

FORM APPROVED COUNTY COUNSEL 8/19/15
 BY: GREGORY P. PRIAMOS DATE

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

311A



**SUBMITTAL DATE:
 AUG 19 2015**

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 197, Item 127. Last assessed to: James D. Tielens. District 3 [\$47,950] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 446251047-7;

(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 August 20, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded October 2, 2013. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on October 30, 2013 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

Don Kent

Don Kent
 Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 47,950	\$ 0	\$ 47,950	\$ 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: N/A	
				For Fiscal Year: 15/16	

C.E.O. RECOMMENDATION:

APPROVE

BY: *Samuel Wong 9/14/15*
 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: 3

Agenda Number:

9-56

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 197, Item 127. Last assessed to: James D. Tielens. District 3 [\$47,950] Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 19 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Approve the claim from Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 446251047-7;
3. Deny the claim from Global Discoveries, Ltd., assignee for Jason Tielens, heir to the Estate of James D. Tielens, last assessee;
4. Authorize and direct the Auditor-Controller to issue warrants to Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens in the amount of \$23,975.49 and to Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens in the amount of \$23,975.48, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

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

1. Claim from Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens based on an Assignment of Right to Collect Excess Proceeds dated September 26, 2014, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit for Collection of Personal Property and a death certificate for James Dean Tielens.
2. Claim from Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens based on an Authorization for Agent to Collect Excess Proceeds dated September 4, 2013, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit for Collection of Personal Property and a death certificate for James Dean Tielens.
3. Claim from Global Discoveries, Ltd., assignee for Jason Tielens, heir to the Estate of James D. Tielens based on an Assignment of Right to Collect Excess Proceeds dated September 21, 2014, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit for Collection of Personal Property and a death certificate for James Dean Tielens.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens be awarded excess proceeds in the amount of \$23,975.49 and Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens be awarded excess proceeds in the amount of \$23,975.48. The claim from Global Discoveries, Ltd., assignee for Jason Tielens, heir to the Estate of James D. Tielens be denied since Jason Tielens had already named Robert Weekes as his agent on September 4, 2013. 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.

Impact on Citizens and Businesses

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

ATTACHMENTS (if needed, in this order):

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

CLAIM SUMMARY

Date: September 29, 2014
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 446251047-7
Last Assessee: TIELENS JAMES D
Sale Date: 8/15/2013
TC: TC 197
Item Number: 347 187
Deadline: 10/2/2014

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. Explanation of Events
2. Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens granting above property 100% interest to James D. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
3. Certified Certificate of Death for James D. Tielens
4. Original Probate Affidavit for the Estate of James D. Tielens signed by Two Heirs/Successors; James R. Tielens and Jason Tielens.
5. Certified Certificate of Birth for James R. Tielens
6. Original Billing Statement referencing the 566 E. Johnston Ave Hemet, CA 92543 address; which is one and the same address as the above referenced parcel.
7. Declaration of one and The Same Person
8. Assignment of Rights To Collect Excess Proceeds signed by James R. Tielens, as heir to the Estate of James D. Tielens
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: James R. Tielens

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$23,975.49 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to jed@gd-ltd.com.

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

Certified Tracking Number: 7014-0510-0001-4046-2250

Explanation of Events

**For Property: 566 JOHNSTON AVE E HEMET, CA 92543
(446251047-7)**

- James D. Tielens was the record owner of the above property Per Judgment on Waiver for the Estate of Maurice A. Tielens Recorded on June 23, 2009.

- James D. Tielens died on May 26, 2013. He died with No Surviving Spouse, No Last Will and Testament nor was his Estate ever probated in the State of California.

- James D. Tielens left two biological children; James Robert Tielens and Jason Dean Tielens.

******Therefore, due to the above James Robert Tielens and Jason Dean Tielens are both entitled to collect 50% and/or \$23,975.48+- of the excess proceeds available for the above referenced property. ******

DOC # 2009-0318990
06/23/2009 08:00A Fee:24.00
Page 1 of 6

Recorded in Official Records
County of Riverside

Larry W. Ward
Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:

JAMES T. YBARRONDO

WHEN RECORDED RETURN TO:

JAMES T. YBARRONDO
901 E. Morton Place, Suite 1
Hemet, California 92543

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			10						
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
						T:	CTY	UNI	010

25



JUDGMENT ON WAIVER OF ACCOUNTING

Public Record

APR 10 2009

JUN 3 2009

1 JAMES T. YBARRONDO, ESQ.
2 ATTORNEY AT LAW
3 901 EAST MORTON PLACE, SUITE 1
4 HEMET, CALIFORNIA 92543
5 (951) 925-6666

(Bar No: 58706)

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 02 2009

6 ATTORNEYS FOR: Executor

K. Gutknecht K6

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 IN AND FOR THE COUNTY OF RIVERSIDE
9

10			
11	Estate of	)	CASE NO. HEP000663
12	MAURICE A. TIELENS,	)	JUDGMENT ON WAIVER
13	Decedent.	)	OF ACCOUNTING, ALLOWING
14		)	STATUTORY FEES AND FOR
		)	FINAL DISTRIBUTION

15 JAMES D. TIELENS, as Executor of the Will of MAURICE A.
16 TIELENS, deceased, having heretofore filed his waiver of account
17 and petition for final distribution, and the petition being
18 regularly scheduled for hearing on 4/2, 2009, the Court
19 finds:

20 Due notice of the hearing of the petition has been
21 regularly given as required by law.

22 All the allegations of the petition are true.

23 MAURICE A. TIELENS died testate on December 2, 2006, in
24 the City of Hemet, County of Riverside, State of California, being
25 at the time of his death a resident thereof.

26 On February 6, 2007, JAMES D. TIELENS was appointed
27 Executor of the decedent's Will. He qualified as the Executor on
28 that date, and ever since has been and now is the Executor of the

Handwritten initials

Judgment/ Waiver

1 decedent's Will.

2 The time for filing or presenting claims has expired and
3 the estate now is in a condition to be closed.

4 All debts of the decedent and of the estate and all
5 expenses of administration thereof, except closing expenses and
6 attorneys' fees, have been paid.

7 All personal property taxes due and payable by this
8 estate have been paid.

9 No federal estate tax return has been made or filed for
10 this estate for the reason that the estate was not sufficient to
11 require such a return, and no federal estate tax is due.

12 No California state or federal income taxes are due or
13 payable by this estate.

14 The estimated expenses of closing this estate, including
15 the reserve for payment of any tax deficiency which may be assessed
16 against the estate, are \$1,000.00, and the Executor should be
17 authorized to withhold that sum from distribution.

18 The Executor should be directed to pay to his attorneys,
19 LAW OFFICES OF JAMES T. YBARRONDO, the sum hereafter specified as
20 their statutory fee for their services rendered in the
21 administration of this estate.

22 All the assets of the estate are the separate property of
23 the decedent.

24 Distribution should be ordered as prayed for.

25 IT IS ORDERED AND ADJUDGED that:

26 1. The administration of the estate is brought to a
27 close without the requirement of an accounting.

28 2. All the acts and transactions of the Executor

Judgment/ Waiver

2

1 relating to the matters set forth in the petition are ratified,
2 confirmed, and approved.

3 3. The Executor is authorized and directed to retain the
4 sum of \$1,000.00 from distribution at this time to defray closing
5 expenses and as a reserve for any tax deficiency which may
6 hereafter be determined to be due, and any unexpended portion of
7 said reserve is hereby distributed as set forth in paragraph 5
8 below.

9 4. The Executor is directed to pay to his attorneys, LAW
10 OFFICES OF JAMES T. YBARRONDO, the sum of ~~\$9,611.13~~ ^{\$9,630.02} as their
11 statutory fees for their services rendered in the administration of
12 this estate.

13 5. The estate in the possession of the Executor
14 remaining for distribution, after the payments and withholding
15 herein ordered in Paragraphs 3 and 4 above, consists of cash and
16 other assets and is distributed as follows:

17 TO JAMES D. TIELENS:

18 Cassini Promissory Note \$ 30,277.04
19 Secured by property located at:
 31812 Highway 74, Hemet

20 Home and Real Property located at:
21 566 East Johnston Avenue
 Hemet, CA 92543

22 Legally described as:
23 Lot 3 in Block 195 if the Lands of the
24 Hemet Land Company, as shown by Map on
25 file in Book 1 Page 14 of Maps, Riverside
26 County Records: Excepting therefrom the
27 Westerly 208.7 feet of the North half of
28 said Lot 3; also excepting therefrom that
 portion of said Lot 3 described as
 follows: Beginning at the Southwest
 corner; thence North on the West line of
 said Lot 3, 330 feet to the Northwest
 corner of the South half of said Lot 3;
 thence East on the North line of the South
 half of Lot 3, 233 feet; thence South,
 parallel with the West line of Lot 3, 97

Judgment/ Waiver

3

1 feet; thence West, parallel with the South
 2 line of Lot 3, 66 feet; thence South,
 3 parallel with the West line of Lot 3, 233
 4 feet to the South line of Lot 3; thence
 5 West, on the South line of Lot 3, 167 feet
 6 to the point of beginning; Also excepting
 7 therefrom an undivided one-half interest
 8 in all oil, gas, petroleum, naphtha and
 9 other hydrocarbon substances and minerals
 10 in, upon or beneath the property herein
 11 described, together with right of entry
 12 and all other rights appurtenant thereto
 13 and rights of way and easements necessary
 14 to develop and remove same; also excepting
 15 therefrom any portion thereof included on
 16 Buena Vista Street and Johnston Avenue.

	290,000.00
17 Household furniture and furnishings	2,000.00 ✓
18 1987 Chevrolet Suburban VIN#1GKER16KXHF514591	2,450.00 ✓
19 1990 Chevrolet VIN#2GCHC39N7L1200148	3,175.00 ✓
20 1989 Chevrolet Suburban VIN#1GNR26N9KF185255	3,000.00 ✓
21 Cash Residue	<u>104.56</u>
	\$331,006.60

22 6. Any other property of the estate not now known or
 23 discovered which may belong to the estate, or in which the decedent
 24 or the estate may have any interest, shall be distributed as set
 25 forth above in paragraph 3.

26 DATED: 6/26/09

27 Karunkas
 28 JUDGE OF THE SUPERIOR COURT
 Commissioner

Judgment/ Waiver

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

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

Superior Court of California
County of Riverside

By *Mary Martinez*
DEPUTY

Dated: 6/16/09



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

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052013105744

CERTIFICATE OF DEATH

3201393006035

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, UNINTENTIONS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JAMES		DEAN		TIELENS	
AKA, ALSO KNOWN AS - include NI AKA FIRST, MIDDLE, LAST					
4. DATE OF BIRTH (mm/dd/yyyy)		5. AGE (yrs. Mths. Ds.)		6. SEX	
11/18/1955		57		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		[REDACTED]		[X] YES [] NO [] UNK	
12. MARRITAL STATUS (at time of death)		7. DATE OF DEATH (mm/dd/yyyy)		8. HOUR (P/M)	
DIVORCED		06/26/2013		1115	
13. EDUCATION - Highest Level (include HS, grad school, etc.)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see section 4 on back)		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet 41 back))	
HS GRADUATE		[X] YES [] NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
MOTORCYCLE BUILDER			TRANSPORTATION		30
20. DECEDENT'S RESIDENCE (Street and number, or location)					
566 EAST JOHNSTON AVENUE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
HEMET		RIVERSIDE		92543	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
50		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
JASON TIELENS, SON			28290 GIRARD STREET, HEMET, CA 92544		
28. NAME OF SURVIVING SPOUSE (MRS./MRS.)					
29. NAME OF FATHER/PARENT - FIRST		30. MIDDLE		31. LAST (Family Name)	
MAURICE		ADRIAN		TIELENS	
32. NAME OF MOTHER/PARENT - FIRST		33. MIDDLE		34. LAST (Family Name)	
MARY		MARGARET		SHRYMACHES	
35. DEPORTATION DATE (mm/dd/yyyy)		36. PLACE OF BIRTH (USPOB CODE, RESIDENCE OF US BORN CITIZENS)			
06/04/2013		28290 GIRARD STREET, HEMET, CA 92544			
37. TYPE OF DEPORTATION		38. SIGNATURE OF EMBASSY/CONSUL		39. LICENSE NUMBER	
CR/RES		[REDACTED]		[REDACTED]	
40. NAME OF FUNERAL HOME		41. PHONE NUMBER		42. SIGNATURE OF LOCAL REGISTRAR	
MCWANE FAMILY FUNERAL HOME		[REDACTED]		[REDACTED]	
43. DATE (mm/dd/yyyy)		44. DATE (mm/dd/yyyy)			
06/03/2013		06/03/2013			
101. PLACE OF DEATH					
HEMET VALLEY MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE					
[] IP [X] EBYD [] DON [] Hoaghs [] Nursing Home [] Decedent's Home [] Other					
103. CITY					
HEMET					
104. COUNTY					
RIVERSIDE					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)					
1117 EAST DEVONSHIRE AVENUE					
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Official cause of death resulting in death)					
A) PULMONARY THROMBOEMBOLI					
B) DEEP VEIN THROMBOSIS					
108. BEHIND REPORTED TO CORONER (Riverside County)					
[X] YES [] NO					
109. SCOPY PERFORMED?					
[] YES [X] NO					
110. AUTOPSY PERFORMED?					
[] YES [X] NO					
111. USED MEDICINE/DRUGS?					
[] YES [] NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107)					
MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, type of operation and date)					
NO					
114. IF FEMALE, PREGNANT IN LAST YEAR					
[] YES [] NO [] UNK					
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. SIGNATURE AND TITLE OF PHYSICIAN		118. LICENSE NUMBER, 117 DATE (mm/dd/yyyy)	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		[REDACTED]	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
[REDACTED]					
120. I CERTIFY THAT ANY OTHER DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
MANNER OF DEATH [X] Natural [] Accidental [] Homicide [] Suicide [] Pending Investigation [] Suspected but Undetermined [] YES [] NO [] UNK					
121. INJURY DATE (mm/dd/yyyy)					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
[REDACTED]					
127. DATE (mm/dd/yyyy)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
05/31/2013		RACHEL BAKER, DEPUTY CORONER			
STATE REGISTRAR		FAX AUTHORITY		LICENSE/STRACT	
A B C D E		[REDACTED]		[REDACTED]	

INFORMATIONAL,
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY



* 034415404 *

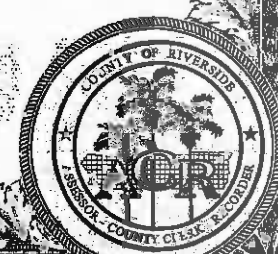
CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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

DATE ISSUED **SEP 17 2013**

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

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. James D. Tielens died on 05/26/2013 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$47,950.97 +/-, generated from Assessor's Parcel Number(s) 446251047-7, sold at the Riverside County, California, public auction of tax-defaulted property held on 8/15/2013.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

James R. Tielens
Jason Tielens

7. The undersigned (please check which box(s) applies):

- Is successor(s) of the decedent to the decedent's interest in the described property, or
- Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

9/26/14

(DATE)
9/26/14

(DATE)

(DATE)

(DATE)

(DATE)

Jason Tielens


Printed Name
James Tielens

Printed Name

Printed Name

Printed Name

Printed Name



signature

signature

signature

signature

(Attach Additional Sheet if Necessary)
Page 1 of 2

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 9/27/14 before me, Regina M. Anderson, Notary Public, Personally appeared
(Date) (Here insert name and title of the officer)

Jason Tielens, who proved to me on
(Name of Signer(s))

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 Regina M. Anderson (Seal)

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 09/26/2014 before me, Kimberly Martinez, Notary Public, Personally appeared
(Date) James R Tielens (Here insert name and title of the officer), who proved to me on

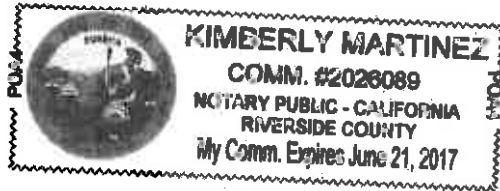
(Name of Signer(s))

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 Kimberly Martinez (Seal)



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

104 - 82-268073

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

33 007791

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD—FIRST	11B. MIDDLE	11C. LAST	
JAMES	ROBERT	TIELENS	
2. SEX	3A. THIS BIRTH, SINGLE, TWIN, OR 3B. IF MULTIPLE, THIS CHILD, 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)
MALE	SINGLE	AUGUST 26, 1982	1421
5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS (NUMBER, NAME, OR LOCATION)		
PARKVIEW COMMUNITY HOSPITAL	3965 JACKSON STREET		
5C. CITY OR TOWN	5D. COUNTY		
RIVERSIDE	RIVERSIDE		
6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. AGE OF FATHER
JAMES	DEAN	TIELENS	26
8A. NAME OF MOTHER—FIRST	8B. MIDDLE	8C. LAST	9. AGE OF MOTHER
BRENDA	ADAWN	KURZ	23
10. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	11. PARENTS OR OTHER INFORMANT SIGNATURE		12. DATE SIGNED
	[REDACTED]		8-26-82
13. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	12A. PHYSICIAN OR OTHER ATTENDING SIGNATURE—(DEGREE DE TITLE)	13. LICENSE NUMBER	14. DATE SIGNED
	[REDACTED]	C 33273	8-26-82
14.	15. LOCAL REGISTRAR—SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION
	C.W. TODD, JR., M.D. 3838 SHERMAN DRIVE, RIVERSIDE, CA		SEP 09 1982
15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE		
	[REDACTED]		

INFORMATIONAL DOCUMENT
NOT AVAILABLE TO PUBLIC



* 034415364 *

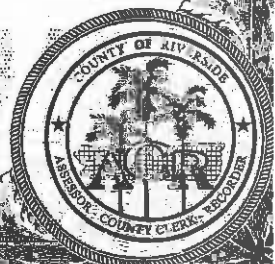
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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

DATE ISSUED

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

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



CQI Medical Billing
P.O. Box 10609
Burbank, CA 91510-0609



RETURN SERVICE REQUESTED

Billing Phone: 800-545-6667
Billing Fax: 818-526-0258
Web Address: www.newportdiagnosticcenter.com

IF PAYING BY VISA, MASTERCARD OR AMERICAN EXPRESS, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMER. EXP.
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
06/26/2013	\$154.00	

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Stmt ID#: 352248686



JAMES TIELENS
566 E JOHNSTON AVE
HEMET CA 92543-7199

Newport Diagnostic Center
ATTN: PAYMENTS
1605 AVOCADO AVE
NEWPORT BEACH CA 92660-7725



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

PLACE OF SVC: LOMA LINDA UNIV MED CTR MUR ER

ATTENDING: KIM, DAVID

DATE	DESCRIPTION	EXAM	DX CODE	CHARGES	PAYMENTS	ADJUSTMTS	BALANCE
04/09/12	XR Knee 3v	7356226715.96		25.00	.00	.00	25.00
04/09/12	CT Lower Ext w/o	7370026715.96		129.00	.00	.00	129.00

TOTALS				154.00	.00	.00	154.00
				***Current patient responsibility:			154.00

FOR CREDIT CARD PAYMENT OR INQUIRIES, CALL (800) 545 - 6667.

To pay your bill online visit: www.myzpay.com/NDC

PAY THIS AMOUNT
154.00

ACCOUNT:
PATIENT: JAMES TIELENS

PLACE OF SVC LOMA LINDA UNIV MED CTR MUR ER

Newport Diagnostic Center
1605 AVOCADO AVE
NEWPORT BEACH CA 92660-7725

Office Hours: 8:00 AM - 5:00 PM Monday - Friday
Tax ID: 33-0460785

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION




DECLARATION
OF ONE AND THE SAME PERSON(S)

I, James R. Tielens, as heir to the Estate of James D. Tielens, do hereby declare:

1. I am over the age of 18 and a resident of Hemet, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as James R. Tielens, James Robert Tielens and James Tielens.
3. I am a biological son to James D. Tielens who is one and the same person as James Dean Tielens and James Tielens.
4. James Tielens is also one and the same person who is noted on the referenced Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
5. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 446251047-7.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 26 day of 09, 2014, at menifee ca


James R. Tielens, as heir to the Estate of James D. Tielens

State of California
County of Riverside

IURAT

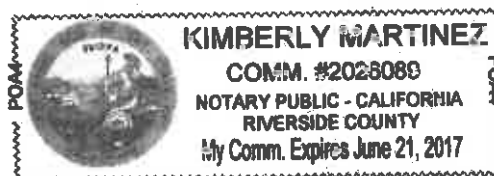
Subscribed and sworn to (or affirmed) before me on this
26 day of 09, 2014, by
Date James R. Tielens
Name of Signer

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Kimberly Martinez
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 18780-188229



ASSIGNMENT OF RIGHT 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 assignor 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, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7, Tax Sale Number TC 197, Item 317 sold at public auction on 8/15/2013. I understand that the total of excess proceeds available for refund is \$ 47,950.97+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM

FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

[Signature] 9/26/14
(Signature of Party of Interest/Assignor) (Date)

James R. Tielens, as heir to the Estate of James D. Tielens
(Name Printed)

Tax ID/SS# _____

29290 Girard
(Address)

Hemet Ca 92544
(City/State/Zip)

STATE OF CALIFORNIA Riverside)ss.
COUNTY OF _____)

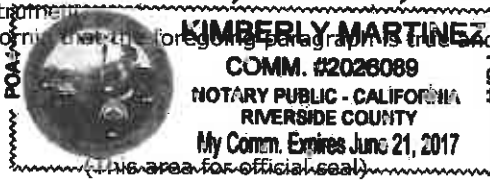
95-287-8976
(Area Code/Telephone Number)

On 09/26/2014, before me Kimberly Martinez, Notary Public personally appeared James R. Tielens Who proved to me on

the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to 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]
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

[Signature]
(Signature of Assignee)

Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS# _____

Global Discoveries Ltd.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Stanislaus)

P.O. Box 1748
Modesto, CA 95353-1748
(City/State/Zip)

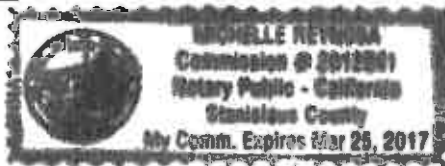
On 9-30-2014, before me Michelle Reynosa, Notary Public personally appeared ***Jed Byerly*** who proved to

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]
(Signature of Notary)



(This area for official seal)

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 446251047-7
Tax Sale Number: TC 197
Item Number: 317
Date of Sale: 8/15/2013

The undersigned claimant, Global Discoveries, Ltd., claims \$23,975.49+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

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

Executed this 30th day of September, 2014 at Modesto, California.

By: Jed Byerly
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID # 77-0558969
P.O. Box 1748
Modesto, CA 95353-1748

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California)

County of Stanislaus)

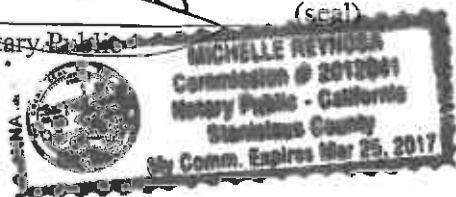
On 9-30-2014 before me, Michelle Reynolds, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Jed Byerly, 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 of Notary Public



NEVADA

US
N:

IDENTIFICATION CARD



1 CIELENS
2 JAMES ROBERT

3 SEX M 4 HT 5'11" 5 WT 220 6 HA BRN 7 BRN

4d ID No
3 DOB 08/26/1982
4b Exp 08/26/2017

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 197 Item 127 Assessment No.: 446251047-7

Assessee: TIELENS, JAMES D

Situs: 566 E JOHNSTON AVE HEMET 92543

Date Sold: August 20, 2013

Date Deed to Purchaser Recorded: October 2, 2013

Final Date to Submit Claim: October 2, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$56,65
\$ or \$48,447 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. _____; recorded on _____. 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.

attach to preceding paperwork submitted:
letter from Sack Rosendin, LLP (Dana Sack)
death certificate for James D. Tielen
agent authorization form - Jason Tielen/Robert Weekes

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

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

Executed this 1st day of October, 2014 at Los Angeles County, CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Robert Weekes
Print Name

Print Name

5270 W 64th St.
Street Address

Street Address

Inglewood, CA 90302
City, State, Zip

City, State, Zip

520-440-8296
Phone Number

Phone Number

c/o Dana Sack, Attorney At Law
Sack Rosendin, LLP
One Kaiser Plaza, Ste. 340
Oakland, CA 94612
510-286-2200

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 assignor'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, the undersigned, do hereby make Robert Weekes my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7 Item: 127 sold at public auction on August 15, 2013. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 48,447 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Jason D Tielens
(Signature of Party of Interest)

Jason D Tielens
(Name Printed)

29290 Grand
(Address)

Hemet CA 92544
(City/State/Zip)

951-216-0480
(Area Code/Telephone Number)

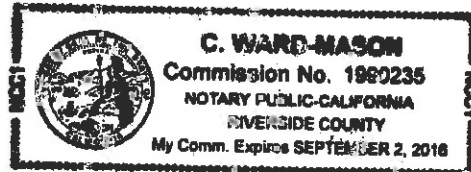
STATE OF CALIFORNIA)ss.
COUNTY OF Riverside

On September 4, 2013 before me, C. Ward-Mason, notary public personally appeared Jason D Tielens, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Captal Ward-Mason
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the 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 RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

[Signature]
(Signature of Agent)

Robert Weekes, President, Wealth Trackers Inc.
(Name Printed)

5270 W 64th St.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles

Inglewood, CA 90302
(City/State/Zip)

On September 15, 2014 before me, the undersigned, a Notary Public in and for said State, personally appeared ROBERT WEEKES, 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.

WITNESS my hand and official seal.

Rose Roberson
(Signature of Notary)



DOC # 2009-0318990 ✓
 ✓05/23/2009 08:00A Fee:24.00
 Page 1 of 6
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:

JAMES T. YBARRONDO

WHEN RECORDED RETURN TO:

JAMES T. YBARRONDO
 901 E. Morton Place, Suite 1
 Hemet, California 92543

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			0						
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
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JUDGMENT ON WAIVER OF ACCOUNTING ✓ 25



APR 10 2009

JUN 3 2009

1 JAMES T. YBARRONDO, ESQ.
2 ATTORNEY AT LAW
3 901 EAST MORTON PLACE, SUITE 1
4 HEMET, CALIFORNIA 92543
5 (951) 925-6666

(Bar No: 58706)

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 02 2009

K. Gutknecht KG

5 ATTORNEYS FOR: Executor

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 IN AND FOR THE COUNTY OF RIVERSIDE

11 Estate of)
12 MAURICE A. TIELENS,)
13 Decedent.)
14

CASE NO. HEP000663 ✓
JUDGMENT ON WAIVER
OF ACCOUNTING, ALLOWING
STATUTORY FEES AND FOR
FINAL DISTRIBUTION

15 JAMES D. TIELENS, as Executor of the Will of MAURICE A.
16 TIELENS, deceased, having heretofore filed his waiver of account
17 and petition for final distribution, and the petition being
18 regularly scheduled for hearing on 4/2, 2009, the Court
19 finds:

20 Due notice of the hearing of the petition has been
21 regularly given as required by law.

22 All the allegations of the petition are true.
23 MAURICE A. TIELENS died testate on December 2, 2006, in
24 the City of Hemet, County of Riverside, State of California, being
25 at the time of his death a resident thereof.

26 On February 6, 2007, JAMES D. TIELENS was appointed
27 Executor of the decedent's Will. He qualified as the Executor on
28 that date, and ever since has been and now is the Executor of the

Handwritten initials

Judgment/ Waiver

1 decedent's Will.

2 The time for filing or presenting claims has expired and
3 the estate now is in a condition to be closed.

4 All debts of the decedent and of the estate and all
5 expenses of administration thereof, except closing expenses and
6 attorneys' fees, have been paid.

7 All personal property taxes due and payable by this
8 estate have been paid.

9 No federal estate tax return has been made or filed for
10 this estate for the reason that the estate was not sufficient to
11 require such a return, and no federal estate tax is due.

12 No California state or federal income taxes are due or
13 payable by this estate.

14 The estimated expenses of closing this estate, including
15 the reserve for payment of any tax deficiency which may be assessed
16 against the estate, are \$1,000.00, and the Executor should be
17 authorized to withhold that sum from distribution.

18 The Executor should be directed to pay to his attorneys,
19 LAW OFFICES OF JAMES T. YBARRONDO, the sum hereafter specified as
20 their statutory fee for their services rendered in the
21 administration of this estate.

22 All the assets of the estate are the separate property of
23 the decedent.

24 Distribution should be ordered as prayed for.

25 IT IS ORDERED AND ADJUDGED that:

26 1. The administration of the estate is brought to a
27 close without the requirement of an accounting.

28 2. All the acts and transactions of the Executor

Judgment/ Waiver

2

1 relating to the matters set forth in the petition are ratified,
2 confirmed, and approved.

3 3. The Executor is authorized and directed to retain the
4 sum of \$1,000.00 from distribution at this time to defray closing
5 expenses and as a reserve for any tax deficiency which may
6 hereafter be determined to be due, and any unexpended portion of
7 said reserve is hereby distributed as set forth in paragraph 5
8 below.

9 4. The Executor is directed to pay to his attorneys, LAW
10 OFFICES OF JAMES T. YBARRONDO, the sum of ~~\$9,611.13~~ ^{\$9,630.00} as their
11 statutory fees for their services rendered in the administration of
12 this estate.

13 5. The estate in the possession of the Executor
14 remaining for distribution, after the payments and withholding
15 herein ordered in Paragraphs 3 and 4 above, consists of cash and
16 other assets and is distributed as follows:

17 TO JAMES D. TIELENS:

\$ 30,277.04

18 Cassini Promissory Note
19 Secured by property located at:
 31812 Highway 74, Hemet ✓

20 Home and Real Property located at:
21 ✓ 566 East Johnston Avenue
 Hemet, CA 92543

22 Legally described as:
23 Lot 3 in Block 195 if the Lands of the
24 Hemet Land Company, as shown by Map on
25 file in Book 1 Page 14 of Maps, Riverside
26 County Records: Excepting therefrom the
27 Westerly 208.7 feet of the North half of
28 said Lot 3; also excepting therefrom that
 portion of said Lot 3 described as
 follows: Beginning at the Southwest
 corner; thence North on the West line of
 said Lot 3, 330 feet to the Northwest
 corner of the South half of said Lot 3;
 thence East on the North line of the South
 half of Lot 3, 233 feet; thence South,
 parallel with the West line of Lot 3, 97

Judgment/ Waiver

3

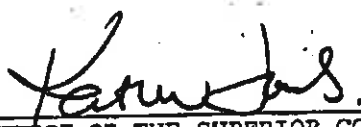
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feet; thence West, parallel with the South line of Lot 3, 66 feet; thence South, parallel with the West line of Lot 3, 233 feet to the South line of Lot 3; thence West, on the South line of Lot 3, 167 feet to the point of beginning; Also excepting therefrom an undivided one-half interest in all oil, gas, petroleum, naptha and other hydrocarbon substances and minerals in, upon or beneath the property herein described, together with right of entry and all other rights appurtenant thereto and rights of way and easements necessary to develop and remove same; also excepting therefrom any portion thereof included on Buena Vista Street and Johnston Avenue.

290,000.00
2,000.00 ✓
2,450.00 ✓
3,175.00 ✓
3,000.00 ✓
104.56
\$331,006.60

6. Any other property of the estate not now known or discovered which may belong to the estate, or in which the decedent or the estate may have any interest, shall be distributed as set forth above in paragraph 3.

DATED: 6/2/05



JUDGE OF THE SUPERIOR COURT
Commissioner

Judgment/ Waiver

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

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

Superior Court of California
County of Riverside

By Mary J. Martinez
DEPUTY
Dated: 10/16/09



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

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052013105744 **CERTIFICATE OF DEATH** 3201333006035

1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE DEAN		3. LAST (Family) TIELENS	
4. DATE OF BIRTH mm/dd/yyyy 11/18/1955				5. AGE Yrs. Mths. Ds. Hrs. Mins. Ss. 57	
6. BIRTH STATE / FOREIGN COUNTRY CA		7. MARRITAL ST. (US/SDP)* (at Time of Death) DIVORCED		8. DATE OF DEATH mm/dd/yyyy 05/26/2013	
9. EDUCATION - Highest Level (Dep. on worksheet on back) HS GRADUATE		10. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, list race on back) NO		11. DECEDENT'S RACE - Up to 5 races may be listed (see Vol. 1 on back) CAUCASIAN	
12. USUAL OCCUPATION - Type of work or most recent (DO NOT USE RETIRED) MOTORCYCLE BUILDER			13. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employer or agency, etc.) TRANSPORTATION		14. YEARS IN OCCUPATION 30
15. DECEDENT'S RESIDENCE (e.g., 303 Number, St. or Locality) 566 EAST JOHNSTON AVENUE					
16. CITY HEMET		17. COUNTY / PROVINCE RIVERSIDE		18. ZIP CODE 92543	
19. YEARS IN COUNTY 50		20. STATE / FOREIGN COUNTRY CA			
21. INFORMANT'S NAME & RELATIONSHIP JASON TIELENS, SON			22. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 29290 GIRARD STREET, HEMET, CA 92544		
23. NAME OF SURVIVING SPOUSE / WIDOW - FIRST MAURICE		24. MIDDLE ADRIAN		25. LAST TIELENS	
26. NAME OF FATHER / PARENT - FIRST MAURICE		27. MIDDLE MARGARET		28. LAST (BIRTH NAME) SHUMACHER	
29. NAME OF MOTHER / PARENT - FIRST MARY		30. MIDDLE MARGARET		31. LAST (BIRTH NAME) SHUMACHER	
32. DISPOSITION DATE mm/dd/yyyy 06/04/2013		33. PLACE OF FINAL DISPOSITION RESIDENCE OF JASON TIELENS 29290 GIRARD STREET, HEMET, CA 92544			
34. TYPE OF DISPOSITION CR/RES		35. SIGNATURE OF EMBALMER NOT EMBALMED		36. LICENSE NUMBER -	
37. NAME OF FUNERAL ESTABLISHMENT MCWANE FAMILY FUNERAL HOME		38. LICENSE NUMBER FD99E		39. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
40. DATE mm/dd/yyyy 06/03/2013		41. SIGNATURE OF LOCAL REGISTRAR			
42. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER					
43. COUNTY RIVERSIDE		44. FACILITY ADDRESS OR LOCATION (Where found, street and number, or location) 1117 EAST DEVONSHIRE AVENUE		45. CITY HEMET	
46. CAUSE OF DEATH (Enter the chain of events - disease, injury, or complication - that caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without advising the cause. DO NOT abbreviate.) (A) PULMONARY THROMBOEMBOLISM					
47. IMMEDIATE CAUSE (From diagnosis or condition resulting directly) (B) DEEP VEIN THROMBOSIS					
48. UNDERLYING CAUSE (Disease or injury that caused the events resulting in death) LAST (C) MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS					
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN BY I107) DISEASE, DIABETES MELLITUS					
50. WAS OPERATION PERFORMED FOR ANY CAUSE LISTED IN ITEM 107 OR 108? If yes, list type of operation and date: NO					
51. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Declarant Attested Since: _____ Decedent Last Seen Alive: _____		52. SIGNATURE AND TITLE OF CERTIFIER [Signature]		53. LICENSE NUMBER: _____ 54. DATE: mm/dd/yyyy	
55. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [Signature]		56. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
57. I CERTIFY THAT IN MY OFFICIAL DUTY I OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Coroner to be determined					
58. INJURED AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
59. INJURY DATE: mm/dd/yyyy 60. HOUR (24 Hours) 05/26/2013					
61. PLACE OF INJURY (e.g., home, construction site, etc.) [Blank]					
62. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [Blank]					
63. LOCATION OF INJURY (Street address, or location, and city, and zip) [Blank]					
64. SIGNATURE OF CORONER / DEPUTY CORONER RACHEL BAKER		65. DATE: mm/dd/yyyy 05/31/2013		66. TYPE / NAME TITLE OF CORONER / DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER	
67. STATE REGISTRAR		68. COUNTY REGISTRAR		69. CENSUS TRACT	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

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

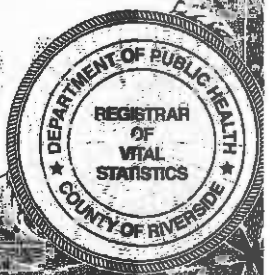
DATE ISSUED: **Jun 18, 2013**

By: *[Signature]* Cameron Kaiser, M.D., Health Officer
 RIVERSIDE COUNTY, CALIFORNIA

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

001158865

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

- 1. James D. Tielens died on 05/26/2013 in the County of Riverside, State of California;
- 2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
- 3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
- 4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
- 5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$47,950.97 +/-, generated from Assessor's Parcel Number(s) 446251047-7, sold at the Riverside County, California, public auction of tax-defaulted property held on 8/15/2013.

- 6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

James R. Tielens
Jason Tielens

- 7. The undersigned (please check which box(s) applies):

- Is successor(s) of the decedent to the decedent's interest in the described property, or
- Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

- 8. No other person has a superior right to the interest of the decedent in the described property;
- 9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

9/26/14
 (DATE) 9/26/14
 (DATE)
 (DATE)
 (DATE)
 (DATE)

Jason Tielens
 Printed Name
 James Tielens
 Printed Name
 Printed Name
 Printed Name
 Printed Name

James Tielens
 signature
 signature
 signature
 signature

(Attach Additional Sheet if Necessary)
Page 1 of 2

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 9/21/14 before me, Regina M. Anderson, Notary Public, Personally appeared
(Date) (Here insert name and title of the officer)
Jason Tielens, who proved to me on
(Name of Signer(s))

the basis of satisfactory evidence to be the person(s) whose name(s) is 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 Regina M. Anderson (Seal)

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 09/26/2014 before me, Kimberly Martinez Notary Public Personally appeared

(Date) James R Tielens (Here insert name and title of the officer)

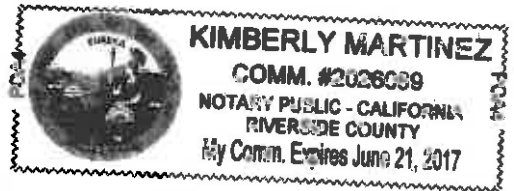
James R Tielens, who proved to me on
(Name of Signer(s))

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 Kimberly Martinez (Seal)



POWER OF ATTORNEY
(Limited)

I, Jason D. Tielens, hereby appoint Robert Weekes, President, Wealth Trackers Inc. as my true and lawful attorney and in my name and stead, and for my use and benefit to collect and process unclaimed funds held for me by Riverside County or other jurisdictions if applicable.

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

This Power of Attorney will cease six (6) months from date hereof.

Dated this 4th day of September, 2013.

Jason D. Tielens
Signed, Jason D. Tielens (Principal)

9/4/2013
Date

Robert Weekes
Signed, Robert Weekes (Attorney-In-Fact)

9-4-2013
Date

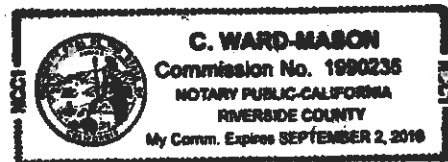
State of California)
: ss.
County of Riverside)

On September 4, 2013, before me, C. Ward-Mason, Notary Public, personally appeared JASON D. TIELENS, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Captal Ward-Mason
(Signature of Notary)



JOANNE ROSENDIN
DANA SACK

CHRISTOPHER J. DYAS
BARBARA A. NASH, OF COUNSEL

SACK ROSENDIN, LLP

ATTORNEYS AT LAW
THE ORDWAY
ONE KAISER PLAZA, SUITE 340
OAKLAND, CALIFORNIA 94612

TELEPHONE: (510) 286-2200
FACSIMILE: (510) 286-8887
WEBSITE: www.sackrosendin.com

September 26, 2014

Don Kent, Riverside County Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502-2205
Fax: 951- 955-3923
Email: ttc@co.riverside.ca.us

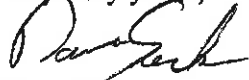
Re: Riverside Assessment No. 446351047-7 Item: 127, 566 East Johnston Avenue, Hemet
Claim to Excess Proceeds from Tax Sale

Dear Treasurer Kent:

My law firm and I have been engaged by Robert Weekes to assist him in collecting the Excess Proceeds from the Tax Sale of the home at 566 East Johnston Avenue in Hemet, on behalf of the heirs of the owner at the time of the sale. Attached are a copy of the Death Certificate for James Dean Tielens and your office's Authorization to Collect form signed by the son named on the Death Certificate. Mr. Weekes, Jason Tielens and I will be distributing the Excess Proceeds to all of James Tielens' children in equal shares.

Should you require any additional information or documents, please call me or email me at ds@sackrosendin.com.

Very truly yours,


Dana Sack

Attachments

cc: Mr. Robert Weekes

POWER OF ATTORNEY
(Limited)

I, Jason D Tielens, hereby appoint Robert Weekes, President, Wealth Trackers Inc. as my true and lawful attorney and in my name and stead, and for my use and benefit to collect and process unclaimed funds held for me by Riverside County, CA.

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

This Power of Attorney will cease twelve (12) months from date hereof.

Dated this 3rd day of October, 2014.

Jason D Tielens
Signed, Jason D. Tielens (Principal)

10-3-14
Date

[Signature]
Signed, Robert Weekes (Attorney-In-Fact)

10-3-14
Date

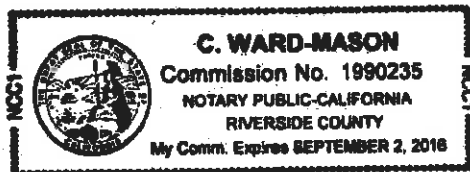
State of California)
: ss.
County of Riverside)

On Oct 3, 2014, before me, C. Ward-Mason, Notary Public personally appeared Jason D. Tielens, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Cyrtel Ward-Mason
(Signature of Notary)



POWER OF ATTORNEY
(Limited)

I, James R Tielens, hereby appoint Robert Weekes, President, Wealth Trackers Inc. as my true and lawful attorney and in my name and stead, and for my use and benefit to collect and process unclaimed funds held for me by Riverside County or other jurisdictions if applicable.

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

This Power of Attorney will cease twelve (12) months from date hereof.

Dated this 4th day of October, 2014.

[Signature]
Signed, James R. Tielens (Principal)

10-4-14
Date

[Signature]
Signed, Robert Weekes (Attorney-In-Fact)

10-4-14
Date

State of California
County of Orange ss.
~~Riverside~~

On October 4, 2014, before me, Rebecca L. Ruben, Notary Public personally appeared James R. Tielens, 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 hisher/their authorized capacity(ies), and that by hisher/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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



CLAIM SUMMARY

Date: September 29, 2014
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 446251047-7
Last Assessee: TIELENS JAMES D
Sale Date: 8/15/2013
TC: TC 197
Item Number: 317 127
Deadline: 10/2/2014

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. Explanation of Events
2. Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens granting above property 100% interest to James D. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
3. Certificate of Death for James D. Tielens (**Certified Copy of DC in the claim package for James R. Tielens.**)
4. Probate Affidavit for the Estate of James D. Tielens signed by Two Heirs/Successors; James R. Tielens and Jason Tielens. (**Original in the claim package for James R. Tielens.**)
5. Certified Certificate of Birth for Jason Tielens
6. Original Notice of Action referencing the **566 E. Johnston Ave Hemet, CA 92543** address; which is one and the same address as the above referenced parcel.
7. Declaration of one and The Same Person
8. Assignment of Rights To Collect Excess Proceeds signed by Jason Tielens, as heir to the Estate of James D. Tielens
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Jason Tielens

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$23,975.48 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to jed@gd-ltd.com.

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

Certified Tracking Number: 7014-0510-0001-4046-2250

Explanation of Events
For Property: 566 JOHNSTON AVE E HEMET, CA 92543
{446251047-7}

- James D. Tielens was the record owner of the above property Per Judgment on Waiver for the Estate of Maurice A. Tielens Recorded on June 23, 2009.

- James D. Tielens died on May 26, 2013. He died with No Surviving Spouse, No Last Will and Testament nor was his Estate ever probated in the State of California.

- James D. Tielens left two biological children; James Robert Tielens and Jason Dean Tielens.

******Therefore, due to the above James Robert Tielens and Jason Dean Tielens are both entitled to collect 50% and/or \$23,975.48+- of the excess proceeds available for the above referenced property. ******

DOC # 2009-0318990

06/23/2009 08:00A Fee:24.00

Page 1 of 6

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:

JAMES T. YBARRONDO

WHEN RECORDED RETURN TO:

JAMES T. YBARRONDO
901 E. Morton Place, Suite 1
Hemet, California 92543

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			6						
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
							T:	CTY	UNI

25



JUDGMENT ON WAIVER OF ACCOUNTING

Public Record

APR 10 2009

JUN 3 2009

1 JAMES T. YBARRONDO, ESQ.
2 ATTORNEY AT LAW
3 901 EAST MORTON PLACE, SUITE 1
4 HEMET, CALIFORNIA 92543
5 (951) 925-6666

(Bar No: 58706)

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 02 2009

6
7
8
9
10
11 ATTORNEYS FOR: Executor

K. Gutknecht K6

12 SUPERIOR COURT OF THE STATE OF CALIFORNIA
13 IN AND FOR THE COUNTY OF RIVERSIDE
14

15 Estate of	)	CASE NO. HEP000663
16 MAURICE A. TIELENS,	)	JUDGMENT ON WAIVER
17 Decedent.	)	OF ACCOUNTING, ALLOWING
	)	STATUTORY FEES AND FOR
	)	FINAL DISTRIBUTION

18 JAMES D. TIELENS, as Executor of the Will of MAURICE A.
19 TIELENS, deceased, having heretofore filed his waiver of account
20 and petition for final distribution, and the petition being
21 regularly scheduled for hearing on 4/2, 2009, the Court
22 finds:

23 Due notice of the hearing of the petition has been
24 regularly given as required by law.

25 All the allegations of the petition are true.

26 MAURICE A. TIELENS died testate on December 2, 2006, in
27 the City of Hemet, County of Riverside, State of California, being
28 at the time of his death a resident thereof.

On February 6, 2007, JAMES D. TIELENS was appointed
Executor of the decedent's Will. He qualified as the Executor on
that date, and ever since has been and now is the Executor of the

D. J. ?

Judgment/ Waiver

1

1 decedent's Will.

2 The time for filing or presenting claims has expired and
3 the estate now is in a condition to be closed.

4 All debts of the decedent and of the estate and all
5 expenses of administration thereof, except closing expenses and
6 attorneys' fees, have been paid.

7 All personal property taxes due and payable by this
8 estate have been paid.

9 No federal estate tax return has been made or filed for
10 this estate for the reason that the estate was not sufficient to
11 require such a return, and no federal estate tax is due.

12 No California state or federal income taxes are due or
13 payable by this estate.

14 The estimated expenses of closing this estate, including
15 the reserve for payment of any tax deficiency which may be assessed
16 against the estate, are \$1,000.00, and the Executor should be
17 authorized to withhold that sum from distribution.

18 The Executor should be directed to pay to his attorneys,
19 LAW OFFICES OF JAMES T. YBARRONDO, the sum hereafter specified as
20 their statutory fee for their services rendered in the
21 administration of this estate.

22 All the assets of the estate are the separate property of
23 the decedent.

24 Distribution should be ordered as prayed for.

25 IT IS ORDERED AND ADJUDGED that:

26 1. The administration of the estate is brought to a
27 close without the requirement of an accounting.

28 2. All the acts and transactions of the Executor

Judgment/ Waiver

2

1 relating to the matters set forth in the petition are ratified,
2 confirmed, and approved.

3 3. The Executor is authorized and directed to retain the
4 sum of \$1,000.00 from distribution at this time to defray closing
5 expenses and as a reserve for any tax deficiency which may
6 hereafter be determined to be due, and any unexpended portion of
7 said reserve is hereby distributed as set forth in paragraph 5
8 below.

9 4. The Executor is directed to pay to his attorneys, LAW
10 OFFICES OF JAMES T. YBARRONDO, the sum of ~~\$9,011.13~~ ^{\$9,630.02} as their
11 statutory fees for their services rendered in the administration of
12 this estate.

13 5. The estate in the possession of the Executor
14 remaining for distribution, after the payments and withholding
15 herein ordered in Paragraphs 3 and 4 above, consists of cash and
16 other assets and is distributed as follows:

17 TO JAMES D. TIELENS:

18 Cassini Promissory Note \$ 30,277.04
19 Secured by property located at:
31812 Highway 74, Hemet

20 Home and Real Property located at:
21 566 East Johnston Avenue
Hemet, CA 92543

22 Legally described as:
23 Lot 3 in Block 195 of the Lands of the
Hemet Land Company, as shown by Map on
24 file in Book 1 Page 14 of Maps, Riverside
County Records: Excepting therefrom the
25 Westerly 208.7 feet of the North half of
said Lot 3; also excepting therefrom that
26 portion of said Lot 3 described as
follows: Beginning at the Southwest
27 corner; thence North on the West line of
said Lot 3, 330 feet to the Northwest
28 corner of the South half of said Lot 3;
thence East on the North line of the South
half of Lot 3, 233 feet; thence South,
parallel with the West line of Lot 3, 97

Judgment/ Waiver

3

Public Record

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

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

Superior Court of California
County of Riverside

By

Mary J. Martens
DEPUTY

Dated:

10/16/09



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

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

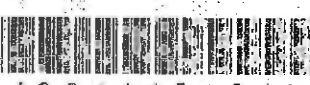
3052013105744

CERTIFICATE OF DEATH

3201333006035

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITOUTS OR ALTERATIONS VS-1 MREV 2005		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE DEAN		3. LAST (Family) TIELENS	
4. DATE OF BIRTH mm/dd/yyyy 11/18/1955 5. AGE Yrs. 57					
6. UNDER ONE YEAR: Months 0 Days 0 7. UNDER 24 HOURS: Hours 0 Minutes 0 8. SEX M					
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS/OP* (at Time of Death) DIVORCED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH mm/dd/yyyy 05/26/2013		9. HOUR (24 Hour) 1115	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MOTORCYCLE BUILDER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 566 EAST JOHNSTON AVENUE					
21. CITY HEMET		22. COUNTY/PROVINCE RIVERSIDE		25. STATE/FOREIGN COUNTRY CA	
23. ZIP CODE 92543		24. YEARS IN COUNTY 60		26. INFORMANT'S NAME, RELATIONSHIP JASON TIELENS, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 29290 GIRARD STREET, HEMET, CA 92544					
28. NAME OF SURVIVING SPOUSE/SRDP--FIRST MAURICE					
29. NAME OF FATHER/PARENT--FIRST MARGARET					
30. NAME OF MOTHER/PARENT--FIRST MARY					
31. MIDDLE ADRIAN					
32. MIDDLE MARGARET					
33. LAST (Family Name) SHUMACER					
34. BIRTH STATE KS					
35. BIRTH STATE KS					
36. PLACE OF BIRTH (City, State and zip) 29290 GIRARD STREET, HEMET, CA 92544					
41. TYPE OF DISPOSITION CR/RES					
42. SIGNATURE OF EMBALLER					
43. LICENSE NUMBER					
44. NAME OF FUNERAL ESTABLISHMENT MCWANE FAMILY FUNERAL HOME					
45. PHONE NUMBER					
46. SIGNATURE OF LOCAL REGISTRAR					
47. DATE mm/dd/yyyy 06/03/2013					
101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other					
104. COUNTY RIVERSIDE					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 EAST DEVONSHIRE AVENUE					
106. CITY HEMET					
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death): (A) PULMONARY THROMBOEMBOLI (B) DEEP VEIN THROMBOSIS (C) (D) 108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 109. DEATH REPORTED TO MEDICAL EXAMINER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO 114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy (B) mm/dd/yyyy					
115. SIGNATURE AND TITLE OF CERTIFIER [Signature]					
116. LICENSE NUMBER					
117. DATE mm/dd/yyyy					
118. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. QUALITY OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy 05/31/2013					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER					
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

INFORMATIONAL,
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY



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

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

DATE ISSUED _____

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

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



ANY ALTERATION OR RE-PRESSURE VOIDS THIS CERTIFICATE

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. James D. Tielens died on 05/26/2013 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$47,950.97 +/-, generated from Assessor's Parcel Number(s) 446251047-7, sold at the Riverside County, California, public auction of tax-defaulted property held on 8/15/2013.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

James R. Tielens
Jason Tielens

7. The undersigned (please check which box(s) applies):

- Is successor(s) of the decedent to the decedent's interest in the described property, or
- Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

9/21/14

(DATE)

9/26/14

(DATE)

(DATE)

(DATE)

(DATE)

Jason Tielens

Printed Name


James Tielens

Printed Name


Printed Name

Printed Name

Printed Name



signature



signature

signature

signature

signature

(Attach Additional Sheet if Necessary)
Page 1 of 2

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 9/3/14 before me, Regina M. Anderson, Notary Public, Personally appeared
(Date) (Here insert name and title of the officer)

JASON TIELENS, who proved to me on
(Name of Signer(s))

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 Regina M. Anderson (Seal)

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 09/26/2014 before me, Kimberly Martinez, Notary Public, Personally appeared

(Date) James R Tielens (Here insert name and title of the officer)

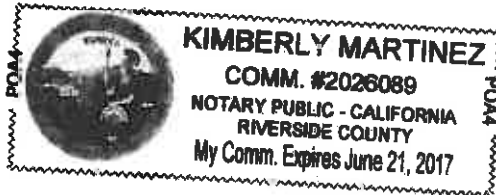
(Name of Signer(s)), who proved to me on

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 Kimberly Martinez (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

104 - 84-408681

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

30 011895

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST	
JASON	DEAN	TIELENS	
2. SEX	3A. THIS BIRTH SINGLE, TWIN, OR MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	3A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)
Male	Single	Dec 5, 1984	1119
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS (STREET NUMBER, OR LOCATION)	
	5C. CITY OR TOWN	5D. COUNTY	
	Hemet Valley Hospital	1116 E. Latham	
	Hemet	Riverside	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST
	James	Dean	Tielens
MOTHER OF CHILD	7A. NAME OF MOTHER—FIRST	7B. MIDDLE	7C. LAST (BIRTH NAME)
	Brenda	Dawn	Kurz
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		7. STATE OF BIRTH
	8. SIGNATURE OF PARENT OR OTHER INFORMANT—SIGNATURE		8. AGE OF FATHER
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		9. STATE OF BIRTH
	9. SIGNATURE OF ATTENDANT—SIGNATURE, DEGREE OR TITLE		9. AGE OF MOTHER
LOCAL REGISTRAR	10. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE, DEGREE OR TITLE		10. RELATIONSHIP TO CHILD
	11. TYPED NAME AND ADDRESS		11. DATE SIGNED
	Robert V Tate M.D. 1600 E. Florida Ave #103 Hemet		12-10-84
	12. LOCAL REGISTRAR—SIGNATURE		13. DATE SIGNED
			12/12/84
	15. DEATH—ENTER DATE OF DEATH		17. DATE ACCEPTED FOR REGISTRATION
			DEC 27 1984

INFORMATIONAL DOCUMENT



034415365

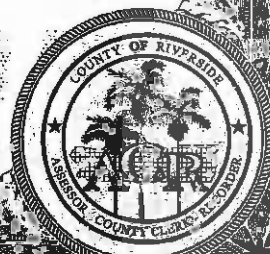
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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

DATE ISSUED

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

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



NOTICE OF ACTION

Worker Name: Christi Andre
Worker ID:
Worker Phone Number: (951) 791-3673
Notice Date: 05/12/2012
Case Name: Jason Tielens
Case Number:
Office Hours: Mon. - Thur. 7:00 AM - 5:30 PM Closed Fri.
TDD - For Hearing Impaired: (800) 952-8349

Jason Tielens
566 E JOHNSTON AVE
HEMET, CA 92543-7199

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of 05/31/2012, the County is stopping your:

- Cash Aid
 CalFresh

Here's why:

As of the 11th of this month, the County has not received your quarterly report (QR 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid.

CalFresh Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the quarterly report, the County will help you to do so. Please contact the County and ask for help.

YOU MUST RETURN THE QR 7 IF YOU WANT TO CONTINUE TO GET CalWORKs CASH AID.

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep using your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22; CalFresh: 63-103(n), 63-508.6.



DECLARATION
OF ONE AND THE SAME PERSON(S)

I, Jason Tielens, as heir to the Estate of James D. Tielens, do hereby declare:

1. I am over the age of 18 and a resident of Hemet, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as Jason Dean Tielens, Jason D. Tielens and Jason Tielens.
3. I am a biological son to James D. Tielens who is one and the same person as James Dean Tielens and James Tielens.
4. James Tielens is also one and the same person who is noted on the referenced Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
5. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 446251047-7.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21st day of Sept., 2014, at Hemet, California

x Jason Tielens

Jason Tielens, as heir to the Estate of James D. Tielens

State of California
County of Riverside

IURAT

Subscribed and sworn to (or affirmed) before me on this

21st day of Sept., 2014, by
Date Jason Tielens Year

Name of Signer

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

Signature Regina M. Anderson

Signature of Notary Public

(Place Notary Seal Above)

GD Number: 18780-188987



ASSIGNMENT OF RIGHT 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 assignor 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, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7, Tax Sale Number TC 197, Item 317 sold at public auction on 8/15/2013. I understand that the total of excess proceeds available for refund is \$ 47,950.97+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM

FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Jason Tielens
(Signature of Party of Interest/Assignor) (Date)
Tax ID/SS# _____

Jason Tielens, as heir to the Estate of James D. Tielens
(Name Printed)
40854 Gibbel Road Jason Tielens
(Address)
Hemet, CA 92544 29290 Girard St
(City/State/Zip)
951-0216-0480
(Area Code/Telephone Number)

STATE OF CALIFORNIA RMA
COUNTY OF San Riverside) ss.

On 9/21/14, before me Regina M. Anderson, notary public personally appeared Jason Tielens Who proved to me on

the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to 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.
Regina M. Anderson
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

Jed Byerly
(Signature of Assignee)

Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS# _____

Global Discoveries Ltd.
(Address)

STATE OF CALIFORNIA) ss.
COUNTY OF Stanislaus)

P.O. Box 1748
Modesto, CA 95353-1748
(City/State/Zip)

On 9-30-2014, before me Michelle Reynosa, Notary Public personally appeared ***Jed Byerly*** 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
Michelle Reynosa
(Signature of Notary)



(This area for official seal)

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 446251047-7
Tax Sale Number: TC 197
Item Number: 317
Date of Sale: 8/15/2013

The undersigned claimant, Global Discoveries, Ltd., claims \$23,975.48+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

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

Executed this 30th day of September 2014 at Modesto, California.

By: [Signature]
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID # 77-0558969
P.O. Box 1748
Modesto, CA 95353-1748

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

County of Stanislaus

On 9-30-2014 before me, Michelle Reynosa, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Jed Byerly, 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] (seal)
Signature of Notary Public



CALIFORNIA DRIVER LICENSE



DL

EXP 12/05/2018

LN TIELENS

FN JASON DEAN

CLASS C
END NONE

DOB 12/05/1984

REST NONE

12051984

SEX M

HAIR BRN

HT 5 4

EYES BRN

ISS 3/05/2014

CLASS C-Veh w/GVAR \$26000, No. MIC
ENDORSEMENTS NONE
RESTRICTIONS NONE

This license is issued as a license to
drive a motor vehicle; it does not
constitute an endorsement, and
your registration or public benefits.

120584

John D. Lyle

Rev 04/18/2010