

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS DATE: 1/20/16

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

139A



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:
JAN 21 2016

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 Robert Weekes, agent 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
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.: | District: 3 | Agenda Number:

9-19

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: JAN 21 2016

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 James R. Tielens, heir to the Estate of James D. Tielens;
4. Deny the claim from Global Discoveries, Ltd., assignee for Jason Tielens, heir to the Estate of James D. Tielens;
5. Authorize and direct the Auditor-Controller to issue warrants to Robert Weekes, agent for James R. Tielens, heir to the Estate of James D. Tielens in the amount of \$23,975.49 and 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 four claims for excess proceeds:

1. Claim from Robert Weekes, agent for James R. Tielens, heir to the Estate of James D. Tielens based on a Contingency Agreement dated September 26, 2013, an Authorization for Agent to Collect Excess Proceeds dated October 4, 2014, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit under California Probate Code Section 13101 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 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.
4. 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 Robert Weekes, agent 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 James R. Tielens, heir to the Estate of James D. Tielens be denied since James R. Tielens had already signed an agreement with Robert Weekes on September 26, 2013. 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 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 \$56,651 or \$48,445 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)

STATE OF CALIFORNIA)ss.
COUNTY OF Riverside)

Hemet CA 92544
(City/State/Zip)

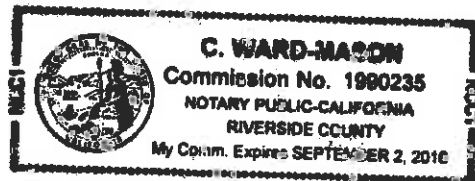
951-216-0480
(Area Code/Telephone Number)

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)

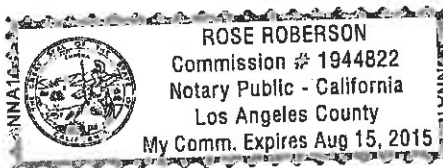
STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles)

Inglewood, CA 90302
(City/State/Zip)

On Large / 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 ✓
 ✓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						1
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

6 ATTORNEYS FOR: Executor

K. Gutknecht

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

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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

Household furniture and furnishings

2,000.00

1987 Chevrolet Suburban
VIN#1GKER16KXHF514591

2,450.00

1990 Chevrolet
VIN#2GCHC39N7L1200148

3,175.00

1989 Chevrolet Suburban
VIN#1GN9R26N9KF185255

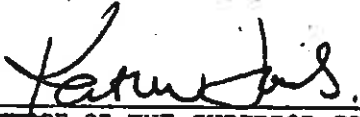
3,000.00

Cash Residue

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: 6/26/09



JUDGE OF THE SUPERIOR COURT
Commissioner

Judgment/ Waiver

4

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 record in my office.

Superior Court of California
County of Riverside

By Mary J. 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

3201333006035

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JAMES		DEAN		TIELENS	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
11/18/1955		57		M	
7. BIRTH STATE/FOREIGN COUNTRY		8. MARRIAGE STATUS (In Valid Last)		9. HOURS	
CA		DIVORCED		1115	
10. EDUCATION - Highest Level/Degree (See worksheet on back)		11. US DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		12. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back)	
HS GRADUATE		NO		CAUCASIAN	
13. USUAL OCCUPATION - Trade or work for most of life. DO NOT USE "RETIRED"		14. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)		15. YEARS IN OCCUPATION	
MOTORCYCLE BUILDER		TRANSPORTATION		30	
16. DECEDENT'S RESIDENCE (Street and number, or location)		17. CITY		18. COUNTY/PRIOR COUNTY	
566 EAST JOHNSTON AVENUE		HEMET		RIVERSIDE	
19. ZIP CODE		20. YEARS IN COUNTY		21. STATE/FOREIGN COUNTRY	
92543		50		CA	
22. INFORMANT'S NAME, RELATIONSHIP		23. INFORMANT'S MAILING ADDRESS (Street and number, or approximate number, city or town, state, and zip)			
JASON TIELENS SON		29280 GIRARD STREET, HEMET, CA 92544			
24. NAME OF SURVIVING SPOUSE - TOP - FIRST		25. MIDDLE		26. LAST (BIRTH NAME)	
MAURICE		ADRIAN		TIELENS	
27. NAME OF MOTHER/PARENT - FIRST		28. MIDDLE		29. LAST (BIRTH NAME)	
MARY		MARGARET		SHUMACHER	
30. DATE OF DEATH mm/dd/yyyy		31. PLACE OF FINAL DISPOSITION		32. RESIDENCE OF JASON TIELENS	
06/04/2013		29290 GIRARD STREET, HEMET, CA 92544		HEMET	
33. TYPE OF DISPOSITION		34. SIGNATURE OF EXAMINER		35. LICENSE NUMBER	
CR/RES		NOT EMBALMED		FD998	
36. NAME OF FUNERAL ESTABLISHMENT		37. SIGNATURE OF LOCAL REGISTRAR		38. DATE mm/dd/yyyy	
MCWANE FAMILY FUNERAL HOME		CAMERON KAISER, MD		06/03/2013	
39. PLACE OF DEATH		40. IF HOSPITAL SPECIFY ONE		41. IF OTHER THAN HOSPITAL SPECIFY ONE	
HEMET VALLEY MEDICAL CENTER		IF <input checked="" type="checkbox"/> CHS <input type="checkbox"/> OCA <input type="checkbox"/>		Hospital <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Patients Home <input type="checkbox"/> Other <input type="checkbox"/>	
42. COUNTY		43. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or vicinity)		44. CITY	
RIVERSIDE		1117 EAST DEVONSHIRE AVENUE		HEMET	
45. CAUSE OF DEATH		46. TIME OF DEATH		47. DEATH REPORTED TO DEPARTMENT OF HEALTH	
PULMONARY THROMBOEMBOLI		HEMET		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
48. UNDERLYING CAUSE (Cause of death or injury that related the events resulting in death) LAST		49. DAYS		50. BIOPSY PERFORMED?	
DEEP VEIN THROMBOSIS		2013-04964		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BEING LISTED IN THE UNDERLYING CAUSE GIVEN IN 48		52. DAYS		53. AUTOPSY PERFORMED?	
MORBID OBESITY HYPERTENSIVE CARDIOVASCULAR DISEASE CHRONIC OBSTRUCTIVE PULMONARY DISEASE DIABETES MELLITUS		DAYS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
54. MORBID OBESITY HYPERTENSIVE CARDIOVASCULAR DISEASE CHRONIC OBSTRUCTIVE PULMONARY DISEASE DIABETES MELLITUS		55. DAYS		56. USED IN DETERMINING CAUSE?	
NO		DAYS		YES <input type="checkbox"/> NO <input type="checkbox"/>	
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		58. SIGNATURE AND TITLE OF CERTIFIER		59. IF FEMALE PREPARE TO SIGN	
RACHEL BAKER		RACHEL BAKER, DEPUTY CORONER		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
60. MANNER OF DEATH		61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE		62. LICENSE NUMBER	
Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Caused to be determined <input type="checkbox"/>		RACHEL BAKER, M.D., Health Officer		RIVERSIDE COUNTY CALIFORNIA	
63. PLACE OF INJURY (e.g. home, construction site, work area, etc.)		64. INJURED AT WORK?		65. INJURY DATE mm/dd/yyyy	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
66. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		67. TYPE		68. HOUR (2: Hours)	
69. LOCATION OF INJURY (Street and number, or location, and city, and zip)		70. SIGNATURE OF BROWNER / DEPUTY OF BROWNER		71. DATE mm/dd/yyyy	
		RACHEL BAKER		05/31/2013	
72. SIGNATURE OF BROWNER / DEPUTY OF BROWNER		73. TYPE		74. NAME, TITLE OF CORONER/DEPUTY CORONER	
RACHEL BAKER		RACHEL BAKER, DEPUTY CORONER		RACHEL BAKER, DEPUTY CORONER	

STATE OF CALIFORNIA
 COUNTY OF RIVERSIDE

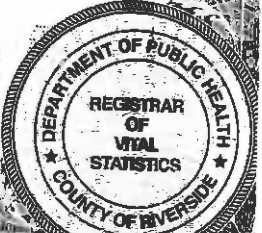
CERTIFIED COPY OF VITAL RECORDS

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**

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

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



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.

9/21/14
 (DATE)
 9/26/14
 (DATE)

 (DATE)

 (DATE)

 (DATE)

Jason Tielens
 Printed Name
 James Tielens
 Printed Name

 Printed Name

 Printed Name

 Printed Name

Jason Tielens
 signature

 signature

 signature

 signature

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

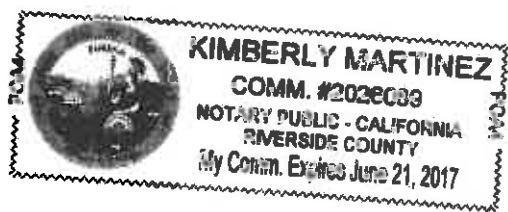
On 09/26/2014 before me, Kimberly Martinez, Notary Public, Personally appeared
(Date) James R Tielens (Here insert name and title of the officer)

James R Tielens, (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)



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)

09/04/2013
Date

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

9-4-2013
Date

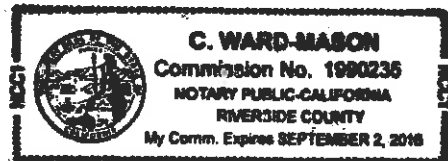
State of California)
County of Riverside) : ss.

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

Jason D. Tielens
40854 Gibbel Rd
Hemet, CA 92544
Phone: 951-216-0480

October 3, 2014

Office of the Treasurer-Tax Collector
Riverside County, California
P.O. Box 12005
Riverside, CA 92502-2205

To Whom It May Concern:

I, Jason Dean Tielens, hereby revoke my assignment, agent authorization, Power of Attorney, collection agreement, and all other documents associated with Global Discoveries, Ltd. for my excess proceeds claim from county public auction dated August 15, 2013 (Assessment No. 446251047-7 Item 127). I have already named Wealth Trackers, Inc. as my agent for collection of excess proceeds as of September of last year, and was unaware that Global Discoveries was a different company. I was misled into signing paperwork with them when I was already under contract with Wealth Trackers.

I wish to terminate my arrangement with Global Discoveries and proceed with my original agent Wealth Trackers under the care of Dana Sack, Attorney At Law. Please continue your correspondence with him and him only.

Sincerely,

Jason Dean Tielens
Jason Dean Tielens

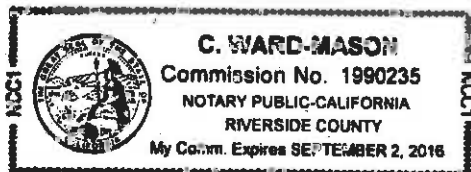
State of California)
County of Riverside) : ss.

On OCT 3, 2014, before me, C. Ward-Mason, Notary Public, personally appeared JASON DEAN 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.

Cynthia Ward-Mason
(Signature of Notary)



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

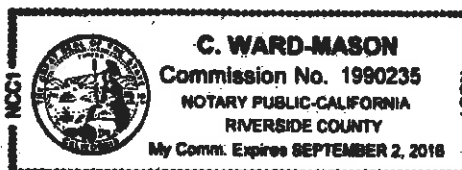
State of California)
County of Riverside) : ss.

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 subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his 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.

Captel Ward-Mason
(Signature of Notary)



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. Tielens
agent authorization form - Jason Tielens/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

Robert Weekes
Print Name

5270 W 64th St.
Street Address

Inglewood, CA 90302
City, State, Zip

520-440-8296
Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

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.

[Signature]
(Signature of Party of Interest)

James R Tielens
(Name Printed)

29290 Girard St
(Address)

Hemet Ca
(City/State/Zip)

92544 - 951-925-9450
(Area Code/Telephone Number)

STATE OF CALIFORNIA OR)ss.
COUNTY OF Riverside Orange

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 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.
[Signature]
(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)

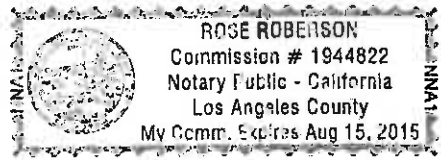
5270 W 64th St.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles

Inglewood, CA 90302
(City/State/Zip)

On 12/10/2014, 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.
[Signature]
(Signature of Notary)



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.

[Signature]
(Signature of Party of Interest)

James R Tielens
(Name Printed)

29290 Girard St
(Address)

Hemet ca
(City/State/Zip)

92544 - 951-925-9450
(Area Code/Telephone Number)

STATE OF CALIFORNIA)ss.
COUNTY OF Riverside Orange

On October 4, 2014 appeared James R Tielens, before me, Rebecca L. Ruben, Notary Public, personally 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.

[Signature]
(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)

Inglewood, CA 90302
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, 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.

[Signature]
(Signature of Notary)

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
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JUDGMENT ON WAIVER OF ACCOUNTING ✓

25



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

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	)	CASE NO. HEP000663 ✓
12 MAURICE A. TIELENS,	)	JUDGMENT ON WAIVER
13 Decedent.	)	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

tw/?

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

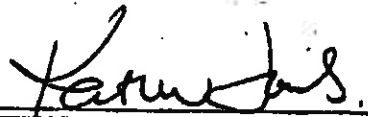
1 feet; thence West, parallel with the South
2 line of Lot 3, 66 feet; thence South,
3 parallel with the West line of Lot 3, 233
4 feet to the South line of Lot 3; thence
5 West, on the South line of Lot 3, 167 feet
6 to the point of beginning; Also excepting
7 therefrom an undivided one-half interest
8 in all oil, gas, petroleum, naptha 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

10	Household furniture and furnishings	2,000.00 ✓
11	1987 Chevrolet Suburban VIN#1GKER16KXHP514591	2,450.00 ✓
12		
13	1990 Chevrolet VIN#2GCHC39N7L1200148	3,175.00 ✓
14		
15	1989 Chevrolet Suburban VIN#1GNGR26N9KF185255	3,000.00 ✓
16		
17	Cash Residue	<u>104.56</u> ?
18		\$331,006.60

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

23 DATED: 6/26/09

24
25 
26 KARU
27 JUDGE OF THE SUPERIOR COURT
28 Commissioner

Judgment/ Waiver

4

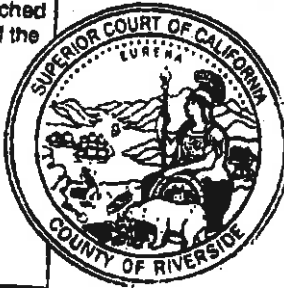
This must be in red to be a
"CERTIFIED COPY"

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"

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013105744

CERTIFICATE OF DEATH

3201333006035

STATE FILE NUMBER 3052013105744		STATE OF CALIFORNIA <small>USE BLACK INK ONLY IN ALL PLACES, WRITING WITHOUT OR ALTERATIONS OR UNLAWFUL</small>		LOCAL REGISTRATION NUMBER 3201333006035	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE DEAN		3. LAST (Family) TIELENS	
4. AKA, ALSO KNOWN AS - (Include MARRIAGE FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/18/1955		5. AGE Yrs. 57 Months _____ Days _____ Hours _____ Minutes _____	
9. BIRTH STATE / FOREIGN COUNTRY CA		10. MARITAL STATUS (at Time of Death) DIVORCED		11. DATE OF DEATH mm/dd/yyyy 05/26/2013	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISpanic/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. HOUR (24 Hours) 1115	
17. USUAL OCCUPATION - (Type of work for most of life) DO NOT USE RETIRED MOTORCYCLE BUILDER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employ. shift agency, etc.) TRANSPORTATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (if real estate number, or location) 566 EAST JOHNSTON AVENUE		21. CITY HEMET		22. COUNTY/PROVINCE RIVERSIDE	
23. INFORMANT'S NAME RELATIONSHIP JASON TIELENS, SON		27. INFORMANT'S MAILING ADDRESS (Street name, house number, city or town, state and zip) 29290 GIRARD STREET, HEMET, CA 92544		28. YEARS IN COUNTY 50	
29. NAME OF SURVIVING SPOUSE (RDP) - FIRST MARY		30. MIDDLE MARGARET		31. LAST (BIRTH NAME) SHUMACHER	
31. NAME OF FATHER (RDP) - FIRST MAURICE		32. MIDDLE ADRIAN		33. LAST TIELENS	
35. NAME OF MOTHER (PARENT) - FIRST MARY		36. MIDDLE MARGARET		37. LAST (BIRTH NAME) SHUMACHER	
39. DISPOSITION DATE mm/dd/yyyy 06/04/2013		40. PLACE OF FINAL DISPOSITION RESIDENCE OF JASON TIELENS 29290 GIRARD STREET, HEMET, CA 92544		43. LICENSE NUMBER	
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		47. DATE mm/dd/yyyy 06/03/2013	
44. NAME OF FUNERAL ESTABLISHMENT MCWANE FAMILY FUNERAL HOME		45. LICENSE NUMBER FD998		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> OP <input type="checkbox"/> OOL		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's 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 - outside of the body - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure unless showing the source. DO NOT ABBREVIATE. A PULMONARY THROMBOEMBOLUS B DEEP VEIN THROMBOSIS		108. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REFERRED TO DEPUTY CORONER? <input type="checkbox"/> YES <input checked="" 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		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. ALTOPTICALLY EXAMINED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OF 112? If yes, list type of operation, and date. NO		114. IDENTIFY THAT TO THE BEST OF MY KNOWLEDGE, CERTAIN OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____ mm/dd/yyyy mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER RACHEL BAKER, DEPUTY CORONER	
116. IDENTIFY THE MANNER OF 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		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" 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, city, state, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER RACHEL BAKER		127. DATE mm/dd/yyyy 05/31/2013		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER	
STATE REGISTRAR		FAX/AUTEL#		CENSUS TRACT	

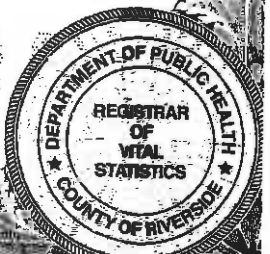
STATE OF CALIFORNIA } CERTIFIED COPY OF VITAL RECORDS
COUNTY OF RIVERSIDE } SS

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: *Cameron Kaiser*
Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CONTINGENCY AGREEMENT

This Agreement is made by and between James R. Tielens,
(hereafter referred to as CLIENT) and Wealth Trackers, Inc.,
(hereafter referred to as COMPANY).

1. RECITALS: This agreement is made with reference to the following facts and circumstances.

- a) COMPANY is in the business of processing claims for unclaimed funds it has located.
- b) CLIENT is eligible to claim funds of approximately \$48,000.

2. PERFORMANCE:

- a) COMPANY will pay all costs and perform all reasonable duties necessary to obtain the funds for CLIENT.
- b) COMPANY agrees to provide all forms and documents required to process the claim. CLIENT agrees to provide additional documentation as necessary when available.
- c) CLIENT authorizes COMPANY to act as their exclusive agent to process the claim and disburse funds to CLIENT in a timely manner (within 30 days after receipt of funds).
- d) COMPANY agrees to mail CLIENT copies of all documents upon receipt.
- e) Both parties agree to cooperate fully with all reasonable requests from the other in performance of this Agreement.

3. COMPENSATION:

- a) *CLIENT and COMPANY agree that this Agreement is contingent upon CLIENT actually receiving CLIENT'S share of the funds. In the event the claim is not paid out, all parties are released of their duties and obligations under this Agreement and CLIENT will have no obligation whatsoever to compensate COMPANY. CLIENT is aware of their right to file a claim on their own without assistance provided by COMPANY. CLIENT agrees that contingency fee listed below is reasonable.*
- b) CLIENT and COMPANY agree to a 40 % contingency fee. CLIENT will not pay COMPANY any fee on any amount that is not due to CLIENT or that must be shared or paid out to another party.
- c) CLIENT is not required to pay any of COMPANY's expenses. All expenses will be paid by COMPANY and will come out of COMPANY's fee.
- d) For clarification, COMPANY is ONLY entitled to 40 % of the funds that are actually collected and CLIENT is entitled to 60 % of funds collected.

4. MISCELLANEOUS PROVISIONS:

- a) *Counterparts and Facsimile Transmission* - This Agreement may be signed in

counterparts. A signed copy received by fax or email shall be deemed an original.

- b) *Governing Law, Venue, and Relief* - This Agreement shall be governed under the laws of the State of California. In the event a dispute arises by either party, the venue shall be in Los Angeles County, California. The prevailing party shall be entitled to reasonable attorney's fees and other relief awarded by the Court.
- c) *Binding* - This Agreement is binding upon all heirs, successors in interest, and assigns.

Dated this 26th day of September, 20 13.

[Signature]
 Authorized Signature for Company
 Wealth Trackers, Inc.
 5270 W 64th St
 Inglewood, CA 90302
 520-440-8296

Dated this 26 day of September, 20 13.

James R Tielens
Print Client's Name

702-465-8963
Phone

[Signature]
Client's Signature

1221 S. 15th Street
Address

Print Client's Name

Las Vegas, NV. 89104
City State Zip

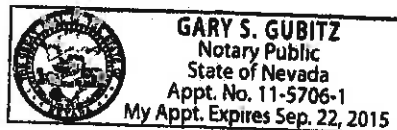
Client's Signature

On 26 September 2013, before me, GARY S. GUBITZ, 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 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)



CONTINGENCY AGREEMENT

This Agreement is made by and between James R. Tielens
(hereafter referred to as CLIENT) and Wealth Trackers, Inc.
(hereafter referred to as COMPANY).

1. RECITALS: This agreement is made with reference to the following facts and circumstances.

- a) COMPANY is in the business of processing claims for unclaimed funds it has located.
- b) CLIENT is eligible to claim funds of approximately \$24,000.

2. PERFORMANCE:

- a) COMPANY will pay all costs and perform all reasonable duties necessary to obtain the funds for CLIENT.
- b) COMPANY agrees to provide all forms and documents required to process the claim. CLIENT agrees to provide additional documentation as necessary when available.
- c) CLIENT authorizes COMPANY to act as their exclusive agent to process the claim and disburse funds to CLIENT in a timely manner (within 30 days after receipt of funds).
- d) COMPANY agrees to mail CLIENT copies of all documents upon receipt.
- e) Both parties agree to cooperate fully with all reasonable requests from the other in performance of this Agreement.

3. COMPENSATION:

- a) *CLIENT and COMPANY agree that this Agreement is contingent upon CLIENT actually receiving CLIENT'S share of the funds. In the event the claim is not paid out, all parties are released of their duties and obligations under this Agreement and CLIENT will have no obligation whatsoever to compensate COMPANY. CLIENT is aware of their right to file a claim on their own without assistance provided by COMPANY. CLIENT agrees that contingency fee listed below is reasonable.*
- b) CLIENT and COMPANY agree to a 30% contingency fee. CLIENT will not pay COMPANY any fee on any amount that is not due to CLIENT or that must be shared or paid out to another party.
- c) CLIENT is not required to pay any of COMPANY's expenses. All expenses will be paid by COMPANY and will come out of COMPANY's fee.
- d) For clarification, COMPANY is ONLY entitled to 30% of the funds that are actually collected and CLIENT is entitled to 70% of funds collected.

4. MISCELLANEOUS PROVISIONS:

- a) *Counterparts and Facsimile Transmission* - This Agreement may be signed in

counterparts. A signed copy received by fax or email shall be deemed an original.

b) *Governing Law, Venue, and Relief* - This Agreement shall be governed under the laws of the State of California. In the event a dispute arises by either party, the venue shall be in Los Angeles County, California. The prevailing party shall be entitled to reasonable attorney's fees and other relief awarded by the Court.

c) *Binding* - This Agreement is binding upon all heirs, successors in interest, and assigns.

Dated this 4th day of October, 20 14.

Authorized Signature for Company
Wealth Trackers, Inc.
5270 W 64th St
Inglewood, CA 90302
520-440-8296

Dated this 4 day of October, 20 14.

Print Client's Name

Phone

Client's Signature

Fax

Print Client's Name

Address

Client's Signature

City

State

Zip

State of California County of Orange

On October 4, 2014, before me, Rebecca L. Ruben, personally appeared James R. Rubens, 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)



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 six (6) months from date hereof.

Dated this 26th day of September, 2013.

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

26-9-13
Date

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

9-26-13
Date

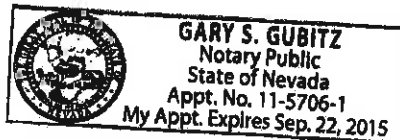
State of NEVADA)
~~California~~)
County of CLARK : ss.
~~Riverside~~)

On 26 SEPTEMBER 2013, before me, GARY S. GUBITZ, 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 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)



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

Signed, Robert Weekes (Attorney-In-Fact)

Date

State of California)
County of Riverside Orange : ss.

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 (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.

[Signature]
(Signature of Notary)



James R. Tielens
15123 Brookhurst St. Apt. 186
Westminster, CA 92683
Phone: 951-218-7092

October 4, 2014

Office of the Treasurer-Tax Collector
Riverside County, California
P.O. Box 12005
Riverside, CA 92502-2205

To Whom It May Concern:

I, James R Tielens, hereby revoke my assignment, agent authorization, Power of Attorney, collection agreement, and all other documents associated with Global Discoveries, Ltd. for my excess proceeds claim from county public auction dated August 15, 2013 (Assessment No. 446251047-7 Item 127). I have already named Wealth Trackers, Inc. as my agent for collection of excess proceeds as of September of last year, and was unaware that Global Discoveries was a different company. I was misled into signing paperwork with them when I was already under contract with Wealth Trackers.

I wish to terminate my arrangement with Global Discoveries and proceed with my original agent Wealth Trackers under the care of Dana Sack, Attorney At Law. Please continue your correspondence with him and him only.

Sincerely,



James Robert Tielens

State of California)

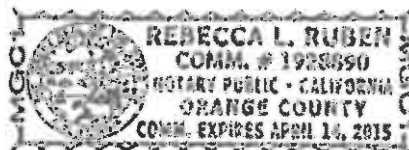
County of Orange : ss.
~~Riverside~~

On October 4, 2014, before me, Rebecca L. Ruben, personally appeared James Robert 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 foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Rebecca L. Ruben
(Signature of Notary)



AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION 13101

The undersigned state(s) as follows:

James Dean Tielens (name of decedent) died on
May 26, 2013, in the County of Riverside, State of California and:

1. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - a) No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - b) The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code §13050, does not exceed \$150,000.
4. An Inventory and Appraisal of the real property in the decedent's estate is attached, or
 There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code §13100 (*attach additional sheets if necessary*)

Riverside County Excess proceeds TC 197 Item 127 (APN 446251047-7)

6. The successor(s) of the decedent, as defined in Probate Code §13006, is/are:
Jason Dean Tielens and James Robert Tielens (sons)
7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
 The undersigned is/are authorized under California Probate Code §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 requests 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 (*attach additional sheets if necessary*).

Date	Printed name	Signature
<u>2-14-2015</u>	<u>Jason D Tielens</u>	<u>[Signature]</u>
<u>7-20-2015</u>	<u>James R Tielens</u>	<u>[Signature]</u>

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized.

**Please See Attached
California Notarial
Certificate**

HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H.R.S 502-41(6)

State of Hawaii }
County of Hawaii } ss.

On this 20th day of July, 2015, in the 3rd Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

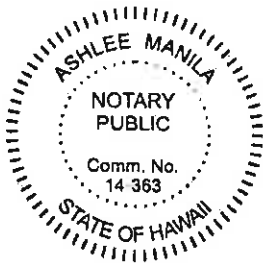
before me personally appeared James R. Tielens (i) ~~and~~
Name of Signer 1

_____ (i) to me personally known or proved
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say
that such person(s) executed the foregoing instrument identified or described as
Affidavit Under California Probate as the free act and deed of such person(s),
Type of Document

and if applicable, in the capacity shown having been duly authorized to execute such instrument
in such capacity. The foregoing instrument is dated undated and
Date of Document

contained 1 pages at the time of this acknowledgment/certification.
No. of Pages



Ashlee Manila

Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires: 10-12-2018

Ashlee Manila

Signature of Notary Public

Place Notary Seal or Stamp Above

ACKNOWLEDGMENT

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

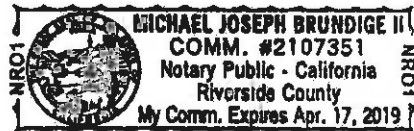
On July 14th, 2015 before me, Michael Joseph Brundige II
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



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. 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
			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.
ATTORNEY AT LAW
2 901 EAST MORTON PLACE, SUITE 1
HEMET, CALIFORNIA 92543
3 (951) 925-6666

(Bar No: 58706)

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 02 2009

4
5 ATTORNEYS FOR: Executor

K. Gutknecht K6

6
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

W/?

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

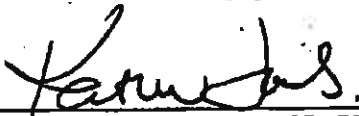
Judgment/ Waiver

2

1	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, naptha 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	
19	VIN#1GKER16KXHF514591	2,450.00 ✓
20	1990 Chevrolet	
21	VIN#2GCHC39N7L1200148	3,175.00 ✓
22	1989 Chevrolet Suburban	
23	VIN#1GN9R26N9KF185255	3,000.00 ✓
24	Cash Residue	<u>104.56</u>
25		\$331,006.60

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

23 DATED: 6/26/09

24 
25 _____
26 JUDGE OF THE SUPERIOR COURT
27 Commissioner

28 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. Martine
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
STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
 6-1-1987/2005

32013S3006035

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
JAMES		TIELENS	
AKA, ALSO KNOWN AS - include first, middle, last		4. DATE OF BIRTH: mm/dd/yyyy	
		11/18/1955	
9. BIRTH STATE/FOREIGN COUNTRY		5. AGE Yrs	
CA		57	
10. SOCIAL SECURITY NUMBER		6. UNDER ONE YEAR	
[REDACTED]		Months	
11. EVER IN U.S. ARMED FORCES?		7. DATE OF DEATH: mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		05/26/2013	
12. MARITAL STATUS (or "Type of Death")		8. HOUR (P/M)	
[REDACTED]		1115	
13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		14. EDUCATION - Highest level/degree	
CAUCASIAN		HS GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
MOTORCYCLE BUILDER		TRANSPORTATION	
17. DECEDENT'S RESIDENCE (Street and number, or location)		18. YEARS IN OCCUPATION	
566 EAST JOHNSTON AVENUE		30	
19. CITY		20. COUNTY/PROVINCE	
HEMET		RIVERSIDE	
21. ZIP CODE		22. YEARS IN COUNTRY	
92543		50	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
CA		JASON TIELENS, SON	
25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		26. NAME OF SURVIVING SPOUSE (or "Type of Death")	
29290 GIRARD STREET, HEMET, CA 92544		[REDACTED]	
27. NAME OF FATHER/PARENT - FIRST		28. NAME OF MOTHER/PARENT - FIRST	
MAURICE		MARY	
29. NAME OF FATHER/PARENT - MIDDLE		30. NAME OF MOTHER/PARENT - MIDDLE	
ADRIAN		MARGARET	
31. BIRTH STATE		32. BIRTH STATE	
TIELENS		KS	
33. DEPOSITION DATE (mm/dd/yyyy)		34. PLACE OF BIRTH (City, State and Zip)	
06/04/2013		29290 GIRARD STREET, HEMET, CA 92544	
35. TYPE OF INTERMENT		36. SIGNATURE OF FUNERAL HOME	
CR/RES		[REDACTED]	
37. NAME OF FUNERAL HOME		38. LICENSE NUMBER	
MCWANE FAMILY FUNERAL HOME		[REDACTED]	
39. PLACE OF BIRTH (City, State and Zip)		40. DATE (mm/dd/yyyy)	
HEMET, CA 92543		06/03/2013	
41. PLACE OF DEATH		42. IF HOSPITAL, SPECIFY ONE	
HEMET VALLEY MEDICAL CENTER		<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other	
43. COUNTY		44. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RIVERSIDE		Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		46. CITY	
1117 EAST DEVONSHIRE AVENUE		HEMET	
47. CAUSE OF DEATH		48. DEATH REPORTED TO CORONER?	
Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter top level events such as Cancer, HIV, senescence, heart, or respiratory failure, or stroke, or other, or showing the etiology. DO NOT ABBREVIATE.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		49. DAYS	
(A) PULMONARY THROMBOEMBOLY		2013-04964	
50. DEEP VEIN THROMBOSIS		51. SHOUPY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52. UNDERLYING CAUSE (Disease or injury that initiated the events leading to death) LAST		53. SHOUPY PERFORMED?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)		55. USED IN DETERMINING CAUSE?	
MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		57. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
58. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		59. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since: Decedent Last Seen Alive: [REDACTED]		[REDACTED]	
60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		61. LICENSE NUMBER, 117, DATE (mm/dd/yyyy)	
[REDACTED]		[REDACTED]	
62. 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		63. INJURED AT WORK?	
64. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
65. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		66. INJURY DATE (mm/dd/yyyy)	
[REDACTED]		[REDACTED]	
67. LOCATION OF INJURY (Street and number or location, and city and zip)		68. HOUR (24 Hours)	
[REDACTED]		[REDACTED]	
69. SIGNATURE OF CORONER / DEPUTY CORONER		70. DATE (mm/dd/yyyy)	
[REDACTED]		05/31/2013	
71. TYPE NAME TITLE OF CORONER/DEPUTY CORONER		72. INJURY DATE (mm/dd/yyyy)	
[REDACTED]		[REDACTED]	
73. STATE REGISTRAR		74. FAX AUTH #	
[REDACTED]		[REDACTED]	
75. CENSUS TRACT		76. FAX AUTH #	
[REDACTED]		[REDACTED]	

INFORMATIONAL,
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY



* 0 3 4 4 1 5 4 0 4 *

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, displays the date, seal and signature of the Assessor-County Clerk-Recorder.

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



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.

9/21/14
 (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

(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 Tielen, 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 Tietens (Here insert name and title of the officer)

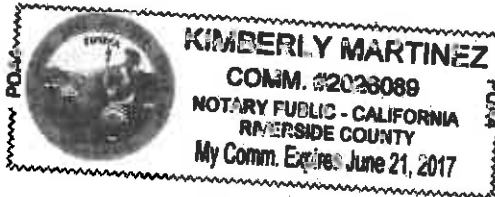
(Name of Signer(s))

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

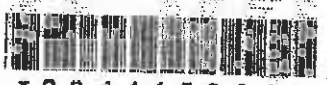
104 - 82-268073

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

33 007294

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD—FIRST JAMES		1C. LAST TIELENS	
1B. MIDDLE ROBERT		1D. SEX MALE	
2. SEX MALE		3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	
3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		3C. DATE OF BIRTH—MONTH, DAY, YEAR AUGUST 26, 1982	
3D. HOUR—(24 HOUR CLOCK TIME) 1421		4A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY PARKVIEW COMMUNITY HOSPITAL	
4B. STREET ADDRESS (NUMBER OR LOCATION) 3865 JACKSON STREET		4C. CITY OR TOWN RIVERSIDE	
4D. COUNTY RIVERSIDE		5A. NAME OF FATHER—FIRST JAMES	
5B. MIDDLE DEAN		5C. LAST TIELENS	
5D. STATE OF BIRTH CA		5E. AGE OF FATHER 26	
6A. NAME OF MOTHER—FIRST BRENDA		6B. MIDDLE DAWN	
6C. LAST (BOTH NAMES) KURZ		6D. STATE OF BIRTH CA	
6E. AGE OF MOTHER 23		7. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	
7A. SIGNATURE OF OTHER INFORMANT—SIGNATURE		7B. RELATIONSHIP TO CHILD MOTHER	
7C. DATE SIGNED 8-26-82		7D. LICENSE NUMBER C 33273	
7E. DATE SIGNED 8-26-82		8. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	
8A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—(PRINT NAME AND ADDRESS) C.W. TODD, JR., M.D. 3838 SHERMAN DRIVE, RIVERSIDE, CA		8B. LOCAL REGISTRAR—SIGNATURE	
8C. LOCAL REGISTRAR—NAME AND ADDRESS		8D. DATE ACCEPTED FOR REGISTRATION SEP 09 1982	
9. DEATH—ENTER DATE OF DEATH		10. LOCAL REGISTRAR—SIGNATURE	

INFORMATIONAL DOCUMENT
NOT AVAILABLE TO PUBLIC



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 13 1984**

This copy is not valid unless prepared on engraved border displaying date, seal and the name 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

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:

Stmnt ID#: 352248686

53427-2483



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	DK 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

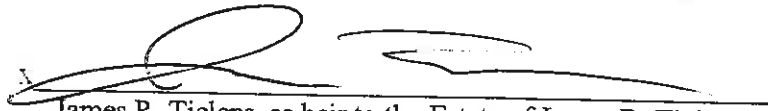


DECLARATION
OF ONE AND THE SAME PERSON(S)

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
Month Year
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 public auction on 8/15/2013 sold at 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# _____

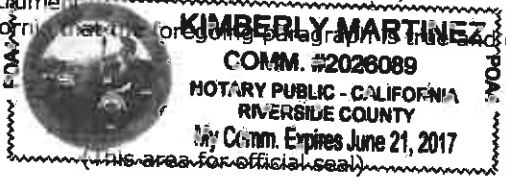
29290 Girard
(Address)
Hemet Ca 92544
(City/State/Zip)
95-287-8976
(Area Code/Telephone Number)

STATE OF CALIFORNIA Riverside)ss.
COUNTY OF _____)

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

STATE OF CALIFORNIA)ss.
COUNTY OF Stanislaus)

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)



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)

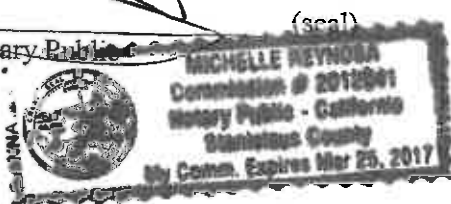
On 9-30-2014 before me, Michelle Reynosa, Notary Public, personally appeared
(Date) (here insert name and title of the officer)
Jed Byerly

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 of Notary Public



NEVADA

US
N:

IDENTIFICATION CARD



1 TIELEMS
2 JAMES ROBERT

3 Sex M 4 Hgt 5'4" 5 Wgt 221 6 Eyes BRN

4d ID No	
3 Dob	08/20/1962
4e Exp	08/26/2017

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~~ 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. 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

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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

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

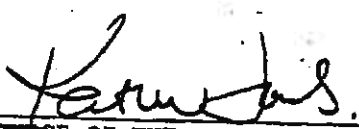
2

1 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
10 Household furniture and furnishings	2,000.00 ✓
11 1987 Chevrolet Suburban VIN#1GKER16KXHF514591	2,450.00 ✓
13 1990 Chevrolet VIN#2GCHC39N7L1200148	3,175.00 ✓
15 1989 Chevrolet Suburban VIN#1GNR26N9KF185255	3,000.00 ✓
17 Cash Residue	<u>104.56</u> ?
	\$331,006.60

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

23 DATED: 6/2/09

24 

25 _____
 26 JUDGE OF THE SUPERIOR COURT
 27 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. Martens
DEPUTY

Dated: 6/16/09



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

Public Record

CERTIFICATE OF VITAL RECORD
COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052013105744

CERTIFICATE OF DEATH

3201333006035

STATE FILE NUMBER 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. SEX M

7. DATE OF DEATH mm/dd/yyyy 05/26/2013 8. HOUR (24 Hour) 1115

9. BIRTH STATE/FOREIGN COUNTRY CA 10. SOCIAL SECURITY NUMBER [REDACTED] 11. EVER IN U.S. / ARMED FORCES? YES [] NO [X] UNK [] 12. MARITAL STATUS/PROV (at Time of Death) DIVORCED 13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN

14. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) YES [] NO [X] 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, food 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 23. ZIP CODE 92543 24. YEARS IN COUNTY 50 25. STATE/FOREIGN COUNTRY CA

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/PROV - FIRST MARY 29. MIDDLE MARGARET 30. LAST (Family Name) SHUMACHER 31. NAME OF FATHER/PARENT - FIRST MAURICE 32. MIDDLE ASRIAN 33. LAST (Family Name) TIELENS 34. BIRTH STATE CA 35. NAME OF MOTHER/PARENT - FIRST MARY 36. MIDDLE MARGARET 37. LAST (Family Name) SHUMACHER 38. BIRTH STATE KS

39. DISPOSITION DATE mm/dd/yyyy 06/04/2013 40. PLACE OF FINAL DISPOSITION (RESIDENCE OF JASON TIELENS) 29290 GIRARD STREET, HEMET, CA 92544

41. TYPE OF DISPOSITION CR/RES 42. SIGNATURE OF CEMETARY [REDACTED] 43. LICENSE NUMBER [REDACTED] 44. NAME OF FUNERAL ESTABLISHMENT MCWANE FAMILY FUNERAL HOME 45. LICENSE NUMBER [REDACTED] 46. BIRTH DATE mm/dd/yyyy [REDACTED] 47. DATE mm/dd/yyyy 06/03/2013

101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER 102. IF HOSPITAL, SPECIFY ONE P. [] ER/OP [] DOC [] 103. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospice [] Nursing Home/LTC [] Decedent's Home [] Other []

104. COUNTY RIVERSIDE 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 EAST DEVONSHIRE AVENUE 106. CITY HEMET

107. CAUSE OF DEATH Enter the chain of events -- 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. (Final disease or condition resulting in death) (A) PULMONARY THROMBOEMBOLISM (B) DEEP VEIN THROMBOSIS

108. DEATH REPORTED TO CORONER? YES [X] NO [] 109. BIRTH DATE mm/dd/yyyy 2013-04964 110. BICOPSY PERFORMED? YES [] NO [X] 111. AUTOPSY PERFORMED? YES [] NO [X] 112. USED IN DET. (INQUIRY CAUSE)? 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, list type of operation and date.) NO

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attested Sign (A) [REDACTED] (B) [REDACTED] 115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED] 116. LICENSE NUMBER [REDACTED] 117. DATE mm/dd/yyyy [REDACTED]

118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH [X] Natural [] Accident [] Homicide [] Suicide [] Pending Investigation [] Could not be determined [] 119. INJURED AT WORK? YES [] NO [] UNK [] 120. INJURY DATE mm/dd/yyyy [REDACTED] 121. HOUR (24 Hour) [REDACTED]

122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]

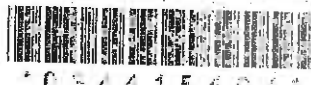
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]

124. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]

125. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED] 126. DATE mm/dd/yyyy 05/31/2013 127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER

STATE REGISTRAR A B C D E 1. COUNTY OF RIVERSIDE FAX AUTH.# 010001002367721 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
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOID 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

James Tielens
 signature

 signature

 signature

 signature

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

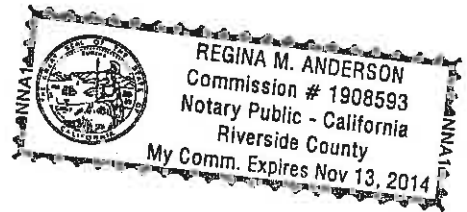
On 9/13/14 before me, Regina M. Anderson, Notary Public, Personally appeared
(Date) (Here insert name and title of the officer)

Jason Teller, 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 - 84-408381

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

28 011685

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 IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	3B. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)
Male	Single	Dec 5, 1984	1119
5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)	
Hemet Valley Hospital		1116 E. Latham	
5C. CITY OR TOWN		5D. COUNTY	
Hemet		Riverside	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST
MOTHER OF CHILD	6A. NAME OF MOTHER—FIRST	6B. MIDDLE	6C. LAST (BIRTH NAME)
	James	Dean	Tielems
	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		1123. RELATIONSHIP TO CHILD
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		1124. DATE SIGNED
	14. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE (PLEASE PRINT)		1125. DATE SIGNED
	Robert V. Tate M.D. 1600 E. Florida Ave #103 Hemet		12-6-84
LOCAL REGISTRAR	18. DEATH—ENTER DATE OF DEATH		117. DATE ACCEPTED FOR REGISTRATION
	19. LOCAL REGISTRAR—SIGNATURE		DEC 27 1984

INFORMATIONAL DOCUMENT

TO



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 paper 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



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

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 Month Year

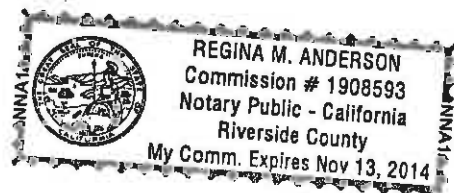
Jason Tielens
Name of Signer

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 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# _____

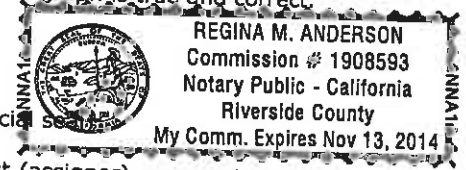
Jason Tielens, as heir to the Estate of James D. Tielens
(Name Printed)
40854 Gibbel Road
(Address)
Hemet, CA 92544
(City/State/Zip)
29290 Girard St
951-0216-0480
(Area Code/Telephone Number)

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

STATE OF CALIFORNIA
COUNTY OF Stanislaus)ss.

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

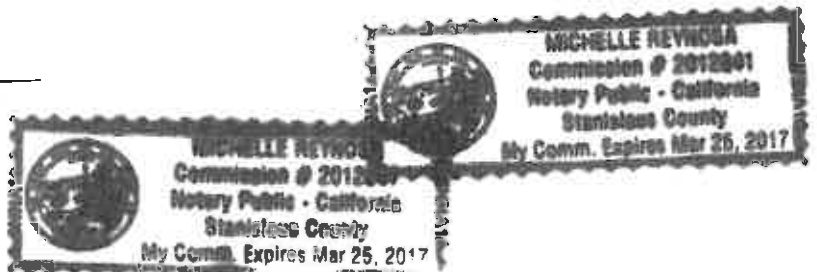
County of Stanislaus

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

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 TIELEMS
FN JASON DEAN

CLASS C
END NONE

DOB 12/05/1984
SEX M
HAIR BRN
EYES BRN

ISS 03/05/2014

SEX M
HAIR BRN
EYES BRN
ISS 03/05/2014

CLASS C-1611 M.G.W.R. 526000, No MFC
ENDORSEMENTS NONE
RESTRICTIONS NONE

This license is issued to a license to
drive a motor vehicle. It does not
establish eligibility for employment,
voter registration or public benefits.

120584

Jan. D. DeLoe

Rev 04/18/2010