

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

181



SUBMITTAL DATE:
JUN 27 2016

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 298. Last assessed to: Annie Mae Williams, a widow. District 4 [\$29,593]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Found Extra Money, LLC agent for Rosemary Caddo-Hill, heir to Annie Mae Williams for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 606123011-8;

(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 February 4, 2014 public auction sale. The deed conveying title to the purchasers at the auction was recorded March 21, 2014. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on April 22, 2014 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)



Don Kent
Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 29,593	\$ 0	\$ 29,593	\$ 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: 16/17

C.E.O. RECOMMENDATION:

APPROVE

BY: 
Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.:

District: 4

Agenda Number:

9-10

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 298. Last assessed to: Annie Mae Williams, a widow. District 4 [\$29,593]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 27 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Found Extra Money, LLC agent for Rosemary Caddo-Hill in the amount of \$29,593.32, 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 one claim for excess proceeds:

1. Claim from Found Extra Money, LLC agent for Rosemary Caddo-Hill based on an Authorization for Agent to Collect Excess Proceeds dated February 23, 2015, a Grant Deed recorded September 21, 1972 as Instrument No. 126453, a Declaration Under Probate Code Section 13101 dated October 15, 2015, Assignments of Right to Collect Excess Proceeds dated November 12, 2015, death certificates of Annie Mae Williams and Lottie Mae Caddo.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Found Extra Money, LLC agent for Rosemary Caddo-Hill be awarded excess proceeds in the amount of \$29,593.32. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Citizens and Businesses

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

ATTACHMENTS (if needed, in this order):

A copy of the Excess Proceeds Claim form and supporting documentation is attached.

7C 199-298

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

March 16, 2015

Mr. Don Kent
Riverside County Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502

RECEIVED
2015 MAR 19 PM 1:50
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

RE: Excess Proceeds Claim: Parcel Number 606-123-011 (43287 Nairobi Drive, Indio, CA 92201)

Sale Date: 02/04/2014

Recorded Date: 03/21/2014

Total Amount of Excess Proceeds: approximately \$30,000.00

Claimant: ANNI MAE WILLIAMS (deceased)/ROSEMARY CADD0-HILL (surviving granddaughter/heir)--75% of \$30,000.00 = \$22,500.00

Claimant: FOUND EXTRA MONEY, LLC ("FEM, LLC")—25% of \$30,000.00 = \$7,500.00

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, Sale #TC199, held on January 30 thru February 4, 2014:

1. Copy of the Tax Deed To Purchase of Tax-Defaulted Property showing ANNIE MAE WILLIAMS as being the last assessed for the above referenced APN which was recorded on 03/21/2014 (2 pages);
2. County of Riverside, Office of the Treasurer-Tax Collector Sale of Tax-Defaulted Property (Sale #TC199) on January 30, 2014 thru February 4, 2014, showing the above referenced parcel to be Item#298 on the sale list (1 page);

3. Property Report showing the legal description of the property, and showing ANNIE MAE WILLIAMS as having been the seller of the property at the time of the Public Auction which was recorded on 03/21/2014, and the buyer of the property on 01/16/1990 (4 pages);
 4. Certified copy of the Death certificate for ANNIE MAE WILLIAMS dated April 16, 2009 (1 page);
 5. Certified copy of the Death certificate of LOTTIE MAE CADDO, the only child of ANNIE MAE WILLIAMS dated July 27, 2009 (1 page);
 6. Copy of the Birth certificate for ROSEMARY CADDO, daughter of LOTTIE WILLIAMS dated June 2, 2003 (1 page);
 7. Riverside County Claim for Excess Proceeds from the Sale of Tax-Defaulted Property signed by ROSEMARY CADDO-HILL and dated February 23, 2015 (1 page);
 8. Authorization, Assignment, and Fee Agreement signed by ROSEMARY CADDO-HILL (Assignor) on 02/23/2015 and DENNIS A. MURKEY, Manager for FEM, LLC (Assignee) signed on 03/11/2015 to pay 25% of the amount to FEM, LLC (1 page);
 9. Notarized Assignment of Right to Collect Excess Proceeds to Found Extra Money, LLC, signed by ROSEMARY CADDO-HILL on February 23, 2015, and by DENNIS A. MURKEY, Manager for Found Extra Money, LLC on 03/12/2015 (2 pages);
- 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));
10. Riverside County Claim for Excess Proceeds from the Sale of Tax – Defaulted Property signed by DENNIS A. MURKEY, Manager for FEM, LLC on March 11, 2015 (1 page);

11.A valid photo ID of ROSEMARY CADDO-HILL and a copy of her Social Security card (1 page);

12.A completed and signed W-9 Form by ROSEMARY CADDO-HILL on 02/23/2015 (1 page);

13.A completed and signed W-9 Form by DENNIS A. MURKEY, Manager for Found Extra Money, LLC dated 03/11/2015 (1 page);

14.Notarized Limited Power of Attorney authorizing Found Extra Money, LLC to represent ROSEMARY CADDO-HILL as true and lawful attorney to do all things with regard to the collection of excess proceeds, and signed by ROSEMARY CADDO-HILL on February 23, 2015 (2 pages).

Please issue separate checks as follow:

ROSEMARY CADDO-HILL—75% = \$22,500.00

FOUND EXTRA MONEY, LLC—25% = \$7,500.00

Mail to:

Found Extra Money, LLC
8022 S. Rainbow Blvd., #362
Las Vegas, NV 89139

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

(1)

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 199 Item 298 Assessment No.: 606123011-8

Assessee: WILLIAMS, ANNIE M

Situs: 43287 NAIROBI DR INDIO 92201

Date Sold: February 4, 2014

Date Deed to Purchaser Recorded: March 21, 2014

Final Date to Submit Claim: March 23, 2015

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$30,000.00 (FIVE) 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. 2014-0104749; recorded on 3/21/2014. 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.

See ADDITIONAL DOCUMENTS

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 23 day of Feb., 2015 at Indio, Riverside, CA
County, State

Rosemary Caddo-Hill
Signature of Claimant

Signature of Claimant

ROSEMARY CADDO-HILL
Print Name

Print Name

P.O. Box 781
Street Address

Street Address

CATHEDRAL CITY, CA 92235
City, State, Zip

City, State, Zip

(760) 541-9722
Phone Number

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 199 Item 298 Assessment No.: 606123011-8

Assessee: WILLIAMS, ANNIE M

Situs: 43287 NAIROBI DR INDIO 92201

Date Sold: February 4, 2014

Date Deed to Purchaser Recorded: March 21, 2014

Final Date to Submit Claim: March 23, 2015

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$30,000.00 (approx) from the sale of the above mentioned real property. I/We were the ☒ ~~lienholder(s)~~ **Assignee** ☐ 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. 2014-0104749; recorded on 3/21/2014. 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 11th day of MARCH, 2015 at CLARK, NV
County, State

Dennis A. Murkey
Signature of Claimant

DENNIS A. MURKEY, MANAGER

FOUND EXTRA MONEY, LLC

Print Name

8022 S. RAINBOW BLVD, #362

Street Address

LAS VEGAS, NV 89139

City, State, Zip

(888) 867-4785

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

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 FOUND EXTRA MONEY LLC 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 606-123-011 sold at public auction on 02/04/2014. 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 \$39,000.00 (Approx) 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.

Rosemary Caddo Hill
(Signature of Party of Interest)

ROSEMARY CADDO-HILL
(Name Printed)

P.O BOX 781
(Address)

STATE OF CALIFORNIA) ss.
COUNTY OF _____

CATHEDRAL CITY, CA 92235
(City/State/Zip)

(760) 541-9722
(Area Code/Telephone Number)

On _____, before me, _____, 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.

See attached loose ca lib acknowledgment

(Signature of Notary)

(This area for official seal)

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.

Dennis A. Murkey
(Signature of Agent)

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

STATE OF CALIFORNIA) ss.
COUNTY OF Nevada CT
Clare

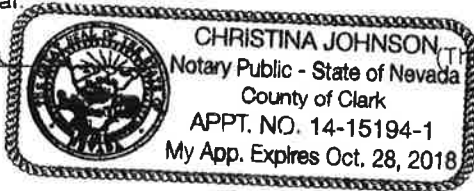
9420 RESEDA BLVD, # 830
(Address)

NORTHRIDGE, CA 91324
(City/State/Zip)

On 3/12/2015, 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.

Christina Johnson
(Signature of Notary)



(This area for official seal)

OFFICIAL CALIFORNIA CERTIFICATE OF 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.

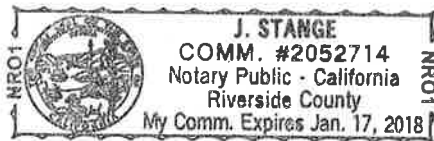
State of California

County of Riverside

On February 23 2015, before me, J. Stange, Notary Public, personally appeared Rosemary Caddo-Hill 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.



J. Stange
J. Stange
My Commission Expires: Jan 17, 2018
Notary Public in and for
State of California
County of Riverside

Optional Information.

Description of attached document:

Title of Document: Authorization For Agent to Collect Excess proceeds

Date of document: February 23, 2015

Number of pages (excluding this page and attachments): 1 (One-sided X two-sided)

Additional signers not named above:

Additional information:

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

126453

Ann-Williams

44-664-2 Lot

Pearson, Scott & Co.

P.O. Box 1066
Riverside, CA 92260

Order No. 516

Escrow No.

Loan No.



RECEIVED FOR RECORD

SEP 21 1972

AT 9:00 O'CLOCK A.M.

IN PRESENCE OF

RECORDING FILE

Book 1972, Page 126453

W.D. Balogh

County Recorder

3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Transfer tax of \$8.00
based on total value of property

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

Eunice O. Pearson

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

PEARSON MORTGAGE AND DEVELOPMENT COMPANY, a California corporation, do hereby

GRANT to ANNIE MAE WILLIAMS, a widow

the real property in the unincorporated area County of Riverside
State of California, described as:

Lot 26 of NAIROBI DESERT ESTATES, as shown by Map on
file in Book 34, page 95 of Maps, Riverside County Records.

SUBJECT TO: 1) No taxes for the fiscal year 1971-1972, or prior thereto.
2) Conditions, restrictions, reservations, easements, rights
and rights of way of record

Dated: June 1, 1972

STATE OF CALIFORNIA
COUNTY OF
Riverside

On June 1, 1972

before me, the undersigned, a Notary Public in and for said
State, personally appeared E. F. Pearson and
Eunice O. Pearson, known to me to be the
President and Secretary respectively of
the corporation which executed this
document, and

known to me to be the person whose names are
subscribed to the within instrument and acknowledged that
they
Pursuant to bylaws of said corporation.
WITNESS my hand and official seal.

Signature *Eunice O. Pearson*

Name (Typed or Printed)

MAIL TAX STATEMENTS TO: Southern Calif. Mortgage & Loan Co.,
P.O. Box 1201, San Bernardino, 92403 Ca.

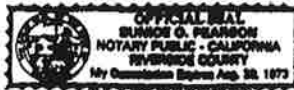
Address

Zip Code

PEARSON MORTGAGE & DEVELOPMENT CO.

By *[Signature]*
E. F. Pearson, President

By (only one signature required)



FORM 1002

END RECORDED DOCUMENT. W. D. BALOGH, COUNTY RECORDER



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:

- I have ANNIE MAE WILLIAMS (Name of Decedent), hereinafter "Decedent," died in the City of Indio, County of Riverside, State of CA on APRIL 2, 2009, 20 09.
- 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.
- 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.
- 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).
- 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. 606-123-011
- 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: _____
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- 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.

[Signature]
Signature

ROSEMARY CADDON-HILL
Name [Print or Type]

10-15-15
Date:

Signature

Name [Print or Type]

Date:

Signature

Name [Print or Type]

Date:

Please See
Attached
Certificate

Notary Public

[Signature]
Date: 10/15/2015

ALL- PURPOSE CERTIFICATE OF 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 October 15, 2015 before me, CLAUDIA HERNANDEZ, NOTARY PUBLIC
(Here insert name and title of the officer)

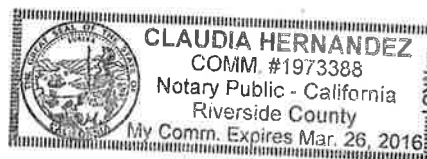
personally appeared Rosemary Caddo Hill
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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.

Claudia Hernandez
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Declaration Under Probate
(Title or description of attached document)

Code Section 1301

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.



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 ANNIE MAE WILLIAMS (Name of Decedent), hereinafter "Decedent," died in the City of IMPERIA, County of RIVERSIDE, State of CALIFORNIA, on APRIL 2, 2009.
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. 606-123-011
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.

Joann Tribble Signature JOANN TRIBBLE Name (Print or Type)

Diann Caddo Signature DIANN CADDO Name (Print or Type)

Signature

Name (Print or Type)

Date: 11-12-15

Date: 11-12-15

Date:

see attached loose Calif acknowledgment

OFFICIAL CALIFORNIA CERTIFICATE OF 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.

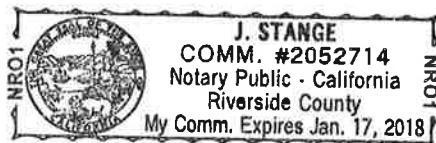
State of California
County of Riverside

On *November 12, 2015* before me, J. Stange, Notary Public, personally appeared
Joann Tribble and Diann Caddo

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.



J. Stange
J. Stange
My Commission Expires: Jan 17, 2018
Notary Public in and for
State of California
County of Riverside

Optional Information.

Description of attached document:

Title of Document: *Declaration Under Probate Code Section 13101*

Date of document: *11-12-15*

Number of pages (excluding this page and attachments): *1* (One-sided ___ Two-sided ___)

Additional signers not named above: *none*

Capacity claimed by signer(s): _____

COUNTY OF RIVERSIDE
ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

I, JOANN TRIBBLE (the "Assignor"), do hereby assign to ROSEMARY CADDO (the "Assignee") my right to apply for and collect the excess proceeds from the sale of Assessor's Parcel Number 606-123-011 sold at public auction on February 4, 2014. [Cal. Rev. & Tax. Code, § 4675]. I understand that the Riverside County Treasurer-Tax Collector is holding excess proceeds in the total amount of \$30,000.00. 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 ROSEMARY CADDO pursuant to Revenue and Tax Code Section 4675. The Assignor and Assignee certify that we have disclosed all facts of which we are aware and 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.

Joann Tribble
(Signature of Assignor/ Interested Party)
Nov. 12, 2015
(Date)

760 619-7436
(Area Code/Telephone Number)

JOANN TRIBBLE
(Interested Party/Assignor Name Printed)

43286 Nairobi Dr.
(Address)

43711 Indio, CA 92201
(City/State/Zip)

joann.tribble@yahoo.com
(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 Riverside

On November 12, 2015 (Date),

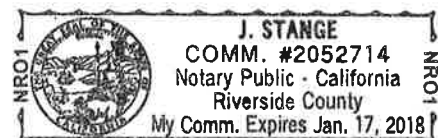
before me, J. Stange, Notary Public (Name and Title of Officer),

personally appeared, Joann Tribble
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

J. Stange
Signature of Notary Public



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

I, DIANN CADDO (the "Assignor"), do hereby assign to ROSEMARY CADDO (the "Assignee") my right to apply for and collect the excess proceeds from the sale of Assessor's Parcel Number 606-123-011 sold at public auction on February 4, 2014, [Cal. Rev. & Tax. Code, § 4675]. I understand that the Riverside County Treasurer-Tax Collector is holding excess proceeds in the total amount of \$30,000.00. 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 ROSEMARY CADDO pursuant to Revenue and Tax Code Section 4675. The Assignor and Assignee certify that we have disclosed all facts of which we are aware and 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.

Diann Caddo
(Signature of Assignor/ Interested Party)

11-12-15
(Date)

760 848-9454
(Area Code/Telephone Number)

DIANN CADDO
(Interested Party/Assignor Name Printed)

82165 Dr Carreon Blvd, 23D1
(Address)

Indio, CA 92201
(City/State/Zip)

(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 Riverside

On November 12, 2015 (Date),

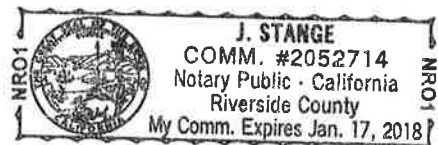
before me, J. Stange, Notary Public (Name and Title of Officer),

personally appeared, Diann Caddo
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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

J Stange
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052009054916

CERTIFICATE OF DEATH

3200933003641

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT — FIRST (Given)		2 MIDDLE	
ANNIE		MAE	
3 LAST (Family)		WILLIAMS	
4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs	
04/17/1913		95	
6 SEX		7 DATE OF DEATH mm/dd/yyyy	
F		04/02/2009	
8 HOUR (24 Hours)		1527	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
TX			
11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13 EDUCATION — Highest Level/Grade (See worksheet on back)		14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
16 DECEDENT'S RACE — Up to 3 races may be listed (See worksheet on back)		17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	
BLACK		HOUSEKEEPING	
18 YEARS IN OCCUPATION		60	
20 DECEDENT'S RESIDENCE (Street and number or location)		21 CITY	
43287 NAIROBI DRIVE		INDIO	
22 COUNTY/PROVINCE		23 ZIP CODE	
RIVERSIDE		92201	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY	
55		CA	
26 INFORMANT'S NAME, RELATIONSHIP		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
JOANN TRIBBLE, GRAND DAUGHTER		43250 KENYA DRIVE, INDIO, CA 92201	
28 NAME OF SURVIVING SPOUSE — FIRST		29 MIDDLE	
HEZZIE		NICHOLS	
30 LAST (Maiden Name)		31 NAME OF FATHER — FIRST	
WILLIAMS		HEZZIE	
32 MIDDLE		33 NAME OF MOTHER — FIRST	
-		BERTHA	
34 BIRTH STATE		35 BIRTH STATE	
TX		TX	
36 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION	
04/10/2009		RESIDENCE OF JOANN TRIBBLE	
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF LOCAL REGISTRAR	
CR/RES			
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	
FITZHENRY-WIEFELS CR & BU SRVC		FD 2003	
46 DATE mm/dd/yyyy		47 DATE mm/dd/yyyy	
04/10/2009		04/10/2009	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
JOHN F. KENNEDY MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ERUC <input type="checkbox"/> DCH <input type="checkbox"/> NURS <input type="checkbox"/> HOME/CLIC <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE HELD (Street and number or location)	
RIVERSIDE		47-111 MONROE STREET	
106 CITY		107 CAUSE OF DEATH	
INDIO		Enter the origin of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fluctuation without a preceding diagnosis. DO NOT ABBREVIATE.	
108 DEATH REPORTED TO CORONER?		109 BIOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 AUTOPSY PERFORMED?		111 USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113 IF FEMALE, PREGNANT IN LAST YEAR?	
PNEUMONIA, HYPERTENSION		<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		115 SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since: mm/dd/yyyy		Decedent Last Seen Alive: mm/dd/yyyy	
(A) mm/dd/yyyy		(B) mm/dd/yyyy	
116 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		117 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		118 INJURED AT WORK?	
119 INJURY DATE mm/dd/yyyy		120 INJURY DATE mm/dd/yyyy	
03/09/2009		2100	
121 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
RESIDENCE		DARIN BALL, DEPUTY CORONER	
123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124 DATE mm/dd/yyyy	
MECHANICAL FALL		04/10/2009	
125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126 SIGNATURE OF CORONER / DEPUTY CORONER	
43287 NAIROBI DRIVE, INDIO, CA 92201			
127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
04/10/2009		DARIN BALL, DEPUTY CORONER	
129 SIGNATURE OF CORONER / DEPUTY CORONER		130 SIGNATURE OF CORONER / DEPUTY CORONER	
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391 SIGNATURE OF CORONER / DEPUTY CORONER		392 SIGNATURE OF CORONER / DEPUTY CORONER	
393 SIGNATURE OF CORONER / DEPUTY CORONER		394 SIGNATURE OF CORONER / DEPUTY CORONER	
395 SIGNATURE OF CORONER / DEPUTY CORONER			

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

BOOK 1984

PAGE

CERTIFICATE OF DEATH

33 002957

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
Lottie		Mae		Caddo	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	
Female		Black		NO American	
6. DATE OF BIRTH		7. AGE		8. DATE OF DEATH (MONTH, DAY, YEAR)	
July 21, 1934		49		June 2, 1984	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. NAME AND BIRTHPLACE OF FATHER		11. BIRTH NAME AND BIRTHPLACE OF MOTHER	
TX.		Curtis Williams, TX.		Annie Mae Nichols, TX.	
12. CITIZEN OF WHAT COUNTRY		13. SOCIAL SECURITY NUMBER		14. MARITAL STATUS	
U.S.A.				Widowed	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE	
Homemaker		Adult Life		Self-Employed	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
43-287 Nairobi		Indio		Annie Mae Williams—Mother	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Indio Community Hospital		Riverside		43-287 Nairobi	
22C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22D. CITY OR TOWN		22E. STATE	
47-111 Monroe		Indio		CA.	
23. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		24. WAS DEATH REPORTED TO CORONER?		25. WASopsy PERFORMED?	
(A) RESPIRATORY ARREST		NO		NO	
(B) ACUTE BRONCHIAL ASTHMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		26. WAS AUTOPSY PERFORMED?	
(C) CORONARY ARTERY FAILURE		2 YRS		NO	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		28. TYPE OF OPERATION		29. DATE OF OPERATION	
ESSENTIAL HYPERTENSION		NONE		6-4-84	
30. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		31. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		32. DATE SIGNED	
MAY 1976		Donald M. Cassaday, M.D.		6-4-84	
33. SPECIFY ACCIDENT, SUICIDE, ETC.		34. PLACE OF INJURY		35. DATE OF INJURY—MONTH, DAY, YEAR	
				JUN 5 1984	
36. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		38. CORONER—SIGNATURE AND DEGREE OR TITLE	
				PETER ALDANA	
39. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW. I HAVE HELD AN INQUEST- INVESTIGATION.		40. CORONER—SIGNATURE AND DEGREE OR TITLE		41. DATE SIGNED	
		PETER ALDANA		OCT 13 2015	
42. DISPOSITION		43. DATE—MONTH, DAY, YEAR		44. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Burial		6-8-84		Coachella Valley Cemetery	
45. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		46. LICENSE NO.		47. LOCAL REGISTRAR—SIGNATURE	
FitzHenry Funeral Home		F-967		Edward J. ...	
48. STATE REGISTRAR		49. DATE ACCEPTED BY LOCAL REGISTRAR		50. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
		JUN 5 1984		6988 Jeff Fty Hay	

VS-11 (7-83)

87604-449 5-83 400M DUP © 037



* 034519921 *

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.

OCT 13 2015

DATE ISSUED

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

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

PRNCO 08/10/84

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE RIVERSIDE, CALIFORNIA

6

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

3397

4675

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE BIRTH CERTIFICATE NUMBER		NAME OF CHILD—FIRST NAME		MIDDLE NAME		LAST NAME	
		ROSE		MARY		CADDO	
THIS CHILD	2. SEX	3A. THIS BIRTH SINGLE, TWIN OR TRIPLET?	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?		4. DATE OF BIRTH—MONTH, DAY, YEAR		4B. HOUR
	FEMALE	SINGLE			SEPTEMBER 11, 1968		4:32 P M
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL			5B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			5C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
	VALLEY MEMORIAL HOSPITAL			82-485 MILES AVENUE			YES
MOTHER OF CHILD	5D. CITY OR TOWN			5E. COUNTY			
	INDIO			RIVERSIDE			
	6A. MAIDEN NAME OF MOTHER—FIRST NAME		6B. MIDDLE NAME	6C. LAST NAME (MAIDEN SURNAME)		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
	LOTTIE		MARIE	WILLIAMS		TEXAS	
FATHER OF CHILD	8. AGE OF MOTHER (AT TIME OF THIS BIRTH)		9. COLOR OR RACE OF MOTHER		10A. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS OR LOCATION)		10B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
	34 YEARS		NEGRO		43-217 NAIROBI		YES
	10C. RESIDENCE OF MOTHER—CITY OR TOWN			10D. RESIDENCE OF MOTHER—COUNTY			10E. RESIDENCE OF MOTHER—STATE
	INDIO			RIVERSIDE			CALIFORNIA
FATHER OF CHILD	11A. NAME OF FATHER—FIRST NAME		11B. MIDDLE NAME	11C. LAST NAME		12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
	ANDREW		ALVIN	CADDO		LOUISIANA	
	13. AGE OF FATHER (AT TIME OF THIS BIRTH)		14. COLOR OR RACE OF FATHER		15A. PRESENT OR LAST OCCUPATION		15B. KIND OF INDUSTRY OR BUSINESS
	45 YEARS		NEGRO		LABORER		CONSTRUCTION
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			16A. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY)			16B. DATE REVIEWED AND SIGNED BY INFORMANT
				X Lottie Marie Caddo			SEPTEMBER 13, 1968
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.			17A. PHYSICIAN OR OTHER PERSON WHO ATTENDED THIS BIRTH: SIGNATURE—DEGREE OR TITLE			17B. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT
				[Signature]			SEPTEMBER 14, 1968
LOCAL REGISTRAR	18.			17C. ADDRESS			17D. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
				82-423 MILES AVENUE INDIO, CALIFORNIA			A-22982
				19. LOCAL REGISTRAR'S SIGNATURE			20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
				[Signature]			SEP 20 1968



033400047

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

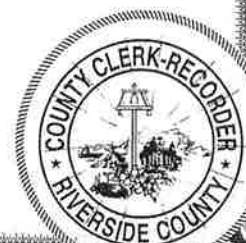
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED

JUN 02 2003

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

**FOUND EXTRA MONEY, LLC
"FEM, 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

April 13, 2016

Riverside County Treasurer-Tax Collector
Attn. Jennifer Pazicni
PO Box 12005
Riverside, CA 92502-2205

**RE: EP 199-298
Rosemary Caddo-Hill**

Jennifer:

Enclosed, please find the following documents:

- 1.** Marriage Certificate & Licence for Rosemary Caddo-Hill (2 pages);
- 2.** Notarized Declaration One And The Same for Rosemary Caddo-Hill (2 pages);

If anything else is needed regarding this claim or if you have any questions, please call me at (888) 867-4785. Thank you again for all of your help.

Thank you.

Sincerely,
Richard M.

FEM, LLC. Manager
(888) 867-4785
richard@foundextramoney.com

CERTIFICATION OF VITAL RECORD

CLARK COUNTY, NEVADA
CERTIFIED ABSTRACT OF MARRIAGE

GROOM: HILL CHRISTOPHER MICHAEL

BRIDE: CADDO ROSEMARY

DATE OF MARRIAGE: JUNE 30, 2007

RECORDED: 07-17-2007 INSTRUMENT: 02878

APPLICATION: 20070630000527950

This is to certify that this document is a true abstract of the
marriage record filed with the County Recorder of Clark County, Nevada

Rebbie Conway

Rebbie Conway
Clark County Recorder

ISSUED: 07-20-2007

TAH

This copy is not valid unless prepared on SafeImage paper
Impressed with the raised seal of the Clark County Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Marriage License

Expires | 06/30/2008

No. 20070630000527950

State of Nevada

County of Clark

SS:

THIS LICENSE WILL AUTHORIZE ANY LICENSED CLERGYMAN WITHIN THIS STATE, ANY JUSTICE OF THE SUPREME COURT, ANY JUDGE OF THE DISTRICT COURT, ANY MUNICIPAL COURT JUDGE, ANY JUSTICE OF THE PEACE IN THEIR TOWNSHIP WHEREIN THEY ARE PERMITTED TO SOLEMNIZE MARRIAGE, ANY COMMISSIONER OF CIVIL MARRIAGES OR THEIR DEPUTY WITHIN A COMMISSIONER TOWNSHIP WHEREIN THEY ARE PERMITTED TO SOLEMNIZE MARRIAGES, TO JOIN IN MARRIAGE THE HEREINAFTER NAMED PERSONS AND TO CERTIFY THE MARRIAGE ACCORDING TO LAW.

Groom

Name: CHRISTOPHER MICHAEL HILL
Residence: PALM DESERT, CALIFORNIA
Date of Birth: 07/10/1972
State of Birth: MICHIGAN
Marital Status: DIVORCED
When: 02/16/2001
Where: INDIO, CALIFORNIA
Number of this Marriage: 2
Father's Name: CHESTER DONALD HILL
Father's State of Birth: CALIFORNIA
Mother's Maiden Name: MARY ALLEN
Mother's State of Birth: MICHIGAN

Age: 34

Bride

Name: ROSEMARY CADD0
Residence: PALM DESERT, CALIFORNIA
Date of Birth: 09/11/1968
State of Birth: CALIFORNIA
Marital Status: SINGLE
When:
Where:
Number of this Marriage: 1
Father's Name: ANDREW ALVIN CADD0
Father's State of Birth: LOUISIANA
Mother's Maiden Name: LOTTIE MAE WILLIAMS
Mother's State of Birth: TEXAS

Age: 38

Subscribed and sworn to before me this 30th day of JUNE, 2007

SHIRLEY B. PARRAGUIRRE, COUNTY CLERK

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE DOCUMENT ON FILE
MINUS ANY REDACTED PORTIONS

JUN 30 2007

Shirley B. Parraguirre

ASHLEY CARR

By:

Ashley Carr

Deputy Clerk



ORIGINAL LICENSE

**DECLARATION
ONE AND THE SAME**

I, Rose Mary Caddo-Hill, do hereby declare:

1. I am over the age of 18 and a resident of Riverside County. 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 Rosemary Caddo-Hill as noted on my valid California Driver's License and/or Identification Card number _____.
3. I am one and the same person as Rosemary Caddo-Hill as noted on my Social Security Card number _____.
4. I am one and the same person as Rosemary Caddo-Hill who currently resides at P.O. Box 781 Cathedral City, CA 92235.
5. I am one and the same person as Rose Mary Caddo who is the daughter of Lottie Marie Caddo (The only child of Annie Mae Williams -- Last Assessed for the Riverside County Assessor's Parcel Number 606-123-011, from the February 4, 2014 tax sale).
6. I am one and the same person as Rose Mary Caddo who is on the Certificate of Live Birth, Document number 3397 4675, showing Lotte Marie Caddo (Williams) as my mother.
7. I am one and the same person as Rose Mary Caddo who is the grand-daughter and surviving heir of Annie Mae Williams -- Last Assessed for the Riverside County Assessor's Parcel Number 606-123-011, from the February 4, 2014 tax sale).
8. I, Rose Mary Caddo-Hill, am one and the same person as Rose Mary Caddo who is on the Clark County, Nevada, Certificate of Marriage, Document number 20070630000527950.
9. I am one and the same person as Rose Caddo, Rose M. Caddo, Rose Mary Caddo, Rosemary Caddo, Rose Caddo-Hill, Rose M. Caddo-Hill, Rosemary Caddo-Hill & Rose Mary Caddo-Hill.
10. I, Rose Mary Caddo-Hill, am one and the same person as Rose Mary Caddo who hired Found Extra Money, LLC. to recover these excess proceeds funds for me and assigned 25% of the excess proceeds funds to Found Extra Money, LLC., for Riverside County Assessor's Parcel Number 606-123-011 from the February 4, 2014 tax sale.

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

Executed this 8th day of April, 2016, at Cathedral City California
Date Month Year City State

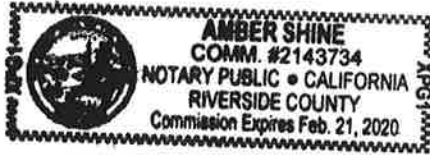
X Rosemary Caddo-Hill

(JURAT ON SECOND PAGE)

JURAT

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

STATE OF California
COUNTY OF Riverside



Subscribed and sworn to (or affirmed) before me on this
8th day of April, 2016, by
Date Month Year

Rosemary Caddot Hill
(Name of Signer)

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

Signature Amber Shine
(Signature of Notary Public)

(Place Notary Seal Above)

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

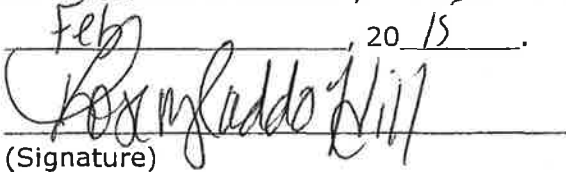
LOS ANGELES OFFICE

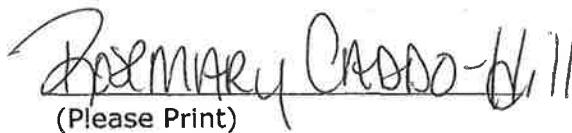
9420 Reseda Blvd. #830
Northridge, CA 91324
Toll Free: (888) 867-4785
Fax No.: (818) 701-7184

LIMITED POWER OF ATTORNEY

BE IT KNOWN that **Rosemary Caddo-Hill** 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 23 day of

Feb 20 15.

(Signature)


(Please Print)

State of California

County of _____ }

On _____, before me, _____, personally appeared _____, 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.

Notary Public
My Commission Expires on: _____

*see attached
loose
@ a lib
acknowledgment*

(Place Notary Seal above)

OFFICIAL CALIFORNIA CERTIFICATE OF 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.

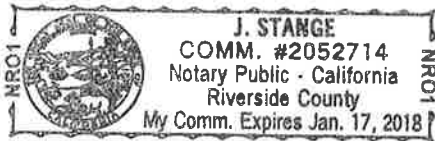
State of California

County of Riverside

On February 23 2015, before me, J. Stange, Notary Public, personally appeared Rosemary Caddo-Hill who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.



A handwritten signature of J. Stange in cursive script.

J. Stange

My Commission Expires: Jan 17, 2018
Notary Public in and for
State of California
County of Riverside

Optional Information.

Description of attached document:

Title of Document: Limited POA
Date of document: Feb 23, 2015

Number of pages (excluding this page and attachments): 1 (One-sided X two-sided)

Additional signers not named above:

Additional information:

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 # RC14-37

AUTHORIZATION, ASSIGNMENT AND FEE AGREEMENT

By executing this Agreement, the undersigned hereby authorizes Found Extra Money, LLC, ("FEM, LLC") by its agents and its representatives, as Claimant(s)' 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/Assignment, 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(s) and in preparing and in processing the claims for these funds, that FEM, LLC has located for Claimant(s)'s benefit, Claimant(s) 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(s) if there is no recovery of funds.**

Claimant(s) agree 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(s) 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.

FOUND EXTRA MONEY, LLC

ESTATE OF ANNIE MAE WILLIAMS

Rosemary Caddo-Hill

CLAIMANT (PLEASE PRINT):

By: _____

Title: Granddaughter

Date: * 2-23-15

(SIGNATURE):

DENNIS A. MURKEL, MANAGER

Found Extra Money, LLC

Dennis A. Murkel 3/11/2015

September 22, 2015

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

Re: APN: 606123011-8
TC 199 Item 298
Date of Sale: February 4, 2014

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 for single heir or Probate Code 13101 for multiple heirs (Only if a Will or Trust is not available)**
- ☒ **Copy of a Will and/or Trust for Annie Mae Williams (Probate, if none exists)**
- ☐ **Notarized Statement Giving Authorization to claim on behalf of**
- ☒ **Original Certified Death Certificate for Annie Mae Williams and Lottie Mae Caddo**

- ☐ **Copy of Birth Certificates for**
- ☐ **Copy of Marriage Certificate for**
- ☐ **Original Note/Payment Book**
- ☐ **Updated Statement of Monies Owed (as of date 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 (**October 22, 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

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
9420 Reseda Blvd., #830
Northridge, CA 91324

EP 199-298

2. Article Number
(Transfer from service label)

7003 2260 0004 1558 9169

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

9420 RESEDA BLVD. #3
NORTHRIDGE, CA 91324
818-349-2252

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

September 22, 2015

Found Extra Money, LLC
C/O Dennis A. Murkey
8022 S. Rainbow Blvd., #362
Las Vegas, NV 89139

Re: APN: 606123011-8
TC 199 Item 298
Date of Sale: February 4, 2014

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
8022 S. Rainbow Blvd., #362
Las Vegas, NV 89139

2. Article Number
(Transfer from service label)

EP 199-298

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Sierra E. Sep

☐ Agent
☐ Address

B. Received by (Printed Name)

Sierra E. Sep

C. 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 9176

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-15

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 for single heir or Probate Code 13101 for multiple heirs (Only if a Will or Trust is not available)

☒ Copy of a Will and/or Trust for Annie Mae Williams (Probate, if none exists)

☐ Notarized Statement Giving Authorization to claim on behalf of

☒ Original Certified Death Certificate for Annie Mae Williams and Lottie Mae Caddo

☐ Copy of Birth Certificates for
☐ Copy of Marriage Certificate for
☐ Original Note/Payment Book
☐ Updated Statement of Monies Owed (as of date 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 (**October 22, 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

October 20, 2015

Riverside County Treasurer

PO Box 12005

Riverside, CA 92502-2205

Re: EP 199-298

To Whom It May Concern:

Enclosed, please find the document requested by your office for EP 199-298 as listed below:

1. Declaration Under Probate Code Section 13101 with All-Purpose Certificate of Acknowledgment signed 10/15/15 by Rosemary Caddo Hill, stating Annie Mae Williams died on April 2, 2009 (2 pages);
2. Certified Copy of Death Certificate for Annie Mae Williams (1 page);
3. Certified Copy of Death Certificate for Lottie Mae Caddo (1 page);

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

Thank you.

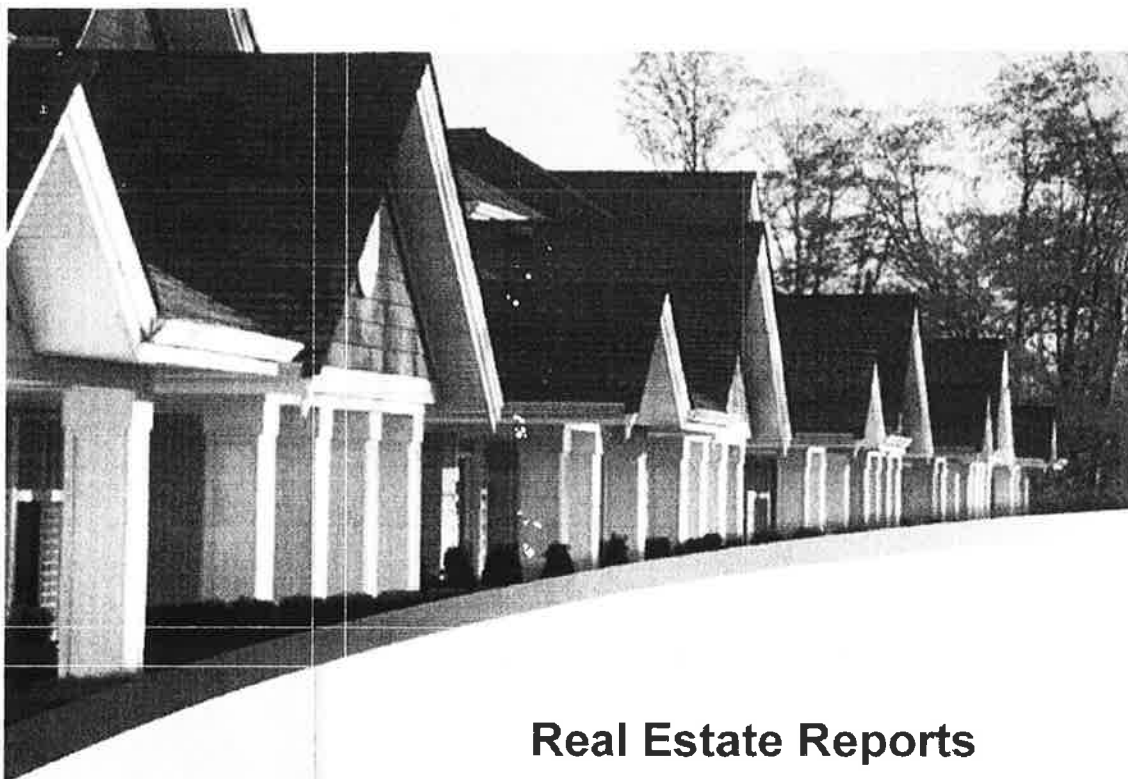
Richard Murkey Jr.

Found Extra Money, LLC

2

COUNTY OF RIVERSIDE
OFFICE OF THE TREASURER-TAX COLLECTOR
SALE OF TAX DEFAULTED PROPERTY - TC199
JANUARY 30, 2014 - FEBRUARY 4, 2014

<u>ITEM#</u>	<u>ASSESSMENT#</u>	<u>STATUS</u>	<u>SALE PRICE</u>
271	540220009-6	SOLD	\$522,600.00
272	540220017-3	SOLD	\$400,100.00
273	541101009-5	REDEEMED	
274	541121022-8	OFF SALE	
275	541191013-7	REDEEMED	
276	541191017-1	REDEEMED	
277	541191018-2	REDEEMED	
278	563204016-9	REDEEMED	
279	572030017-9	REDEEMED	
280	572080055-8	SOLD	\$10,000.00
281	572230018-8	SOLD	\$27,948.00
282	573080067-6	NO BID	
283	577240006-3	SOLD	\$13,800.00
284	577240007-4	REDEEMED	
285	577240011-7	SOLD	\$7,200.00
286	577240012-8	SOLD	\$13,600.00
287	577240013-9	SOLD	\$4,400.00
288	577240014-0	SOLD	\$13,400.00
289	577240015-1	SOLD	\$4,500.00
290	577240016-2	SOLD	\$10,100.00
291	577240018-4	SOLD	\$12,900.00
292	584240026-3	NO BID	
293	584240027-4	NO BID	
294	602550057-2	REDEEMED	
295	603061012-7	REDEEMED	
296	603072006-6	SOLD	\$25,200.00
297	603281016-1	SOLD	\$75,100.00
298	606123011-8	SOLD	\$39,500.00
299	606281012-8	REDEEMED	
300	606580002-3	REDEEMED	
301	608183003-1	REDEEMED	
302	611026003-9	REDEEMED	
303	611141020-0	SOLD	\$61,000.00
304	611341013-2	REDEEMED	
305	611362025-8	REDEEMED	
306	614130013-1	REDEEMED	
307	614180002-6	REDEEMED	
308	616360064-2	REDEEMED	
309	624141003-9	REDEEMED	
310	626201038-0	OFF SALE	
311	626450023-6	REDEEMED	
312	633043005-4	SOLD	\$450,100.00
313	636182006-6	SOLD	\$4,651.00
314	637211003-9	REDEEMED	
315	638132006-5	SOLD	\$153,000.00



Real Estate Reports

Property:

43287 Nairobi Dr
Indio, CA 92201
APN: 606-123-011

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

Safeland Acquisitions Llc,
43287 Nairobi Dr, Indio, CA 92201

APN: 606-123-011
Riverside County

Owner Information

Primary Owner: SAFELAND ACQUISITIONS
LLC,

Secondary Owner:

Mail Address: 43287 NAIROBI DR
INDIO CA 92201

Site Address: 43287 NAIROBI DR
INDIO CA 92201

Assessor Parcel Number: 606-123-011

Census Tract: 0452.12

Housing Tract Number:

Lot Number: 26

Legal description: Lot: 26 Abbreviated Description: LOT:26 CITY:INDIO LOT 26 MB 034/095 NAIROBI DESERT
ESTATES City/Muni/Twp: INDIO

Sale Information

Sale Date: 11/21/2014

Document #: 2014-0448105

Sale Amount: \$109,000

Seller: SAFELAND
ACQUISITIONS
LLC,

Sale Type:

Cost/SF: \$112

Assessment & Tax Information

Assessed Value: \$20,714

Land Value: \$3,965

Imp. Value: \$16,749

Homeowner
Exemption:

% Improvement: 80.86%

Tax Amount: \$963.92

Tax Status: Delinquent: 2008

Tax Year: 2014

Tax Rate Area: 7-132

Tax Account ID: 606123011

Property Characteristics

Bedrooms: 3

Year Built: 1958

Pool:

Bathrooms: 1

Square Feet: 972 SF

Lot Size: 7,405 SF

Partial Baths:

Number of Units: 0

No of Stories: 1

Total Rooms:

Garage: Carport 1

Fire Place:

Property Type: Single Family Residential Properties

Building Style:

Use Code: Single Family Residential

Zoning: R1



Safeland Acquisitions Llc,
43287 Nairobi Dr, Indio, CA 92201

APN: 606-123-011
Riverside County

Mortgage Record

Recording Date: 11/21/2014
Loan Amount: \$103,550
TD Due Date: 12/01/2044
Interest Rate:
Lender Name: PROVIDENT SAVINGS BANK FSB
Lender Type: Bank
Borrowers Name: GALVAN, JESUS HERNANDEZ
Vesting:

Document #: 2014-0448106 BK-PG -
Loan Type: New Conventional
Type of Financing:

Prior Transfer

Recording Date: 11/21/2014
Price: \$109,000
First TD: N/A
Mortgage Doc #:
Lender Name:
Buyer Name: SAFELAND ACQUISITIONS LLC,
Buyer Vesting: N/A
Seller Name: SAFELAND ACQUISITIONS LLC,
Legal description: Lot: 26 Map Ref: MB34 PG95
City/Muni/Twp: INDIO

Document #: 2014-0448105 BK-PG -
Document Type: Grant Deed
Type of Sale: Full-Computed From Transfer
Tax
Interest Rate:

Prior Transfer

Recording Date: 07/02/2014
Price: \$55,000
First TD: N/A
Mortgage Doc #:
Lender Name:
Buyer Name: SAFELAND ACQUISITIONS LLC,
Buyer Vesting: N/A
Seller Name: SHEPARD, CHRIS
Legal description: Lot: 26 Map Ref: MB34 PG95
City/Muni/Twp: INDIO

Document #: 2014-0246386 BK-PG -
Document Type: Grant Deed
Type of Sale: Price Unconfirmed
Interest Rate:

Prior Transfer

Recording Date: 03/21/2014
Price: \$39,500
First TD: N/A
Mortgage Doc #:
Lender Name:
Buyer Name: SHEPARD,
Buyer Vesting: N/A
Seller Name: WILLIAMS, ANNIE MAE
Legal description: Lot: 26 Map Ref: MB34 PG95
City/Muni/Twp: INDIO

Document #: 2014-0104749 BK-PG -
Document Type: Public Action
Type of Sale: Sold For Taxes
Interest Rate:

Prior Transfer

Recording Date: 01/00/1990

Price: N/A

First TD: N/A

Document #: 1990-0016985 BK-PG -

Document Type: N/A

Type of Sale: Per Assessor Transaction
History

Interest Rate:

Mortgage Doc #:

Lender Name: N/A

Buyer Name: WILLIAMS ANNIE MAE

Buyer Vesting: N/A

Seller Name: N/A

Legal description: Lot: 26

Abbreviated Description: LOT 26 MB 034/095 NAIROBI DESERT ESTATES

City/Muni/Twp: INDIO