

FORM APPROVED COUNTY COUNSEL  
 BY: GREGORY P. PRIAMOS DATE: 12/28/15

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

428A



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

**SUBMITTAL DATE:**  
**DEC 28 2015**

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 200, Item 369. Last assessed to: Patricia Ann Woods. District 3 [\$51,727]. Fund 65595 Excess Proceeds from Tax Sale.

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

1. Approve the claim from Global Discoveries, Ltd., assignee for Randall Grudziadz, as heir to the Estate of John Grudziadz for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 548052010-3;

(continued on page two)

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the April 29, 2014 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2014. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 16, 2014, 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	\$ 51,727	\$ 0	\$ 51,727	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale				<b>Budget Adjustment:</b> N/A	
				<b>For Fiscal Year:</b> 15/16	

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

BY: *Samuel Wong* 1/14/16  
 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:

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 200, Item 369. Last assessed to: Patricia Ann Woods. District 3 [\$51,727]. Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** DEC 28 2015

**PAGE:** Page 2 of 2

**RECOMMENDED MOTION:**

2. Approve the claim from Patricia Ann Woods for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 548052010-3;
3. Authorize and direct the Auditor-Controller to issue warrants to Global Discoveries, Ltd., assignee for Randall Grudziadz, as heir to the Estate of John Grudziadz in the amount of \$47,375.83 and Patricia Ann Woods in the amount of \$4,352.01, 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 two claims for excess proceeds:

1. Claim from Global Discoveries, Ltd., assignee for Randall Grudziadz, as heir to the Estate of John Grudziadz based on an Assignment of Right to Collect Excess Proceeds dated June 17, 2015, a Short Form Deed of Trust and Assignment of Rents recorded August 10, 2007 as Instrument No. 2007-0518000, an Affidavit for Collection of Personal Property for John Grudziadz dated June 17, 2015, an Affidavit for Collection of Personal Property for Esther Grudziadz dated October 26, 2015, death certificates for John Archibald Grudziadz and Esther Rose Grudziadz.
2. Claim from Patricia Ann Woods based on a Grant Deed recorded June 17, 1997 as Instrument No. 212624 and an Affidavit- Death of Joint Tenant recorded August 10, 2007 as Instrument No. 2007-0517999.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for Randall Grudziadz, as heir to the Estate of John Grudziadz be awarded excess proceeds in the amount of \$47,375.83 and Patricia Ann Woods be awarded excess proceeds in the amount of \$4,352.01. 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 heir of the Deed of Trust holder and 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: June 19, 2015  
To: Riverside County Treasurer and Tax Collector  
Assessors Parcel Number: 548052010-3  
Last Assessee: WOODS PATRICIA ANN  
Sale Date: 4/24/2014  
TC: TC200  
Item Number: 369  
Deadline: 6/20/2015

RECEIVED  
2015 JUN 24 AM 8:34  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTION

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 along with Supporting Documentation
2. Short Form Deed of Trust and Assignment of Rents naming John Grudziadz, a married man as Beneficiary as Document Number: 2007-0518000 Recorded on 08/10/2007 in Riverside County.
3. **Certified** Death Certificate for John Grudziadz
4. Probate Affidavit for the Estate of John Grudziadz
5. Birth Certificate for Randall Grudziadz **to Follow**
6. Installment Note
7. Affidavit of Lost Instrument
8. Statement of Amount Due and Owing
9. Amount Due and Payable Calculation
10. Written Statement from Randall Grudziadz stating there were no payments received
11. Declaration of One and The Same Person
12. Assignment of Rights To Collect Excess Proceeds signed by Randall Grudziadz, as heir to the Estate of John Grudziadz
13. Claim form(s) signed by Global Discoveries
14. Photo ID for Assignor: Randall Grudziadz (**Please Note:** Randall's CA DL references the 1295 Cawston SP 11 Hemet, CA 92545 address; which is one and the same address that is noted for Randall Grudziadz on the Certificate of Death for John Grudziadz)

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

- One warrant in the amount of \$47,375.83 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: 7014-2120-0004-6428-0108**



**EXPLANATION OF FACTS:  
Property: 548052010-3  
(44509 HARVEY WAY, HEMET, 92544)**

John Grudziadz was the Beneficiary of the Short Form Deed of Trust and Assignment of Rents recorded August 10, 2007.

John Grudziadz passed away on September 16, 2013. He died with one surviving spouse; Esther Rose Grudziadz and 1 biological child; Randall Grudziadz. He died with NO Last Will and Testament nor was his Estate ever probated in the State of California.

Esther Rose Grudziadz passed away on April 20, 2015 leaving Randall Grudziadz as the only living issue to the Estate of John Grudziadz.

**(Please see attached Certified Certificate of Death for Esther Rose Grudziadz)**

Randall Grudziadz is entitled to collect 100% of the Estate of John Grudziadz from the Excess Proceeds and/or \$47,375.83+/-; which is the amount due and owing balance from the Deed of Trust referenced above.

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 548052010-3 Tax Sale Number TC200, Item 369 sold at public auction on 4/24/2014. I understand that the total of excess proceeds available for refund is \$ 51,727.84+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE 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.

Randall G Grudziaz  
(Signature of Party of Interest/Assignor) (Date)

Randall (RG)  
Randolph Grudziaz, as heir to the Estate of John Grudziaz  
(Name Printed)

Tax ID/SS# \_\_\_\_\_

PO BOX 22  
(Address)

Aguanga, CA, 92536  
(City/State/Zip)

760-500-8451  
(Area Code/Telephone Number)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

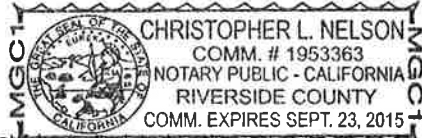
State of California

County of Riverside

On 6/17/15 before me, Christopher L. Nelson, a notary public, personally appeared

Randall Grudziaz (here insert name and title of the officer), 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.  
Christopher L. Nelson (seal)  
Signature of Notary Public



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 Bjerly  
(Signature of Assignee)

Jed Bjerly, Managing Member  
(Name Printed)

Tax ID/SS# \_\_\_\_\_

Global Discoveries Ltd.  
(Address)

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

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

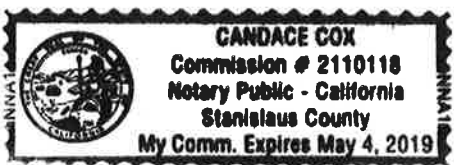
State of California

County of Stanislaus

On 6/19/2015 before me, Gandace Cox - notary public, personally appeared

Jed Bjerly (here insert name and title of the officer), 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.  
Gandace Cox (seal)  
Signature of Notary Public



FNT

RECORDING REQUESTED BY:  
- Fidelity National Title Company  
Escrow No. 762601-MH  
Title Order No. 33352280

When Recorded Mail Document To:  
John Grudziadz  
P.O. Box 11  
Aguanga, CA 92536

DOC # 2007-0518000  
08/10/2007 08:00A Fee:25.00  
Page 1 of 4  
Recorded in Official Records  
County of Riverside  
Larry W. Ward  
Assessor, County Clerk & Recorder



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APN: 548-052-010-3

**SHORT FORM DEED OF TRUST AND ASSIGNMENT OF RENTS**

THIS DEED OF TRUST, made July 13, 2007  
Patricia Ann Woods,

25  
, between  
, herein called TRUSTOR, whose address is

44509 Harvey Way  
Hemet, CA 92544

Fidelity National Title Company, a California Corporation, herein called TRUSTEE, and  
John Grudziadz, a married man

, herein called BENEFICIARY.

T  
042

WITNESSETH: That Trustor IRREVOCABLY GRANTS, TRANSFERS AND ASSIGNS to TRUSTEE IN TRUST, WITH  
POWER OF SALE, that property in Riverside  
County, California, described as:

Lot 9 of Tract No. 3924, as shown by map on file in Book 63, Pages 96 and 97 of maps, Records of Riverside  
County.

The herein described mobile home is given as additional collateral: 1988 Skyline Greenleaf, Serial # 15710276A/BY,  
Insignia # CAL356259/60, SIZE 52'X24".

Anything herein to the contrary notwithstanding, in the event of a voluntary sale, transfer or conveyance of all or  
any portion of the property described herein, any indebtedness or obligation due under the note secured hereby,  
shall at the option of the holder hereof, immediately become due and payable.

TOGETHER WITH the rents, issues and profits thereof, SUBJECT, HOWEVER, to the right, power and authority  
given to and conferred upon Beneficiary by paragraph (10) of the provisions incorporated herein by reference to  
collect and apply such rents, issues and profits.

**For the Purpose of Securing:** 1. Performance of each agreement of Trustor incorporated by reference or contained  
herein. 2. Payment of the indebtedness evidenced by one promissory note of even date herewith, and any extension  
or renewal thereof, in the principal sum of \$25,000.00 executed by Trustor in favor of Beneficiary or order. 3.  
Payment of such further sums as the then record owner of said property hereafter may borrow from Beneficiary,  
when evidenced by another note (or notes) reciting it is so secured.

INITIALS P.W.  
Page No. 1 of 4

APN: 548-052-010-3

To Protect the Security of this Deed of Trust, Trustor Agrees: By the execution and delivery of this Deed of Trust and the note secured hereby, that provisions (1) to (14), inclusive, of the fictitious deed of trust recorded in Santa Barbara County and Sonoma County October 18, 1961, and in all other counties October 23, 1961, in the book and at the page of Official Records in the office of the county recorder of the county where said property is located, noted below opposite the name of such county, viz:

COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE
Alameda	435	684	Kings	792	833	Placer	895	301	Sierra	29	335
Alpine	1	250	Lake	362	39	Plumas	151	5	Siskiyou	468	181
Amador	104	348	Lassen	171	471	Riverside	3005	523	Solano	1105	182
Butte	1145	1	Los Angeles	T2055	899	Sacramento	4331	62	Sonoma	1851	689
Calaveras	145	152	Madera	810	170	San Benito	271	383	Stanislaus	1715	456
Colusa	296	617	Marin	1508	339	San Bernardino	5567	61	Sutter	572	297
Contra Costa	3978	47	Mariposa	77	292	San Francisco	A332	905	Tahama	401	289
Del Norte	78	414	Mendocino	579	530	San Joaquin	2470	311	Trinity	93	366
El Dorado	568	456	Merced	1547	538	San Luis Obispo	1151	12	Tulare	2294	275
Fresno	4626	572	Modoc	184	851	San Mateo	4078	420	Tuolumne	135	47
Glenn	422	184	Mono	52	429	Santa Barbara	1878	860	Ventura	2062	386
Humboldt	657	527	Monterey	2194	538	Santa Clara	5336	341	Yolo	653	245
Imperial	1091	501	Napa	639	86	Santa Cruz	1431	494	Yuba	334	486
Inyo	147	598	Nevada	305	320	Shasta	684	528			
Kern	3427	60	Orange	5889	611	San Diego	Series 2 Book 1961, Page 183887				

which provisions, identical in all counties, (printed on the attached unrecorded pages) are hereby adopted and incorporated herein and made a part hereof as fully as though set forth herein at length; that Trustor will observe and perform said provisions; and that the references to property, obligations and parties in said provisions shall be construed to refer to the property, obligations, and parties set forth in this Deed of Trust.

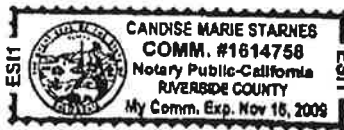
The undersigned Trustor requests that a copy of any Notice of Default and of any Notice of Sale hereunder be mailed to him at his address hereinbefore set forth.

State of California  
County of Riverside

Patricia Ann Woods  
Patricia Ann Woods

On July 16, 2007 before me,  
Candise Marie Starnes, A Notary Public  
(here insert name and title of the officer)  
personally appeared Patricia Ann Woods

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



WITNESS my hand and official seal.

Signature Candise Marie Starnes (Seal)

**DO NOT RECORD**

The following is a copy of provisions (1) to (14), inclusive, of the fictitious deed of trust, recorded in each county in California, as stated in the foregoing Deed of Trust and incorporated by reference in said Deed of Trust as being a part thereof as if set forth at length therein.

**TO PROTECT THE SECURITY OF THIS DEED OF TRUST, TRUSTOR AGREES:**

(1) To keep said property in good condition and repair; not to remove or demolish any building thereon; to complete or restore promptly and in good and workmanlike manner any building which may be constructed, damaged or destroyed thereon and to pay when due all claims for labor performed and materials furnished therefor; to comply with all laws affecting said property or requiring any alterations or improvements to be made thereon; not to commit or permit waste thereof; not to commit, suffer or permit any act upon said property in violation of law; to cultivate, irrigate, fertilize, fumigate, prune and do all other acts which from the character or use of said property may be reasonably necessary, the specific enumerations herein not excluding the general.

(2) To provide, maintain and deliver to Beneficiary fire insurance satisfactory to and with loss payable to Beneficiary. The amount collected under any fire or other insurance policy may be applied by Beneficiary upon any indebtedness secured hereby and in such order as Beneficiary may determine, or at option of Beneficiary the entire amount so collected or any part thereof may be released to Trustor. Such application or release shall not cure or waive any default or notice of default hereunder or invalidate any act done pursuant to such notice.

(3) To appear in and defend any action or proceeding purporting to affect the security hereof or the rights or powers of Beneficiary or Trustee; and to pay all costs and expenses, including cost of evidence of title and attorney's fees in a reasonable sum, in any such action or proceeding in which Beneficiary or Trustee may appear, and in any suit brought by Beneficiary to foreclose this Deed.

(4) To pay: at least ten days before delinquency all taxes and assessments affecting said property, including assessments on appurtenant water stock; when due, all incumbrances, charges and liens, with interest, on said property or any part thereof, which appear to be prior or superior hereto; all costs, fees and expenses of this Trust.

Should Trustor fail to make any payment or to do any act as herein provided, then Beneficiary or Trustee, but without obligation so to do and without notice to or demand upon Trustor and without releasing Trustor from any obligation hereof, may: make or do the same in such manner and to such extent as either may deem necessary to protect the security hereof, Beneficiary or Trustee being authorized to enter upon said property for such purposes; appear in and defend any action or proceeding purporting to affect the security hereof or the rights or powers of Beneficiary or Trustee; pay, purchase, contest or compromise any incumbrance, charge or lien which in the judgment of either appears to be prior or superior hereto; and, in exercising any such powers, pay necessary expenses, employ counsel and pay his reasonable fees.

(5) To pay immediately and without demand all sums so expended by Beneficiary or Trustee, with interest from date of expenditure at the amount allowed by law in effect at the date hereof, and to pay for any statement provided for by law in effect at the date hereof regarding the obligation secured hereby any amount demanded by the Beneficiary not to exceed the maximum allowed by law at the time when said statement is demanded.

(6) That any award of damages in connection with any condemnation for public use of or injury to said property or any part thereof is hereby assigned and shall be paid to Beneficiary who may apply or release such moneys received by him in the same manner and with the same effect as above provided for disposition of proceeds of fire or other insurance.

(7) That by accepting payment of any sum secured hereby after its due date, Beneficiary does not waive his right either to require prompt payment when due of all other sums so secured or to declare default for failure so to pay.

(8) That at any time or from time to time, without liability therefor and without notice, upon written request of Beneficiary and presentation of this Deed and said note for endorsement, and without affecting the personal liability of any person for payment of the indebtedness secured hereby, Trustee may: reconvey any part of said property; consent to the making of any map or plat thereof; join in granting any easement thereon; or join in any extension agreement or any agreement subordinating the lien or charge hereof.

(9) That upon written request of Beneficiary stating that all sums secured hereby have been paid, and upon surrender of this Deed and said note to Trustee for cancellation and retention and upon payment of its fees, Trustee shall reconvey, without warranty, the property then held hereunder. The recitals in such reconveyance of any matters or facts shall be conclusive proof of the truthfulness thereof. The Grantee in such reconveyance may be described as "the person or persons legally entitled thereto." Five years after issuance of such full reconveyance, Trustee may destroy said note and this Deed (unless directed in such request to retain them).

(10) That as additional security, Trustor hereby gives to and confers upon Beneficiary the right, power and authority, during the continuance of these Trusts, to collect the rents, issues and profits of said property, reserving unto Trustor the right, prior to any default by Trustor in payment of any indebtedness secured hereby or in performance of any agreement hereunder, to collect and retain such rents, issues and profits as they become due and payable. Upon any such default, Beneficiary may at any time without notice, either in person, by agent, or by a receiver to be appointed by a court, and without regard to the adequacy of any security for the indebtedness hereby secured, enter upon and take possession of said property or any part thereof, in his own name sue for or otherwise collect such rents, issues, and profits, including those past due and unpaid, and apply the same, less costs and expenses of operation and collection, including reasonable attorney's fees, upon any indebtedness secured hereby, and in such order as Beneficiary may determine. The entering upon and taking possession of said property, the collection of such rents, issues and profits and the application thereof as aforesaid, shall not cure or waive any default or notice of default hereunder or invalidate any act done pursuant to such notice.

(11) That upon default by Trustor in payment of any indebtedness secured hereby or in performance of any agreement hereunder, Beneficiary may declare all sums secured hereby immediately due and payable by delivery to Trustee of written declaration of default and demand for sale and of written notice of default and of election to cause to be sold said property, which notice Trustee shall cause to be filed for record. Beneficiary also shall deposit with Trustee this Deed, said note and all documents evidencing expenditures secured hereby.

INITIALS

P.W.



APN: 548-052-010-3

**DO NOT RECORD**

After the lapse of such time as may then be required by law following the recordation of said notice of default, and notice of sale having been given as then required by law, Trustee, without demand on Trustor, shall sell said property at the time and place fixed by it in said notice of sale, either as a whole or in separate parcels, and in such order as it may determine, at public auction to the highest bidder for cash of lawful money of the United States, payable at time of sale. Trustee may postpone sale of all or any portion of said property by public announcement at such time and place of sale, and from time to time thereafter may postpone such sale by public announcement at the time fixed by the proceeding postponement. Trustee shall deliver to such purchaser its deed conveying the property so sold, but without any covenant or warranty, express or implied. The recitals in such deed of any matters or facts shall be conclusive proof of the truthfulness thereof. Any person, including Trustor, Trustee, or Beneficiary as hereinafter defined, may purchase at such sale.

After deducting all costs, fees and expenses of Trustee and of this Trust, including cost of evidence of title in connection with sale, Trustee shall apply the proceeds of sale to payment of: all sums expended under the terms hereof, not then repaid, with accrued interest at the amount allowed by law in effect at the date hereof; all other sums then secured hereby; and the remainder, if any, to the person or persons legally entitled thereto.

(12) Beneficiary, or any successor in ownership of any indebtedness secured hereby, may from time to time, by instrument in writing, substitute a successor or successors to any Trustee named herein or acting hereunder, which instrument, executed by the Beneficiary and duly acknowledged and recorded in the office of the recorder of the county or counties where said property is situated, shall be conclusive proof of proper substitution of such successor Trustee or Trustees, who shall, without conveyance from the Trustee predecessor, succeed to all its title, estate, rights, powers and duties. Said instrument must contain the name of the original Trustor, Trustee and Beneficiary hereunder, the book and pages where this Deed is recorded and the name and address of the new Trustee.

(13) That this Deed applies to, inures to the benefit of, and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, successors and assigns. The term Beneficiary shall mean the owner and holder, including pledgees, of the note secured hereby, whether or not named as Beneficiary herein. In this Deed, whenever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

(14) That Trustee accepts this Trust when this Deed, duly executed and acknowledged, is made a public record as provided by law. Trustee is not obligated to notify any party hereto of pending sale under any other Deed of Trust or of any action or proceeding in which Trustor, Beneficiary or Trustee shall be a party unless brought by Trustee.

INITIALS     J.W.    

**REQUEST FOR FULL RECONVEYANCE**

**Fidelity National Title Company, a California Corporation, TRUSTEE:**

The undersigned is the legal owner and holder of all indebtedness secured by the within Deed of Trust. All sums secured by said Deed of Trust have been fully paid and satisfied; and you are hereby requested and directed, on payment to you of any sums owing to you under the terms of said Deed of Trust, to cancel all evidences of indebtedness, secured by said Deed of Trust, delivered to you herewith, together with the said Deed of Trust, and to reconvey, without warranty, to the parties designated by the terms of said Deed of Trust, all the estate now held by you under the same.

Dated \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Please mail Reconveyance to:

Do not lose or destroy this Deed of Trust OR THE NOTE which it secures. Both original documents must be delivered to the Trustee for cancellation before reconveyance will be made.

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(here insert name and title of the officer)

personally appeared \_\_\_\_\_

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

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY**

The undersigned state(s) as follows:

1. John Grudziadz died on 9/16/2013 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 \$47,375.83+-, generated from Assessor's Parcel Number(s) 548052010-3, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/24/2014.

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

*Randolph*  
 Randolph Grudziadz *RG*

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.

6-17-15  
 (DATE)

*Russell Grunow*  
 Printed Name

*Randolph Grudziadz*  
 signature

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 signature

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 signature

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 signature

(Attach Additional Sheet if Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside

On 6/17/15 before me, Christopher L. Nelson, a notary Public, personally appeared

(Date) Randall Gradziel (here insert name and title of the officer)

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~~ executed the same in his/~~her~~ authorized capacity(ies), and that by his/~~her~~ 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  
Christopher L. Nelson (seal)  
Signature of Notary Public



**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY**

The undersigned state(s) as follows:

1. Esther Grudziadz died on April 20, 2015 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 \$47,375.83 +-, generated from Assessor's Parcel Number(s) 548052010-3, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/24/2014.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:  
Randall Grudziadz, as heir to the Estate of John Grudziadz,
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.

<u>10-26-15</u>	<u>Randall G Grudziadz</u>	<u>Randall G Grudziadz</u>
(DATE)	Printed Name	signature
_____	Printed Name	signature
(DATE)	Printed Name	signature
_____	Printed Name	signature
(DATE)	Printed Name	signature
_____	Printed Name	signature
(DATE)	Printed Name	signature

(Attach Additional Sheet if Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside

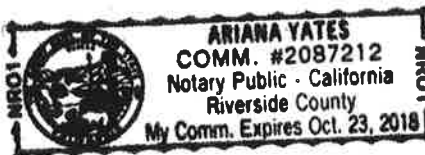
On 10/20/2015 before me, Ariana Yates, Notary Public, personally appeared

Randall G. Grudziadz (Date) (here insert name and title of the officer), 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.

A. Yates (seal)  
Signature of Notary Public



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

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

3052013177921

**CERTIFICATE OF DEATH**

3201333010205

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-14REV 3/08		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>JOHN</b>		2. MIDDLE <b>ARCHIBALD</b>		3. LAST (Family) <b>GRUDZIADZ</b>	
4. AKA, ALSO KNOWN AS (include his AKA if FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>12/07/1924</b>		5. AGE Yrs. <b>88</b>	
6. BIRTH STATE/FOREIGN COUNTRY <b>WI</b>		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPOUSE (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/16/2013</b>		8. HOUR (24 Hour) <b>1830</b>	
13. EDUCATION - Highest Level Degree (see worksheet on back) <b>SOME COLLEGE</b>		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) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ELECTRICAL ENGINEER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MANUFACTURING</b>		19. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1393 SOUTH BUENA VISTA</b>					
21. CITY <b>HEMET</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92543</b>	
24. YEARS IN COUNTY <b>10</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>RANDALL GRUDZIADZ, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1295 SOUTH CAWSTON SPACE 11, HEMET, CA 92543</b>			
28. NAME OF BURNING SPOUSE/SPOUSE-FIRST <b>ESTHER</b>		29. MIDDLE <b>ROSE</b>		30. LAST (BIRTH NAME) <b>GAJEWSKI</b>	
31. NAME OF FATHER/PARENT-FIRST <b>JOHN</b>		32. MIDDLE <b>WESLEY</b>		33. LAST <b>GRUDZIADZ</b>	
34. NAME OF MOTHER/PARENT-FIRST <b>ANITA</b>		35. MIDDLE <b>MOSHAWOWSKI</b>		36. LAST (BIRTH NAME) <b>MOSHAWOWSKI</b>	
37. DEPOSITION DATE mm/dd/yyyy <b>10/08/2013</b>		38. PLACE OF FINAL DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518</b>			
41. TYPE OF DISPOSITION <b>BU</b>		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>MILLER JONES MORTUARY &amp; CREMATORY</b>		45. LICENSE NUMBER <b>FB 1266</b>		46. SIGNATURE OF LOCAL REGISTRAR	
47. DATE mm/dd/yyyy <b>09/24/2013</b>					
101. PLACE OF DEATH <b>BUENA VISTA ASSISTED LIVING</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1393 SOUTH BUENA VISTA</b>		106. CITY <b>HEMET</b>	
107. CAUSE OF DEATH Enter the chain of events (i.e., disease, injuries, or complications) that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT ABBREVIATE. <b>(A) ACUTE CARDIORESPIRATORY ARREST</b>		Time Interval Between Onset and Death: (AT) HRS <b>2013-08484</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(B) CLINICAL SYSTEMIC DECOMPENSATION</b>		(BT) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109.opsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(C) END STAGE VASCULAR DEMENTIA</b>		(CT) YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(DT)		111. USED IN DETERMINING CAUSE? <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 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>		116. LICENSE NUMBER <b>A70985</b>	
(A) mm/dd/yyyy <b>03/27/2013</b>		(B) mm/dd/yyyy <b>09/16/2013</b>		117. DATE mm/dd/yyyy <b>09/24/2013</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SANYASI R GANTA M.D. 850 E. LATHAM AVE. STE. A, HEMET, CA 92543</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Pending <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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hour)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*034493289*			

**NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**

\* 0 3 4 4 9 3 2 8 9 \*

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

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

DATE ISSUED

JUN 15 2015

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

*Peter Aldana*  
**PETER ALDANA**  
 ASSESSOR-COUNTY CLERK-RECORDER  
 RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

**COUNTY OF RIVERSIDE**  
 RIVERSIDE, CALIFORNIA

3052015081414

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
 USE BLACK INK ONLY (NO ENCLAVES, WHITEOUTS OR ALTERATIONS  
 VS-1 (REV. 3/08)

3201533004833

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ESTHER</b>		2. MIDDLE <b>ROSE</b>	
3. LAST (Family) <b>GRUDZIADZ</b>		4. DATE OF BIRTH mm/dd/yyyy <b>06/10/1929</b>	
5. AGE Yrs <b>85</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>NY</b>		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ASSEMBLER</b>		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ELECTRONICS</b>		19. YEARS IN OCCUPATION <b>10</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1393 SOUTH BUENA VISTA</b>			
21. CITY <b>HEMET</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>	
23. ZIP CODE <b>92543</b>		24. YEARS IN COUNTY <b>11</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>RANDALL GRUDZIADZ, SON</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, city, town, state and zip) <b>P.O. BOX 22, JAGUANGA, CA 92536</b>		28. NAME OF SURVIVING SPOUSE/SPOPE-FIRST -	
29. NAME OF FATHER/PARENT-FIRST <b>WALTER</b>		30. MIDDLE -	
31. NAME OF MOTHER/PARENT-FIRST <b>ANNA</b>		32. MIDDLE -	
33. LAST <b>GAJEWSKI</b>		34. BIRTH STATE <b>NY</b>	
35. NAME OF FATHER/PARENT-FIRST <b>WALTER</b>		36. MIDDLE -	
37. NAME OF MOTHER/PARENT-FIRST <b>ANNA</b>		38. BIRTH STATE <b>NY</b>	
39. DEPOSITION DATE <b>04/24/2015</b>		40. PLACE OF FINAL DEPOSITION <b>RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518</b>	
41. TYPE OF DISPOSITION <b>CR/BU</b>		42. SIGNATURE OF REGISTRAR [REDACTED]	
43. BIRTH NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT <b>MILLER-JONES MORTUARY &amp; CREMATORY</b>	
45. LICENSE NUMBER <b>FD1288</b>		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy <b>04/23/2015</b>		48. BIRTH NUMBER -	
101. PLACE OF DEATH <b>BUENA VISTA ASSISTED LIVING</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY <b>RIVERSIDE</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1393 SOUTH BUENA VISTA</b>	
105. CITY <b>HEMET</b>		106. CITY <b>HEMET</b>	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter external events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) ACUTE CARDIORESPIRATORY ARREST</b>		108. DEATH REPORTED TO CORONER (at Death) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(B) CLINICAL AND SYSTEMIC DECOMPENSATION</b>		109. HOURS <b>2015-04215</b>	
110. SEQUENTIAL, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(C) BENIGN RENAL MASS</b>		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CONGESTIVE HEART FAILURE</b>		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date) <b>NO</b>		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. 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>04/13/2015</b> (B) mm/dd/yyyy <b>04/18/2015</b>		114. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SANYASI R GANTA M.D. 890 WEST STETSON AVENUE STE A, HEMET, CA 92543</b>		116. LICENSE NUMBER <b>A70985</b>	
117. DATE mm/dd/yyyy <b>04/23/2015</b>		118. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
119. MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined		120. INJURY DATE mm/dd/yyyy	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hour)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		124. DATE mm/dd/yyyy	
125. SIGNATURE OF CORONER / DEPUTY CORONER		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

**INFORMATIONAL DOCUMENT**  
**NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**

STATE REGISTRAR A B C D E

\* 0 3 4 4 9 3 2 8 8 \*

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

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

DATE ISSUED **MAY 5 2015**

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

  
**PETER ALDANA**  
 ASSESSOR-COUNTY CLERK-RECORDER  
 RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

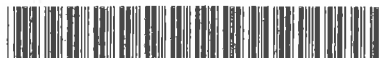
FILED OCT 10 1952 NAME B. BEATTY, COUNTY RECORDER		38383	
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		REGISTRATION 1922	REGISTRAR'S NUMBER 1350
1a. CHILD'S FIRST NAME <b>Randolph</b>		1b. MIDDLE NAME <b>Gerald</b>	
1c. LAST NAME <b>Grudziadz</b>		1d. DATE OF BIRTH—MONTH, DAY, YEAR <b>August 8, 1952</b>	
2. SEX <b>Male</b>	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? <b>Single</b>	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4b. HOUR <b>2:55 P</b>
5a. COUNTY <b>Los Angeles</b>		5b. CITY OR TOWN <b>Inglewood</b>	
5c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Centinel Valley Community Hospital</b>		5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>935 South Flower Street</b>	
6a. STATE <b>California</b>	6b. COUNTY <b>Los Angeles</b>	6c. CITY OR TOWN <b>Inglewood</b>	6d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) <b>3860 West 109th Street</b>
7a. MAIDEN NAME OF MOTHER—FIRST NAME <b>Esther</b>		7b. MIDDLE NAME <b>Rose</b>	
7c. LAST NAME <b>Gajewski</b>		7d. COLOR OR RACE OF MOTHER <b>White</b>	
9. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>23</b> YEARS		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>New York</b>	
11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE, GIVE WITH SECTION OF BIRTH)		12. COLOR OR RACE OF FATHER <b>White</b>	
12a. NAME OF FATHER—FIRST NAME <b>JOHN</b>		12b. MIDDLE NAME <b>Archibald</b>	
12c. LAST NAME <b>Grudziadz</b>		12d. COLOR OR RACE OF FATHER <b>White</b>	
14. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>27</b> YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Wisconsin</b>	
16a. USUAL OCCUPATION <b>Junior Engineer</b>		16b. BUSINESS OR INDUSTRY <b>Transformer Manufact-uring</b>	
17a. SIGNATURE OF FATHER OR OTHER INFORMANT <i>[Signature]</i>		17b. DATE SIGNED BY FATHER OR OTHER INFORMANT <b>8-11-52</b>	
18a. SIGNATURE OF ATTENDANT <i>[Signature]</i>		18b. ADDRESS <b>309 S. Kalso, Inglewood</b>	
19. DATE RECEIVED BY LOCAL REGISTRAR <b>AUG 12 1952</b>		20. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		0	

INFORMATIONAL  
NOT A VALID DOCUMENT  
TO ESTABLISH IDENTITY

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

JUN 19 2015



\* 1 0 0 0 0 0 5 8 2 5 9 8 \*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.  
PBNCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





**INSTALLMENT NOTE**  
**INSTALLMENT (INTEREST ONLY)**

Escrow No. 762601-MH

\$25,000.00

Hemet, California

July 13, 2007

In installments as herein stated, for value received, I promise to pay to

**John Grudziadz, a married man or order,**

at as designated by beneficiary, the sum of **TWENTY-FIVE THOUSAND AND 00/100 DOLLARS,**

with interest from August 10, 2007, on the unpaid principal, at the rate of **12.00** percent per annum, interest only payable on the same day of each and every month, beginning on September 10, 2007, and continuing until August 10, 2010.

Anything herein to the contrary notwithstanding, in the event of a voluntary sale, transfer or conveyance of all or any portion of the property described herein, any indebtedness or obligation hereunder, shall at the option of the holder hereof, immediately become due and payable.

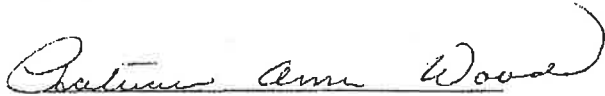
This note is subject to Section 2966 of the Civil Code, which provides that the holder of this note shall give written notice to the Trustor, or his successor in interest, of prescribed information at least 90 and not more than 150 days before any balloon payment is due.

Privilege is reserved to pay more than the sum due at any time by paying principal, accrued interest, and an amount equal to 60 days' advance interest.

In the event that any payment, or any portion thereof, due hereunder is not received by the Payee within 10 days after the due date thereof, the undersigned agrees to pay to Payee, in addition to the regular monthly payment, a late charge of 10%.

The herein described mobile home is given as additional collateral: 1988 Skyline Greenleaf, Serial #  
Insignia #                      SIZE 52'X24"

Each payment shall be credited on interest then due, and the remainder on principal; and interest shall thereupon cease upon the principal so credited. Should default be made in payment of any installment when due the whole sum of principal and interest shall become due at the option of the holder of this note. Principal and interest payable in lawful money of the United States. If action be instituted on this note I promise to pay such sum as the Court may fix as attorney's fees. This note is secured by a Deed of Trust to **Fidelity National Title Company, a California Corporation**, herein called Trustee.

  
Patricia Ann Woods

**AFFIDAVIT OF LOST INSTRUMENT**

The undersigned Affiant(s), Randolph Grudziadz, as heir to the Estate of John Grudziadz, declare as follows:

1. I reside at PO BOX 22, Aguanga, CA, Riverside, California.
2. I have never been the owner of this original instrument, the lawful owner of the original instrument was my father; John Grudziadz who is now deceased, the original Instrument is described as follows: promissory note payable to John Grudziadz secured by a Deed of Trust.
3. I have conducted a due and diligent search for the original instrument but have not been able to locate it. I can only provide a Copy.
4. The original instrument was lost on or about, unknown, under the following circumstances: I have never been in possession of the Original Installment Note.
5. The Affiant(s) is the owner of the promissory note secured by the Deed of Trust, executed by Patricia Ann Woods, as Trustor(s), to Fidelity National Title Company, as Trustee, in favor of John Grudziadz, as Beneficiary. The Deed of Trust was recorded in Riverside County, California, on 8/10/2007 as Instrument Number(s) 2007-0518000, to secure a lien against the property(ies) identified by Assessors Parcel Number(s) 548-052-010-3, Situs Address: 44509 HARVEY WAY, HEMET, 92544
6. The terms of the Original Promissory Note are as follows:
  - a) Date of the Promissory Note is 07/13/2007
  - b) Interest rate is 12% per annum.
  - c) Original Loan amount was \$25,000.00.
  - d) First Payment was due on 09/10/2007.
  - e) Monthly payment amount is \$250.00.
  - f) Late payment penalty is \$25.00 or 10% of the monthly payment if not received within 10 days from the due date.
7. I have not transferred or in any other way been divested of the ownership of, or rights under, the original instrument, except for the loss set forth in this declaration.

The affiant(s) affirms, under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

6-17-15  
DATE: MONTH, DAY, YEAR

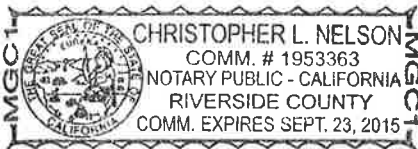
Randolph Grudziadz  
Randolph Grudziadz, as heir to the Estate of John Grudziadz  
*man (P)*

**JURAT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Riverside

Subscribed and sworn to (or affirmed) before me on this  
17 day of June, 2015, by  
Date June Month 17 Year  
Randall Grudziadz  
Name of Signer



(Place Notary Seal Above)

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

Signature Christopher L. Nelson  
Signature of Notary Public

STATEMENT OF AMOUNT DUE AND OWING

The undersigned hereby states that the original amount of the lien or security interest against Assessor's Parcel Number(s) 548-052-010-3, Situs Address: 44509 HARVEY WAY, HEMET, 92544 was \$25,000.00. The amount still due and owing as of the 4/24/2014 sale of the tax-defaulted property by the Riverside County Tax Collector was at least \$47,375.83; no further payments were received after this date.

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

6-17-15  
DATE: MONTH, DAY, YEAR

*Randolph Grudziadz*  
Randolph Grudziadz, as heir to the Estate of John Grudziadz  
Ranadcc (R.C)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of ~~CA~~ California )

County of Riverside )

On 6/17/15 before me, Christopher L. Nelson, a Notary Public  
(Date) (here insert name and title of the officer), personally appeared

Randall Grudziadz, 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.  
*Christopher L. Nelson* (seal)  
Signature of Notary Public



**Amount Due And Payable Calculation**

Trustor(s) or Debtor(s): Patricia Ann Woods  
Beneficiary(ies) or Creditor(s): Randolph Grudziadz, as heir to the Estate of John Grudziadz  
Instrument Number: 2007-518000  
County: Riverside  
APN: 548-052-010-3

Original Principal Balance of Loan: \$25,000.00  
Interest Rate: 12%  
Payment Received: \$0.00 (No Payments Received)

Last Payment Received Date: 07/13/2007  
Interest Accrual to Date: 4/24/2014  
Total in Years: 6.78

Total Interest Due: \$20,341.67

Monthly Payment: \$250.00  
Late Payment Penalty-Percent: 10%  
OR

Late Payment Penalty-Flat Fee: \$25.00

Total Late Fees: \$2,034.17

Interest and Late Payments Due: \$22,375.83  
Unpaid Principal Balance Due: \$25,000.00

**Total Due to Date: \$47,375.83**

Signer declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 17 day of JUNE 2015

Signature: *Randolph Grudziadz*  
Randolph Grudziadz, as heir to the Estate of John Grudziadz  
RANDALL (RG)

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

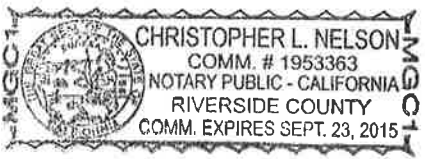
County of Riverside

On 6/17/15 before me, Christopher L. Nelson, a Notary Public, personally appeared  
(Date) Randall Grudziadz (here insert name and title of the officer)

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.  
*Christopher L. Nelson* (seal)  
Signature of Notary Public



6-18-15

I Randall Dupuy to the best of ~~my~~<sup>my</sup>  
received no payments. Knowledge

Signed Randall Dupuy

I Randall Dupuy is my name and  
Randolph is on my bill certificate.

Signed Randall Dupuy

DECLARATION  
OF ONE AND THE SAME PERSON(S)

I, Randall Grudziadz, as heir to the Estate of John Grudziadz, do hereby declare:

1. I am over the age of 18 and a resident of Aguanga, 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 the surviving heir to John Archibald Grudziadz; who is one and the same person who is noted as the Beneficiary on the referenced Deed of Trust as Document Number: 2007-0518000, recorded in Riverside County on 08/10/2007.
3. I, Randall Grudziadz am one and the same person as Randall Gerald Grudziadz and Randall Grudziadz.
4. I, Randall Grudziadz am one and the same person as Randolph Grudziadz, Randolph Gerald Grudziadz and Randolph G. Grudziadz.
5. I, Randall Grudziadz am one and the same person who sometimes goes by Randy Grudziadz, Randy Gerald Grudziadz and Randy G. Grudziadz.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 548-052-010-3.

I declare under penalty of perjury that the foregoing is true and correct. Executed this \_\_\_ day of  
6, 18, at 2015, 11:25 AM

x Randall A Grudziadz  
Randall Grudziadz, as heir to the Estate of John Grudziadz

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Riverside



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

18 day of June, 2015, by  
Date Month Year  
Randall Gerald Grudziadz  
Name of Signer

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

Signature Lori McConnell  
Signature of Notary Public

(Place Notary Seal Above)

**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY**

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 548052010-3  
Tax Sale Number: TC200  
Item Number: 369  
Date of Sale: 4/24/2014

The undersigned claimant, Global Discoveries, Ltd., claims \$47,375.83+/- 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 19<sup>th</sup> day of JUNE, 2015 at Modesto, California.

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

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Stanislaus

On 6/19/2015 before me, Candace Cox - Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Joel 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.

Candace Cox (seal)  
Signature of Notary Public



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Global Discoveries, Ltd.  
1120 13<sup>th</sup> Street, Suite A  
Modesto, CA 95354

2. Article Number  
(Transfer from service label) EP 200-369

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *[Signature]*  Agent  Addressee

B. Received by (Printed Name) L. Hummel C. Date of Delivery 10/13/15

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7003 2260 0004 1558 9633

Domestic Return Receipt 102595-02-M-154C

October 8, 2015

Global Discoveries, Ltd.  
1120 13<sup>th</sup> Street, Suite A  
Modesto, CA 95354

Re: APN: 548052010-3  
TC 200 Item 369  
Date of Sale: April 29,

To Whom It May Concern:

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

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

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

Please send in all documents within 30 days (**November 9, 2015**). If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazicni  
Tax Sale Operations Unit  
(951) 955-3336  
(951) 955-3990 Fax  
[jpazicni@co.riverside.ca.us](mailto:jpazicni@co.riverside.ca.us)



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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 200 Item 369 Assessment No.: 548052010-3

Assessee: WOODS, PATRICIA ANN

Situs: 44509 HARVEY WAY HEMET 92544

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

TREASURER-TAX COLLECTOR

JUN 18 2015

RECEIVED

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$53,248.71 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. 2007-0517999 recorded on 8/10/2007. 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.**

TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY DOC# 2014-0227442

GRANT DEED - DEATH OF JOINT TENANT DOC# 2007-0517999

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 29 day of APRIL, 2015 at RIVERSIDE CA.  
County, State

Patricia Woods  
Signature of Claimant

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

PATRICIA WOODS  
Print Name

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

43430 E. FLORIDA AVE # 276  
Street Address

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

HEMET, CA. 92544  
City, State, Zip

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

951-282-7039  
Phone Number

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

AMERICAN TITLE INS. COMPANY

RECORDING REQUESTED BY:  
T.D. Escrow Services  
Escrow No. 5954-DVO  
Title Order No. 5234343-35

When Recorded Mail Document  
and Tax Statement To:  
Mr. and Mrs. Pete Albert Woods  
44609 Harvey Way  
Menet, CA 92544

UNINCORPORATED

212624 X

(T)

RECEIVED FOR RECORD  
AT 8:00 O'CLOCK

JUN 17 1997

PAID  
Doc. Transfer Tax  
\$31.90  
LEON JACKSON  
Recorder

Recorded in Official Records  
of Riverside County, California  
Recorder  
Fees \$ 6

APN: 548-062-010-3  
T.P.A.: 071-007

GRANT DEED

SPACE ABOVE THIS LINE FOR RECORDER'S USE  
Unincorporated area of Menet 6

The undersigned grantor(s) declares:  
Documentary transfer tax is \$ ~~31.90~~ 31.90  
 computed on full value of property conveyed, or  
 computed on full value less value of liens or encumbrances remaining at time of sale,  
 Unincorporated Area

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Wells Fargo Bank, a OREGON Corporation

herby GRANT(S) to ~~Pete Albert Woods and Patricia Ann Woods, husband and wife Joint Tenants~~

the following described real property in the Unincorporated Area  
County of Riverside, State of California:  
Lot 9, Tract 3924, County of Riverside, State of California, as per map recorded in Book 83, Page 96 and 97 of Maps.  
In the office of the County Recorder of said County.

DATED: May 23, 1997

STATE OF OREGON  
COUNTY OF WASHINGTON  
ON MAY 29, 1997 before me,  
LEON JACKSON personally appeared  
William Harris

Wells Fargo Bank, an OREGON corporation  
By: [Signature]  
AUTHORIZED Signer

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

Witness my hand and official seal.  
Signature [Signature]

OFFICIAL SEAL  
LEON JACKSON  
NOTARY PUBLIC, OREGON  
COMMISSION # 7-19130  
MY COMMISSION EXPIRES 1-1-2002

MAIL TAX STATEMENTS AS DIRECTED ABOVE

FD-213 (Rev 9/84)

GRANT DEED

UNION TITLE

6 17 97

THIS MICROFILM COPYRIGHTED  
1987 BY SECURITY UNION TITLE  
INSURANCE COMPANY  
MICROGRAPHICS DIVISION

RIVERSIDE

Public Record

*FN+*  
*[Signature]*

RECORDING REQUESTED BY:  
Fidelity National Title Company  
Escrow No. 762601-MH  
Title Order No. 33352280

When Recorded Mail Document To:  
Patricia Ann Woods  
44509 Harvey Way  
Hemet CA 92544

DOC # 2007-0517999  
08/10/2007 08:00A Fee:13.00  
Page 1 of 3  
Recorded in Official Records  
County of Riverside  
Larry W. Ward  
Assessor, County Clerk & Recorder



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APN: 548-052-010-3

AFFIDAVIT - DEATH OF JOINT TENANT

TREASURER-TAX COLLECTOR

JUN 18 2015

RECEIVED

*13*



STATE OF CALIFORNIA,  
COUNTY OF Riverside,

Patricia Ann Woods, of legal age, being first duly sworn, and deposes and says:

That **Pete Albert Woods**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Pete Albert Woods** named as one of the parties in that certain **Grant Deed** dated **May 23, 1997** executed by **Wells Fargo Bank, a Oregon Corporation** to **Patricia Ann Woods** and **Pete Albert Woods**, as Joint Tenants, recorded as Instrument No. **212624**, on **June 17, 1997**, in Book , Page , of Official Records of **Riverside** County, California, covering the following described property situated in the city of **County of Riverside**, State of California.

Lot 9 of Tract No. 3924, as shown by map on file in Book 63, Pages 96 and 97 of maps, Records of Riverside County.

Excepting therefrom the mobile home located thereon.  
DATED: July 13, 2007

*Patricia Ann Woods*  
Patricia Ann Woods

State of California  
County of Riverside

Subscribed and sworn to (or affirmed) before me on this 16th day of July, 2007 by Patricia Ann Woods personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Candice Marie Starnes (seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200733002593

1. NAME OF DECEDENT - FIRST (LAST)		2. MIDDLE		3. LAST (OF MARY)	
PETE		ALBERT		WOODS	
4. DATE OF BIRTH (month/day/year)					
12/28/1940					
5. AGE (years)					
66					
6. SEX					
M					
7. DATE OF DEATH (month/day/year)					
03/08/2007					
8. HOUR OF DEATH					
2120					
9. BIRTH STATE/FOREIGN COUNTRY					
CA					
10. MARITAL STATUS (at time of death)					
MARRIED					
11. DECEDENT'S RACE - List in 2nd column box if none (see instruction on back)					
WHITE					
12. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.					
FOREMAN					
13. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food processor, independent agency, etc.)					
RESIDENTIAL CARPENTRY					
14. YEARS IN OCCUPATION					
40					
15. DECEDENT'S RESIDENCE (street and number in precinct)					
44509 HARVEY WAY					
16. CITY					
HEMET					
17. COUNTY					
RIVERSIDE					
18. ZIP CODE					
92544					
19. YEARS IN COUNTY					
31					
20. STATE/FOREIGN COUNTRY					
CA					
21. INFORMANT'S NAME, RELATIONSHIP					
PATRICIA WOODS, WIFE					
22. INFORMANT'S ADDRESS (street and number in precinct) (if other than home, list street, room, apt., etc.)					
44509 HARVEY WAY, HEOMET, CA 92544					
23. NAME OF SURVIVING SPOUSE - FIRST					
PATRICIA					
24. MIDDLE					
ANN					
25. LAST (MARRY)					
BONFIELD					
26. NAME OF FATHER - FIRST					
JAMES					
27. MIDDLE					
UNK					
28. LAST (MARRY)					
WOODS					
29. BIRTH STATE					
UNK					
30. NAME OF MOTHER - FIRST					
FLOYD					
31. MIDDLE					
LOUISE					
32. LAST (MARRY)					
WALKER					
33. BIRTH STATE					
UNK					
34. DISPOSITION DATE (month/day/year)					
RES-PATRICIA ANN WOODS					
35. PLACE OF FINAL DISPOSITION (e.g., funeral home, crematorium, etc.)					
44509 HARVEY WAY, HEOMET, CA 92544					
36. TYPE OF DISPOSITION					
CR/RES					
37. SIGNATURE OF EMPLOYER					
NOT EMBALMED					
38. LICENSE NUMBER					
39. NAME OF FUNERAL ESTABLISHMENT					
INLAND MEMORIAL HARFORD CHAPEL					
40. SIGNATURE OF LOCAL REGISTRAR					
ERIC K. FRYKMAN, M.D.					
41. DATE (month/day/year)					
03/12/2007					
42. PLACE OF DEATH					
RESIDENCE					
43. COUNTY					
RIVERSIDE					
44. FACILITY ADDRESS OR LOCATION (street and number in precinct)					
44509 HARVEY WAY					
45. CITY					
HEMET					
46. CAUSE OF DEATH					
IMMEDIATE CAUSE (as stated on death certificate)					
CARDIORESPIRATORY ARREST					
47. UNDERLYING CAUSE (as stated on death certificate)					
ATHEROSCLEROTIC HEART DISEASE					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (check in YES)					
NONE					
49. WAS OPERATION PERFORMED FOR ANY CONDITION BY TEAM (OT OR 112) (if yes, list type of operation and date)					
NO					
50. IF FEMALE, PRECISE IN LAST YEAR					
YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
51. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED					
52. SIGNATURE AND TITLE OF CERTIFIER					
HEMCHAND KOLLI M.D.					
53. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
HEMCHAND KOLLI M.D.					
54. I CERTIFY THAT MY OWN DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
55. SIGNATURE AND TITLE OF CORONER / DEPUTY CORONER					
56. DATE (month/day/year)					
03/09/2007					
57. MANNER OF DEATH (e.g., natural, accident, homicide, suicide, pending investigation, cause not determined)					
58. BLAMED AT DEATH					
YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
59. PLACE OF INJURY (e.g., home, workplace, etc. include street, etc.)					
60. DESCRIBE HOW INJURY OCCURRED (e.g., fall, which resulted in injury)					
61. LOCATION OF INJURY (street and number, or direction, and city, and zip)					
62. SIGNATURE OF CORONER / DEPUTY CORONER					
63. DATE (month/day/year)					
64. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
65. STATE REGISTRAR					
66. FAX AUTH. #					
67. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS

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



DATE ISSUED

Mar 13, 2007

Eric Frykman, M.D., Local Registrar

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



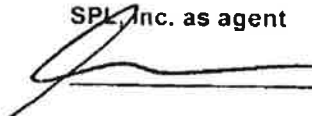
Public Record



GOVERNMENT CODE 27361.7

I certify under penalty of perjury that the notary seal on the document to which this statement is attached reads as follows:

Name of Notary : Candice Marie Starnes  
 Notary Identification Number : 1614758  
 County Where Bond Is Filed : Riverside  
 Date Commission Exp : Nov. 16, 2009

DATE: 8, 10, 07 SPL, Inc. as agent  
 Signature

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

I CERTIFY UNDER PENALTY OF PERJURY THAT THIS MATERIAL IS A TRUE COPY OF THE ORIGINAL MATERIAL CONTAINED IN THE DOCUMENT:

DATE:    /   /    SPL, Inc. as agent  
\_\_\_\_\_ Signature

Revised 9/6/06 R.1  
DR 001 2 Penalties in 1 RI(1)

Public Record

STATE OF CALIFORNIA  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**

RIVERSIDE, CALIFORNIA

**CERTIFICATE OF DEATH**

3200733002593

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-100REV 1/04		LOCAL REGISTRATION NUMBER				
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>PETE</b>		2. MIDDLE <b>ALBERT</b>		3. LAST (Family) <b>WOODS</b>			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>12/28/1940</b>		5. AGE Yrs <b>66</b>		
	9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH - mm/dd/yyyy <b>03/08/2007</b>	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>10</b>		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>SPANIARD</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		8. HOUR (24 Hours) <b>2120</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. <b>FOREMAN</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>RESIDENTIAL CARPENTRY</b>			19. YEARS IN OCCUPATION <b>40</b>			
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) <b>44509 HARVEY WAY,</b>							
	21. CITY <b>HEMET</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92544</b>			
	24. YEARS IN COUNTY <b>31</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>					
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>PATRICIA WOODS, WIFE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>44509 HARVEY WAY, HEMET, CA 92544</b>				
	28. NAME OF SURVIVING SPOUSE - FIRST <b>PATRICIA</b>		29. MIDDLE <b>ANN</b>		30. LAST ( Maiden Name) <b>BONFIELD</b>			
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER - FIRST <b>JAMES</b>		32. MIDDLE <b>UNK</b>		33. LAST <b>WOODS</b>			
	35. NAME OF MOTHER - FIRST <b>FLOYD</b>		36. MIDDLE <b>LOUISE</b>		37. LAST (Maiden) <b>WALKER</b>			
	34. BIRTH STATE <b>UNK</b>		38. BIRTH STATE <b>UNK</b>					
FUNERAL DIRECTOR / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION <b>RES PATRICIA ANN WOODS 44509 HARVEY WAY, HEMET, CA 92544</b>					
	41. TYPE OF DISPOSITION(S) <b>CR/RIS</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>			43. LICENSE NUMBER		
	44. NAME OF FUNERAL ESTABLISHMENT <b>INLAND MEMORIAL HARFORD CHAPEL</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>ERIC K. FRYKMAN, M.D.</b>		47. DATE mm/dd/yyyy <b>03/12/2007</b>			
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> E/POP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
	104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>44509 HARVEY WAY</b>		106. CITY <b>HEMET</b>			
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events - diagnoses, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>CARDIORESPIRATORY ARREST</b>					Time Interval Between Cause and Death (AT) <b>MINS</b>		
	(B) <b>ATHEROSCLEROTIC HEART DISEASE</b>					108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	(C) <b>ATHEROSCLEROTIC HEART DISEASE</b>					109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(D) <b>ATHEROSCLEROTIC HEART DISEASE</b>					110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 <b>NONE</b>								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) <b>NO</b>								
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy <b>08/12/1998</b> Decedent Last Seen Alive mm/dd/yyyy <b>02/20/2007</b>								
115. SIGNATURE AND TITLE OF CERTIFIER <b>HEMCHAND KOLLI M.D.</b>		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>HEMCHAND KOLLI M.D. 1278 E LATHAM AVE, HEMET, CA 92543</b>		117. DATE mm/dd/yyyy <b>03/09/2007</b>		118. LICENSE NUMBER		
119. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <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. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH. #		CENSUS TRACT		

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



000526286

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REQUESTED BY:  
TREASURER-TAX COLLECTOR  
STOP 1110 DON KENT TAX COLLECTOR  
4080 LEMON ST 4TH FLOOR  
RIVERSIDE, CALIFORNIA 92501

DOC # 2014-0227442  
08/20/2014 11:42A Fee: 18.00  
Page 1 of 2 Doc T Tax Paid  
Recorded in Official Records  
County of Riverside  
Larry W. Ward  
Assessor, County Clerk & Recorder

LEGAL DESCRIPTION

LOT 9 OF TRACT 3924, IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS SHOWN BY MAP ON FILE IN BOOK 63,  
PAGE 98 THROUGH 97, INCLUSIVE OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

JOEL SMITH  
20400 SOMMA DR  
PERRIS, CA 92570

S	R	U	PAGE	SIZE	DA	MISC	LUINS	RTU	URF
M	A	L	465	428	PCOR	NCOR	SMF	NCHG	EXM
NO SMF									
T: 11									

TRA 071-007  
Doc. Trans. Tax - computed on full value of property conveyed \$ 69.85

Don Kent, Tax Collector  
Signature of Declarant

C 191

TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY

On which the legally levied taxes were a lien for Fiscal Year 2007-2008  
and for nonpayment were duly declared to be in default 2008-548052010-0000  
Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and JOEL SMITH, A MARRIED MAN AS HIS  
SOLE AND SEPARATE PROP ("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing  
before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real property described herein  
which the SELLER sold to the PURCHASER at a public auction held on APRIL 29, 2014 pursuant to a statutory power of  
sale in accordance with the provisions of Division 1, Part 6, Chapter 1, Revenue and Taxation Code, for the sum of  
\$63,401.00.

NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real property situated in said county, State of  
California, last assessed to WOODS, PATRICIA ANN, described as follows:

Assessor's Parcel Number 548052010-3

OUTSIDE CITY

SEE PAGE 2 ENTITLED "LEGAL DESCRIPTION"

State of California Executed on  
County of Riverside APRIL 29, 2014 By: *[Signature]*  
Tax Collector

On June 5, 2014, before me, Larry W. Ward, Assessor, Clerk-Recorder, personally appeared Don Kent, Treasurer and Tax Collector for  
Riverside County, who procured to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and  
acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity  
upon behalf of which the person acted, executed the instrument.

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,  
Larry W. Ward, Assessor, Clerk Recorder

By: *[Signature]* Seal  
Deputy



§3708 & 3804 R&T Code

TDL 8-19 (6-97)