

FORM APPROVED COUNTY COUNSEL 4/12/16
BY: GREGORY P. PRIAMOS DATE

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



SUBMITTAL DATE:

APR 12 2016

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 703. Last assessed to: Betty Bedomian, a widow. District 4 [\$10,133]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from the City of Blythe, Development Services Department for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 848110004-0;
(continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the April 29, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 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 July 17, 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
Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 10,133	\$ 0	\$ 10,133	\$ 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

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.:

District: 4

Agenda Number:

9-9

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 703. Last assessed to: Betty Bedoian, a widow. District 4 [\$10,133]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: APR 12 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Approve the claim from Found Extra Money, LLC assignee for Tamara Bedoian James heir to the Estate of Betty Bedoian, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 848110004-0;
3. Authorize and direct the Auditor-Controller to issue warrants to the City of Blythe, Development Services Department in the amount of \$805.65 and Found Extra Money, LLC assignee for Tamara Bedoian James heir to the Estate of Betty Bedoian in the amount of \$9,327.49, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

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

1. Claim from the City of Blythe, Development Services Department based on a Notice of Noncompliance recorded April 1, 2011 as Instrument No. 2011-0145748.
2. Claim from Found Extra Money, LLC assignee for Tamara Bedoian James heir to the Estate of Betty Bedoian based on an Assignment of Right to Collect Excess Proceeds dated February 10, 2016, an Assignment of Right to Collect Excess Proceeds dated June 13, 2014, an Affidavit- Death of Joint Tenant recorded December 30, 2004 as Instrument No. 2004-1032644, Declaration Under Probate Code Section 13101 dated September 16, 2015, and the death certificate of Elizabeth Jane Bedoian.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that the City of Blythe, Development Services Department be awarded excess proceeds in the amount of \$805.65 and Found Extra Money, LLC assignee for Tamara Bedoian James heir to the Estate of Betty Bedoian be awarded excess proceeds in the amount of \$9,327.49. 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 a lien holder and heir to the last assessee.

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 196 Item 703 Assessment No.: 848110004-0

Assessee: BEDOIAN, BETTY

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 805.65 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. 2011-0145748; recorded on 4/1/11. A copy of this document is attached here to. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

* Resolution 08-784, adopted 7/8/08, liening taxes & accepted by the Tax Assessor on 7/28/08 (see attached)
* Notice of NonCompliance recorded 4/1/11 (see attached)

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 16 day of August, 2013 at Riverside, CA
County, State

Michelle Van Dyke
Signature of Claimant

Signature of Claimant

Michelle Van Dyke
Print Name

Print Name

235 North Broadway
Street Address

Street Address

Blythe CA 92225
City, State, Zip

City, State, Zip

(760) 922-6130 x227
Phone Number

Phone Number

County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900
(951) 955-3990 - Fax



**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

E-mail: ttc@co.riverside.ca.us
www.countytreasurer.org

Palm Springs Office
997 E Tahquitz Canyon Way, Suite A
Palm Springs, CA 92262

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

RECEIVED

JUL 19 2013

CITY OF BLYTHE DEV. SER.

July 17, 2013

CITY OF BLYTHE DEVELOPMENT SERVICES DEPT
C/O CODE ENFORCEMENT DIVISION - CASE# CE0907-0017
235 NORTH BROADWAY
BLYTHE, CA 92225

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 848110004-0 Item: 703
Situs Address:
Assessee: Bedoian, Betty
Date Sold: April 29, 2013
Date Deed to Purchaser Recorded: June 20, 2013
Final Date to Submit Claim: June 20, 2014

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3842.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Adrian Potenciano
Deputy

DOC # 2011-0145748

04/01/2011 04:41P Fee:NC

Page 1 of 1

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



Recording Requested By
And When Recorded Return to:

City of Blythe
Development Services Department
235 N. Broadway
Blythe, CA 92225

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

Exempt from Recorder's Fees

Pursuant to Government Code § 27383

NOTICE OF NONCOMPLIANCE

M
062

In the matter of the Property of: **BETTY BEDOIAN**

Case Number: CE0907-0017

NOTICE IS HEREBY GIVEN to all persons, pursuant to the Blythe Municipal Code Section 8.28.010 and the State Health and Safety Code, Section 17920.3, that proceedings have been commenced with respect to violations of the Blythe Municipal Code and City of Blythe Ordinance No.676 described as property **Weed Abatement**. Such proceedings are based upon the noncompliance of such real property, located at **500 BLOCK WEST FOURTEENTH AVENUE**, Blythe, CA, and more particularly described as **Assessor's Parcel Number 848110004**.

The owner has been advised to immediately correct the above-referenced violations to avoid further action by the City of Blythe to abate the public nuisance. Any costs incurred by the City, including, but not limited to investigative, administrative and abatement costs and attorneys' fees, may become a lien on the property. Further details regarding this notice may be obtained by addressing an inquiry to the City of Blythe, Code Enforcement division, 235 North Broadway, Blythe CA 92225 (760) 922-6130, ext 225.

NOTICE IS FURTHER GIVEN in accordance with §17274 and §24436.5 of the California Revenue and Taxation Code, that a tax deduction may not be allowed for interest, taxes, depreciation, or amortization paid or incurred in the taxable year affected by these proceedings.

Dated: March 22, 2011

City of Blythe Development Services Dept.

Darrell Covell
Darrell Covell, Chief Building Inspector

STATE OF CALIFORNIA)

: ss.

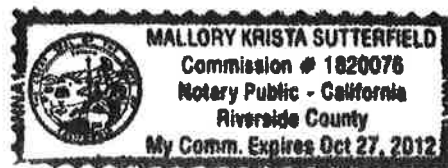
COUNTY OF RIVERSIDE)

On March 22, 2011, before me, Mallory Krista Sutterfield, Notary Public, personally appeared Darrell Covell, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature Mallory Sutterfield



RESOLUTION NO. 08-784**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF BLYTHE ORDERING THE LEVY AND COLLECTION OF ASSESSMENTS FOR PROPERTY WEED ABATEMENT PURSUANT TO THE PROVISIONS OF THE BLYTHE MUNICIPAL CODE**

THE CITY COUNCIL OF THE CITY OF BLYTHE HEREBY FINDS, DETERMINES, RESOLVES AND ORDERS AS FOLLOWS:

Section 1. Pursuant to the City of Blythe Municipal Code Section 8.28.080, the City of Blythe Development Services Department, Code Enforcement Division (hereinafter referred to as "Development Services"), notified the property owner of hazardous conditions on their properties due to the lack of property maintenance which was allowing the overgrowth of grasses, weeds and other fire hazard materials and/or the accumulation of trash. Such conditions constitute a "Public Nuisance".

Section 2. All Notices of Public Nuisance issued clearly state that property owners failing to comply by abating the hazards identified on their properties would be cause for the City of Blythe to have the work performed and all costs, in addition to administrative and filing fees, assessed to the property taxes.

Section 3. No action taken by the property owner to abate the properties in violation, the conditions on the properties constituting a Public Nuisance, have caused Development Services to request bids from local persons who perform lot clean-up.

Section 4. All bids for abatement services were received in sealed envelopes and were opened together on the date and at the time noted in the request for bid proposal.

Section 5. The lowest bidder (hereinafter referred to as the "Individual"), was awarded the job. The Individual had a set time period in which the lot clean-up was to be completed. Subsequently, the Individual submitted an invoice and payment was processed.

Section 6. Following clearing of the violation lots, Development Services mailed the property owner billing notices. Billing notices were sent more than once; and all were sent certified, return receipt.

Section 7. All billing notices clearly stated that unless remitted by the property owner, all costs, in addition to administrative and filing fees, would be assessed to their property taxes.

Section 8. The assessments are levied without regard to the property valuation.

Section 9. The assessments are levied for the purpose of paying the costs and expenses of the abatement described in Sections 3 & 5 above for the fiscal year commencing July 1, 2007 and ending June 30, 2008.

Section 10. The adoption of this Resolution constitutes the levy of an assessment for the fiscal year commencing July 1, 2008 and ending June 30, 2009.

Section 11. The County Auditor of Riverside County shall enter on the County Assessment Roll opposite each lot or parcel of land the amount of the assessment and such assessments shall then be collected at the same time and in the same manner as the County taxes are collected. After collection by the County, the net amount of the assessments shall be paid to the City Treasurer.

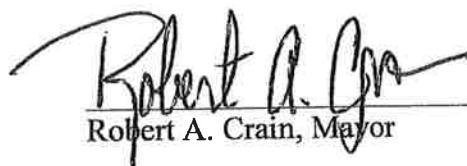
Section 12. The City Treasurer shall deposit all money representing assessments collected by the County to the general fund.

Section 13. The City Clerk is hereby authorized and directed to file Exhibit "B", or a certified copy of Exhibit "B", with the County Auditor, together with a certified copy of this Resolution upon its adoption.

Section 14. A certified copy of the Resolution and Exhibit "A" shall be filed in the office of the Director of Development Services, with a duplicate copy on file in the office of the City Clerk.

PASSED, APPROVED, and ADOPTED this 8th day of July 2008, by the following vote, to wit:

AYES:	Crain, Mays, DeConinck, Covell, Contreras
NOES:	None
ABSENT:	None


Robert A. Crain, Mayor

ATTEST:


Patti Whitney, City Clerk

(S E A L)

EXHIBIT "A"

Following is a list of the properties and the costs associated with their abatement.

Fund Number	Assessors Parcel Number	Amount
68-2153	848100008-3	\$ 2,623.49
68-2153	848100005-0	107.81
68-2153	848100009-4	817.76
68-2153	848110002-8	1,547.24
68-2153	848110004-0	805.65

PRPCA610

07/24/2008

6	INPUT RECORD COUNT PASSED FROM EDITOR	11,153.30
6	ACCEPTED AND INSERTED TO ASSMNTLB	11,153.30
	REJECTED	.00

7/28/08 - rec'd phone message from
Laura DeGuire that all assessments/liens
inputted correctly and were accepted.

copy of 2-24-08
Discopy

RECEIVED

JUL 30 2008

CITY OF BLYTHE DEV. SER.



August 7, 2015

The City of Blythe
C/O Michelle Van Dyke
235 North Broadway
Blythe, CA 92225

Re: APN: 848110004-0
TC 196 Item 703
Date of Sale: April 29, 2013

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The City of Blythe
C/O Michelle Van Dyke
235 North Broadway
Blythe, CA 92225

EP 196-703

2. Article Number
(Transfer from service label)

7003 2260 0004 1558 7295

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x M. Van Dyke ☒ Agent ☒ Addressee

B. Received by (Printed Name)

M. Van Dyke

C. Date of Delivery

8/12/15

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

To Whom It May Concern:

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

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

___ Notarized Affidavit for Collection of
Personal Property under California
Probate Code 13100
___ Notarized Statement of
different/misspelled
___ Notarized Statement Giving Authorization to
claim on behalf of
___ Certified Death Certificate for
___ Copy of Birth Certificates for
___ Copy of Marriage Certificate for

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

Please send in all documents within 30 days (**September 7, 2015**). If you should have any questions, please contact me at the number listed below.

Sincerely,

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



CITY OF BLYTHE

DEVELOPMENT SERVICES DEPARTMENT

235 North Broadway - Blythe, California 92225

Phone (760) 922-6130

FAX (760) 922-6334

August 19, 2015

Riverside County Treasurer
Attn: Jennifer Pazicni
P O Box 12005
Riverside CA 92502-2205

Re: APN 848110004-0, TC 196 Item 703

Dear Ms. Pazicni:

We are in receipt of your notice dated August 7, 2015, [copy enclosed]. Please find enclosed, a copy of our original Claim, dated 8/16/13, along with copies of: Resolution No. 08-784, adopted 7/8/08, lienning the subject property for monies owed the City of Blythe; Exhibit A (with the appropriate fund number); paperwork dated 7/24/08 from Laura DeGuire showing that our lien was inputted and accepted; and, Notice of Noncompliance recorded 4/1/11, due to monies still owed to the City of Blythe. Please contact me at (760) 922-6130, if there are any questions.

Sincerely,

Michelle Van Dyke
Permit Technician

enclosures

Pazicni, Jennifer

From: Michelle Van Dyke <mvandyke@cityofblythe.ca.gov>
Sent: Wednesday, August 26, 2015 3:33 PM
To: Pazicni, Jennifer
Subject: APN 848110004-0, TC 196 Item 703

Importance: High

Updated Statement of Monies Owed:

The City of Blythe is owed monies totaling \$805.65, from abatement at the above referenced site. We did not receive those monies prior to April 29, 2013, and we have not received it since that date. If you have any further questions, please do not hesitate to contact me. Thank you.



Michelle Van Dyke
Permit Technician
(760) 922-6130
City of Blythe
Development Services Dept
235 North Broadway
Blythe CA 92225

6

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 196 Item 703 Assessment No.: 848110004-0

Assessee: BEDOIAN, BETTY

Situs: VACANT LOT

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$10,600.00 (approx) from the sale of the above mentioned real property. I/We were the ☒ Assignee ~~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. 2013-0295599; recorded on 06/20/2013. 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.

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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 18th day of JUNE, 2014 at LOS ANGELES, CA
County, State

Dennis A. Murkey, MANAGER
Signature of Claimant

FOUND EXTRA MONEY, LLC

DENNIS A. MURKEY

Print Name

9420 RESEDA BLVD, #830

Street Address

NORTHRIDGE, CA 91324

City, State, Zip

(888) 867-4785

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

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 196 Item 703 Assessment No.: 848110004-0

Assessee: **BEDOIAN, BETTY**

Situs: **VACANT LOT**

Date Sold: **April 29, 2013**

Date Deed to Purchaser Recorded: **June 20, 2013**

Final Date to Submit Claim: **June 20, 2014**

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of **\$10,000.00 (approx)** from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), ☒ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. **2013-0295599**; recorded on **06/20/2013**. 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.

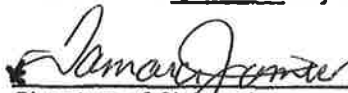
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

GRANT DEED

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 **13** day of **June**, 20**14** at **Riverside CA**
County, State


Signature of Claimant

BETTY BEDOIAN (DECEASED)

TAMARA BEDOIAN JAMES, SURVIVING SINGLES
Print Name

423 N 4TH STREET
Street Address

BLYTHE, CA 92225
City, State, Zip

(760) 544-7092
Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

AFFIDAVIT OF IDENTITY - INDIVIDUAL

State of California)

County of Riverside)

Affiant, TAMARA BEDOIAN JAMES, being first duly sworn on his/her oath, states
Print Name
that (s)he is familiar with TAMI BEDOIAN JAMES and acknowledges that (s)he
is one in the same person as TAMARA JAMES, who is also known as
TAMARA JAMES and -

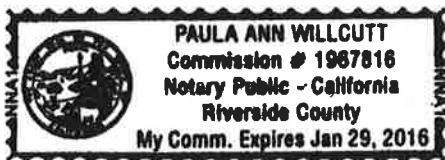
Tamara James
Affiant Signature before Notary Public

This instrument was acknowledged before me on June 13, 2014
by Paula Ann Willcutt
Date
Name of Person(s)

Paula Ann Willcutt
Signature of notarial officer

My commission expires:

Jan 29, 2016
Month, Day, Year



Notary Stamp

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'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 assign to FOUND EXTRA MONEY, LLC 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 548-110-004-0 sold at public auction on 04/29/2013. I understand that the total of excess proceeds available for refund is \$10,000.00 (APPROX.) 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.

Amaro James
(Signature of Party of Interest/Assignor)

BETTY BEDOIAN (DECEASED)
TAMARA BEDOIAN JAMES, SURVIVING DAUGHTER
(Name Printed)

423 N. 4TH STREET
(Address)

BLYTHE, CA 92225
(City/State/Zip)

(760) 544-7092
(Area Code/Telephone Number)

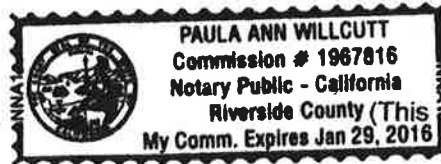
STATE OF CALIFORNIA) ss.
COUNTY OF RIVERSIDE

On June 13, 2014, before me, Paula Ann Willcutt, 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.

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.

Paula Ann Willcutt
(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.

Dennis A. Murkey
(Signature of Assignee)

DENNIS A. MURKEY, MANAGER FOUND EXTRA MONEY, LLC
(Name Printed)

9420 RESEDA BLVD., # 830
(Address)

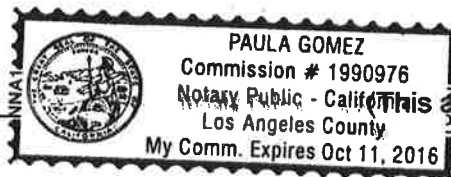
STATE OF CALIFORNIA) ss.
COUNTY OF Los Angeles

NORTHRIDGE, CA 91324
(City/State/Zip)

On June 19, 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared Dennis A. Murkey, 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.

Paula Gomez
(Signature of Notary)



RECORDING REQUESTED BY
Betty Bedoian

AND WHEN RECORDED MAIL TO
Betty Bedoian
Martin Bedoian, Power of Attorney
2104 North Lincoln Court
Burbank, Ca 91504

DOC # 2004-1032644

12/30/2004 08:00A Fee:10.00

Page 1 of 2
Recorded in Official Records
County of Riverside

Gary L. Orso
Assessor, County Clerk & Recorder



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	1		2						
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Title Order No. _____
Escrow No. _____

Affidavit - Death of Joint Tenant

STATE OF CALIFORNIA

COUNTY OF Los Angeles

Betty Bedoian, of legal age, being first duly sworn, deposes and says:
That Martin^M Bedoian, the decedent mentioned in the attached certified

copy of Certificate of Death, is the same person as Martin Bedoian
named as one of the parties in that certain Corporation Grant Deed dated April 7, 1980,
executed by Producers Oil Company
to Martin and Betty Bedoian

as joint tenants, recorded as Instrument No. 11209, on April 25, 1980, in
Book 7, Page 28, of Official Records of Riverside County,
California, covering the following described property situated in the Incorporated area of the City of
Blythe, County of Riverside, State of California:

Parcel "E" of the Palo Verde Land and Water Company's tract, as shown by Maps
of the Resubdivision of Section 32, Township 6 South, Range 23 East, San
Bernardino Base and Meridian (except Blythe City) and establishing Corner of
Blythe City, on file in Book 7, page 28 of Maps, Riverside County.

Assessors Parcel Number(s): 848-110-004 and 848-100-009

Dated 12/17/04

Betty Bedoian
Betty Bedoian

STATE OF CALIFORNIA

COUNTY OF Los Angeles

ON DECEMBER 17, 2004 before me,
Betty Bedoian personally appeared

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

Signature Augusto Cortes Villegas



(This area for official notarial seal)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

33 005978

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT FIRST		2A DATE OF DEATH MONTH DAY YEAR	
MARTIN		October 30, 1984	
1B MIDDLE		2B HOUR	
M.		02:32	
1C LAST		2C DATE OF DEATH MONTH DAY YEAR	
BEDOIAN			
3 SEX	4 RACE/ETHNICITY	5 BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	6 DATE OF BIRTH
Male	Caucasian	California	April 29, 1913
7 AGE	8 NAME AND BIRTHPLACE OF FATHER	9 BIRTH NAME AND BIRTHPLACE OF MOTHER	10 NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME
71 YEARS	Menooj Bedoian : Armenia	Veronica Kasanjian : Armenia	Betty Dunstan
11 CITIZEN OF WHAT COUNTRY	12	13 MARITAL STATUS	14 NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME
U.S.A.		Married	Betty Dunstan
15 PRESENT OCCUPATION	16 NUMBER OF YEARS THIS OCCUPATION	17 EMPLOYER IF SELF-EMPLOYED SO STATE	18 KIND OF INDUSTRY OR BUSINESS
Rancher	50	Self-employed	Agriculture
19A USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B CITY OR TOWN	
10890 Coconino		Blythe	
19C COUNTY		20 NAME AND ADDRESS OF INFORMANT - RELATIONSHIP	
Riverside		Betty Bedoian : Wife	
21A PLACE OF DEATH		21B COUNTY	
Palo Verde Hospital		Riverside	
21C STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D CITY OR TOWN	
250 North First Street		Blythe	
22 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23 WAS DEATH REPORTED TO CORONER?	
(A) <i>Cardiovascular arrest</i>		Yes	
(B) <i>Pulmonary edema</i>		24 WASopsy PERFORMED?	
(C) <i>Hypertensive crisis</i>		No	
25 OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26 WAS AUTOPSY PERFORMED?	
		No	
27A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE, STATED		27B PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE	
10-30-1984		David Sandeen, M.D.	
27C DATE SIGNED		27D PHYSICIAN'S LICENSE NUMBER	
10-30-1984		10-30-84	
28A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE, STATED		28B CORONER'S SIGNATURE AND DEGREE OR TITLE	
10-30-1984		D. J. Miller	
28C DATE SIGNED		28D CORONER'S LICENSE NUMBER	
10-30-1984		5000	
29A NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		29B LICENSE NO.	
PRYE CHAPEL, Blythe, CA			
30A LOCAL REGISTRAR - SIGNATURE		30B DATE ACCEPTED BY LOCAL REGISTRAR	
Ronald P. Hattis, M.D.		NOV 01 1984	
31A NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		31B LICENSE NO.	
PRYE CHAPEL, Blythe, CA			
32A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE, STATED		32B CORONER'S SIGNATURE AND DEGREE OR TITLE	
10-30-1984		D. J. Miller	
32C DATE SIGNED		32D CORONER'S LICENSE NUMBER	
10-30-1984		5000	
33A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE, STATED		33B CORONER'S SIGNATURE AND DEGREE OR TITLE	
10-30-1984		D. J. Miller	
33C DATE SIGNED		33D CORONER'S LICENSE NUMBER	
10-30-1984		5000	



033508297

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, County Clerk-Recorder.

DATE ISSUED

DEC 29 2004

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

GARY L. ORSO
COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Controller Betty T. Yee
California State Controller's Office
Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Elizabeth (Betty) Bedoian [Name of Decedent], hereinafter "Decedent," died in the City of Los Angeles, County of Los Angeles, State of CA on 3/13, 20 10.
2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
3. Check (one) of the following appropriate boxes.
☒ No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
☐ 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.
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 one hundred fifty thousand dollars (\$150,000).
5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. APN: 848110004-0
6. Check (one) of the following appropriate boxes, and, if applicable, fill in the blank.
☒ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.
The name of the successor of the Decedent is: _____
7. No other person has a superior right to the interest of the Decedent in the described property.
8. The declarants request that the described property be paid, delivered, or transferred to the declarants.
9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Mart Bedoian
Signature

Martin Earl Bedoian
Name [Print or Type]

9/16/15
Date:

Signature

Name [Print or Type]

Date:

Signature

Name [Print or Type]

Date:

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (If any)

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 San Francisco

Subscribed and sworn to (or affirmed) before me

on this 16th day of September, 2015
by Date Month Year

(1) Martin Earl Bedoian

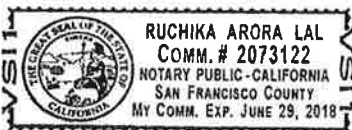
(and (2) _____),

Name(s) of Signer(s)

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

Signature

Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Declaration under probate Code Section 13101 Document Date: _____

Number of Pages: 1 Signer(s) Other Than Named Above: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201019010759

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) ELIZABETH		2. MIDDLE JANE	
3. LAST (Family) BEDOIAN			
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST) BETTY JANE BEDOIAN			
4. DATE OF BIRTH mm/dd/yyyy 08/09/1923		5. AGE Yrs. 86	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 03/13/2010	
9. BIRTH STATE/FOREIGN COUNTRY PA		10. MARITAL STATUS/SROP* (at Time of Death) WIDOWED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. DECEASED'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE	
13. EDUCATION—Highest Level/Degree (Use worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 50			
20. DECEDENT'S RESIDENCE (Street and number, or location) 2104 N LINCOLN STREET			
21. CITY BURBANK		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 91504		24. YEARS IN COUNTY 20	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARTIN E. BEDOIAN, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3215 TERZILLA PLACE, LOS ANGELES, CA 90065	
28. NAME OF SURVIVING SPOUSE/SROP—FIRST WILLIAM		29. MIDDLE DUNSTAN	
30. LAST (BIRTH NAME) PA		31. BIRTH STATE PA	
32. NAME OF FATHER/PARENT—FIRST NORA		33. MIDDLE UNKNOWN	
34. LAST (BIRTH NAME) PA		35. BIRTH STATE PA	
36. DISPOSITION DATE mm/dd/yyyy 03/20/2010		37. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068	
38. TYPE OF DISPOSITION(S) BU		39. SIGNATURE OF EMBALMER NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS		41. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
42. LICENSE NUMBER 03/18/2010			
101. PLACE OF DEATH WINDSOR GARDENS HEALTHCARE CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. CITY LOS ANGELES		104. CITY NORTH HOLLYWOOD	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 13000 VICTORY BLVD			
106. CAUSE OF DEATH ACUTE CARDIOPULMONARY ARREST		107. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIOPULMONARY ARREST		109. MINS 2010-51684	
109. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE ON LINE A. ENTER UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST CORONARY ARTERY DISEASE		110. YRS YES	
110. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		111. YRS YES	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CEREBROVASCULAR ACCIDENT, ATRIAL FIBRILLATION, DECUBITUS ULCER STAGE IV		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113. IF FEMALE, PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 08/09/1996 Decedent Last Seen Alive: 01/26/2010		115. SIGNATURE AND TITLE OF CERTIFIER MARK ALEXANDER GERARD M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARK ALEXANDER GERARD M.D. 201 S BUENA VISTA #250, BURBANK, CA 91505		117. LICENSE NUMBER 03/17/2010	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE (mm/dd/yyyy)	
122. HOUR (24 Hour)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

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

Jonathan E. Fielding MD
GL
Director of Public Health and Registrar

DATE ISSUED

MAR 24 2010

HD1791030

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



**COUNTY OF RIVERSIDE
ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS**

I, MARTIN BEDOIAN (the "Assignor"), do hereby assign to TAMARA BEDOIAN (JAMES) (the "Assignee") my right to apply for and collect the excess proceeds from the sale of Assessor's Parcel No. 848-110-004-0 sold at public auction on April 29, 2013. [Cal. Rev. & Tax. Code, § 4675]. I understand that the Riverside County Treasurer-Tax Collector is holding excess proceeds in the total amount of \$10,600.00. Although I have a right to all or a portion of the excess proceeds, for valuable consideration, I voluntarily assign one hundred percent (100%) of my share of the excess proceeds to TAMARA BEDOIAN (JAMES) pursuant to Revenue and Tax Code Section 4675. The Assignor and Assignee certify that we have disclosed all facts of which we are aware have been disclosed to each other relating to the value of this assignment.

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

Martin Bedoian
(Signature of Assignor/ Interested Party)

2/10/16
(Date)

323-369-1814
(Area Code/Telephone Number)

MARTIN BEDOIAN
(Interested Party/Assignor Name Printed)

15 Kenwood Way
(Address)

San Francisco, CA 94127
(City/State/Zip)

mbedoian@pacbell.net
(Email)

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 San Francisco

On February 10th 2016 (Date),

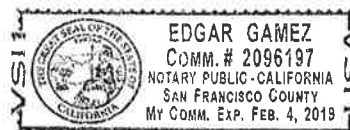
before me, Edgar Gamez, Notary Public (Name and Title of Officer),

personally appeared, Martin Earl Bedoian,
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 Public



6

FOUND EXTRA MONEY, LLC
UNCLAIMED MONEY CONSULTANTS
WWW.FoundExtraMoney.com
Email: Richard@foundextramoney.com

LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362
Las Vegas, NV 89139
Toll Free: (888) 867-4785
Fax No: (702) 331-4992

LOS ANGELES OFFICE

9420 Reseda Blvd. #830
Northridge, CA 91324
Toll Free: (888) 867-4785
Fax No.: (818) 701-7184

PLEASE REPLY TO: Los Angeles Office **(CLAIM #: 2RI48-CA)**

AUTHORIZATION AND FEE AGREEMENT

By executing this Agreement, the undersigned hereby authorizes Found Extra Money, LLC, ("FEM, LLC") by its agents and its representatives, as Claimants' exclusive agent, and its assignee, to locate, prepare, and process all documents and receive and disburse all funds owed to Claimant, according to the terms of this Agreement, either as an individual, trustee, agent for a business entity, or as a personal representative or heir of an estate.

In consideration and for the time and expense to locate Claimant and in preparing and in processing the claims for these funds, that FEM, LLC has located for Claimant's benefit, Claimant agrees that FEM, LLC shall receive 25% (twenty five percent) of the total funds recovered. FEM, LLC is solely responsible for all processing costs including research costs, document preparation, filing fees and other costs associated with the processing of this claim, or claims. **No fee will be charged to Claimant if there is no recovery of funds.**

Claimant agrees to sign and return all documents necessary to process this claim, within 3 business days of FEM, LLC's request for such. In the event that the claim is not paid, both parties are released of their duties and obligations under this Agreement and Claimant will have no obligation to pay FEM, LLC for any expenses it has incurred.

This Agreement may be signed in counterparts and a signed copy received electronically, or by fax, shall be deemed an original and shall be governed by the laws of the State of California. In the event a dispute arises, the prevailing party shall be entitled to attorney's fees, costs and other relief by the Court. Venue shall be in Los Angeles County, California.

I agree to the above.

TAMI BEDOIAN JAMES

TAMARA BEDOIAN JAMES
APPLICANT/CLAIMANT (PLEASE PRINT):

Tamara Bedoian James
(SIGNATURE):

By: Dennis A. Murkey, MANAGER 06/18/2014
DENNIS A. MURKEY

Title: MANAGER

Date: 6/13/2014

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.com

Email: Richard@foundextramoney.com

LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362
Las Vegas, NV 89139
Toll Free: (888) 867-4785
Fax No: (702) 331-4992

LOS ANGELES OFFICE

9420 Reseda Blvd. #830
Northridge, CA 91324
Toll Free: (888) 867-4785
Fax No.: (818) 701-7184

LIMITED POWER OF ATTORNEY

BE IT KNOWN that **TAMARA BEDOIAN JAMES** has made and appointed and by these presents does hereby make and appoint **Found Extra Money, LLC**, in his/her name, place and stead, for the following and limited purposes only: TO DO ALL THINGS NECESSARY TO THE FILING, COLLECTION AND RECOVERY OF ANY AND ALL UNCLAIMED PROPERTY AND/OR EXCESS PROCEEDS FUNDS FROM ANY/ALL FINANCIAL INSTITUTIONS AND/OR GOVERNMENT AGENCIES, giving and granting said attorney full power and Authority to do and perform all and every act and thing whatsoever necessary to be done in And about the specific and limited premises (set out herein) as fully, to all intents and purposes as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawful do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13 day of

June, 20 14.

Tamara Bedoian James
(Signature)

TAMARA JAMES
(Please Print)

State of California

County of Riverside

On 6-13-14, before me, Paula Ann Willcutt, personally appeared Tamara Bedoian James who proved to me the basis of satisfactory evidence to be the person (s) whose name (s) is /are subscribed to the within instrument and acknowledge 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.

Paula Ann Willcutt
Notary Public
My Commission Expires on: 1-29-16

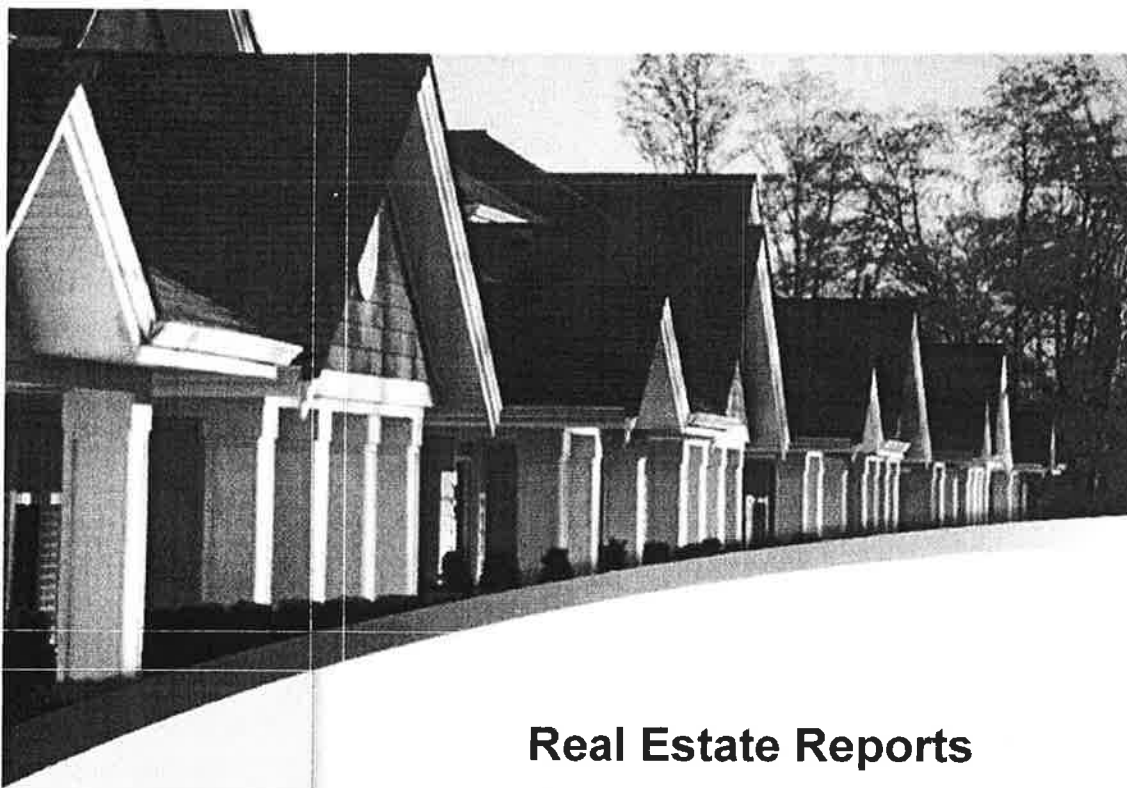


(Place Notary Seal above)

2

COUNTY OF RIVERSIDE
OFFICE OF THE TREASURER-TAX COLLECTOR
SALE OF TAX DEFAULTED PROPERTY - TC196
APRIL 25, 2013 - APRIL 29, 2013

<u>ITEM#</u>	<u>ASSESSMENT#</u>	<u>STATUS</u>	<u>SALE PRICE</u>
676	767720004-3	OFF SALE	
677	768160008-4	REDEEMED	
678	768222006-3	REDEEMED	
679	768280001-8	REDEEMED	
680	768380009-5	REDEEMED	
681	768393009-5	REDEEMED	
682	770021042-1	REDEEMED	
683	770172003-3	REDEEMED	
684	773224006-7	INCOMPLETE	
685	778160009-8	REDEEMED	
686	778211007-3	REDEEMED	
687	778252001-4	REDEEMED	
688	806102003-8	SOLD	\$5,136.00
689	808201007-2	REDEEMED	
690	818231009-0	REDEEMED	
691	818242032-4	SOLD	\$7,960.00
692	818293010-2	NO BID	
693	818322009-1	SOLD	\$8,500.00
694	821236014-3	REDEEMED	
695	824110009-1	OFF SALE	
696	836080052-4	NO BID	
697	839080003-1	REDEEMED	
698	842070006-7	NO BID	
699	848033002-0	REDEEMED	
700	848041002-5	NO BID	
701	848071002-8	REDEEMED	
702	848110002-8	SOLD	\$12,100.00
703	848110004-0	SOLD	\$14,800.00
704	848172002-0	REDEEMED	
705	854072004-8	REDEEMED	
706	869090038-3	NO BID	
707	872294024-4	REDEEMED	
708	872333006-8	REDEEMED	
709	872333007-9	REDEEMED	
710	900160007-1	OFF SALE	
711	906070060-2	OFF SALE	
712	906070077-8	REDEEMED	
713	906070080-0	OFF SALE	
714	906070081-1	OFF SALE	
715	906110007-8	REDEEMED	
716	908320022-4	REDEEMED	
717	913210034-3	REDEEMED	
718	915220048-1	REDEEMED	
719	922220027-4	REDEEMED	
720	922220029-6	REDEEMED	



Real Estate Reports

Property:

Blythe, CA 92225
APN: 848-110-004

Data deemed reliable, but not guaranteed. LPS Data Services 2009.
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Property Details

Foley Development Inc,
Blythe, CA 92225

APN: 848-110-004
Riverside County

Owner Information

Primary Owner: FOLEY DEVELOPMENT INC,

Secondary Owner:

Mail Address: 1201 E WILLOW ST # D-179
SIGNAL HILL CA 90755

Site Address:
BLYTHE CA 92225

Assessor Parcel Number: 848-110-004

Census Tract: 0462.00

Housing Tract Number:

Lot Number: E

Legal description: Lot: E Abbreviated Description: LOT:E CITY:BLYTHE POR LOT E MB 007/028 SUB OF POR
SEC 32 6S 23E City/Muni/Twp: BLYTHE

Sale Information

Sale Date: 06/20/2013

Document #: 2013-0295599

Sale Amount: \$14,800

Seller: BEDOIAN, BETTY

Sale Type:

Cost/SF:

Assessment & Tax Information

Assessed Value: \$7,993

Land Value: \$7,993

Imp. Value:

Homeowner
Exemption:

% Improvement:

Tax Amount: \$94.60

Tax Status: Delinquent: 2007

Tax Year: 2013

Tax Rate Area: 3-010

Tax Account ID:

Property Characteristics

Bedrooms:

Year Built:

Pool:

Bathrooms:

Square Feet:

Lot Size:

Partial Baths:

Number of Units: 0

No of Stories:

Total Rooms:

Garage:

Fire Place:

Property Type: Commercial Vacant Land

Building Style:

Use Code: Vacant Land(General)

Zoning:



Transaction History

Foley Development Inc,
Blythe, CA 92225

APN: 848-110-004
Riverside County

Prior Transfer

Recording Date: 06/28/2013
Price: \$15,000
First TD: N/A
Mortgage Doc #:
Lender Name:
Buyer Name: FOLEY DEVELOPMENT INC,
Buyer Vesting: N/A
Seller Name: ADAD LLC,
Legal description: Lot: E Map Ref: MB007/028

Document #: 2013-0313952 BK-PG -
Document Type: Quit Claim Deed
Type of Sale: Full Amount On Deed
Interest Rate:

Prior Transfer

Recording Date: 06/20/2013
Price: \$14,800
First TD: N/A
Mortgage Doc #:
Lender Name:
Buyer Name: ADAD LLC,
Buyer Vesting: N/A
Seller Name: BEDOIAN, BETTY
Legal description: Lot: E Map Ref: MB7 PG28

Document #: 2013-0295599 BK-PG -
Document Type: Public Action
Type of Sale: Sold For Taxes
Interest Rate:

Prior Transfer

Recording Date: 12/30/2004
Price: N/A
Multiple Parcels Involved In
This Transaction
First TD: N/A
Mortgage Doc #:
Lender Name:
Buyer Name: BEDOIAN, BETTY
Buyer Vesting: N/A
Seller Name: BEDOIAN, MARTIN; BEDOIAN, BETTY
Legal description: Lot: E Map Ref: MB7 PG28
Abbreviated Description: RESUBDIVISION SEC32 TWP06S RNG23E SBB&M
City/Muni/Twp: BLYTHE

Document #: 2004-1032644 BK-PG -
Document Type: Aff Death JT
Type of Sale: Non-Arms Length Transfer
Interest Rate:

Prior Transfer

Recording Date: 12/00/2004
Price: N/A
First TD: N/A
Mortgage Doc #:
Lender Name: N/A
Buyer Name: BEDOIAN BETTY
Buyer Vesting: N/A
Seller Name: N/A
Legal description: Lot: E
Abbreviated Description: POR LOT E MB 007/028 SUB OF POR SEC 32 6S 23E
City/Muni/Twp: BLYTHE

Document #: 2004-1032644 BK-PG -
Document Type: N/A
Type of Sale: Per Assessor Transaction
History
Interest Rate:

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return) Tamara Bedoian James	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.) 423 N 4th Street City, state, and ZIP code Blythe, CA 92225 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Tamara Bedoian James</i>	Date ▶ <i>6/13/2014</i>
------------------	--	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
 - An estate (other than a foreign estate), or
 - A domestic trust (as defined in Regulations section 301.7701-7).
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Found Extra Money, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ►

Address (number, street, and apt. or suite no.)

9420 Reseda Blvd., #830

City, state, and ZIP code

Northridge, CA 91324

List account number(s) here (optional)

Exemptions (see instructions):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)	
--	--

Requester's name and address (optional)

Part I	Taxpayer Identification Number (TIN)
---------------	---

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
-------------------------------	--

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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Sign Here

**Signature of
U.S. person**

Deanna R. Rudey, MANAGER

Date ►

06/18/2014

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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Purpose of Form

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1. **Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),**
2. **Certify that you are not subject to backup withholding, or**
3. **Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the**

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.com

Email: Richard@foundextramoney.com

LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362

Las Vegas, NV 89139

Toll Free: (888) 867-4785

Fax No: (702) 331-4992

LOS ANGELES OFFICE

9420 Reseda Blvd. #830

Northridge, CA 91324

Toll Free: (888) 867-4785

Fax No.: (818) 701-7184

PLEASE REPLY TO LOS ANGELES OFFICE

June 18, 2014

Mr. Don Kent

Riverside County Treasurer-Tax Collector

P.O. Box 12005

Riverside, CA 92502

RE: Excess Proceeds Claim: Parcel Number 848-110-004-0 (Vacant Lot)

Sale Date: 04/29/2013

Recorded Date: 06/20/2013

Claimant: BETTY BEDOIAN (deceased), TAMARA BEDOIAN JAMES (surviving daughter)—75% of \$10,600.00 = \$7,950.00

Claimant: FOUND EXTRA MONEY, LLC ("FEM, LLC")—25% of \$10,600.00 = \$2,650.00

Total Amount of Excess Proceeds: approximately \$10,600.00

Dear Mr. Kent:

Enclosed for your reference, please find the following documents in support of our claim(s) for the excess proceeds resulting from the tax sale of the above-referenced property at the Tax Collector's Public Tax Auction held on April 29, 2013:

1. Copy of the Affidavit – Death of Joint Tenant recorded on 12/30/2004 showing BETTY BEDOIAN as the surviving joint tenant upon the death of her husband MARTIN M. BEDOIAN (2 pages);
2. County of Riverside, Office of the Treasurer-Tax Collector Sale of Tax-Defaulted Property (Sale #TC196) on April 25, 2013 thru April 29, 2013, showing the above referenced parcel to be Item# 703 on the sale list (1 page);

3. Property Report showing the legal description of the property, and BETTY BEDOIAN as having been the seller of the property at the time of the Public Auction which was recorded on 06/20/2013 (3 pages);
4. Notarized Affidavit of Identity showing TAMARA BEDOIAN JAMES, TAMI BEDOIAN JAMES, TAMARA GAYE JAMES, and TAMARA JAMES as being one and the same person dated June 13, 2014 (1 page);
5. Riverside County Claim for Excess Proceeds from the Sale of Tax-Defaulted Property signed by TAMARA JAMES on June 13, 2014 (1 page);
6. Authorization, Assignment, and Fee Agreement signed by TAMARA BEDOIAN JAMES (Assignor) on 06/13/2014 and FEM, LLC (Assignee) signed on 06/18/2014 to pay 25% of the amount to FEM, LLC (1 page);
7. Notarized Assignment of Right to Collect Excess Proceeds to Found Extra Money, LLC, signed by TAMARA JAMES on June 13, 2014, and by DENNIS A. MURKEY, Manager for Found Extra Money, LLC on June 18, 2014 (1 page);

Pursuant to California Courts of Appeals case law and statutory authority you must recognize that our rights, as an assignee, must be protected in any distribution of proceeds by issuing of a separate draft in the name of Found Extra Money, LLC. (*Marion Drive, LLC v. Saladino* (2006) 136 Cal.App.4th 1432, 1437; *Fjaeran v. Board of Supervisors* (1989) 210 Cal.App.3d 434,442; CA Rev. & Tax Code Sec. 4675, subd (e) (2). Assignments are permitted (Section 4675, subd. (b));

8. Riverside County Claim for Excess Proceeds from the Sale of Tax – Defaulted Property signed by FEM, LLC on 06/18/2014 (1 page);
9. A valid photo ID and copy of the Social Security card for TAMARA GAYE JAMES (1 page);
10. A completed and signed W-9 Form by TAMARA JAMES dated 06/13/2014 (1 page);
11. completed and signed W-9 Form by Found Extra Money, LLC dated 06/18/2014 (1 page);

12. Notarized Limited Power of Attorney authorizing Found Extra Money, LLC to represent TAMARA BEDOIAN JAMES as true and lawful attorney to do all things with regard to the collection of excess proceeds, and signed by TAMARA JAMES on June 13, 2014 (1 page).

Please issue separate checks as follow:

TAMARA BEDOIAN—75% = \$7,950.00
FOUND EXTRA MONEY, LLC—25% = \$2,650.00

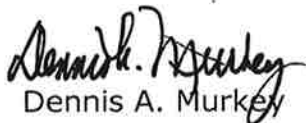
Mail to:

Found Extra Money, LLC
9420 Reseda Blvd., #830
Northridge, CA 91324

If you have any questions regarding the above, please do not hesitate to contact me at 888-867-4785.

Thank you.

Sincerely,


Dennis A. Murkey
FEM, LLC

From: (818) 701-0252
 Richard Murkey
 9420 Roseda Blvd., #830
 Northridge, CA 91324

Origin ID: HAFA



Ship Date: 19JUN14
 ActWgt: 1.0 LB
 CAD: 105152599/INET3490

Delivery Address Bar Code



SHIP TO: (951) 955-3859

BILL SENDER

Mr. Don Kent
 Riverside County Treasurer-Tax Coll
 4080 Lemon St., 4th Floor

RIVERSIDE, CA 92501

Ref #
 Invoice #
 PO #
 Dept #

TREASURER-TAX COLLECTOR
 DATA / MAILROOM

JUN 20 2014

RECEIVED

FRI - 20 JUN 10:30A
 PRIORITY OVERNIGHT

TRK# 7703 5562 5114
 0201

92501
 CA-US
 ONT

WM ONTA



5220598CAF220

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Found Extra Money, LLC
C/O Dennis A. Murkey, Manager
9420 Reseda Blvd., #830
Northridge, CA 91324

2. Article Number
(Transfer from service label)

EP196-703

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature **PAK & SHIP ALL**
X 9420 RESEDA BLVD. #830 Agent
NORTHBRIDGE, CA 91324 Address
B. Received by (Print Name) 818-840-2252 Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7003 2260 0004 1558 7301

Domestic Return Receipt

102595-02-M-15

August 7, 2015

Found Extra Money, LLC
C/O Dennis A. Murkey, Manager
9420 Reseda Blvd., #830
Northridge, CA 91324

Re: APN: 848110004-0
TC 196 Item 703
Date of Sale: April 29, 2015

To Whom It May Concern:

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

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

☒ Copy of Will or Trust for Betty Bedoian.

☒ If No Will or Trust is available, A

Notarized Affidavit for Collection of
Personal Property under California
Probate Code 13100 (for single heir) or
Probate Code 13101 (for multiple heir's)

☐ Notarized Statement of
different/misspelled

☐ Notarized Statement Giving Authorization to
claim on behalf of

☒ Certified Death Certificate for Betty
Bedoian

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

Please send in all documents within 30 days (**September 7, 2015**). If you should have any questions, please contact me at the number listed below.

Sincerely,

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

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.com

Email: Richard@foundextramoney.com

LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362

Las Vegas, NV 89139

Toll Free: (888) 867-4785

Fax No: (702) 906-1219

LOS ANGELES OFFICE:

9420 Reseda Blvd. #830

Northridge, CA 91324

Toll Free: (888) 867-4785

Fax No: (702) 906-1219

September 28, 2015

Riverside County Treasurer-Tax Collector

Attn. Jennifer Pazicni

4080 Lemon Street, 4th Floor

PO Box 12005

Riverside, CA 92502

Re: APN: 848110004-0; TC 196; Item 703

Date of Sale: April 29, 2013

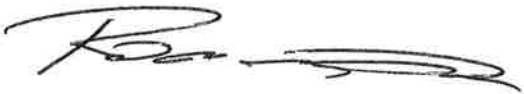
Dear Jennifer,

Please find the following documents per your request:

1. Notarized Affidavit for Collection of Personal Property under California Probate Code 13101 (2 pages);
2. Certified Death Certificate for Betty Bedoian (1 page)

If you have any questions, please call me at (888) 867-4785.

Thank you.



Richard Murkey Jr.

Found Extra Money, LLC

Pazicni, Jennifer

From: Pazicni, Jennifer
Sent: Monday, November 02, 2015 2:29 PM
To: richard@foundextramoney.com
Subject: Copy of Probate form- EP 196-703
Attachments: EP 196-703 Probate Code 13101.pdf

Good Afternoon-

Please have Tamara sign the Probate code section 13101 with her brother Martin. Also, please have Martin assign his rights to Tamara, so that Tamara can claim Martin's portion with her own. Please let me know if you have any questions. If you could, please try to return by December 2, 2015.

Thank you,

Jennifer Pazicni
Riverside County Treasurer-Tax Collector's Office
Tax Sale Operations/Excess Proceeds
951 955-3336
jpazicni@RivCoTTC.org

Pazicni, Jennifer

From: Pazicni, Jennifer
Sent: Monday, November 23, 2015 8:27 AM
To: 'Tamara Bedoian-James'
Subject: RE: 848110004-0 TC 196 Item 703
Attachments: AGENT.doc; ASSIGN1.doc

Good Morning-

I tried to call back with the number you provided, but I must have written it down incorrectly or misheard the number because the call would not go through. Please give me a call when you can. If you would like to send the documents directly to me, that would be fine.

So far I have received the following:

- Your claim via Found Extra Money, LLC
- Probate Form 13101 signed by Martin Bedoian
- Death Certificate of Elizabeth Jane Bedoian

Items I need to complete the file:

- Since there are more than 1 heir of the Estate of Elizabeth Jane Bedoian and no will or trust available, we need the Probate Form 13101 signed by all heirs. Are there any other heirs other than You and Martin?
- You are the only one that made a claim, so I would only be able to pay out your portion of the estate. However, if you have Martin and any other heirs (if any), assign their right to claim excess proceeds to you, I would be able to pay you the entire portion available to the last assessee.

Please give me a call when you get a chance. You may also respond to this email with your number and I would be happy to give you call. I have attached a copy of the assignment of right and assignment of agent forms. We would only need one returned, so you may pick which fits your situation better.

Thank you,

Jennifer Pazicni
Riverside County Treasurer-Tax Collector's Office
Tax Sale Operations/Excess Proceeds
951 955-3336
jpazicni@RivCoTTC.org

From: Tamara Bedoian-James [<mailto:tamibedoian.james@gmail.com>]
Sent: Wednesday, November 18, 2015 9:42 AM
To: Pazicni, Jennifer
Subject: APN: 848110004-0 TC 196 Item 704

Date of sale: 4/29/2013. Ironically that is my father's dob. I've sent this info, along with the original, to: Found Extra Money, LLC, c/o DENNIS MURKEY. Thought I'd send to you, as they are now requesting I send another original, they lost it.

EP 176-103

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

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February 25, 2016

Riverside County Treasurer-Tax Collector

Attn. Jennifer Pazicni

4080 Lemon Street, 4th Floor

PO Box 12005

Riverside, CA 92502

Re: APN: 848110004-0; TC 196; Item 703

Date of Sale: April 29, 2013

Dear Jennifer:

Per your request, enclosed please find the following document:

1. Notarized Assignment of Right To Collect Excess Proceeds for Martin Bedoian assigning his rights to collect to Tamara Bedoian (James) for the above referenced property.

If anything else is needed, please let me know. Thank you again for all of your help.

Richard Murkey Jr.

Found Extra Money, LLC