

FORM APPROVED COUNTY COUNSEL  
 BY: GREGORY P. PRIAMOS 8/12/15  
 DATE

Departmental Concurrence

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

262A



**SUBMITTAL DATE:**

**AUG 12 2015**

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

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 182, Item 121 Last assessed to: Luther Branham. District 1 [\$3,380]. Fund 65595 Excess Proceeds from Tax Sale.

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

1. Approve the claim from Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 373255016-8;

(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 March 16, 2009 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 05, 2009. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 4, 2009, 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*

Don Kent  
 Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 3,380	\$ 0	\$ 3,380	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale				<b>Budget Adjustment:</b> N/A	
				<b>For Fiscal Year:</b> 15/16	

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

BY: Samuel Wong 9/10/15  
 Samuel Wong

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Prev. Agn. Ref.:

District: 1

Agenda Number:

9-1

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 182, Item 121. Last assessed to: Luther Branham, District 1 [\$3,380]. Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** AUG 12 2015

**PAGE:** Page 2 of 2

**RECOMMENDED MOTION:**

2. Authorize and direct the Auditor-Controller to issue a warrant to Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham in the amount of \$3,380.43, 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 one claim for excess proceeds:

1. Claim from Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham based on an Authorization for Agent to Collect Excess Proceeds dated April 18, 2009, a Grant Deed recorded February 10, 1960 as Instrument No. 11737, a Declaration Pursuant to Probate 13100 and the death certificate for Luther Humphrey Branham.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham be awarded excess proceeds in the amount of \$3,380.43. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

**Impact on Citizens and Businesses**

Excess proceeds are being released to the heir of the last assessee of the property.

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

A copy of the Excess Proceeds Claim form and supporting documentation are attached.



**NATIONWIDE ASSET RECOVERY LLC.**

[www.nationwideassetrecovery.com](http://www.nationwideassetrecovery.com)

17100 Bear Valley Rd. B-201  
Victorville, CA 92395

Phone: (760) 963-9434

Fax: (760) 243-1539

Toll Free FAX: (877) 541-6920

August 17, 2009

Riverside Treasurer-Tax Collector  
Attn: Excess Proceeds Department  
PO Box 12005  
Riverside, CA 92502-2205

182  
TC179 ITEM 121

RE: Excess Proceeds Claim for Luther H. Branham and Nationwide Asset Recovery Services,

AP# 373-255-016-8

To Whom It May Concern:

This Office represents Luther H. Branham and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on March 16, 2009. Please contact this office if additional information is required in the processing of their claim.

Please return original documents (if any) to our client. Thank you.

Sincerely,

\_\_\_\_\_  
Randall D. Witte  
Claim Manager

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

To: Paul McDonnell, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC: TC 182 Item: 121 Assessment No.: 373-255-016-8

Assessee(s): Luther Branham

Situs: None

Date Sold: March 16, 2009

Date Deed to Purchaser Recorded: 5/5/2009

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of **\$3,910.00** (approx.) 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. Book 2632-pg. 256 recorded on Feb. 10, 1960. A copy of this document is attached hereto. 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.**

**Owner by Deed**

**Documents Attached: Copy of the Deed and ID**

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

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

Executed this 18 day of April, 2009 at Iberia Louisiana  
County, State  
PARISH

Luther H Branham  
Signature of Claimant

**Luther H. Branham**

905 Sydney St.  
New Iberia, LA 70560

(337) 365-6569

**AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS**

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the applicant's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I(we), the undersigned, do hereby make **NATIONWIDE ASSET RECOVERY SERVICES** my(our) agent to apply for and collect the excess proceeds which you are holding and to which I(we) am(are) entitled from the sale of assessment number **373-255-016-8** sold at public auction on **March 16, 2009**. I(we) understand that I(we) AM(ARE) NOT SELLING MY(OUR) RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my(our) convenience.

I(we) also understand that the total amount of excess proceeds available for refund is \$3,910.00 (approx.), and that I(we) have a right to file a claim for this refund on my(our) own, without the help of an agent. For valuable consideration received my(our) agent is appointed to act on my(our) behalf.

Luther H. Branham  
Luther H. Branham

STATE OF Louisiana )  
Parish )  
COUNTY OF Iberia )

905 Sydney St.  
New Iberia, LA 70560  
**(337) 365-6569**

On April 18<sup>th</sup>, 2009, before me, Myra L. Bryant, personally appeared **Luther H. Branham** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal

Myra L. Bryant #011446  
(Signature of Notary)

I, the undersigned, certify under penalty of perjury that I have disclosed to the above party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHTS TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

Randall D. Witte  
(Signature of Agent)

Randall D. Witte  
NATIONWIDE ASSET RECOVERY SERVICES  
17100 Bear Valley Rd. B-201  
Victorville, CA 92395

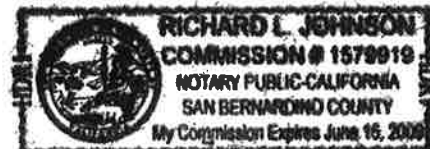
STATE OF CALIFORNIA )  
COUNTY OF SAN BERNARDINO )

On 5/28/2009, before me, Richard L. Johnson, Notary Public, personally appeared, Randall D. Witte, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal

[Signature]  
(Signature of Notary)



11737

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

*Luther Branham*  
*94 1/2 Matthews Rd*  
*1516 E 56 St*

*RA 11*

RECEIVED FOR RECORD

FEB 10 1960

30 JAN 24 1960  
BY REQUEST OF

*Shawlee*

RECORDED IN OFFICIAL RECORDS

BOOK 2632 PAGE 256

By Sec. of State of Riverside County, California

*John A. Long*

PLS S. 11737

SPACE ABOVE THIS LINE FOR RECORDS USE

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

GRANT DEED

FOR A VALUABLE CONSIDERATION; receipt of which is hereby acknowledged,

I, *Harriett Branham*, an unmarried woman, do hereby

GRANT to *Luther Branham*, for the sum of \$20.00

the real property in the *Elsinore Fresh Water Tract*, County of *Riverside* State of California, described as:

*Lot 73, Elsinore Fresh Water Tract, Map 40, Book 58*

Dated: February 10, 1960

STATE OF CALIFORNIA  
COUNTY OF

On Wednesday, February 10, 1960

before me, the undersigned, a Notary Public in and for said County and State, personally appeared Miss Harriett Branham and Luther Branham

*Harriett Branham*

*Luther Branham*

Know all men to be the person whose name is subscribed to the within instrument and acknowledged that

they executed the same.

*John A. Long*  
Notary Public in and for said County and State.

Order No. \_\_\_\_\_

Escrow or Loan No. \_\_\_\_\_

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**LUTHER H BRANHAM JR**

*Luther H Branham Jr.*  
 SIGNATURE

**Louisiana** Don't Drink And Drive  
 Don't Litter Louisiana

**PERSONAL DRIVER'S LICENSE**


LICENSE/ID NO	CLASS	EXPIRATION DATE
[REDACTED]	<b>E</b>	<b>02-15-2010</b>

ENDORSEMENTS \_\_\_\_\_ RESTRICTIONS **01**

**BRANHAM, LUTHER H JR**  
**905 SYDNEY ST**  
**NEW IBERIA, LA 70560-0000**

DATE OF BIRTH	SS NUMBER	PARISH
02-15-1947	[REDACTED]	<b>23</b>

SEX	HGT	WGT	ISSUE DATE	OFFICE	AUDIT
M	6-02	228	05-31-2006	021	2556





**NATIONWIDE ASSET RECOVERY SERVICES**

17100 Bear Valley Rd. B-201  
Victorville, CA 92395

Phone: (760) 963-9434  
Fax: (760) 243-1539  
Toll Free FAX: (877) 541-6920

August 20, 2014

Riverside Treasurer-Tax Collector  
Attn: Shawana (Excess Proceeds Department)  
PO Box 12005  
Riverside, CA 92502-2205

RECEIVED  
2014 AUG 25 AM 8:34  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

RE: Excess Proceeds Claim for Luther H. Branham and Nationwide Asset Recovery Services,

AP# 373-255-016-8

To Whom It May Concern:

As per our phone conversation, please find enclosed the following additional documents for Luther H. Branham and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on March 16, 2009:

- Certified Copy of Luther H. Branham sr. Death Certificate

Please contact this office if additional information is required in the processing of their claim.

**P.S. Please return the Original Document to this Office.**

Sincerely,

Richard L. Johnson, esq.  
Attorney for Nationwide Asset Recovery Services



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/00)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Luther</b>		2. MIDDLE <b>Humphrey</b>	
3. LAST (FAMILY) <b>Branham</b>		4. DATE OF BIRTH MM/DD/CCYY <b>01/05/1921</b>	
5. AGE YRS. <b>79</b>		6. SEX <b>M</b>	
7. DATE OF DEATH MM/DD/CCYY <b>08/28/2000</b>		8. HOUR <b>1406</b>	
9. STATE OF BIRTH <b>KY</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>	
14. RACE <b>BLACK</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER <b>U.S. GOVERNMENT</b>		17. OCCUPATION <b>MAIL CARRIER</b>	
18. KIND OF BUSINESS <b>POSTAL SERVICE</b>		19. YEARS IN OCCUPATION <b>35</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>421 EAST 135th STREET</b>			
21. CITY <b>LOS ANGELES</b>		22. COUNTY <b>LOS ANGELES</b>	
23. ZIP CODE <b>90061</b>		24. YRS IN COUNTY <b>35</b>	
25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>		26. NAME, RELATIONSHIP <b>BETINA MILLS—DAUGHTER</b>	
27. MAILING ADDRESS (STREET AND NUMBER OR JURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>1509 ANDERSON STREET, NEW IBERIA, LA 70560</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>WANDA</b>	
29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>CAREY</b>	
31. NAME OF FATHER—FIRST <b>UNKNOWN</b>		32. MIDDLE <b>-</b>	
33. LAST <b>UNKNOWN</b>		34. BIRTH STATE <b>UNKNOWN</b>	
35. NAME OF MOTHER—FIRST <b>UNKNOWN</b>		36. MIDDLE <b>-</b>	
37. LAST (MAIDEN) <b>UNKNOWN</b>		38. BIRTH STATE <b>UNKNOWN</b>	
39. DATE MM/DD/CCYY <b>09/08/2000</b>		40. PLACE OF FINAL DISPOSITION <b>PARK LAWN MEM. PARK, 6555 E. GAGE AVE., COMMERCE, CA</b>	
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>		42. SIGNATURE OF EMBALMER <i>Joseph I. Baines</i>	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR <b>SIMPSON FAMILY MORTUARY</b>	
45. SIGNATURE OF LOCAL REGISTRAR <i>Mark Simon</i>		46. DATE MM/DD/CCYY <b>09/07/2000</b>	
101. PLACE OF DEATH <b>Kaiser Foundation Hospital</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>Los Angeles</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>25825 S Vermont Avenue</b>		106. CITY <b>Harbor City</b>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) Chronic Lymphocytic Leukemia</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>None</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>			
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 DECEASED LAST SEEN ALIVE <b>10/08/1974 08/28/2000</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Mark Simon</i>	
116. LICENSE NO.		117. DATE MM/DD/CCYY <b>08/31/2000</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>J. Simon, MD 25825 S Vermont Ave; Harbor City, CA 90710</b>			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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, ZIP)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>16/F 2001 C</i>		127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. FAX AUTH. #	
STATE REGISTRAR		CENSUS TRACT	

580027518

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED

Director of Health Services and Registrar

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



March 12, 2015

Nationwide Asset Recovery Services  
C/O Randall D. Witte  
17100 Bear Valley Rd. B-201  
Victoville, CA 92395

Re: APN: 373255016-8  
TC 182, Item 121  
Date of Sale: March 16, 2009

Dear Sir/Madam:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.**

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 (if there is no trust or will)
- Notarized Statement of different/misspelled name
- Notarized Statement Giving Rights to Collect/Claim on behalf of
- Certified Death Certificates for
- Copy of Will or Trust of Luther H. Branham Sr.
- Copy of Marriage Certificate for
- Original Note/Payment Book
- Updated Statement of Monies Owed (as of dated of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other -

If you should have any question  
Sincerely,

*Shawana Green*  
  
Shawana Green  
Tax Sales Operation  
(951) 955-3947  
(951) 955-3990 Fax

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Nationwide Asset Recovery Services  
C/O Randall D. Witte  
17100 Bear Valley Rd. B-201  
Victoville, CA 92395

2. Article Number (Transfer from service label)  
**EP 182-121**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

E. Received by (Printed Name)  Yes  No  
*Kayla Centner*

C. Date of Delivery  
*3/13/15*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7003 2260 0004 1559 3579

Domestic Return Receipt

May 13, 2015

Nationwide Asset Recovery Services  
C/O Randall D. Witte  
17100 Bear Valley Rd., B-201  
Victorville, CA 92395

## Final Notice

Re: APN: 373255016-8  
TC 182, Item 121  
Date of Sale: March 16,

To Whom It May Concern:

This office is in receipt of your c  
documentation you have provide

Please submit the necessary p  
document(s) listed below may

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nationwide Asset Recovery Services  
C/O Randall D. Witte  
17100 Bear Valley Rd., B-201  
Victorville, CA 92395

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

B. Received by (Printed Name)

Kayla Centner 5/15/15

C. Date of L

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Notarized Affidavit for C  
Personal Property under C  
Probate Code 13100 (if th  
Will)

Notarized Statement of  
different/misspelled  
 Notarized Statement Giving Authorization to  
claim on behalf of  
 Certified Death Certificate for  
 Copy of Will of Trust of Luther H. Branham  
Sr.

(as of date of this sale,

Articles of Incorporation (if applicable  
Statement by Domestic Stock)  
 Court Order Appointing Administrator  
 Deed (Quitclaim/Grant etc...)  
 Other -

7003 2260 0004 1548 9452

Domestic Return Receipt

102595-02-M-154

**If your documentation is not received within 30 days (June 15, 2015), your claim will be denied.**

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazicni  
Tax Sale Operations Unit  
(951) 955-3336  
(951) 955-3990 Fax



NATIONWIDE ASSET RECOVERY SERVICES

17100 Bear Valley Rd. B-201  
Victorville, CA 92395

RECEIVED

Phone: (760) 963-9434  
Fax: (760) 243-1539  
Toll Free FAX: (877) 541-6920

2015 MAY 19 AM 8:30

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

May 16, 2015

Riverside Treasurer-Tax Collector  
Attn: Excess Proceeds Department  
PO Box 12005  
Riverside, CA 92502-2205

RE: Excess Proceeds Claim for Luther H. Branham and Nationwide Asset Recovery Services,

AP# 373-255-016-8

To Whom It May Concern:

As per your request, please find enclosed the following additional outstanding documents for Luther H. Branham and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on March 16, 2009:

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- Copies of Wanda Carey Branham and Betina Branham Mills Death Certificates

Please contact this office if additional information is required in the processing of their claim.

Sincerely,

Richard L. Johnson, esq  
Attorney for Nationwide Asset Recovery Services

JON CHRISTENSEN  
ASSISTANT TREASURER-TAX COLLECTOR

DEBBIE BASHE  
INFORMATION TECHNOLOGY OFFICER

GIOVANE PIZANO  
INVESTMENT MANAGER

KIEU NGO  
FISCAL MANAGER



DON KENT  
TREASURER

GARY COTTERILL  
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MATT JENNINGS  
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MELISSA JOHNSON  
CHIEF DEPUTY TREASURER-TAX COLLECTOR

ADRIANNA GOMEZ  
ADMINISTRATIVE SERVICES MANAGER I

May 13, 2015

Nationwide Asset Recovery Services  
C/O Randall D. Witte  
17100 Bear Valley Rd., B-201  
Victorville, CA 92395

## Final Notice

Re: APN: 373255016-8  
TC 182, Item 121  
Date of Sale: March 16, 2009

To Whom It May Concern:

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**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.**

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 (if there is no Trust or Will)
- Notarized Statement of different/misspelled
- Notarized Statement Giving Authorization to claim on behalf of
- Certified Death Certificate for
- Copy of Will of Trust of Luther H. Branham Sr.

- Copy of Marriage Certificate for
- Original Note/Payment Book
- Updated Statement of Monies Owed (as of dated of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other --

**If your documentation is not received within 30 days (June 15, 2015), your claim will be denied.**

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazieni  
Tax Sale Operations Unit  
(951) 955-3336  
(951) 955-3990 Fax

RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

\*\*\*\*\*

4080 LEMON STREET, 4TH FLOOR ★ P.O. BOX 12005 ★ RIVERSIDE, CALIFORNIA 92502  
WWW.RIVERSIDETAXINFO.COM ★ (951) 955-3900 ★ 1(877) 748-2689 ★ FAX (951) 955-3923

**DECLARATION PURSUANT TO PROBATE CODE 13100**

I, **Luther H. Branham**, hereby declare the decedent, **Luther Humphrey Branham (aka Luther Branham)**, my father, died on 8/28/2000 in Harbor City, Los Angeles County, State of California. **Wanda Carey Branham**, died on 3/02/2001 in Torrance, Los Angeles County, State of California. My sister, **Betina Branham Mills (aka Betina Mills)**, died on 8/12/2012 in New Iberia, Iberia County, State of Louisiana.

More than 40 days have elapsed since the death of the decedent. No proceeding is now being or has been conducted in California for administration of the decedent's estate. The current gross fair market value of the decedent's real and personal property in California did not exceed one hundred thousand dollars (\$100,000) at the time of death.

The property of the decedent to be paid is excess proceeds in the approximate amount of \$3,910.00 from March 16, 2009 sale of tax defaulted property, Assessor Parcel # 373-255-016-8, item #121 being held by the Riverside County Tax Collector office.

The declarant, Luther H. Branham, son of the decedent, is the successor of the decedent to the decedent's interest to the described property. No other person has a superior interest in the described property.

The declarant requests that the described property be paid to the declarant. The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Luther H Branham  
Luther H. Branham

5-12-15  
Date

State of LOUISIANA )

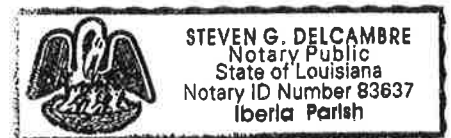
County of Iberia )

On May 12, 2015, before me, Steven G. Delcambre personally appeared **Luther H. Branham** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal

Steven G. Delcambre  
Notary Signature



**CERTIFICATION OF VITAL RECORD**

# COUNTY OF LOS ANGELES

## DEPARTMENT OF HEALTH SERVICES

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Wanda		2. MIDDLE Carey		3. LAST (FAMILY) Branham			
4. DATE OF BIRTH M/M/DD/CYY 08/14/1923		5. AGE YRS. 77	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HOURS HOURS   MINUTES	6. SEX Female	7. DATE OF DEATH M/M/DD/CYY 03/02/2001	8. HOUR 1915
DECEDENT PERSONAL DATA	9. STATE OF BIRTH California		11. MILITARY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK		12. MARITAL STATUS Widowed		13. EDUCATION—YEARS COMPLETED 12
	14. RACE Black		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER Self Employed		
	17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 50		
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 421 EAST 135th STREET							
21. CITY Los Angeles		22. COUNTY Los Angeles		23. ZIP CODE 90061		24. YRS IN COUNTY 35	25. STATE OR FOREIGN COUNTRY California
26. NAME, RELATIONSHIP Betina Mills—Daughter				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1509 Anderson Street New Iberia, LA 70560			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST Thomas		32. MIDDLE -		33. LAST Carey		34. BIRTH STATE LA
	35. NAME OF MOTHER—FIRST Madelyn		36. MIDDLE -		37. LAST (MAIDEN) Unknown		38. BIRTH STATE LA
	39. DATE M/M/DD/CYY 03/14/2001		40. PLACE OF FINAL DISPOSITION PARK LAWN MEMORIAL PARK 6555 EAST GAGE AVENUE COMMERCE, CA.				
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>Joseph I. Haines</i>				43. CENSE NO	
44. NAME OF FUNERAL DIRECTOR Simpson Family Mortuary		45. LICENSE NO		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark [Signature]</i>		47. DATE M/M/DD/CYY 03/14/2001	
101. PLACE OF DEATH Sunnyside Rehab Center		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 22617 South Vermont Avenue		106. CITY Torrance					
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) Cerebrovascular Accident				Days		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) Cerebrovascular Disease				Years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Diabetes Mellitus; Hypertension; Seizure Disorder							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No							
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 M/M/DD/CYY 05/07/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>P. Hayes-Reams MD</i>		116. LICENSE NO.		117. DATE M/M/DD/CYY 03/05/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP P. Hayes-Reams, MD 25825 S Vermont Ave; Harbor City, CA 90710		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CYY	
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, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

580030469

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

*Mark [Signature]* 228 DATE ISSUED MAR 14 2001

Director of Health Services and Registrar

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



# STATE OF LOUISIANA

## CERTIFICATION OF DEATH

BIRTH NUMBER: **2726581**

STATE FILE NUMBER: 2012-028-00377

THIS RECORD IS VALID FOR DEATH ONLY

<b>DECEDENT</b>	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MILLS, BETINA BRANHAM		DATE OF BIRTH 08/28/1951	DATE OF DEATH 09/12/2012	TIME OF DEATH 02:15 AM		
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW IBERIA, LA UNITED STATES		SEX FEMALE	IDENTIFICATION NUMBER	AGE 61 YEARS		
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):						
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 1509 ANDERSON STREET, NEW IBERIA, LA 70560 UNITED STATES				WITHIN CITY LIMITS? YES	PARISH/COUNTY IBERIA	
<b>PERSONAL</b>	EVER IN U.S. ARMED FORCES? NO		OCCUPATION TRANSPORTATION SPECIALIST		INDUSTRY OF OCCUPATION SMILE COMMUNITY ACTION		
	MARITAL STATUS MARRIED			NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX) MILLS, STANLEY SR			
	FATHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BRANHAM, LUTHER SR		FATHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) PODUCAH, KY UNITED STATES				
	MOTHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) ISAAC, FRANCIS		MOTHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW IBERIA, LA UNITED STATES				
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MILLS, STANLEY SR		RELATIONSHIP TO DECEDENT HUSBAND		INFORMANT'S ADDRESS 1509 ANDERSON STREET, NEW IBERIA, LA 70560 UNITED STATES		
	EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE						
	OF HISPANIC ORIGIN?: NO, NOT SPANISH-HISPANIC/LATINO						
	RACE: BLACK OR AFRICAN AMERICAN						
	<b>DEATH INFO</b>	PLACE OF DEATH			FACILITY NAME CALUTERVE HOSPITAL		
		EMERGENCY ROOM/OUTPATIENT			PARISH/COUNTY IBERIA		
FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 800 N. LEWIS ST., NEW IBERIA, LA 705630000 UNITED STATES							
<b>DISPOSITION</b>	METHOD OF DISPOSITION BURIAL			PLACE OF DISPOSITION ST. EDWARD CATHOLIC CHURCH CEMETERY			
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) NEW IBERIA, LA UNITED STATES				DATE OF DISPOSITION 08/18/2012		
<b>FUNERAL FACILITY</b>	FUNERAL FACILITY NAME FLETCHER FUNERAL HOME - NEW IBERIA		ADDRESS OF FUNERAL FACILITY 608 W. ADMIRAL DOYLE DR., NEW IBERIA, LA 70560 UNITED STATES				
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) BUTLER JR, JOHN		LICENSE NUMBER	CORONER NOTIFIED? Y			
	SIGNATURE OF FUNERAL DIRECTOR *e-sign*		DATE				
<b>MEDICAL INFO</b>	MANNER OF DEATH IF FEMALE?		NATURAL NOT PREGNANT WITHIN THE PAST YEAR				
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		UNKNOWN				
<b>CAUSE OF DEATH</b>	PART I. Enter the chain of events - (diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					APPROXIMATE INTERVAL: Onset to Death	
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)					a. CARDIAC ARRHYTHMIA UNK	
	Sequentially list conditions, if any, leading to the cause listed on line a					b. ATHEROSCLEROTIC HEART DISEASE UNK	
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					c. d.	
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
	WAS AN AUTOPSY PERFORMED? NO			FINDINGS USED IN DETERMINING CAUSE? NOT APPLICABLE			
	<b>INJURY INFORMATION</b>	PLACE OF INJURY		DATE OF INJURY	TIME OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY:
		LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)					PARISH/COUNTY
		DESCRIBE HOW INJURY OCCURRED					
	<b>CERTIFIER</b>	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.					
SIGNATURE OF CERTIFIER: CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) DITCH, CARL MICHAEL		*e-sign*	DATE	8/20/2012			
CERTIFIER TITLE: CORONER							
CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 2318 E. MAIN ST., NEW IBERIA, LA 70560 UNITED STATES							
BURIAL TRANSIT PERMIT 3740		PARISH OF ISSUE ORLEANS	DATE OF ISSUE 08/13/2012	DATE FILED WITH REGISTRAR 8/22/2012			

2726581

SEP 19 2012



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA -- R.S.40:32, ET SEQ.

*Charlene W. Smith*  
STATE REGISTRAR



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nationwide Asset Recovery Services  
 C/O Randall D. Witte  
 17100 Bear Valley Rd., B-201  
 Victorville, CA 92395

June 16, 2015

Nationwide Asset Recovery Serv  
 C/O Randall D. Witte  
 17100 Bear Valley Rd., B-201  
 Victorville, CA 92395

Re: APN: 373255016-8  
 TC 182 Item 121  
 Date of Sale: March 16, 2009

2. Article Number  
 (Transfer from service label)

7003 2260 0004 1548 9711

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*Randy A. Centner*

C. Date of Delivery

*6/18/15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.**

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- Notarized Statement of different/mis spelled
- Notarized Statement Giving Authorization to claim on behalf of
- Certified Death Certificate for Wanda Branham and Betina Branham Mills**
- Copy of Birth Certificates for
- Copy of Marriage Certificate for

- Original Note/Payment Book
- Updated Statement of Monies Owed (as of dated of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other – Did Wanda Branham have any children? If so, how many and what are their names?**

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazicni  
 Tax Sale Operations Unit  
 (951) 955-3336  
 (951) 955-3990 Fax

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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Nationwide Asset Recovery Services  
C/O Randall D. Witte  
17100 Bear Valley Rd., B-201  
Victorville, CA 92395

July 1, 2015

Nationwide Asset Recovery Serv  
C/O Randall D. Witte  
17100 Bear Valley Rd., B-201  
Victorville, CA 92395

## 2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Agent

Address

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

## 4. Restricted Delivery? (Extra Fee)

Yes

7003 2260 0004 1548 9865

Domestic Return Receipt

Re: APN: 373255016-8  
TC 182 Item 121  
Date of Sale: March 16, 2009

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 Notarized Statement of different/misspelled  
 Notarized Statement Giving Authorization to claim on behalf of  
 **Original Certified Death Certificate for Wanda Branham and Betina Branham Mills**  
 **Certified Birth Certificate for Luther Branham Jr.**

- Copy of Marriage Certificate for  
 Original Note/Payment Book  
 Updated Statement of Monies Owed (as of dated of tax sale)  
 Articles of Incorporation (if applicable Statement by Domestic Stock)  
 Court Order Appointing Administrator  
 Deed (Quitclaim/Grant etc...)  
 **Other – Did Wanda Branham have any children? If so, how many and what are their names?**

**If your documentation is not received within 10 days (July 13, 2015), your claim will be denied.**

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazicni  
Tax Sale Operations Unit  
(951) 955-3336  
(951) 955-3990 Fax

July 1, 2015

# Final Notice

Nationwide Asset Recovery Services  
C/O Randall D. Witte  
17100 Bear Valley Rd., B-201  
Victorville, CA 92395

Re: APN: 373255016-8  
TC 182 Item 121  
Date of Sale: March 16, 2009

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

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- Original Note/Payment Book
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- Deed (Quitclaim/Grant etc...)
- Other – Did Wanda Branham have any children? If so, how many and what are their names?**

**If your documentation is not received within 10 days (July 13, 2015), your claim will be denied.**

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazoni  
Tax Sale Operations Unit  
(951) 955-3336  
(951) 955-3990 Fax

## Fletcher Funeral Home

### Betina Claire Mills

(June 28, 1951 - August 12, 2012)

New Iberia, LA

Betina C. Mills

A Mass of Christian Burial will be celebrated for Mrs. Betina Claire Mills, 61 at 1:30 p.m. on Saturday August 18, 2012 at St. Edward Catholic Church, New Iberia, LA with Rev. Msgr. Ronald Broussard celebrant. She will await the resurrection at St. Edward Catholic Church Cemetery.



A gathering of family and friends will be on Saturday at the Funeral Home 7 a.m. – 1:00 p.m. Rosary recited at 11:00 a.m.

A native and residence of New Iberia, LA Betina passed on Sunday August 12, 2012 at Dauterive Hospital. She was a member of St. Edward Catholic Church; a 1969 graduate of Jonas Henderson High School; she was employed at SMILE Transportation of over 20 years; she worked at Morton Salt for many years and also worked at St. Edward Church Fair. Betina was also a member of the VFW Ladies Auxiliary Post 12065 and was a former member of Our Lady of Victor Court 63 Ladies Auxiliary of the Knights of Peter Claver.

She leaves to cherish her memory and in God's care her loving husband, Stanley Mills, Sr. of New Iberia, LA; one daughter, Quanita F. Mills of New Iberia, LA; one step son, Stanley Mills, Jr. (Na'Keitha) of Plattenville, LA; three step-daughters, Trina Rodrigue (Ronald), Tiffany Mills and McKinzie Mills all of Bell Rose, LA; three brothers, Luther Branham, Jr., of New Iberia, LA, Errol Pollard (Tyra) of Baton Rouge, LA, and Tommy Pollard of New Iberia, LA; one step brother, Arthur Pollard, Jr. of Beaumont, TX; two sisters, Eartha Faye Powell and Cheryl Pollard both of New Iberia, LA; two special friends, Lisa Vital and Jackie Mouton; eleven step-grandchildren, godchildren, Micalyn Tauriac, Reba Mouton, Fashion Harvey and Marshay Blanchard and a host of nieces, nephews, other relatives and friends.

She now joins in glory with her parents, Francis Isaac Pollard, Luther H. Branham, Sr., and her step-father, Arthur Pollard, Sr., her step-mother, Wanda Branham and her sister-in-law, Jean H. Branham.

Active pallbearers will be, Chadrick Powell, Francis Williams, Joseph Walker, Jr., Marquie Isaac, Fabian Johnson and Jeremy Conner.

Honorary pallbearers will be, Stanley Mills, Jr., Luther H. Branham, Jr., Errol Pollard, Tommy Pollard, Hayward Mills, Jr., Roynell Mills, Darwin

Mills, Carlin Mills, Rueben Mills, Shane Michael Isaac, Sr., Derrick Isaac and Carol Washington.

Final arrangements entrusted to Fletcher Funeral Home, 609 W. Admiral Doyle Drive, New Iberia, LA. Condolences may be expressed at [www.fletcherfuneralhomes.org](http://www.fletcherfuneralhomes.org).

[Back](#)

## SECTION 6400-6414

6400. Any part of the estate of a decedent not effectively disposed of by will passes to the decedent's heirs as prescribed in this part.

6401. (a) As to community property, the intestate share of the surviving spouse is the one-half of the community property that belongs to the decedent under Section 100.

(b) As to quasi-community property, the intestate share of the surviving spouse is the one-half of the quasi-community property that belongs to the decedent under Section 101.

(c) As to separate property, the intestate share of the surviving spouse is as follows:

(1) The entire intestate estate if the decedent did not leave any surviving issue, parent, brother, sister, or issue of a deceased brother or sister.

(2) One-half of the intestate estate in the following cases:

(A) Where the decedent leaves only one child or the issue of one deceased child.

(B) Where the decedent leaves no issue, but leaves a parent or parents or their issue or the issue of either of them.

(3) One-third of the intestate estate in the following cases:

(A) Where the decedent leaves more than one child.

(B) Where the decedent leaves one child and the issue of one or more deceased children.

(C) Where the decedent leaves issue of two or more deceased children.

## Business Entity Detail

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed through Tuesday, July 21, 2015. Please refer to [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity.

Entity Name:	NATIONWIDE ASSET RECOVERY L.L.C.
Entity Number:	200629010188
Date Filed:	10/12/2006
Status:	CANCELED
Jurisdiction:	CALIFORNIA
Entity Address:	17100 BEAR VALLEY RD B-201
Entity City, State, Zip:	VICTORVILLE CA 92395
Agent for Service of Process:	RANDALL D WITTE
Agent Address:	17100 BEAR VALLEY RD B-201
Agent City, State, Zip:	VICTORVILLE CA 92395

\* Indicates the information is not contained in the California Secretary of State's database.

\* **Note:** If the agent for service of process is a corporation, the address of the agent may be requested by ordering a status report.

- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

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