

FORM APPROVED COUNTY COUNSEL  
 BY: *GREGORY P. PRIAMOS*  
 DATE: 7/28/15

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

302A



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

**SUBMITTAL DATE:**  
 JUL 28 2015

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 52. Last assessed To: Christine Carnett as to an undivided 3/9 interest and Randall K. Butler as to an undivided 1/9 interest and Raylene Gassaway as to an undivided 1/9 interest and Janice Easterling as to an undivided 1/9 interest and Victor Butler as to an undivided 3/9 interest all as tenants in common. District 5 [\$214]. Fund 65595 Excess Proceeds from Tax Sale.

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

1. Approve the claim from Raylene Gassaway Nelson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 263210047-3;

(continued on page two)

**BACKGROUND:**  
Summary

(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	\$ 214	\$ 0	\$ 214	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

**SOURCE OF FUNDS:** Fund 65595 Excess Proceeds from Tax Sale  
**Budget Adjustment:** NO  
**For Fiscal Year:** 15/16

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

APPROVE

BY: *Samuel Wong*  
 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: 5

Agenda Number:

9-9

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 52. Last assessed To: Christine Carnett as to an undivided 3/9 interest and Randall K. Butler as to an undivided 1/9 interest and Raylene Gassaway as to an undivided 1/9 interest and Janice Easterling as to an undivided 1/9 interest and Victor Butler as to an undivided 3/9 interest all as tenants in common. District 5 [\$214] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** JUL 28 2015

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**RECOMMENDED MOTION:**

2. Deny claim from Randall K. Butler, last assessee;
3. Authorize and direct the Auditor-Controller to issue a warrant to Raylene Gassaway Nelson in the amount of \$214.15, 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.
4. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$1,713.12 to the county general fund pursuant to Revenue and Taxation Code Section 4674.

**BACKGROUND:**

**Summary (continued)**

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

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code 4676 (c). The Treasurer-Tax Collector's Office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

- Examined title reports to notify all parties of interest attached to the parcel.
- Researched all last assessee's through the County's Property Tax System for any parties of interest.
- Used Accurant (people finder) to notify any new addresses that may be listed for our parties of interest.
- Advertised in newspapers for three consecutive weeks in the Desert Sun, Palo Verde Valley Times and the Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
- Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4675.

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on May 18, 2011.

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

1. Claim from Raylene Gassaway Nelson based on a Grant Deed recorded March 28, 1989 as Instrument No. 095386.
2. Claim from Randall K. Butler based on a Grant Deed recorded March 28, 1989 as Instrument No. 095386.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Raylene Gassaway Nelson be awarded excess proceeds in the amount of \$214.15. The claim from Randall K. Butler be denied since he was unable to substantiate his claim. Since there are no other claimants the unclaimed excess proceeds in the amount of \$1,713.12 will be transferred to the county general fund. 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.

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 52. Last assessed To: Christine Carnett as to an undivided 3/9 interest and Randall K. Butler as to an undivided 1/9 interest and Raylene Gassaway as to an undivided 1/9 interest and Janice Easterling as to an undivided 1/9 interest and Victor Butler as to an undivided 3/9 interest all as tenants in common. District 5 [\$214] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** JUL 28 2015

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**Impact on Citizens and Businesses**

Excess proceeds are being released to the last assessee and transferred to the county general fund.

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

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)

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 189 Item 52 Assessment No.: 263210047-3

Assessee: CARNETT, CHRISTINE & BUTLER, RANDALL K & GASSAWAY, RAYLENE & EASTERLING, JANICE ETAL

Situs:

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 192727 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. 095386; recorded on March 28, 1989. 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 Tentants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 7 day of June, 2011 at San Bernardino CA  
County, State

Raylene Gassaway Nelson Signature of Claimant  
Raylene Gassaway Nelson Signature of Claimant

Raylene Gassaway Nelson Print Name  
Raylene Gassaway Nelson Print Name

21041 South Rd Street Address  
21041 South Rd Street Address

Apple Valley, CA 92307 City, State, Zip  
Apple Valley, CA 92307 City, State, Zip

760-247-7107 Phone Number  
760-247-7107 Phone Number

Order No.  
Escrow No.  
Loan No.

WHEN RECORDED MAIL TO:

Christine Carnett  
426 N. Del Sol Lane  
Diamond Bar, CA 91765

095386

RECEIVED FOR RECORD  
Min. Paid 200000

MAR 28 1989

Recorded in Official Records  
of Riverside County, California

William S. Peltcher  
Recorder

PLACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Christine Carnett  
426 N. Del Sol Lane  
Diamond Bar, CA 91765

DOCUMENTARY TRANSFER TAX \$.....  
..... Computed on the consideration or value of property conveyed; OR  
..... Computed on the consideration or value less liens or encumbrances  
remaining at time of sale.

Signature of Declarant or Agent determining tax - Firm Name

### GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, FIRST TRUST BANK, formerly First National Bank and Trust Company, a national banking corporation, successor to Security Pacific National Bank, formerly Citizens National Trust and Savings Bank of Riverside, a national banking association, as trustee under the will of Joseph Ray Butler, also known as J.R. Butler, deceased hereby GRANT(S) to CHRISTINE CARNETT as to an undivided 3/9 interest and RANDALL K. BUTLER as to an undivided 1/9 interest and RAYLENE GASSAWAY as to an undivided 1/9 interest and JANICE PASTERLING as to an undivided 1/9 interest and VICTOR BUTLER as to an undivided 3/9 interest all as tenants in common

the real property in the City of Moreno Valley  
County of Riverside

State of California, described as

See Exhibit "A" attached hereto and made a part hereof for the legal description.

Tax parcel #263210031-8  
Tax parcel #263210047-3

FIRST TRUST BANK, Successor Trustee  
under the will of Joseph Ray Butler, deceased

Dated 3-24-89

STATE OF CALIFORNIA  
COUNTY OF Riverside ) ss.  
On March 24, 1989

before me, the undersigned, a Notary Public in and for said State, personally appeared Gael A. Anderson and Nancy K. Peltcher, Officers of First Trust Bank as Trustee. \* \* \* \*

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Signature Martha C. Hall  
Martha C. Hall

By Gael A. Anderson  
ASSISTANT VICE PRESIDENT  
TRUST OFFICER

By Nancy K. Peltcher  
A.T.O.



(notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (6/82)

EXHIBIT "A"

95386  
Lot 33 of Edgemont No. 2, as shown by Map of file in Book 12, Page 19 of Maps, Riverside County Records, EXCEPTING from said Lot 33 portions thereof described as follows:

- (a) Beginning at the Northwesterly corner of said Lot; thence 200 feet Easterly and parallel with the Northerly line said Lot to the point of beginning; thence Easterly along the Northerly line of the said Lot, 50 feet; thence Southerly and parallel with the Easterly line of said Lot, 140 feet; thence Westerly and parallel with the Northerly line of said Lot, 50 feet; thence Northerly and parallel with the Westerly line of said Lot, 140 feet to the point of beginning.
- (b) Beginning at the Northwest corner of said Lot; thence Southerly along the Westerly line thereof 140 feet; thence Easterly parallel with the Northerly line thereof 100 feet; thence Northerly parallel with the Westerly line thereof, 140 feet, to the Northerly line of said Lot; thence Westerly along said Northerly line; 100 feet to the point of beginning.
- (c) Beginning at the Northwesterly corner of said Lot; thence Easterly on the Northerly line of said Lot, 250 feet to the place of beginning; thence Easterly on the Northerly line of said Lot, 66.5 feet; to the Northeasterly corner of said Lot; thence Southerly on the Easterly line of said Lot, 140 feet; thence Westerly parallel with the Northerly line of said Lot, 66.5 feet; thence Northerly parallel with the Westerly line of said Lot, 140 feet to the place of beginning.
- (d) Beginning at a point on the Southerly line of said Lot, 65 feet Westerly from Southeasterly corner of said Lot; thence Westerly on the Southerly line of said Lot, 80 feet; thence Northerly parallel with the Easterly line of said Lot, 120 feet; thence Easterly parallel with the Southerly line of said Lot, 80 feet; thence Southerly parallel with the Easterly line of said Lot, 120 feet to the place of the beginning.

END RECORDED DOCUMENT

1927.27

951-486-7000

Copy of Deed

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](mailto:ttc@co.riverside.ca.us)  
[www.countytreasurer.org](http://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

June 2, 2011

CARNETT, CHRISTINE & BUTLER, RANDALL K & GASSAWAY, RAYLENE &  
EASTERLING, JANICE AND BUTLER, VICTOR  
C/O RANDALL K BUTLER  
5920 COPPERFIELD AVE  
RIVERSIDE, CA 92506-4510

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 263210047-3      Item: 52

Situs Address:

Assessee: Carnett, Christine & Butler, Randall K & Gassaway, Raylene & Easterling, Janice Etal

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012

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 Susan Loera  
Deputy

9-18-14

Letter Verification for  
who I am.

I Raylene Hassaway Nelson  
am one in the same person.  
reference document # 095386  
recorded March 28<sup>th</sup> 1989

Please Return  
all my Documents  
that I have  
sent you.

Thank-you  
Raylene Nelson

Sincerely  
Raylene Hassaway  
Nelson

*see  
attachment #*  
Raylene Nelson  
Raylene Nelson  
21041 South Rd  
Apple Valley, CA.  
92307



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

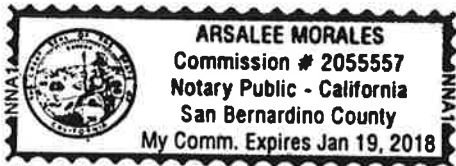
State of California

County of San Bernardino

On 9-18-14 before me, Arsalee Morales Notary Public

personally appeared Raylene L. Nelson

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 the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: letter verification for who i am

Document Date: 9-18-14 Number of Pages: 1

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

- Signer's Name:
Corporate Officer - Title(s):
Individual
Partner - Limited General
Attorney in Fact
Trustee
Guardian or Conservator
Other:

Signer Is Representing:

# CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 3308 REGISTRAR'S NUMBER 7205

STATE FILE NO. <u>AM 150</u>	1a. CHILD'S FIRST NAME <b>Raylene</b>		1b. MIDDLE NAME <b>Lyone</b>		1c. LAST NAME <b>Butler</b>	
5 CHILD (TYPE OR BIRTH NAME)	2. SEX <b>Female</b>	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? <b>single</b>	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD <b>-----</b>		4a. DATE OF BIRTH—MONTH, DAY, YEAR <b>October 13, 1955</b>	4b. HOUR <b>1:05 P</b>
	5a. COUNTY <b>Riverside</b>			5b. CITY OR TOWN <b>Riverside</b>		<input type="checkbox"/> OUTSIDE COMPO. RATE LIMITS <input checked="" type="checkbox"/> INSIDE COMPO. RATE LIMITS
PLACE OF BIRTH	5c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Riverside Community Hospital</b>			5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) <b>4445 Magnolia Avenue</b>		
	6a. STATE <b>California</b>	6b. COUNTY <b>Riverside</b>	6c. CITY OR TOWN <b>Edgemont, Riverside</b>		6d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) <b>21591 Eucalyptus</b>	
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER—FIRST NAME <b>Aliene</b>		7b. MIDDLE NAME <b>-----</b>		7c. LAST NAME <b>Wilson</b>	
	9. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>30</b> YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Oklahoma</b>		11. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION OF BIRTH) <b>Rt. 4, Box 439B, Riverside</b>		
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME <b>Don</b>		12b. MIDDLE NAME <b>Lafayette</b>		12c. LAST NAME <b>Butler</b>	
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>35</b> YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arkansas</b>		16a. USUAL OCCUPATION <b>Proprietor</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>Butler Furniture Stor</b>
FORMANT'S RTIFICATION	17a. SIGNATURE OF PARENT OR OTHER INFORMANT (IF OTHER THAN FATHER) <i>Aliene Butler</i>			17b. DATE SIGNED BY PARENT OR OTHER INFORMANT <b>October 14, 1955</b>		
	18a. SIGNATURE OF ATTENDANT <i>F. E. Stangerson, M.D.</i>			18b. ADDRESS <b>Sunnymead California</b>		
REGISTRAR'S RTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR <b>October 25, 1955</b>			20. SIGNATURE OF LOCAL REGISTRAR <i>Everett M. Stone - M.D.</i>		
	22a. HOW MANY OTHER CHILDREN ARE NOW LIVING? <b>2</b>		22b. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <b>0</b>		22c. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS PREGNANCY)? <b>0</b>	
MEDICAL AND HEALTH DATA	23. LENGTH OF PREGNANCY <b>40</b> WEEKS		24. WEIGHT AT BIRTH <b>6</b> LBS <b>10</b> OZS OR GRAMS		25. STATE ANY OPERATION FOR DELIVERY <b>None</b>	
	26. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>0</b>					
	27. DESCRIBE ANY CONGENITAL MALFORMATIONS <b>0</b>					
	28. DESCRIBE ANY BIRTH INJURY <b>0</b>			29. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Penicillin</b> IF YES, STATE DRUG:		
	30a. WAS A SEROLOGICAL TEST FOR SYPHILIS MADE FOR THIS MOTHER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		30b. IF SO, AT WHAT MONTH OF PREGNANCY? <b>8<sup>th</sup></b>		30c. IF NOT, WHY NOT?	
LEAVE BLANK (ADDED AFTER FILING)						

CERTIFICATION OF VITAL RECORD

# County of San Bernardino

DIVISION OF VITAL RECORDS

172 WEST THIRD STREET, SAN BERNARDINO, CALIFORNIA 92415-0350

19036002270  
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER \_\_\_\_\_ LICENSE AND CERTIFICATE OF MARRIAGE  
MUST BE LEGIBLE—MAKE NO ERASURES, WHITOUTS, OR OTHER ALTERATIONS

GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH—MONTH, DAY, YEAR		
	KRIS		T	NELSON		January 25, 1954		
	3A. RESIDENCE—STREET AND NUMBER			3B. CITY	3C. ZIP CODE	3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	4. STATE OF BIRTH	
	25551 3rd St.			Barstow	92311	San Bernardino	California	
	5. MAILING ADDRESS—IF DIFFERENT			6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY:		7B. DATE—MONTH, DAY, YEAR	
			1	<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		February 1982		
8A. USUAL OCCUPATION			8B. USUAL KIND OF BUSINESS OR INDUSTRY			9. EDUCATION—YEARS COMPLETED		
Fire Inspector			Fire Service			14		
10A. FULL NAME OF FATHER			10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER			11B. STATE OF BIRTH	
Thomas Vern Nelson			Illinois	Donna Jean Raaberg			Colorado	
BRIDE PERSONAL DATA	12A. NAME OF BRIDE—FIRST (GIVEN)		12B. MIDDLE	12C. CURRENT LAST (FAMILY)		12D. MAIDEN LAST (FAMILY) OF DIFFERENT THAN 12C)		
	RAYLENE		L	GASSAWAY		BUTLER		
	14A. RESIDENCE—STREET AND NUMBER			14B. CITY	14C. ZIP CODE	14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	15. STATE OF BIRTH	
	25551 3rd St.			Barstow	92311	San Bernardino	California	
	16. MAILING ADDRESS—IF DIFFERENT			17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY:		18B. DATE—MONTH, DAY, YEAR	
			2	<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		May 7, 1988		
19A. USUAL OCCUPATION			19B. USUAL KIND OF BUSINESS OR INDUSTRY			20. EDUCATION—YEARS COMPLETED		
Daycare			Child Care			12		
21A. FULL NAME OF FATHER			21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER			22B. STATE OF BIRTH	
Don L. Butler			California	Aliene Wilson			Oklahoma	
WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.								
23. SIGNATURE OF GROOM				24. SIGNATURE OF BRIDE				
<i>Kris T. Nelson</i>				<i>Raylene L. Gassaway</i>				
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.								
25A. ISSUE DATE MONTH, DAY, YEAR		25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR		25C. LICENSE NUMBER		25D. COUNTY OF ISSUE		
July 13, 1990		Oct 10, 1990				San Bernardino		
26A. SIGNATURE OF WITNESS		26B. ADDRESS—STREET AND NUMBER		26C. CITY, STATE AND ZIP CODE		26D. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE)		
<i>Thomas F. Perry</i>		1537 E. Walnut		Barstow, California 92311		<i>Errol J. Mackzum</i>		
27A. SIGNATURE OF WITNESS		27B. ADDRESS—STREET AND NUMBER		27C. CITY, STATE AND ZIP CODE				
<i>Wanda Hutson</i>		20400 Dod Rio		Yerba Buena, CA 93561				
28. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA				29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		29B. RELIGIOUS DENOMINATION OF CLERGY		
				<i>Edsel D. Pate Jr.</i>		So. Baptist		
ON August 4 19 90				29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)		29D. OFFICIAL TITLE		
				Edsel D. Pate Jr.		DR.		
AT Barstow, San Bernardino CALIFORNIA				29E. MAILING ADDRESS		29F. ZIP CODE		
				P.O. Box 625, Barstow, CA		92311		
LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)			30B. SIGNATURE OF DEPUTY (IF APPLICABLE)		31. DATE ACCEPTED FOR REGISTRATION			
<i>Errol J. Mackzum</i>			<i>E. Pendero</i>		AUG 29 1990			

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

180564



*Errol J. Mackzum*  
ERROL J. MACKZUM  
Auditor-Recorder  
NOV 29 1990



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

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

**3600**

STATE FILE NUMBER					LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST <b>DON</b>		1B. MIDDLE <b>L.</b>		1C. LAST <b>BUTLER</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>September 29, 1980</b>		2B. HOUR <b>1215</b>	
3. SEX <b>Male</b>	4. RACE <b>Cauc.</b>	5. ETHNICITY <b>1 of 2</b>		6. DATE OF BIRTH <b>Sept. 20, 1920</b>		7. AGE <b>60</b> YEARS	IF UNDER 1 YEAR MONTHS      DAYS	IF UNDER 24 HOURS HOURS      MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>AR</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Joseph R. Butler - AR</b>			10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Lillie M. McIntire-AR</b>				
11. CITIZEN OF WHAT COUNTRY <b>USA</b>		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Aliene Wilson</b>			
15. PRIMARY OCCUPATION <b>President</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>30</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>J.R. Butler Furniture</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Retial Furniture Sales</b>			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>21691 Eucalyptus</b>					19B.		19C. CITY OR TOWN <b>Edgemont</b>		
19D. COUNTY <b>Riverside</b>					19E. STATE <b>CA</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Ailene Butler - wife 21691 Eucalyptus Edgemont, CA 92508</b>		
21A. PLACE OF DEATH <b>Loma Linda Medical Center</b>		21B. COUNTY <b>San Bernardino</b>							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>11234 Anderson Street</b>		21D. CITY OR TOWN <b>Loma Linda</b>							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE									
CAUSE OF DEATH		(A) <b>MYOCARDIAL INFARCTION WITH ACUTE EXTENSION</b>		2 Wks		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. WAS DEATH REPORTED TO CORONER? <b>No</b>	
		(B) <b>ATHEROSCLEROTIC HEART DISEASE</b>		Unknown				25. WAS BIOPSY PERFORMED? <b>No</b>	
		(C)						26. WAS AUTOPSY PERFORMED? <b>No</b>	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>INSULIN DEPENDENT DIABETES MELLITUS.</b>					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: <b>No</b> DATE:				
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA. YR.) <b>9/26/80</b>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Dale Isaef</i>		28C. DATE SIGNED <b>9/30/80</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>G-12294</b>			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Dale Isaef, M.D. 11234 Anderson Street, Loma Linda</b>									
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED	
36. DISPOSITION <b>Burial</b>		37. DATE—MONTH, DAY, YEAR <b>10/2/80</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Olivewood Cemetery-Riverside, CA</b>			39. ENBALMER'S LICENSE NUMBER AND SIGNATURE <i>Charles Rome 5004</i>		
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ACHESON &amp; GRAHAM GARDEN OF PRAYER MORTUARY</b>				41. LOCAL REGISTRAR—SIGNATURE <i>Louis E. Mahoney MD</i>			42. DATE ACCEPTED BY LOCAL REGISTRAR <b>OCT 2 1980 DR</b>		
STATE REGISTRAR <b>A. 12-10-3</b>		B.		C.		D.		E.	
								<b>F. 4100</b>	

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

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

*Louis E. Mahoney MD*  
**LOUIS E. MAHONEY, M.D., M.P.H.**  
DIRECTOR OF PUBLIC HEALTH



# AFFIDAVIT TO AMEND A RECORD

BIRTH   
  DEATH   
  FETAL DEATH   
  MARRIAGE

3600

STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I

2 of 2

FACTS AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME <b>DON</b>		1b. MIDDLE NAME <b>L.</b>		1c. LAST NAME <b>BUTLER</b>	
	2. SEX <b>Male</b>	3. DATE OF EVENT <b>9/29/80</b>		4. PLACE OF OCCURRENCE—CITY AND COUNTY <b>Loma Linda - San Bernardino</b>		
	5. NAME OF FATHER <b>Joseph R. Butler - AR</b>			6. BIRTH NAME OF MOTHER <b>Lillie M. McIntire - AR</b>		

PART II

	7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE,
STATEMENT OF CORRECTIONS	12		
	18	<b>Retail Furniture Sales</b>	<b>Retail Furniture Sales</b>
	20	<b>Ailene Butler - wife 21691 Eucalyptus Edgemont, CA 92508</b>	<b>Aliene Butler - wife 21691 Eucalyptus Edgemont, CA 92508</b>
	1B	<b>L.</b>	<b>Lafayette</b>
REASON FOR CORRECTION	9. <b>to correct typographical errors</b>		

PART III

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.				
FIRST SUPPORTING AFFIDAVIT	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Shirley A. Lighton</i>		11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. <b>None</b>	12. AGE OF PERSON COMPLETING THE AFFIDAVIT <b>Adult</b>
	13. DATE SIGNED <b>10/6/80</b>	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) <b>7944 Magnolia Avenue, Riverside, CA 92504</b>		
I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.				
SECOND SUPPORTING AFFIDAVIT	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Dorothy A. Culbertson</i>		16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. <b>None</b>	17. AGE OF PERSON COMPLETING THE AFFIDAVIT <b>Adult</b>
	18. DATE SIGNED <b>10/6/80</b>	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) <b>7944 Magnolia Avenue, Riverside, CA 92504</b>		
DATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED <b>OCT 6 1980</b>		21. OFFICE OF THE STATE OR LOCAL REGISTRAR <i>Louis E. Mahoney M.D.</i>	
	STATE OF CALIFORNIA, DEPARTMENT OF HEALTH, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS			

(REV. 1-78) FORM VS-24

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

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY  
 OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY  
 HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN  
 RED.

*Louis E. Mahoney M.D.*  
**LOUIS E. MAHONEY, M.D., M.P.H.**  
**DIRECTOR OF PUBLIC HEALTH**





September 16, 2014

Raylene Gassaway Nelson  
21041 South Rd.  
Apple Valley, CA 92307

Re: APN: 263210047-3  
TC 189, Item 52  
Date of Sale: March 15, 2011

Dear Raylene Gassaway Nelson:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

**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.**

- |  |  |
|--|--|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Original Note/Payment Book  |
| <input type="checkbox"/> Notarized Statement of different/misspelled name  | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale)   |
| <input type="checkbox"/> Notarized Statement Giving Authorization to   | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)                                   |
| <input type="checkbox"/> Certified Death Certificates for  | <input type="checkbox"/> Court Order Appointing Administrator  |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)   |
| <input checked="" type="checkbox"/> Copy of Marriage Certificate for name change                                     | <input checked="" type="checkbox"/> Other – Additional documentation that connects you to the property other than the same name. |

Please provide the additional documents

If you should have any questions

Sincerely,

*Shawana Green*

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>Raylene Gassaway Nelson</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Raylene Gassaway Nelson 21041 South Rd. Apple Valley, CA 92307</i>		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) <i>EP 189-52</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
DS Form 3811, August 2001		7003 2260 0004 1562 2248	

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 189 Item 52 Assessment No.: 263210047-3

Assessee: CARNETT, CHRISTINE & BUTLER, RANDALL K & GASSAWAY, RAYLENE & EASTERLING, JANICE ETAL

Situs:

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 192727 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. 095386; recorded on March 29, 1989. 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.

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

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

Executed this 7 day of June, 2011 at Riverside California  
County, State

  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

Randall K. Butler  
Print Name

\_\_\_\_\_  
Print Name

5920 Copperfield Ave.  
Street Address

\_\_\_\_\_  
Street Address

Riverside CA 92506  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

951-823-0123  
Phone Number

\_\_\_\_\_  
Phone Number

Order No.  
Escrow No.  
Loan No.

WHEN RECORDED MAIL TO:

Christine Carnett  
426 N. Del Sol Lane  
Diamond Bar, CA 91765

095386

RECEIVED FOR RECORD  
Min. Post. School J. M.

MAR 28 1989  
Recorded in Official Records  
of Riverside County, California

William E. Bondy  
Recorder

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Christine Carnett  
426 N. Del Sol Lane  
Diamond Bar, CA 91765

DOCUMENTARY TRANSFER TAX \$.....  
..... Computed on the consideration or value of property conveyed; OR  
..... Computed on the consideration or value less liens or encumbrances  
remaining at time of sale.

Signature of Declarant or Agent determining tax - Firm Name

### GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, FIRST TRUST BANK, formerly First National Bank and Trust Company, a national banking corporation, successor to Security Pacific National Bank, formerly Citizens National Trust and Savings Bank of Riverside, a national banking association, as trustee under the will of Joseph Ray Butler, also known as J.R. Butler, deceased hereby GRANT(S) to CHRISTINE CARNETT as to an undivided 3/9 interest and RANDALL K. BUTLER as to an undivided 1/9 interest and RAYLENE GASSAWAY as to an undivided 1/9 interest and JANICE EASTERLING as to an undivided 1/9 interest and VICTOR BUTLER as to an undivided 3/9 interest all as tenants in common

the real property in the City of Moreno Valley  
County of Riverside

State of California, described as

See Exhibit "A" attached hereto and made a part hereof for the legal description.

Tax parcel #263210031-8  
Tax parcel #263210047-3

FIRST TRUST BANK, Successor Trustee  
under the will of Joseph Ray Butler, deceased

Dated 3-24-89

STATE OF CALIFORNIA  
COUNTY OF Riverside

On March 24, 1989

before me, the undersigned, a Notary Public in and for said State, personally appeared Gael A. Anderson and Nancy K. Peltcher, Officers of First Trust Bank as Trustee. \* \* \* \*

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Signature Martha C. Hall  
Martha C. Hall

By Gael A. Anderson  
ASSISTANT VICE PRESIDENT  
TRUST OFFICER  
By Nancy K. Peltcher  
ATO



(partial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (6/82)



EXHIBIT "A"

95386

Lot 33 of Edgemont No. 2, as shown by Map of file in Book 12, Page 19 of Maps, Riverside County Records, EXCEPTING from said Lot 33 portions thereof described as follows:

- (a) Beginning at the Northwesterly corner of said Lot; thence 200 feet Easterly and parallel with the Northerly line said Lot to the point of beginning; thence Easterly along the Northerly line of the said Lot, 50 feet; thence Southerly and parallel with the Easterly line of said Lot, 140 feet; thence Westerly and parallel with the Northerly line of said Lot, 50 feet; thence Northerly and parallel with the Westerly line of said Lot, 140 feet to the point of beginning.
- (b) Beginning at the Northwest corner of said Lot; thence Southerly along the Westerly line thereof 140 feet; thence Easterly parallel with the Northerly line thereof 100 feet; thence Northerly parallel with the Westerly line thereof, 140 feet, to the Northerly line of said Lot; thence Westerly along said Northerly line; 100 feet to the point of beginning.
- (c) Beginning at the Northwesterly corner of said Lot; thence Easterly on the Northerly line of said Lot, 250 feet to the place of beginning; thence Easterly on the Northerly line of said Lot, 66.5 feet; to the Northeasterly corner of said Lot; thence Southerly on the Easterly line of said Lot, 140 feet; thence Westerly parallel with the Northerly line of said Lot, 66.5 feet; thence Northerly parallel with the Westerly line of said Lot, 140 feet to the place of beginning.
- (d) Beginning at a point on the Southerly line of said Lot, 65 feet Westerly from Southeasterly corner of said Lot; thence Westerly on the Southerly line of said Lot, 80 feet; thence Northerly parallel with the Easterly line of said Lot, 120 feet; thence Easterly parallel with the Southerly line of said Lot, 80 feet; thence Southerly parallel with the Easterly line of said Lot, 120 feet to the place of the beginning.

END RECORDED DOCUMENT

September 16, 2014

Randall K. Butler  
5920 Copperfield Ave.  
Riverside, CA 92506

Re: APN: 263210047-3  
TC 189, Item 52  
Date of Sale: March 15, 2011

Dear Mr. Butler:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

**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.**

- |  |  |
|--|--|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale)   |
| <input type="checkbox"/> Notarized Statement of different/misspelled name  | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)                                   |
| <input type="checkbox"/> Notarized Statement Giving Authorization to   | <input type="checkbox"/> Court Order Appointing Administrator  |
| <input type="checkbox"/> Certified Death Certificates for  | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)   |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input checked="" type="checkbox"/> Other – Additional documentation that connects you to the property other than the same name. |
| <input type="checkbox"/> Copy of Marriage Certificate for  |  |
| <input type="checkbox"/> Original Note/Payment Book  |  |

**Please provide the additional documentation by October 15, 2014.**

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

Sincerely,

*Shawana Green*

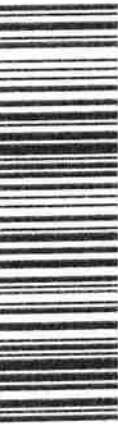
Shawana Green  
Tax Sales Operation  
(951) 955-3947  
(951) 955-3990 Fax



**DON KENT**  
**TREASURER**  
**P.O. BOX 12005**  
**RIVERSIDE, CA 92502-2205**

SEPTEMBER 10, 2014

Randall K. Butler  
 5920 Copperfield Ave.  
 Riverside, CA 92506



7003 2260 0004 1559 3456



02 1R  
 0002004339  
 MADE FROM ZIP CODE



NIXIE 918 DE 1009 0009/25/14

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

BC: 92502220505 \*1004-01945-16-45



92502220505

June 1, 2015

Randall K. Butler  
6783 Canyon Hill Dr.  
Riverside, CA 92506

Re: APN: 263210047-3  
TC 189 Item 52  
Date of Sale: March 15, 2011

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.**

- |  |   |
|--|---|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Original Note/Payment Book   |
| <input type="checkbox"/> Notarized Statement of different/misspelled   | <input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale)   |
| <input type="checkbox"/> Notarized Statement Giving Authorization to claim on behalf of                              | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)  |
| <input type="checkbox"/> Certified Death Certificate for   | <input type="checkbox"/> Court Order Appointing Administrator   |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)  |
| <input type="checkbox"/> Copy of Marriage Certificate for  | <input checked="" type="checkbox"/> Other – <b>Additional Documentation that connects you to the property other than the same name.</b> |

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

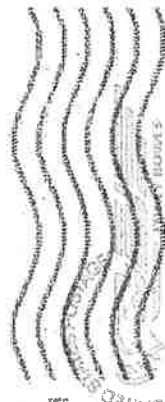


DON KENT  
TREASURER  
P.O. BOX 12005  
RIVERSIDE, CA 92502

**CERTIFIED MAIL™**



7003 2260 0004 1548 9629



02 1R  
0002004053 JUN 02 2015  
\$ 06.73<sup>5</sup>  
MAILED FROM ZIP CODE 92504

Randall K. Butler  
6783 Canyon Hill Dr.  
Riverside, CA 92506

NIXIE 918 7E 1009 0006/08/15

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED,  
UNABLE TO FORWARD

BC: 92502220505 \*2804-05799-02-38

92502 02205  
92505567283

June 15, 2015

## **Final Notice**

Randall K. Butler  
5920 Copperfield Ave.  
Riverside, CA 92506

Re: APN: 263210047-3  
TC 189 Item 52  
Date of Sale: March 15, 2011

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.**

- |  |   |
|--|---|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Updated Statement of Monies Owed (as of the date of the tax sale)  |
| <input type="checkbox"/> Notarized Statement of different/misspelled   | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)  |
| <input type="checkbox"/> Notarized Statement Giving Authorization to claim on behalf of                              | <input type="checkbox"/> Court Order Appointing Administrator   |
| <input type="checkbox"/> Certified Death Certificate for   | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)  |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input checked="" type="checkbox"/> <b>Other – Additional documentation that connects you to the property other than the same name.</b> |
| <input type="checkbox"/> Copy of Marriage Certificate for  |   |
| <input type="checkbox"/> Original Note/Payment Book  |   |

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

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

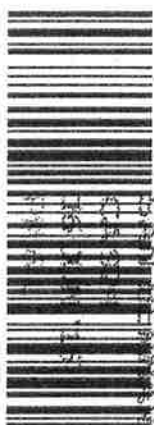
Sincerely,

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



DON KENT  
TREASURER  
P.O. BOX 12005  
RIVERSIDE, CA 92502

7003 2260 0004 1548 968J



02 1R  
0002004337  
MAILED FROM ZIP CODE 92501  
\$06.735  
JUN 16 2015  
UNITED STATES POSTAGE  
METRO CENTER

Randall K. Butler  
5920 Copperfield Ave.  
Riverside, CA 92506

92502-0225

NIXIE 918 7E 1999 9995/19/15  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
RC: 92502220505 \*2904-05459-16-37

5

Final Notice

June 15, 2015

## **Final Notice**

Randall K. Butler  
6783 Canyon Hill Dr.  
Riverside, CA 92506

Re: APN: 263210047-3  
TC 189 Item 52  
Date of Sale: March 15, 2011

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/misspelled

Notarized Statement Giving Authorization to  
claim on behalf of

Certified Death Certificate for

Copy of Birth Certificates for

Copy of Marriage Certificate for

Original Note/Payment Book

Updated Statement of Monies Owed  
(as of the date of the tax sale)

Articles of Incorporation (if applicable  
Statement by Domestic Stock)

Court Order Appointing Administrator

Deed (Quitclaim/Grant etc...)

**Other – Additional documentation that  
connects you to the property other than the  
same name.**

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

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

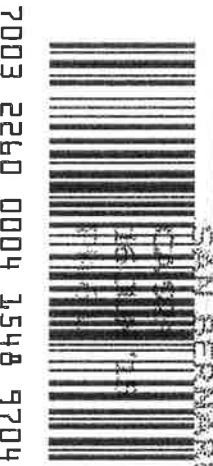
Sincerely,

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





**DON KENT  
TREASURER  
P.O. BOX 12005  
RIVERSIDE, CA 92502**



7003 2260 0004 1548 9704



02 1R  
0002004337  
MAILED FROM ZIP CODE 92501



Randall K. Butler  
6783 Canyon Hill Dr.  
Riverside, CA 92506

NIXIE 918 7E 1009 0006/20/15  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

925022220505

BC: 925022220505 \*2904-05273-15-37

FINAL NOTICE