Duncan

Edna A. Duncan
Edna A. Duncan

Raymond M. White
Raymond M. White

Merle E. White
Merle E. White

ARMIDA CHRESTMAN
NOTARY PUBLIC
RIVERSIDE COUNTY
CALIFORNIA
My Commission Expires April 18, 1981

(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

(Address - Number, Street, City, State, and Zip Code)

034231 6-77* P3

INQSITUS 72926 GRAPEVINE
PARC NO 628-094-004-3
ASMT NBR 628094004-3
TRA 018-006
SITUS 72926 GRAPEVINE ST PALM DESERT 92260
ASSESSEE PENA JUAN J
PENA BENITA S
ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

August 8, 2001

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

Please provide me with a copy of the Grant Deed for each of the above noted properties, 72 926 Grapevine St, Palm Desert, Ca. and APN 611-233-012-7(lots 13 &14) & APN 661-233-013-8(lot 15) located in Indio, Ca..

I am enclosing a personal check for amount of $40.00. Please let me know if it is insufficient. It is imperitive that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260

Benita S. Pena

Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;

2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and

3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.

BENITA S. PENA
Trustee

STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE)

On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature (Seal)

LARRY COPENBARGER
COMMISSION #1209478
Notary Public - California
ORANGE COUNTY
My Commission Expires
JANUARY 30, 2003

RE-1

LEGEND: Insert N/A in the items below which are not applicable

PERSONAL DATA

1. LAST NAME – FIRST NAME – MIDDLE NAME: BONILLA, RUBEN SOTO
2. SERVICE NUMBER: US
3 a. GRADE, RATE OR RANK: SP4 E-4 (T)
b. DATE OF RANK (Day, Month, Year): 13 AUG 65
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: ARMY AUS UNASGD
5. PLACE OF BIRTH (City and State or Country): NOGALES, MEXICO
6. DATE OF BIRTH: DAY 5 MONTH JAN YEAR 42
7 a. RACE: NA
b. SEX: MALE
c. COLOR HAIR: BLACK
d. COLOR EYES: BROWN
e. HEIGHT: 70½
f. WEIGHT: 190
8. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: SINGLE
10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: 14 YEARS (60SH)
b. MAJOR COURSE OR FIELD: SOCIOLOGY

TRANSFER OR DISCHARGE DATA

11 a. TYPE OF TRANSFER OR DISCHARGE: TRFD TO USAR SEE ITEM # 18
b. STATION OR INSTALLATION AT WHICH EFFECTED: US ARMY PERSONNEL CENTER OAKLAND CALIF
c. REASON AND AUTHORITY: PAR 7 AR 635-205 SPN 411 O/S RET (RAD)
d. EFFECTIVE DATE: DAY 7 MONTH FEB YEAR 66
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 336TH SIG DET (DEPOT) APO SF 96238 USARV
13 a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NONE

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: 4 137 42 6
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: LB #137 RIVERSIDE, CALIFORNIA
16. DATE INDUCTED: DAY 18 MONTH FEB YEAR 64
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: USAR CONTROL GROUP / ANNUAL / US ARMY ADMIN CENTER, ST LOUIS, MO.

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY 17 MONTH FEB YEAR 70
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER: NA
b. TERM OF SERVICE (Years): NA
c. DATE OF ENTRY: DAY MONTH NA YEAR
20. PRIOR REGULAR ENLISTMENTS: NONE
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: PVT E-1 (P)
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): LOS ANGELES, CALIFORNIA
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 82-751 SMOKE TREET INDIO (RIVERSIDE) CALIFORNIA
24. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	1	11	20
	(2) OTHER SERVICE	0	0	0
	(3) TOTAL (Line (1)+line (2))	1	11	20
b. TOTAL ACTIVE SERVICE		1	11	20
c. FOREIGN AND/OR SEA SERVICE USARPAC		0	4	3

25 a. SPECIALTY NUMBER AND TITLE: 76G.20 SIG SUP & PARTS SPEC
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: NA
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: SHARPSHOOTER (RIFLE M-14) VIETNAM SERVICE MEDAL
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
NONE	NA	NA

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

VA DATA

30 a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: NA
c. MONTH ALLOTMENT DISCONTINUED: NA
31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): NONE
b. VA CLAIM NUMBER: C- NA

AUTHENTICATION

32. REMARKS
BLOOD GROUP- "A"
SSAN-558 54 6307
LUMP-SUM PAYMENT MADE FOR 10 DAYS ACCRUED LEAVE
SGLI- $10,000
ITEM 3A: PFC E-3 (P) APTD 18 OCT 64

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): SEE 23
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Ruben Soto Bonilla
35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: L. L. SMITH, 2D LT, ARTY, ASST ADJ
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: G-3

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

THE UNITED STATES OF AMERICA

No. A-349536

CERTIFICATE OF CITIZENSHIP

Application No. 110-31 A6 170 196

·ORIGINAL·

Personal description of holder as of date of issuance of this certificate: Sex Male; date of birth January 5, 1942; country of birth Mexico; complexion Dark; color of eyes Brown; color of hair Black; height 5 feet 10 inches; weight 183 pounds; visible distinctive marks Scar on forehead; Marital status Single

I certify that the description above given is true and that the photograph affixed hereto is a likeness of me.

Ruben Soto Bonilla
(Complete and true signature of holder)

Seal

Be it known that * * * * * * RUBEN SOTO BONILLA * * * * * *, now residing at 52-372 Empalme Street, Coachella, California having applied to the Commissioner of Immigration and Naturalization for a certificate of citizenship pursuant to Section 341 of the Immigration and Nationality Act having proved to the satisfaction of the Commissioner that (he) is now a citizen of the United States of America became a citizen thereof on February 15, 1957 and is now in the United States:

Now Therefore in pursuance of the authority contained in Section 341 of the Immigration and Nationality Act, this certificate of citizenship is issued this Thirty-first day of March in the year of our Lord nineteen hundred and Fifty-nine and of our Independence the one hundred and Eighty-third, and the seal of the Department of Justice affixed, pursuant to statute.

IT IS A VIOLATION OF THE U. S. CODE (AND PUNISHABLE AS SUCH) TO COPY, PRINT, PHOTOGRAPH, OR OTHERWISE ILLEGALLY USE THIS CERTIFICATE.

COMMISSIONER

DEPARTMENT OF JUSTICE

Año de 1945

GOBIERNO DEL ESTADO LIBRE Y SOBERANO DE SONORA

Vale $1.00

Oficina del Registro Civil de NOGALES, SONORA MEXICO.

Municipalidad de NOGALES

En nombre de la República Mexicana y como Oficial del Registro Civil de este lugar hago saber a los que la presente vieren y certifico ser cierto que en el libro No. I *del Registro que es a mi cargo, a la* _____ *foja* 13 *tomo* I _____ *se encuentra sentada un acta del tenor siguiente:* OFICINA DEL REGISTRO CIVIL EN NOGALES, SONORA MEXICO.---
Acta. No. 42 Nacimiento del Niño RUBEN NEPHTALI DIAZ BONILLA.----
En la cuidad de Nogales, Sonora a las doce horas del dia 17 de -- Enero de mil novecientos cuarenta y dos ante la fé del C. Oficial del Registro Civil que suscribe, compareció el Señor Rubén Diaz - Bonilla Martinez de nacionalidad mexicana originaria de Cananea,- Sonora y vecino de Nogales, Sonora con domicilio en Calle Liber-- tad No. 350 de veintiquatro años de edad, de estado civil casado- con ocupacion Ministro Protestante, y presento para su registro a un niño vivo que nació en esta ciudad a las ocho y cuarenta y - cinco del dia 5 de Enero de 1942 y a quien le pico por nombre y - apellido RUBEN NEPHTALI DIAZ BONILLA. Es hijo legitimo del compa- reciente y de la Señora Benita Soto de Diaz Bonillas de nacionali dad mexicana originaria de Ramozula Durango, y vecina de Nogales, Sonora con domicilio en Calle Libertad. No. 350 de dieciocho años de edad, de ocupación su hogar. Son abuelos paternos del niño re- gistrado Guadalupe Díaz Bonilla y la Señora Benedicta M. de Díaz - Bonilla domciliados en Calle Libertad No. 350. y abuelos maternos Juan Soto(finado) y la Sra. Virginia Vda de Soto domiciliada en -- Agua Prieta Sonora. Actuaron como testigos de este registro los - Señores Macedorio Muñez y Manuel Bernal L. ambos mayores de edad, el primero domiciliado en Calle Campillo No. 14 y el segundo domi ciliado en Elias No. 61. quienes portestan ser cierta la declara- ción del compareciente sobre su nacionalidad. Leida la presente - acta al compareciente y testigos fueron conformes con su conteni do y firmaron los que supieron hacerlo. Doy fé.- El Oficial del Registro Civil José Ma. Retes.- Compareciente.- R. D. Bonillas.-- Testigos: M. Núñez.- Manuel Bernal López. "Rubricas"

Y a solicitud del interesado extiendo la presente que es co pia fielmente compulsada de su original la que CERTIFICO AUTORI-- ZO Y FIRMO en la cuidad de Nogales, Sonora a los 19 dias del mes de Septiembre de mil novecientos cuarenta y cinco. 1945.

El Oficial del Registro Civil.

José M. Liñeiro.

OFICINA DEL REGISTRO CIVIL NOGALES, SONORA

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

RECEIVED
2014 MAR 12 AM 8:38
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: **Don Kent, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $ 52629.99 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. 255974; recorded on 12-6-1978. 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.

If the property is held in Joint Tenancy, the taxsale 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.

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

Executed this 6th day of March, 2014 at Riverside, CA.
County, State

Signature of Claimant	Signature of Claimant
Richard Peña	
Print Name	Print Name
72926 Grapevine ST	
Street Address	Street Address
Palm Desert CA 92260	
City, State, Zip	City, State, Zip
760-899-1998	
Phone Number	Phone Number

SCO 8-21 (1-99)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO TRABUCO. NO CORRECTIONS OR ALTERATIONS

VS-11 (REV. 7/93)

39633004456

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): JUAN
2. MIDDLE: JOSE
3. LAST (FAMILY): PENA
4. DATE OF BIRTH MM/DD/CCYY: 06/06/1928
5. AGE YRS.: 67
IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 05/10/1996
8. HOUR: 1217
9. STATE OF BIRTH: MX.
10. SOCIAL SECURITY NO.:
11. MILITARY SERVICE: 19__ TO 19__ [X] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION—YEARS COMPLETED: 6
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: [X] YES MEXICAN/AMERICAN [ ] NO
16. USUAL EMPLOYER: CITY OF INDIO
17. OCCUPATION: PARK SUPERVISOR
18. KIND OF BUSINESS: MUNICIPAL GOVERNMENT
19. YEARS IN OCCUPATION: 25

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 72-926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY: RIVERSIDE
23. ZIP CODE: 92260
24. YRS. IN COUNTY: 47
25. STATE OR FOREIGN COUNTRY: CA.

INFORMANT

26. NAME, RELATIONSHIP: BENITA PENA-WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 72-926 GRAPEVINE PALM DESERT, CA. 92260

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: BENITA
29. MIDDLE: -
30. LAST (MAIDEN NAME): SOTO
31. NAME OF FATHER—FIRST: TEODORO
32. MIDDLE: -
33. LAST: PENA
34. BIRTH STATE: MX
35. NAME OF MOTHER—FIRST: ESTHER
36. MIDDLE: -
37. LAST (MAIDEN): AMAREL
38. BIRTH STATE: MX.

1 OF 2

DISPOSITION(S)

39. DATE MM/DD/CCYY: 05/17/1996
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: ▶ James H. Fitzhenry
43. LICENSE ID.:
44. NAME OF FUNERAL DIRECTOR: FITZHENRY FUNERAL HOME
45. LICENSE NO.: FD-967
46. SIGNATURE OF LOCAL REGISTRAR: ▶ Herbert A. Fine M.D.
47. DATE MM/DD/CCYY: 05/13/1996

PLACE OF DEATH

101. PLACE OF DEATH: EISENHOWER MEDICAL CENTER
102. IF HOSPITAL SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP [ ] RES. [ ] OTHER
104. COUNTY: RIVERSIDE
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 39-000 BOB HOPE DR.
106. CITY: RANCHO MIRAGE

CAUSE OF DEATH

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ACUTE RESPIRATORY ARREST	IMMED.
DUE TO	(B) ACUTE ASPIRATION OF SECRETION	6 HR.
DUE TO	(C) DYSPHAGIA, SEVERE	4 DAYS
DUE TO	(D) MASSIVE CEREBROVASCULAR ACCIDENT	5 DAYS

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO REFERRAL NUMBER:
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: INSULIN DEPENDENT DIABETES MELLITUS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

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/CCYY: 06/10/1992 DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 05/10/1996
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ R. G. Byrd MD
116. LICENSE NO.:
117. DATE MM/DD/CCYY: 05/10/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: RICHARD G. BYRD, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA. 92270

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY:
122. HOUR:
123. PLACE OF INJURY:
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE):
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY:
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:

STATE REGISTRAR

A | B | C | D | E | F | G | H | FAX AUTH. # | CENSUS TRACT: 45.02

034358409

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 FEB 21 2014

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

PRINCO (Rev) 05/12

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR-COUNTY CLERK-RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 05 1996 077443
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

32-350

3963300445 6
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
	JUAN	JOSE	PENA

ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
	M	05/10/1996	RANCHO MIRAGE	RIVERSIDE

8. FATHER'S NAME AS STATED ON ORIGINAL	9. MOTHER'S NAME AS STATED ON ORIGINAL
TEODORO PENA	ESTHER AMAREL

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
10		

2 OF 2

2 OF 2

REASON FOR CORRECTION: 13 TO CORRECT THE RECORD.

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
▶ [signature]	FUNERAL DIRECTOR	06/19/1996
17. AGE: LEGAL	18. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201	

USE BLACK INK ONLY

19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
▶ [signature]	SECRETARY	06/19/1996
22. AGE: LEGAL	23. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201	

STATE/LOCAL REGISTRAR USE ONLY

24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	07/30/1996

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

93 24420 VS 24 (Rev 1/94)

* 0 3 4 3 5 8 4 1 3 *

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 FEB 21 2014

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

PRCO (Rev) 6/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 2/08)

3201333000944 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): BENITA
2. MIDDLE: SOTO
3. LAST (Family): PENA
4. AKA – ALSO KNOWN AS – Include AKA (FIRST, MIDDLE, LAST):
5. DATE OF BIRTH mm/dd/ccyy: 06/29/1923
6. AGE Yrs: 89
7. IF UNDER ONE YEAR: Months / Days
8. IF UNDER 24 HOURS: Hours / Minutes
9. SEX: F
10. BIRTH STATE/FOREIGN COUNTRY: MEXICO
11. SOCIAL SECURITY NUMBER:
12. EVER IN U.S. ARMED FORCES? [ ] YES [X] NO [ ] UNK
13. MARITAL STATUS/RDP* (at Time of Death): WIDOWED
14. DATE OF DEATH mm/dd/ccyy: 01/25/2013
15. HOUR (24 Hours): 1718
16. EDUCATION – Highest Level Degree (see worksheet on back): 08
17. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? [X] YES MEXICAN AMERICAN [ ] NO
18. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): CAUCASIAN

USUAL OCCUPATION

19. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: OWNER
20. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): RESTAURANT
21. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

22. DECEDENT'S RESIDENCE (Street and number, or location): 72926 GRAPEVINE
23. CITY: PALM DESERT
24. COUNTY/PROVINCE: RIVERSIDE
25. ZIP CODE: 92260
26. YEARS IN COUNTY: 65
27. STATE/FOREIGN COUNTRY: CA

INFORMANT

28. INFORMANT'S NAME, RELATIONSHIP: RICHARD PENA, SON
29. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 72926 GRAPEVINE, PALM DESERT, CA 92260

SPOUSE/RDP AND PARENT INFORMATION

30. NAME OF SURVIVING SPOUSE/RDP – FIRST: -
31. MIDDLE: -
32. LAST (BIRTH NAME): -
33. NAME OF FATHER/PARENT – FIRST: JUAN
34. MIDDLE: -
35. LAST: SOTO
36. BIRTH STATE: MEXICO
37. NAME OF MOTHER/PARENT – FIRST: VIRGINIA
38. MIDDLE: -
39. LAST (BIRTH NAME): FELIX
40. BIRTH STATE: MEXICO

FUNERAL DIRECTOR/LOCAL REGISTRAR

41. DISPOSITION DATE mm/dd/ccyy: 02/08/2013
42. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY, 82925 AVENUE 52, COACHELLA, CA 92236
43. TYPE OF DISPOSITION: BU
44. SIGNATURE OF EMBALMER: ▶ MARK RICE
45. LICENSE NUMBER:
46. NAME OF FUNERAL ESTABLISHMENT: FITZHENRY-WIEFELS
47. LICENSE NUMBER: FD2051
48. SIGNATURE OF LOCAL REGISTRAR: ▶ CAMERON KAISER, MD
49. DATE: 01/29/2013

PLACE OF DEATH

50. PLACE OF DEATH: MANOR CARE - ODYSSEY
50a. IF HOSPITAL, SPECIFY ONE: [ ] ER [ ] IP/OP [ ] DOA
50b. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [X] Nursing Home/ICF [ ] Decedent's Home [ ] Other
51. COUNTY: RIVERSIDE
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 74350 COUNTRY CLUB DRIVE
53. CITY: PALM DESERT

CAUSE OF DEATH

54. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (a) CARDIOPULMONARY ARREST — Time Interval Between Onset and Death: (d) MINS

(b) SENILE DEMENTIA — (b) YRS

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: (c) (d)

55. DEATH REPORTED TO CORONER? [ ] YES [X] NO
56. BIOPSY PERFORMED? [ ] YES [X] NO
57. AUTOPSY PERFORMED? [ ] YES [X] NO
58. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57: NONE

60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 59? (If yes, list type of operation and date): NO
61. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

62. 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 (A) mm/dd/ccyy: 11/07/2012
Decedent Last Seen Alive (B) mm/dd/ccyy: 01/25/2013
63. SIGNATURE AND TITLE OF CERTIFIER: ▶ RUPINDER KAUR MANN, M.D.
64. LICENSE NUMBER:
65. DATE mm/dd/ccyy: 01/29/2013
66. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: RUPINDER KAUR MANN M.D. 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270

CORONER'S USE ONLY

67. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
68. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
69. INJURY DATE mm/dd/ccyy
70. HOUR (24 Hours)
71. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
72. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
73. LOCATION OF INJURY (Street and number, or location, and city, and zip)
74. SIGNATURE OF CORONER / DEPUTY CORONER ▶
75. DATE mm/dd/ccyy
76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E

010001002264074

FAX AUTH.# | CENSUS TRACT

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.

001125422

DATE ISSUED **Feb 20, 2013**

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE

PENCO (Rev.) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

STATE FILE NUMBER: As per Affid Correction #7230 file

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3211 1312

THIS CHILD

1A. NAME OF CHILD—FIRST NAME: Richard
1B. MIDDLE NAME: - Mark
1C. LAST NAME: Pena
2. SEX: Male
3A. THIS BIRTH, SINGLE, TWIN, OR TRIPLET: Single
3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD: -
4A. DATE OF BIRTH—MONTH, DAY, YEAR: March 3, 1962
4B. HOUR: 3:16 P M

PLACE OF BIRTH

5A. PLACE OF BIRTH—NAME OF HOSPITAL: Casita Hospital
5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 82-485 Miles Avenue [X] INSIDE CITY [ ] OUTSIDE CITY LIMITS
5C. CITY OR TOWN: Indio
5D. COUNTY: Riverside

1 OF 2

MOTHER OF CHILD

6A. MAIDEN NAME OF MOTHER—FIRST NAME: Benita
6B. MIDDLE NAME: -
6C. LAST NAME: Soto
7. COLOR OR RACE OF MOTHER: Caucasian
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 37 YEARS
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
10. MAILING ADDRESS OF MOTHER—STREET, RFD, OR P.O. BOX (IF DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION OF BIRTH): 82-751 Smoketree

USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)

11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. ONLY USE P. O. BOX NUMBERS): 82-751 Smoketree
11B. IF INSIDE CORPORATE LIMITS: [X] CHECK HERE
11C. IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: [ ] ON A FARM [ ] NOT ON A FARM
11D. CITY OR TOWN: Indio
11E. COUNTY: Riverside
11F. STATE: California

FATHER OF CHILD

12A. NAME OF FATHER—FIRST NAME: Juan
12B. MIDDLE NAME: Jose
12C. LAST NAME: Pena
13. COLOR OR RACE OF FATHER: Caucasian
14. AGE OF FATHER (AT TIME OF THIS BIRTH): 33 YEARS
15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
16A. PRESENT OR LAST OCCUPATION: Maintenance
16B. KIND OF INDUSTRY OR BUSINESS: City of Indio

INFORMANT'S CERTIFICATION

I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
17A. PARENT OR OTHER INFORMANT—SIGNATURE (PARENT PREFERRED): Benita S. Pena
17B. DATE SIGNED BY INFORMANT: March 8, 1962

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE
18A. PHYSICIAN (MIDWIFE OR OTHER ATTENDANT)—SIGNATURE AND DEGREE OR TITLE: JOSEPH BURNATE M.D.
18B. ADDRESS: Indio, California

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT:
20A. LOCAL REGISTRAR—SIGNATURE: [illegible] M.D.
21. DATE RECEIVED BY LOCAL REGISTRAR: MAR 27 [illegible]

034358405

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

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DATE ISSUED: FEB 2 1 201[illegible]

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

PRCO (Rev) 03/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

N 3311

1372

AFFIDAVIT TO CORRECT A RECORD

104

62-054727

☒ BIRTH ☐ DEATH ☐ MARRIAGE

2 OF 2

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Richard		Pena

2. PLACE OF OCCURRENCE—CITY OR COUNTY	3. DATE OF EVENT	4. DATE ORIGINAL FILED
Indio , Riverside	March 3, 1962	March 27, 1962

5. ITEM NUMBER	6A. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	6B. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
	Richard Pena	Richard Mark Pena

7. To correct original birth certificate

8. I THE AFFIANT HAVING PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND RELATED AS Mother TO THE REGISTRANT NAMED IN ITEM 1 OF THIS DOCUMENT DO SOLEMNLY SWEAR THAT THE FACTS LISTED UNDER ITEM 6A. ABOVE WERE INCORRECTLY STATED AT THE TIME OF THE EVENT AND TO MAKE THE ORIGINAL RECORD A TRUE STATEMENT OF THE FACTS AS THEY EXISTED AT THE TIME OF OCCURRENCE. THE AMENDMENTS LISTED UNDER ITEM 6B. ABOVE ARE NECESSARY

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 12th DAY OF July 19 62

SIGNATURE OF AFFIANT: Juanita V. Pena

AGE OF AFFIANT: 37

SIGNATURE AND SEAL OF NOTARY PUBLIC: Lily H. Mazak

ADDRESS OF AFFIANT—STREET ADDRESS: 82-751 Smoke Tree, Indio, California

NOTARY PUBLIC IN AND FOR THE COUNTY OF Riverside STATE OF Calif.

MY COMMISSION EXPIRES July 5, 19 65

ADDRESS OF AFFIANT—CITY AND STATE: Indio, California

9. I THE AFFIANT HAVING PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND RELATED AS Father TO THE REGISTRANT NAMED IN ITEM 1 OF THIS DOCUMENT DO SOLEMNLY SWEAR THAT THE FACTS LISTED UNDER ITEM 6A. ABOVE WERE INCORRECTLY STATED AT THE TIME OF THE EVENT AND TO MAKE THE ORIGINAL RECORD A TRUE STATEMENT OF THE FACTS AS THEY EXISTED AT THE TIME OF OCCURRENCE. THE AMENDMENTS LISTED UNDER ITEM 6B. ABOVE ARE NECESSARY

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 12th DAY OF July 19 62

SIGNATURE OF AFFIANT: Juan V. Pena

AGE OF AFFIANT: 34

SIGNATURE AND SEAL OF NOTARY PUBLIC: Lily H. Mazak

ADDRESS OF AFFIANT—STREET ADDRESS: 82-751 Smoke Tree

NOTARY PUBLIC IN AND FOR THE COUNTY OF Riverside STATE OF Calif.

MY COMMISSION EXPIRES July 5 19 65

ADDRESS OF AFFIANT—CITY AND STATE: Indio California

10.

DATE ACCEPTED AND FILED JUL 27 1962

STATE REGISTRAR: MALCOLM H. MERRILL M.D

REV. 4-1-60 FORM H.S. 9-24

DEPARTMENT OF PUBLIC HEALTH

VOID VOID VOID

034358407

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 FEB 1 1 201

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

FBN/CO (Rev) 6/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Order Number _____ Escrow Number 318-9790 jd

RECORDING REQUESTED BY

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

Mr. and Mrs. Juan Jose Pena
72-926 Grapevine
Palm Desert, Ca. 92260

255974

RECEIVED FOR RECORD
DEC 6 1978
AT 9:00 O'CLOCK A.M.
At Request of
TITLE INS. & TRUST CO.
Book 1978, Page 255974
Recorded in Official Records of Riverside County, California
Donald D. Sisk Recorder
FEE $ 3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

3-

City of Indio
(City or "Unincorporated")

Grant Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $ 82.50
☒ computed on full value of property conveyed, or
☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

For a Valuable Consideration, the receipt of which is hereby acknowledged, hereby GRANT(s)

To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside, State of California, described as follows:

Lots 13, 14 and 15 BLOCK 4 of Wilson's First Addition to Indio as per map on file in Book 10 page 41 of Maps.

389555-JH

Dated November 7, 1978

STATE OF CALIFORNIA
COUNTY OF Riverside } ss.
On November 9, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared Ernest R. Duncan and Edna A. Duncan, Raymond M. White and Merle E. White, known to me to be the person s whose name s subscribed to the within instrument and acknowledged that they executed the same.
WITNESS my hand and official seal.

Signature Armida Chrestman

Ernest R. Duncan
Ernest R. Duncan

Edna A. Duncan
Edna A. Duncan

Raymond M. White
Raymond M. White

Merle E. White
Merle E. White

ARMIDA CHRESTMAN
NOTARY PUBLIC
RIVERSIDE COUNTY
CALIFORNIA
My Commission Expires April 18, 1981

(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

(Address - Number, Street, City, State, and Zip Code)

034231 8-77 PS

INQSITUS 72926 GRAPEVINE
PARC NO 628-094-004-3
ASMT NBR 628094004-3
TRA 018-006
SITUS 72926 GRAPEVINE ST PALM DESERT 92260
ASSESSEE PENA JUAN J
PENA BENITA S
ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

August 8, 2001

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

Please provide me with a copy of the Grant Deed for each of the above noted properties, 72 926 Grapevine St, Palm Desert, Ca. and APN 611-233-012-7(lots 13 &14) & APN 661-233-013-8(lot 15) located in Indio, Ca..

I am enclosing a personal check for amount of $40.00. Please let me know if it is insufficient. It is imperitive that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260

Benita S. Pena

Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

THE

BENITA S. PENA

REVOCABLE LIVING TRUST

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

ARTICLE 1
THE NAME OF MY TRUST

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

ARTICLE 2
MY FAMILY

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and

2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

3. JOHN PENA, whose birthdate is October 16, 1954, whose address is 51910 Avenida Navarro, La Quinta, California 92253; and

4. R. LINDA STERN, whose birthdate is June 21, 1957, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679; and

5. RICHARD PENA, whose birthdate is March 3, 1962, whose address is 21122 Briarwood, Trabuco Canyon, California 92679; and

6. ELIZABETH HAAS, whose birthdate is November 15, 1963, whose address is 49035 Serenata Court, La Quinta, California 92253.

All reference to my children in this agreement are to these children.

ARTICLE 3
TRUSTEES

3.1 Initial Trustee. I have retained the right to act as my own Trustee so long as I am physically and mentally capable.

3.2 Successor Trustee. When I become unable to serve as Trustee, by reason of death or incapacity, I appoint the following to act as Successor Co-Trustee:

1. LEMUEL BONILLA, whose address is 1247 E. Palm, Orange, California 92666; or

2. JOHN PENA, whose address is 51910 Avenida Navarro, La Quinta, California 92253; or

3. R. LINDA STERN, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679.

3.3 Trustees. References in the Trust to "Trustee or Trustees" shall include me or my Successor Trustees.

Where two or more individuals are appointed to serve as Successor Trustees, they shall serve together while both are able, qualified and willing to do so. If either shall become unable, unqualified or unwilling to serve, the other shall serve alone as Successor Trustee.

If, during the term of this Trust, any single Successor Trustee shall become unable, unqualified or unwilling to continue as a Trustee, the next appointed Successor Trustee(s) shall succeed to the office of Trustee.

The exercise by any Trustee of the discretionary powers herein granted with respect to the allocation or distribution of property or gifts and making adjustment with

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

Ratification and Execution by Settlor

I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.

BENITA S. PENA
Settlor

APPROVED:

Attorney for Settlor

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;

2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and

3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.

BENITA S. PENA
Trustee

STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE)

On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature (Seal)

LARRY COPENBARGER
COMMISSION #1209478
Notary Public - California
ORANGE COUNTY
My Commission Expires
JANUARY 30, 2003

County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900
(951) 955-3990 - Fax

E-mail: ttc@co.riverside.ca.us
www.countytreasurer.org

COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR

Palm Springs Office
997 E Tahquitz Canyon Way, Suite A
Palm Springs, CA 92262

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

July 17, 2013

PENA, JUAN JOSE & BENITA S
C/O PENA, JUAN J
72926 GRAPEVINE ST
PALM DESERT, CA 92260

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 611233012-7 Item: 478
Situs Address:
Assessee: Pena, Juan Jose & Benita S
Date Sold: April 29, 2013
Date Deed to Purchaser Recorded: June 20, 2013
Final Date to Submit Claim: June 20, 2014

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3842.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By *Adrian Potenciano*
Deputy

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

RECEIVED
2014 APR -7 PM 3:53
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: **Don Kent, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $ 52629.99 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. 255974; recorded on 12-6-1978. 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.

If the property is held in Joint Tenancy, the taxsale 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.

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

Executed this 31 day of March, 2014 at Riverside, Ca
County, State

Signature of Claimant	Signature of Claimant
Elizabeth Ann Vaughan Print Name	Print Name
5500 Calle Sonora Street Address	Street Address
Yorba Linda, Ca 92887 City, State, Zip	City, State, Zip
714-777-5500 Phone Number	Phone Number

SCO 8-21 (1-99)

THE

BENITA S. PENA

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EXECUTED on February 26, 2001, in Riverside County, California.

Benita S. Pena

BENITA S. PENA
Settlor

APPROVED:

Barbara Hu

Attorney for Settlor

Order Number _____ Escrow Number 318-9790 jd

RECORDING REQUESTED BY

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

Mr. and Mrs. Juan Jose Pena
72-926 Grapevine
Palm Desert, Ca. 92260

255974

RECEIVED FOR RECORD
DEC 6 1978
AT 9:00 O'CLOCK A.M.
At Request of
TITLE INS. & TRUST CO.
Book 1978, Page 255974
Recorded in Official Records of Riverside County, California
Fee $ 3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

City of Indio
(City or "Unincorporated")

Grant Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $ 82.50
☒ computed on full value of property conveyed, or
☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

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To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside, State of California, described as follows:

Lots 13, 14 and 15 BLOCK 4 of Wilson's First Addition to Indio as per map on file- in Book 10 page 41 of Maps.

389555-JH

Dated November 7, 1978

STATE OF CALIFORNIA
COUNTY OF Riverside } ss.
On November 9, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared Ernest R. Duncan and Edna A. Duncan Raymond M. White and Merle E. White

known to me to be the person s whose name s subscribed to the within instrument and acknowledged that they executed the same.
WITNESS my hand and official seal.

Signature Armida Chrestman

Ernest R. Duncan
Ernest R. Duncan

Edna A. Duncan
Edna A. Duncan

Raymond M. White
Raymond M. White

Merle E. White
Merle E. White

ARMIDA CHRESTMAN
NOTARY PUBLIC
RIVERSIDE COUNTY
CALIFORNIA
My Commission Expires April 18, 1981

(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

(Address - Number, Street, City, State, and Zip Code)

034231 8-77 PS

INQSITUS 72926 GRAPEVINE
PARC NO 628-094-004-3
ASMT NBR 628094004-3
TRA 018-006
SITUS 72926 GRAPEVINE ST PALM DESERT 92260
ASSESSEE PENA JUAN J
PENA BENITA S
ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

August 8, 2001

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

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Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260

Benita S. Pena

Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

VOID VOID VOID

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3311 6692

THIS CHILD

1a. NAME OF CHILD—FIRST NAME: Elizabeth
1b. MIDDLE NAME: Ann
1c. LAST NAME: Pena
2. SEX: Female
3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET? Single
3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD: -
4a. DATE OF BIRTH—MONTH, DAY, YEAR: November 15, 1963
4b. HOUR: 10:28 A M

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Casita Hospital
5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 82-485 Miles Avenue [X] INSIDE CITY LIMITS [ ] OUTSIDE CITY LIMITS
5c. CITY OR TOWN: Indio,
5d. COUNTY: Riverside

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: Benita
6b. MIDDLE NAME: -
6c. LAST NAME: Soto
7. COLOR OR RACE OF MOTHER: Caucasian
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 37 YEARS
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
10. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH: 82-751 Smoketree Drive, Indio, California

USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 82-751 Smoketree Drive
11b. IF INSIDE CORPORATE LIMITS [X] CHECK HERE
IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE [ ] ON A FARM [ ] NOT ON A FARM
11c. CITY OR TOWN: Indio
11d. COUNTY: Riverside
11e. STATE: California

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME: Juan
12b. MIDDLE NAME: Jose
12c. LAST NAME: Pena
13. COLOR OR RACE OF FATHER: Caucasian
14. AGE OF FATHER (AT TIME OF THIS BIRTH): 36 YEARS
15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
16a. PRESENT OR LAST OCCUPATION: Maintenance
16b. KIND OF INDUSTRY OR BUSINESS: City of Indio

INFORMANT'S CERTIFICATION

I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
17a. PARENT OR OTHER INFORMANT (SIGNATURE OF OTHER THAN PARENT SPECIFY): Benita Soto Pena
17b. DATE SIGNED BY INFORMANT: November 21, 1963

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.
18a. PHYSICIAN (OR OTHER MEDICAL PERSONNEL ATTENDING THIS BIRTH) SIGNATURE—DEGREE OR TITLE: Joseph R. Durante M.D.
18b. ADDRESS: Indio, Calif.

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT:
20. LOCAL REGISTRAR'S SIGNATURE: [illegible]
21. DATE RECEIVED BY LOCAL REGISTRAR: DEC 6 1963

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

034358403

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 FEB 7 1 2014

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

COUNTY OF RIVERSIDE — ASSESSOR-COUNTY CLERK-RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 2/06)

3201333000944 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): BENITA
2. MIDDLE: SOTO
3. LAST (Family): PENA
AKA: ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)
4. DATE OF BIRTH mm/dd/ccyy: 06/29/1923
5. AGE Yrs: 89
IF UNDER ONE YEAR: Months / Days / IF UNDER 24 HOURS: Hours / Minutes
6. SEX: F
8. BIRTH STATE/FOREIGN COUNTRY: MEXICO
10. SOCIAL SECURITY NUMBER:
11. EVER IN U.S. ARMED FORCES?: YES [ ] NO [X] UNK [ ]
12. MARITAL STATUS/RDP (at Time of Death): WIDOWED
7. DATE OF DEATH mm/dd/ccyy: 01/25/2013
9. HOUR (24 Hours): 1718
13. EDUCATION – Highest Level/Degree (see worksheet on back): 08
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back): [X] YES MEXICAN AMERICAN [ ] NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): CAUCASIAN
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.): RESTAURANT
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 72926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92260
24. YEARS IN COUNTY: 65
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: RICHARD PENA, SON
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 72926 GRAPEVINE, PALM DESERT, CA 92260

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP – FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -
31. NAME OF FATHER/PARENT – FIRST: JUAN
32. MIDDLE: -
33. LAST: SOTO
34. BIRTH STATE: MEXICO
35. NAME OF MOTHER/PARENT – FIRST: VIRGINIA
36. MIDDLE: -
37. LAST (BIRTH NAME): FELIX
38. BIRTH STATE: MEXICO

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 02/08/2013
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY, 82925 AVENUE 52, COACHELLA, CA 92236
41. TYPE OF DISPOSITION: BU
42. SIGNATURE OF EMBALMER: ▶ MARK RICE
43. LICENSE NUMBER:
44. NAME OF FUNERAL ESTABLISHMENT: FITZHENRY-WIEFELS
45. LICENSE NUMBER: FD2051
46. SIGNATURE OF LOCAL REGISTRAR: ▶ CAMERON KAISER, MD
47. DATE mm/dd/ccyy: 01/29/2013

PLACE OF DEATH

101. PLACE OF DEATH: MANOR CARE - ODYSSEY
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [X] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 74350 COUNTRY CLUB DRIVE
106. CITY: PALM DESERT

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(a) CARDIOPULMONARY ARREST
(b) SENILE DEMENTIA
(c)
(d)

Sequentially list conditions, if any, leading to cause in Line a. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

Time Interval Between Onset and Death:
(a) MINS
(b) YRS
(c)
(d)

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

115A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

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 (a) mm/dd/ccyy: 11/07/2012 (b) mm/dd/ccyy: 01/25/2013
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ RUPINDER KAUR MANN, M.D.
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy: 01/29/2013
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: RUPINDER KAUR MANN M.D. 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could Not Be Determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g. home, construction site, woods, area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, city, and zip):
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR

A | B | C | D | E | *010001002264074* | FAX AUTH # | CENSUS TRACT

034358417

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 FEB 21 2014

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

PENCO (Rev.) 07/12

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR-COUNTY-CLERK-RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER 39633004456

USE BLACK INK ONLY/NO TRASHES, WHITEOUTS OR ALTERATIONS

VS-11 (Rev. 7/93)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): JUAN
2. MIDDLE: JOSE
3. LAST (FAMILY): PENA
4. DATE OF BIRTH MM/DD/CCYY: 06/04/1928
5. AGE YRS.: 67
IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 05/10/1996
8. HOUR: 1217
9. STATE OF BIRTH: MX.
15. [illegible]
11. MILITARY SERVICE: 18. ___ TO 19. ___ [X] NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION —YEARS COMPLETED: 6
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: [X] YES MEXICAN/AMERICAN [ ] NO
16. USUAL EMPLOYER: CITY OF INDIO
17. OCCUPATION: PARK SUPERVISOR
18. KIND OF BUSINESS: MUNICIPAL GOVERNMENT
19. YEARS IN OCCUPATION: 25

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 72-926 GRAPEVINE
21. CITY: PALM DESERT
22. COUNTY: RIVERSIDE
23. ZIP CODE: 92260
24. YRS IN COUNTY: 47
25. STATE OR FOREIGN COUNTRY: CA.

INFORMANT

26. NAME, RELATIONSHIP: BENITA PENA-WIFE
27. MAILING ADDRESS (STREET AND NUMBER, OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 72-926 GRAPEVINE PALM DESERT, CA. 92260

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: BENITA
29. MIDDLE: -
30. LAST (MAIDEN NAME): SOTO
31. NAME OF FATHER—FIRST: TEODORO
32. MIDDLE: -
33. LAST: PENA
34. BIRTH STATE: MX.
35. NAME OF MOTHER—FIRST: ESTHER
36. MIDDLE: -
37. LAST (MAIDEN): AMAREL
38. BIRTH STATE: MX.

1 OF 2

DISPOSITION

39. DATE MM/DD/CCYY: 05/17/1996
40. PLACE OF FINAL DISPOSITION: COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: James H. Fitzhenry
43. LICENSE NO.:
44. NAME OF FUNERAL DIRECTOR: FITZHENRY FUNERAL HOME
45. LICENSE NO.: FD-967
46. SIGNATURE OF LOCAL REGISTRAR: Herbert A. Rice Jr. M.D.
47. DATE MM/DD/CCYY: 05/13/1996

PLACE OF DEATH

101. PLACE OF DEATH: EISENHOWER MEDICAL CENTER
102. IF HOSPITAL SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV HOME [ ] RES [ ] OTHER
104. COUNTY: RIVERSIDE
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 39-000 BOB HOPE DR.
106. CITY: RANCHO MIRAGE

CAUSE OF DEATH

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ACUTE RESPIRATORY ARREST	IMMED.
DUE TO	(B) ACUTE ASPIRATION OF SECRETION	6 HR.
DUE TO	(C) DYSPHAGIA, SEVERE	4 DAYS
DUE TO	(D) MASSIVE CEREBROVASCULAR ACCIDENT	5 DAYS

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO REFERRAL NUMBER
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: INSULIN DEPENDENT DIABETES MELLITUS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

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/CCYY: 06/10/1992 DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 05/10/1996
115. SIGNATURE AND TITLE OF CERTIFIER: R. Byrd MD
116. LICENSE NO.:
117. DATE MM/DD/CCYY: 05/10/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: RICHARD G. BYRD, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA. 92270

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)
126. SIGNATURE OF CORONER OR DEPUTY CORONER
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A. B. C. D. E. F. G. H. FAX AUTH #

CENSUS TRACT: 45702

* 0 3 4 3 5 8 4 1 1 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA COUNTY OF RIVERSIDE

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DATE ISSUED FEB 21 2017

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LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY CALIFORNIA

GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR-COUNTY CLERK-RECORDER

PRVCO (Rev) 03/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 05 1996 077443
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

32-350

3963300445 6
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY: 1. 2. 3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD: 1. NAME—FIRST (GIVEN): JUAN 2. MIDDLE: JOSE 3. LAST (FAMILY): PENA

ADDITIONAL INFORMATION TO LOCATE RECORD: 4. SEX: M 5. DATE OF EVENT—MM/DD/CCYY: 05/10/1996 6. CITY OF OCCURRENCE: RANCHO MIRAGE 7. COUNTY OF OCCURRENCE: RIVERSIDE

8. FATHER'S NAME AS STATED ON ORIGINAL: TEODORO PENA 9. MOTHER'S NAME AS STATED ON ORIGINAL: ESTHER AMAREL

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
10		

2 OF 2

2 OF 2

REASON FOR CORRECTION: 13. TO CORRECT THE RECORD.

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct

TWO PERSONS MUST SIGN THIS FORM — USE BLACK INK ONLY

14. SIGNATURE OF FIRST PERSON: [signature] 15. TITLE/RELATIONSHIP TO PERSON IN PART I: FUNERAL DIRECTOR 16. DATE SIGNED—MM/DD/CCYY: 06/19/1996

17. AGE: LEGAL 18. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201

19. SIGNATURE OF SECOND PERSON: [signature] 20. TITLE/RELATIONSHIP TO PERSON IN PART I: SECRETARY 21. DATE SIGNED—MM/DD/CCYY: 06/19/1996

22. AGE: LEGAL 23. ADDRESS (STREET, CITY, STATE, ZIP): 82-975 REQUA AVE. INDIO, CA. 92201

STATE/LOCAL REGISTRAR USE ONLY: 24. SIGNATURE OF STATE OR LOCAL REGISTRAR: OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY: 07/30/1996

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR 93 23620 VS 28 (Rev. 1/94)

034358415

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

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DATE ISSUED FEB 21 2014

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LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;

2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and

3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.

BENITA S. PENA
Trustee

STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE)

On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary's Signature (Seal)

LARRY COPENBARGER
COMMISSION #1209478
Notary Public - California
ORANGE COUNTY
My Commission Expires
JANUARY 30, 2003

3. JOHN PENA, whose birthdate is October 16, 1954, whose address is 51910 Avenida Navarro, La Quinta, California 92253; and

4. R. LINDA STERN, whose birthdate is June 21, 1957, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679; and

5. RICHARD PENA, whose birthdate is March 3, 1962, whose address is 21122 Briarwood, Trabuco Canyon, California 92679; and

6. ELIZABETH HAAS, whose birthdate is November 15, 1963, whose address is 49035 Serenata Court, La Quinta, California 92253.

All reference to my children in this agreement are to these children.

ARTICLE 3
TRUSTEES

3.1 Initial Trustee. I have retained the right to act as my own Trustee so long as I am physically and mentally capable.

3.2 Successor Trustee. When I become unable to serve as Trustee, by reason of death or incapacity, I appoint the following to act as Successor Co-Trustee:

1. LEMUEL BONILLA, whose address is 1247 E. Palm, Orange, California 92666; or

2. JOHN PENA, whose address is 51910 Avenida Navarro, La Quinta, California 92253; or

3. R. LINDA STERN, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679.

3.3 Trustees. References in the Trust to "Trustee or Trustees" shall include me or my Successor Trustees.

Where two or more individuals are appointed to serve as Successor Trustees, they shall serve together while both are able, qualified and willing to do so. If either shall become unable, unqualified or unwilling to serve, the other shall serve alone as Successor Trustee.

If, during the term of this Trust, any single Successor Trustee shall become unable, unqualified or unwilling to continue as a Trustee, the next appointed Successor Trustee(s) shall succeed to the office of Trustee.

The exercise by any Trustee of the discretionary powers herein granted with respect to the allocation or distribution of property or gifts and making adjustment with

INSTRUCTIONS FOR FILING CLAIM

(See Claim Form on Reverse Side)

The California Revenue and Taxation Code, Section 4675, states in part (paraphrased):

For the purposes of this article, parties of interest and their order of priority are:

(a) First, lienholders of record prior to the recordation of the tax deed to the purchaser in the order of their priority; and

(b) Then, any person with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If you consider yourself to be a party of interest in the sale of tax-defaulted property as defined above, please fill out the reverse of this form stating how you have determined your status as a party of interest. If you need help in filling out the form, please contact our office by telephone at 951-955-3842 ,mail, or in person.

You must attach copies of documents to support your claim as follows:

1. In case (a), attach a copy of your trust deed or other evidence of lien or security interest, along with a statement under penalty of perjury setting forth the original amount of the lien or interest, the total amount of payments received reducing the original amount of the lien or interest, and the amount still due and payable as of the date of the sale of the tax defaulted property by the Tax Collector.

2. In case (b), attach copies of any other documents (e.g., deed, certified death certificate, will, court order, etc.) supporting your claim.

PLEASE NOTE: We cannot, by law, begin processing of claims until one year has passed from the date of the deed to the purchaser. In order to receive consideration by the Riverside County Board of Supervisors, claims must be filed ON OR BEFORE THE EXPIRATION OF ONE YEAR following the date of the recording of the deed to the purchaser. Please see the "Date Deed to Purchaser Recorded" appearing on the attached notice (Form 117-170). The Tax Collector will submit a recommendation to the County Board of Supervisors as to what disposition should be made on your claim. Following the Board's review, the claim will either be approved or denied. The Clerk of the Board of Supervisors will notify you of the action taken by the Board. Should the claim be approved, the Auditor-Controller will issue a County warrant in payment. By law, the Auditor-Controller cannot issue a warrant in payment of the approved claim until 90 days following the action taken by the Board.

MAIL COMPLETED FORMS TO:

Don Kent, Treasurer-Tax Collector
Post Office Box 12005
Riverside, CA 92502-2205

Attention: Excess Proceeds