

FORM APPROVED COUNTY COUNSEL
BY: *[Signature]* 7/3/16
DATE: GREGORY P. PRAMOS

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

714
(1919)



**SUBMITTAL DATE:
AUG 03 2016**

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 185, Item 175. Last assessed to: Alma Jean Tell, an unmarried woman. District 5 [\$33,652]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Paso De Lago Homeowners Association for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 482251004-2;

(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 March 16, 2010 public auction sale. The deed conveying title to the purchasers at the auction was recorded April 26, 2010. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 3, 2010, 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)

[Signature: Don Kent]
Don Kent
Treasurer-Tax Collector

Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 33,652	\$ 0	\$ 33,652	\$ 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: *[Signature: Stephanie Persi]*
Stephanie Persi

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.: | District: 5 | Agenda Number:

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 185, Item 175. Last assessed to: Alma Jean Tell, an unmarried woman. District 5 [\$33,652] Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 03 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Approve the claim from Lizzetta J. Tatum, Executor to the Estate of Alma Jean Tell, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 482251004-2;
3. Authorize and direct the Auditor-Controller to issue warrants to Paso De Lago Homeowners Association in the amount of \$903.00 and Lizzetta J. Tatum, Executor to the Estate of Alma Jean Tell in the amount of \$32,749.69, 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 Paso De Lago Homeowners Association based on a Notice of Delinquent Assessment recorded on September 21, 2009 as Instrument No. 2009-0490244.
2. Claim from Lizzetta J. Tatum, Executor to the Estate of Alma Jean Tell based on the Grant Deed recorded September 24, 2003 as Instrument No. 2003-747411, the Last Will and Testament for Alma Jean Tatum Tell dated May 24, 1986, an Affidavit Under California Probate Code Section 13101 and the death certificates of Alma J. Tell and Linda Sue Tatum.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Paso De Lago Homeowners Association be awarded excess proceeds in the amount of \$903.00 and Lizzetta J. Tatum, Executor to the Estate of Alma Jean Tell be awarded excess proceeds in the amount of \$32,749.69. 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

The excess proceeds are being released to the lien holder and executor to the estate of the last assessee of the property.

ATTACHMENTS (if needed, in this order):

Copies of the Excess Proceed 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 and Tax Collector

Re: Claim for Excess Proceeds

TC 185 Item 175 Assessment No.: 482251004-2

Assessee: TELL, ALMA JEAN

Situs: 14871 STARMONT ST MORENO VALLEY

Date Sold: March 16, 2010

Date Deed to Purchaser Recorded: April 26, 2010

Final Date to Submit Claim: April 26, 2011

2010 OCT 26 AM 9:40
RIVERSIDE COUNTY
TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 70,000 ^{#1,008.00} 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. 2009-0490244 recorded on 9-21-09. 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.

Attached - Notice

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants 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 19TH day of August, 2010 at RIVERSIDE, CA
County, State

[Signature] President
Signature of Claimant PASO DE LAGO HOA

[Signature] TREASURER
Signature of Claimant PASO DE LAGO HOA

Michael Geriminsky
Print Name

NAOMI STEPHENS
Print Name

14761 Starmont St.
Street Address

24796 SHOREHAM
Street Address

Moreno Valley CA 92553
City, State, Zip

MORENO VALLEY, CA 92553
City, State, Zip

951-485-6788
Phone Number

951-247-8356
Phone Number

DOC # 2009-0490244
09/21/2009 08:00A Fee: 12.00
Page 1 of 2
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



RECORDED AT THE REQUEST OF
COAST ASSESSMENT SERVICE COMPANY

WHEN RECORDED RETURN TO
COAST ASSESSMENT SERVICE COMPANY
Post Office Box 972
GARDEN GROVE, CALIFORNIA 92842

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
1			2						1
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
							T:	CTY	UNI

Account No. 055
CASCO Order No. 09-27084-1

C
042

Notice of Delinquent Assessment 13

PURSUANT TO the power and authority vested in it by that certain Declaration of Covenants, Conditions and Restrictions recorded September 21, 1972 in the office of the County Recorder of the County of Riverside, State of California, as Recorder's Instrument No. 126875, which Declaration, as the same may have been either supplemented, amended, or re-recorded, imposed obligations on the owner(s) of the real property described herein, "the Debtor", to pay certain assessments, by reason of a breach and default in such obligations, the undersigned Association, whose mailing address is c/o GUARDIAN PREFERRED PROPERTIES, INC., 3756 TIBBETTS STREET, RIVERSIDE, CALIFORNIA 92506, HEREBY GIVES NOTICE OF DELINQUENT ASSESSMENT, as required by Section 1367 et seq., of the California Civil Code, and Claims a Lien upon said real property. The amount of the Association's Claim of Lien is \$ 1,008.00. Said amount represents the Debtor's unpaid assessments of \$ 464.00, late charges and penalties of \$ 24.00, accrued interest of \$ 0.00, unpaid property transfer fees of \$ 0.00, attorney's fees of \$ 0.00, and pre-lien and lien filing costs of \$ 520.00. The real property upon which the Association claims a Lien is situate in said County and State and is described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND HEREBY MADE A PART HEREOF.

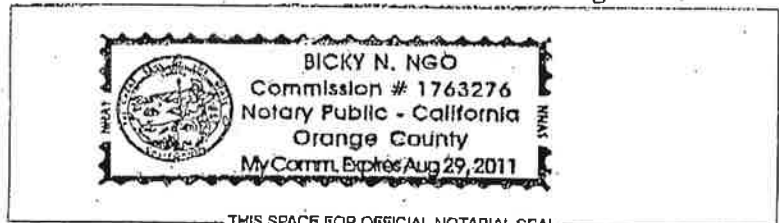
The name and last known mailing address of the owner(s) of said real property, as shown upon the Association's records, is: ALMA JEAN TELL
14871 Starmont Street, Moreno Valley, California 92553

The amount claimed herein, plus the amount of all the Debtor's assessments which become due subsequent hereto, plus accrued interest thereon, if any, plus late charges and other penalties, plus the Association's future costs and plus attorney's fees, if any, shall constitute and remain a Lien upon said real property until such amounts have been fully paid or are otherwise satisfied. COAST ASSESSMENT SERVICE COMPANY, a California corporation, Post Office Box 972, Garden Grove, California 92842, is appointed as Trustee of the Association and is authorized to sell or to cause said real property to be sold to satisfy the Debtor's obligations. WE ARE ATTEMPTING TO COLLECT A DEBT AND ANY INFORMATION WE OBTAIN WILL BE USED FOR THAT PURPOSE. IN WITNESS WHEREOF, the Association has executed these presents the date set forth in the acknowledgement certificate below.

STATE OF CALIFORNIA } ss:
COUNTY OF ORANGE
On September 21, 2009, before me, BICKY N. NGO, a Notary Public for said State, personally appeared D. J. MORGER, 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/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

PASO DE LAGO HOMEOWNERS ASSOCIATION,
a California non-profit corporation
By: GUARDIAN PREFERRED PROPERTIES, INC.,
a California corporation, Its Managing Agent

By: [Signature]
(SEAL) D. J. Morger, Its Authorized Agent



THIS SPACE FOR OFFICIAL NOTARIAL SEAL.

[Signature]
BICKY N. NGO, Notary Public for said State

EXHIBIT "A"

PARCEL 1: Lot 55 of Tract 4092, in the City of Moreno Valley, County of Riverside, State of California, as per map recorded in Book 73, Pages 84 through 87 inclusive of Maps, in the office of the County Recorder of said County.

PARCEL 2: An undivided non-exclusive easement for ingress and egress to be used in common with others, over the walkways in Lots A, B and C, as shown upon the map above referred to.

7/2/13
 TT Warren
 putting a draft
 together and emailing
 me to check and notarize
 it?
 Sent Certified
 7/14/13

July 18, 2013

Michael Geriminsky
 14761 Starmont St
 Moreno Valley, CA 92553

RE: TC 185, Item 175, Assessment # 482251004-2

Dear: Mr. Geriminsky

Our office is in receipt of your claim for the Excess Proceeds for the item and assessment number(s) specified above. However, the documentation that was provided along with your claim is insufficient to establish your claim. Thus, the necessary proof to establish your right to claim the Excess Proceeds will be required. **Please submit the document(s) listed below, which may assist the Tax Collector in making the determination.**

- | | |
|---|--|
| <input type="checkbox"/> Copy of Payment(s)
[Canceled check(s) / Bank Statements] | <input type="checkbox"/> Notarized Affidavit for Collection of |
| <input type="checkbox"/> Deed
(Quitclaim / Grant, etc.) | <input type="checkbox"/> Personal Property Under California Probate
Code 13100 |
| <input type="checkbox"/> Articles of Incorporation for | <input type="checkbox"/> Copy of Trust / Will (Complete) for |
| <input checked="" type="checkbox"/> Statement of Domestic Stock for | <input type="checkbox"/> Certified Death Certificate(s) for |
| <input type="checkbox"/> Statement of Organization for | <input type="checkbox"/> Copy of Marriage Certificate(s) for |
| <input type="checkbox"/> Notarized Assignment of Right Form
Notarized Statement Giving Rights
to Collect / Claim on behalf of | <input type="checkbox"/> Court Order Appointing Administrator
Other - An updated statement of monies
owed through the sale date of March 16,
<input checked="" type="checkbox"/> 2010. |

Please forward the requested documentation within 30 days, (August 17, 2013) using the enclosed envelope. If your documentation is not postmarked by the date specified above, your claim will be denied.

If we can be of further assistance, please contact our office.

Sincerely,
Adrian Potenciano

Adrian Potenciano
 Tax Sale Operations
 951-955-3842

July 18, 2013

ASK FOR MINUTES
to see charge
from Mike to Loren.

cert Certified
7/18/13

Naomi Stephens
24796 Shoreham
Moreno Valley, CA 92553

RE: TC 185, Item 175, Assessment # 482251004-2

Dear: Ms. Stephens

Our office is in receipt of your claim for the Excess Proceeds for the item and assessment number(s) specified above. However, the documentation that was provided along with your claim is insufficient to establish your claim. Thus, the necessary proof to establish your right to claim the Excess Proceeds will be required. **Please submit the document(s) listed below, which may assist the Tax Collector in making the determination.**

- | | |
|---|---|
| <input type="checkbox"/> Copy of Payment(s)
[Canceled check(s) / Bank Statements] | <input type="checkbox"/> Notarized Affidavit for Collection of |
| <input type="checkbox"/> Deed
(Quitclaim / Grant, etc.) | <input type="checkbox"/> Personal Property Under California Probate
Code 13100 |
| <input type="checkbox"/> Articles of Incorporation for | <input type="checkbox"/> Copy of Trust / Will (Complete) for |
| <input checked="" type="checkbox"/> Statement of Domestic Stock for | <input type="checkbox"/> Certified Death Certificate(s) for |
| <input type="checkbox"/> Statement of Organization for | <input type="checkbox"/> Copy of Marriage Certificate(s) for |
| <input type="checkbox"/> Notarized Assignment of Right Form | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Notarized Statement Giving Rights
to Collect / Claim on behalf of | <input type="checkbox"/> Other - An updated statement of monies
owed through the sale date of March 16, |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> 2010. |

Please forward the requested documentation within 30 days, (August 17, 2013) using the enclosed envelope. If your documentation is not postmarked by the date specified above, your claim will be denied.

If we can be of further assistance, please contact our office.

Sincerely,
Adrian Potenciano

Adrian Potenciano
Tax Sale Operations
951-955-3842

PASO DE LAGO HOMEOWNERS ASSOCIATION
C/O Guardian Preferred Properties, Inc.
3756 Tibbetts Street
Riverside, CA 92506-2605
(951) 683-6170
Fax: (951) 683-6210
warren@guardmyhoa.com

August 29, 2013

Adrian Potenciano
4080 Lemon Street, 4th Floor
Riverside, CA 92505

REFERENCE: TC 185 ITEM 175. Norm Jean Tell

Dear Mr. Potenciano,

I am the property manager for Paso De Lago Homeowner Association. As you requested, I am hereby stating the monthly homeowner Association assessments that Norma Jean Tell owes Paso De Lago Homeowners Association is \$746.00. Please send any proceeds due to Paso De Lago from your tax sale of 14871 Starmont Street, Moreno, California 92553 to:

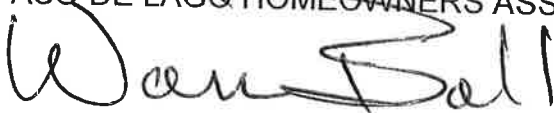
Paso De Lago Homeowners Association
C/O Guardian Preferred Properties, Inc.
3756 Tibbetts Street
Riverside, CA 92506

If you have any further questions, please call me at 951-966-2852.

Thank you.

Sincerely,

For the Board of Directors
PASO DE LAGO HOMEOWNERS ASSOCIATION



Warren Ball
Managing Agent – Paso De Lago Homeowners Association

Copy to: Board
File

(See Attachment)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of Riverside

On 08-29-13 before me, Jorge P. Cantuna Notary Public

personally appeared Warren Ball

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: Jorge P. Cantuna

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Statement of Fact

Document Date: August 29 2013 Number of Pages: 1

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: Warren Ball

Signer's Name:

- Corporate Officer, Individual (checked), Partner, Attorney in Fact, Trustee, Guardian or Conservator, Other

- Corporate Officer, Individual, Partner, Attorney in Fact, Trustee, Guardian or Conservator, Other

Signer is Representing: Warren Ball

Signer is Representing:

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:

Paso De Lago HOA
 C/O Naomi Stephens
 24796 Shoreham
 Moreno Valley, CA 92553

EP 185-175

2. Article Number
 (Transfer from service label)

7003 2260 0004 1558 6489

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-21

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

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

July 16, 2015

Paso De Lago HOA
 C/O Naomi Stephens
 24796 Shoreham
 Moreno Valley, CA 92553

Re: APN: 482251004-2
 TC 185 Item 175
 Date of Sale: March 16, 2010

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

___ 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...)

X Other – Documentation that shows that Paso De Lago HOA is in good standings with the State of California Franchise Tax Board. Current status is FTB Suspended.

Please send in all documents within 30 days (**August 16, 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:

Paso De Lago HOA
 C/O Michael Geriminsky
 14761 Starmont St.
 Moreno Valley, CA 92553

July 16, 2015

Paso De Lago HOA
 C/O Michael Geriminsky
 14761 Starmont St.
 Moreno Valley, CA 92553

Re: APN: 482251004-2
 TC 185 Item 175
 Date of Sale: March 16, 2010

EP 185-175

2. Article Number
 (Transfer from service label)

7003 2260 0004 1558 6472

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address

B. Received by (Printed Name) C. Date of Delivery
 M Geriminsky 7/16/15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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.

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___ Certified Death Certificate for

___ 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...)

X Other – Documentation that shows that Paso De Lago HOA is in good standings with the State of California Franchise Tax Board. Current status is FTB Suspended.

Please send in all documents within 30 days (**August 16, 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

July 16, 2015

Paso De Lago HOA
C/O Guardian Preferred Properties, Inc.
Attn: Warren Ball
3756 Tibbetts Street
Riverside, CA 92506

Re: APN: 482251004-2
TC 185 Item 175
Date of Sale: March 16, 2010

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

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 – Documentation that shows that
Paso De Lago HOA is in good standings with
the State of California Franchise Tax Board.
Current status is FTB Suspended.**

Please send in all documents within 30 days (**August 16, 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



Secretary of State's Office
1500 11th Street, Room 255
Sacramento, CA 95814

RECEIVED
SECRETARY OF STATE
SACRAMENTO / UCC-SI

2015 SEP -2 AM 9:39
This space reserved for Secretary of State Use

STATEMENT OF INFORMATION COUNTER SHEET

Requestor's Information: (Please type or print legibly)

Date: 9/2/2015

Name: RHONDA ANDERSTROM

Phone Number: 951-683-6170

Address: 7119 INDIANA AVE

City/State/Zip: RIVERSIDE, CA 92504

Entity Name: PASO DE LAGO HOMEOWNERS' ASSOCIATION

Entity Number: CO663698

Filings/Copy Request:

Fees

- Statement of Information – Domestic Stock Corporation (within the filing period) \$25.00
- Statement of Information – Foreign Corporation (within the filing period) \$25.00
- Statement of Information – Domestic Nonprofit Corporation (within the filing period) \$20.00
- Statement of Information – Limited Liability Company (within the filing period) \$20.00
- Statement of Common Interest Development Association (within the filing period) \$15.00
- Corporate Disclosure Statement for publicly traded corporation..... No Fee
- Updated Statement of Information (outside the filing period) No Fee
- Updated Statement of Common Interest Development Association (outside the filing period) No Fee
- Copy of the filed Statement (available at the time of filing)

Number of Copies: _____ \$1.00 first page - \$.50 each additional page

Number of Certified Copies: 2 (one of each form) \$5.00 each

Special Filing/Copy Instructions: Mail

(documents will be mailed to the address above unless specified otherwise)

****GENERAL INFORMATION****

Statement of Information for most corporations can be filed online and generally processed in one business day.

Statement of Information documents maybe dropped off at our public counter or mailed to our office for processing.

Please make check (s) payable to "Secretary of State"
Cash or credit cards (Visa and Master Card) are accepted for in person submittals.

Expedite Filing Services:

Same Day - in by 9:30am out by 4:00 pm..... \$750.00

24 hours – from the time the document is received... \$350.00

*(Expedite service is a non-refundable processing fee)

For current processing times please visit our website at www.ca.gov/business/be/processing-times.htm.

Note: Additional copies or certified copies of Statements of Information may be requested at a later time from our Business Entities Sections/Records Unit, by mail or in person.

******FOR SECRETARY OF STATE USE ******

Filing Fee(s)..... \$ _____

Disclosure Fee(s) \$ _____

Copy Fee(s) \$ _____

Certification Fees(s) \$ _____

• Expedite Filing Services (per document/form)

Same Day..... \$ _____

24 hours \$ _____

Total Due \$ _____

Payment Type: CK CASH CC MO

Tech ID: _____ Date Processed _____

Mailed on _____ Pick Up on _____

Rejected on _____



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
 PO BOX 942857
 SACRAMENTO CA 94257-0511

Notice Date:

Application for Certificate of Revivor – Corporation

7119 Indiana Ave
 Riverside, CA 92504

Entity Number: 0663698

FEIN:

SOS Number: C0663698

Before the California Franchise Tax Board

In the matter of the application for certificate of revivor of:

Entity Name: Paso De Lago Homeowners Association

Address: 7119 Indiana Ave
 Riverside, CA 92504

I request relief from suspension or forfeiture for this entity. I previously submitted or I am enclosing all required payments, returns, or documents.

Print Name RHONDA MARIE ANDERSTROM Title MANAGING AGENT
 Signature Rhonda Marie Anderstrom Date 2-1-2015
 Daytime Phone Number 951 683-6170

Those who can sign this application on behalf of an entity (domestic or foreign) include:

- Any stockholder, creditor, member, general partner, or officer.
- Any person having an interest in relief from suspension or forfeiture.

Domestic entities can also have a majority of the surviving trustees or directors sign on their behalf.

EP 185-175

Business Entity Detail

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed through Tuesday, February 09, 2016. Please refer to [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity.

Entity Name:	PASO DE LAGO HOMEOWNERS' ASSOCIATION
Entity Number:	C0663698
Date Filed:	08/28/1972
Status:	ACTIVE
Jurisdiction:	CALIFORNIA
Entity Address:	7119 INDIANA AVE
Entity City, State, Zip:	RIVERSIDE CA 92504
Agent for Service of Process:	RHONDA MARIE ANDERSTROM
Agent Address:	7119 INDIANA AVE
Agent City, State, Zip:	RIVERSIDE CA 92504

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

[Privacy Statement](#) | [Free Document Readers](#)

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Paso De Lago HOA
 C/O Guardian Preferred Properties, Inc.
 Attn: Warren Ball
 7119 Indiana Ave.
 Riverside, CA 92504



2. Article Number (Transfer from service label)
 7015 0640 0006 1626 4523

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address
 B. Received by (Printed Name) **D. LOPEZ**
 C. Date of Delivery **3-24-**

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restrict Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

March 23, 2016

Paso De Lago HOA
 C/O Guardian Preferred Propert
 Attn: Warren Ball
 7119 Indiana Ave.
 Riverside, CA 92504

EP185-175

Re: APN: 482251004-2
 TC 185 Item 175
 Date of Sale: March 16, 2010

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

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 (**April 23, 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

Owner Ledger

****DO NOT TAKE \$\$** **Alma Jean Tell**
14871 Starmont St.
Moreno Valley, CA 92553**

Date: 03/24/16
 Owner Code: 9055
 Property: PASODEL
 Unit: 055
 Status: Past
 Dues: 63.00
 Deposit: 0.00
 Move In Date: 10/01/03
 Move Out Date: 02/28/10
 Due Day: 1
 Tel# (O):
 Tel# (H): (909) 242-6575

Date	Description	Charges	Payments	Balance
	Balance Forward			58.00
02/06/08	chk# 1259 90-7103/3222			58.00
03/01/08	Dues	58.00	58.00	0.00
03/10/08	chk# 1261 90-7103/3222			58.00
04/01/08	Dues	58.00	58.00	0.00
04/04/08	chk# 1264 90-7103/3222			58.00
05/01/08	Dues	58.00	58.00	0.00
05/14/08	chk# 1267 90-7103/3222			58.00
06/01/08	Dues	58.00	58.00	0.00
06/16/08	Late Fee	3.00		58.00
06/23/08	chk# 1268 90-7103/3222			61.00
07/01/08	Dues	58.00	58.00	3.00
07/09/08	chk# 1269 90-7103/3222			61.00
08/01/08	Dues	58.00	61.00	0.00
08/11/08	chk# 1273 90-7103/3222			58.00
09/01/08	Dues	58.00	58.00	0.00
09/10/08	chk# 1277 90-7103/3222			58.00
10/01/08	Dues	58.00	58.00	0.00
10/13/08	chk# 1281 90-7103/3222			58.00
11/01/08	Dues	58.00	58.00	0.00
11/17/08	chk# 1286 90-7103/3222			58.00
12/01/08	Dues	58.00	58.00	0.00
12/08/08	chk# 1289 90-7103/3222			58.00
01/01/09	Dues	58.00	58.00	0.00
01/12/09	chk# 1291 90-7103/3222			58.00
02/01/09	Dues	58.00	58.00	0.00
02/16/09	Late Fee	3.00		58.00
03/01/09	Dues	58.00		61.00
03/16/09	Late Fee	3.00		119.00
04/01/09	Dues	58.00		122.00
04/16/09	Late Fee	3.00		180.00
04/27/09	April Lien Warning Letter	50.00		183.00
05/01/09	Dues	58.00		233.00
05/16/09	Late Fee	3.00		291.00
06/01/09	Dues	58.00		294.00
06/16/09	Late Fee	3.00		352.00
				355.00

CONTINUED

Owner Ledger

****DO NOT TAKE \$\$** **Alma Jean Tell**
14871 Starmont St.
Moreno Valley, CA 92553**

Date: 03/24/16
 Owner Code: 9055
 Property: PASODEL
 Unit: 055
 Status: Past
 Dues: 63.00
 Deposit: 0.00
 Move In Date: 10/01/03
 Move Out Date: 02/28/10
 Due Day: 1
 Tel# (O):
 Tel# (H): (909) 242-6575

Date	Description	Charges	Payments	Balance
	Balance Forward			355.00
07/01/09	Dues	58.00		413.00
07/16/09	Late Fee	3.00		416.00
08/01/09	Dues	58.00		474.00
08/16/09	Late Fee	3.00		477.00
09/01/09	Dues	58.00		535.00
09/01/09	Enforcement Fine	50.00		585.00
09/16/09	Late Fee	3.00		588.00
10/01/09	Dues	58.00		646.00
10/16/09	Late Fee	3.00		649.00
11/01/09	Dues	58.00		707.00
11/16/09	Late Fee	3.00		710.00
12/01/09	Dues	58.00		768.00
12/16/09	Late Fee	3.00		771.00
01/01/10	Dues	63.00		834.00
01/16/10	Late Fee	3.00		837.00
02/01/10	Dues	63.00		900.00
02/16/10	Late Fee	3.00		903.00
02/20/10	BAD DEBT FORECLOSURE	-39.00		864.00
02/20/10	BAD DEBT FORECLOSURE	-100.00		764.00
02/20/10	BAD DEBT FORECLOSURE	-764.00		0.00

Current	30 Days	60 Days	90 Days	Amount Due
0.00	0.00	0.00	0.00	0.00

Business Search Results

Records: 1 to 1 of 1

Search Terms Used - Company: PASO DE LAGO HOMEOWNERS ASSOCIATION; Street: 3756 TIBBETS ST; City: RIVERSIDE; State: CA; Zip: 92506;

Company	Address	Phone	Reports
1. PASO DE LAGO HOMEOWNERS' ASSOCIATION *View Sources	3756 TIBBETS ST RIVERSIDE CA 92506-2605 Jan 15		

Records: 1 to 1 of 1

Your DPPA Permissible Use: Court, Law Enforcement or Government Agencies

Your GLBA Permissible Use: Authorized by Consumer

Your DMF Permissible Use: No Permissible Purpose

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

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC 185 Item 175 Assessment No.: 482251004-2

Assessee: TELL, ALMA JEAN

Situs: 14871 STARMONT ST MORENO VALLEY

Date Sold: March 16, 2010

Date Deed to Purchaser Recorded: April 26, 2010

Final Date to Submit Claim: April 26, 2011

RECEIVED
2010 OCT -6 AM 7:58
RIVERSIDE COUNTY
TREASURER & TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 33,652.49 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants 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 _____ day of 9-29, 2010 at henn CA
County, State

Lizzetta J. Tatum
Signature of Claimant

Signature of Claimant

Lizzetta J. Tatum
Print Name

Print Name

5013 Magic Ave
Street Address

Street Address

Bakersfield CA 93307
City, State, Zip

City, State, Zip

(661) 366-3726
Phone Number

Phone Number

DOC # 2003-747411

08/24/2003 08:00A Fee:13.00

Page 1 of 3 Doc T Tax Paid

Recorded in Official Records

County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



PLEASE COMPLETE THIS INFORMATION
RECORDING REQUESTED BY:

Fidelity

AND WHEN RECORDED MAIL TO:

Alma Jean Tell
11871 Starmont
Moreno Valley, CA
92553

M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
	1		3			✓			
A	R	L				COPY	LONG	REFUND	NCHC EXAM

TRA: 021-039

DTT: 195-70

13

T
MR

Grant Deed

Title of Document

THIS AREA FOR
RECORDER'S
USE ONLY

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
(\$3:00 Additional Recording Fee Applies)

ACR 238P-AS4RE0 (Rev. 02/2003)

Public Record

FNTIC

RECORDING REQUESTED BY
FIDELITY NATIONAL TITLE CO.
AND WHEN RECORDED MAIL TO:
ALMA JEAN TELL
14871 STARMONT STREET
MORENO VALLEY, CA 92553

M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
A	R	L	COPY		LONG	REFUND	NCHG	EXAM	

A.P.N.: 482-251-004 TRA #: 021-039

Order No.: 33200398-09

Escrow No.: 03-5074SV

GRANT DEED



THE UNDERSIGNED GRANTOR(S) DECLARE(S) THAT DOCUMENTARY TRANSFER TAX IS: COUNTY \$95.70
 computed on full value of property conveyed, or
 computed on full value less value of liens or encumbrances remaining at time of sale,
unincorporated area; City of MORENO VALLEY, and

FOR A VALUABLE CONSIDERATION, Receipt of which is hereby acknowledged,
WILLIAM P. LANG and GENE R. LANG, husband and wife as joint tenants

hereby GRANT(S) to ALMA JEAN TELL, AN UNMARRIED WOMAN,

the following described property in the City of MORENO VALLEY, County of Riverside State of California;

LOT 55
PARCEL 1: ~~==~~ of Tract 4092, as shown by Map on file in Book 73, Page(s) 84 to 87, Inclusive of Maps, records of Riverside County, California.

PARCEL 2: An Undivided non-exclusive easement for ingress and egress to be used in common with others, over the walkways on said Lots A, B, and C, as shown on the Map of Tract No. 4092, recorded in Book 73, Pages 84 to 87, inclusive of Maps, Records of Riverside County, California.

William P. Lang
WILLIAM P. LANG

Gene R. Lang
GENE R. LANG

Document Date: June 18, 2003

STATE OF CALIFORNIA)
COUNTY OF Riverside)SS

On June 26, 2003 before me, Monica Camarena, Notary Public
personally appeared William P. Lang and Gene R. Lang

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

WITNESS my hand and official seal

Signature Monica Camarena



This area for official notarial seal.

Mail Tax Statements to: SAME AS ABOVE or Address Noted Below



2003-747411
09/24/2003 08:00A
2 of 3

Public Record

Under the provisions of Government Code 27361.7, I certify under penalty of perjury that the notary seal on the document to which this statement is attached reads as follows:

Name of Notary: Monica Camarena

Commission #: 1295992

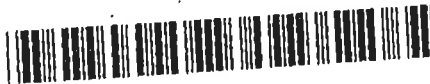
County Where Bond is Filed: San Bernardino

State Where Bond is Filed: CA

Date Commission Expires: Mar. 4, 2005

Date: 09-24-2003

Signature: *[Handwritten Signature]*



2003-747411
09/24/2003 09:00A
3 of 3

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Alma Jean Tell (name of decedent) died on 9-24-2007 (date), in the County of Riverside, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - B. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. An Inventory and Appraisalment of the real property in the decedent's estate is attached, or There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:
14871 Starmont St. Moreno Valley, CA 92553
1200 sq feet 2 bedroom 2 bathrooms mobile Home
Lot size 11 foundation built 1973
(Attach additional sheets if necessary.)
6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:
7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or The undersigned is/are authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered or transferred to the undersigned.

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

Date <u>9-8-10</u>	Printed name <u>Lizzetta J. Tatom</u>	Signature <u>Lizzetta J. Tatom</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

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

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)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

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 Kern

Subscribed and sworn to (or affirmed) before me

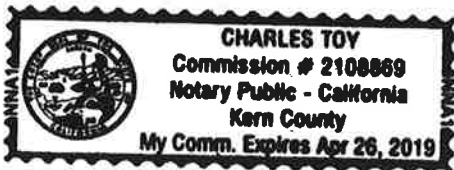
on this 24th day of June, 2016
by Date Month Year

(1) Luizetta J. Saturn
 (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 Charles Toy
 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: _____ Document Date: _____

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

Durable Power of Attorney for Health Care

- takes care of handling health care situations
- control of final disposition of remains after time of death

1. I, John Doe

do hereby designate John Doe as my agent to act for me in all matters relating to my health care and to make any decisions for me that I might make if I were unable to do so.

I am going to make a living will and my agent John Doe shall be authorized to execute and file the same with the appropriate authorities.

My address is 1751 Stewart St and my phone number is 92053.

I am making this document my last wish in case of my death and I am making this document my last wish in case of my death.

John Doe

RECORDED AND FILED BY COLONIAL PENN

DEC 12 1994

Date

Alexia Wiley
Authorized Signature

November 23, 1994
74798 Phillips St.
Perris, Calif. 92570

Colonial Life Insurance Company
1818 Market Street
Philadelphia, Penn. 19181

This is to state that I just called Colonial Penn. and spoke to a Ms. Moon and she referred me to a Mr. Jackson about some questions and requested concerning my Insurance Policy # OK 48501594.

I asked for a change of address or rather a street change, I still reside at the same residence, the Riverside Map surveyor changed Edwards Street to Phillips Street for emergency purposes.

Mr. Jackson stated I could change my beneficiary to my Daughter Jizetta J. Tatum who resides in Eakersfield California. I lost my beloved daughter Jina Tatum last year also my husband in "1988" Jizetta is divorced and took her Maiden last name of Tatum, again.

Here is hoping to hear from you soon enclosed is a money order for the amount of 13.90. Mr. Jackson stated their records does not show I sent in a payment this month. I did, I have the money order ~~and~~ receipt, I gave it over last through the mail. Mr. Jackson stated I will receive my monthly payment coupon around Feb. '94" Thank's

Sincerely,
Alexia J. Tatum

1-11-95

TOTT. PLEASE K... R...

the 13.90 are for two months
payment on my insurance

P.S. enclosed the 'change' of
beneficiary form also
will you please send it
to the right department



Colonial Penn Life Insurance Company / 1818 Market Street / Philadelphia, Pennsylvania 19181

DECEMBER 12, 1994

Re: OK48501594

Alma J Tell
24798 PHILLIPS ST
PERRIS CA 92570-7702

Dear Ms Tell,

Thank you for sending us your change of beneficiary information.

We have made the change you requested. For your convenience we are enclosing a copy of this document. Be sure to keep it with your policy and other important records.

This change has been made ONLY on the policy noted above. If you would like changes made to any other Colonial Penn policy you have, please let us know.

As always, it's been a pleasure serving you as a valued Colonial Penn customer.

Sincerely,

Denise Johnson

Denise Johnson
Policyholder Services

P.S. Find out more TODAY about additional life insurance protection from Colonial Penn. Call us TOLL-FREE at 1-800-342-7026, extension 2440.

ENC: Endorsed copy of beneficiary change document

Request for Change of Beneficiary

INSTRUCTIONS

1. To fill out the beneficiary's name(s), please use the person's first name, middle initial, and last name. (For example, use John J. Smith. For married persons, use Mary R. Smith, not Mrs. John J. Smith.)
2. If your previous beneficiary designation was irrevocable, that beneficiary should sign at the bottom of this form.
3. At least one witness should sign this form.
4. If you reside in a state having community property laws, please have your spouse sign this form also.
5. PLEASE DO NOT SEND YOUR POLICY. Upon filing by Colonial Penn, we'll send you a copy of this form for your records.
6. If more than one person is entitled to receive the proceeds, they will be paid in equal shares, unless unequal shares are designated, to those so named who survive the Insured, if any. If unequal shares are designated, the share of any beneficiary who dies before the Insured will be paid proportionately to the surviving beneficiaries, unless otherwise provided.
7. If *no beneficiary survives* the Insured, the proceeds shall be paid in accordance with the provisions of the Policy or, if provision is not made in the Policy, then to the Estate of the Insured. Such payment shall be made in one sum, any installment payments being commuted.

Request is hereby made in accordance with the terms of:

(please complete one)



ANNUITY NO.

INDIVIDUAL POLICY NO.

GROUP POLICY NO. (herein called the policy)

OK48501594
(If so, indicate Certificate No.)

Providing coverage on the life of ALINA J. TELL and issued by COLONIAL PENN that the Beneficiary be changed to:

PRIMARY BENEFICIARY

The person or persons to be paid upon the Insured's death, if surviving the Insured.

NAME

(1) Lizzetta J. Tatum

STREET ADDRESS

5013 Magic Ave.

CITY, STATE, ZIP CODE

Bakersfield, CA. 93306

RELATIONSHIP TO INSURED

ALTERNATE/SECONDARY BENEFICIARY

The person or persons to be paid if no one named in (1) above survives the Insured.

NAME

(2)

STREET ADDRESS

CITY, STATE, ZIP CODE

RELATIONSHIP TO INSURED

As used herein, "Insured" shall include "Annuitant". In filing this request Colonial Penn does not assume any responsibility for the validity or sufficiency of the change.

SIGNATURES REQUIRED

Signed in (City and State) 24778 Phillips St. Perris, Ca. 92570
 this November day of 22 19 94

INSURED (or Owner, if the Insured is other than the Owner.)

PREVIOUS (if irrevocable) Beneficiary

SPOUSE (if from community property state.)

WITNESS

WITNESS

WITNESS

Filed by Colonial Penn on

DATE

I, Alma Juan Tall of 24798 Edwards Street
and City of Perris, County of Riverside, State of
California do declare the following to be my
last will and testament.

First I leave everything I own, estate
both real and personal, to my husband
Felix Tall.

If my husband does not survive me, then
I direct that the remainder of my
worldly goods and estate be divided into
four equal parts to my four Daughters
Gloria Ann, Linda Sue, Patricia Ann
and Jyzzetta Ann and I appoint Linda
Sue and Jyzzetta to have power of attorney
to allot equally to each sibling her equal
share. I will give each Daughter a photo
copy of this document to present at my
death.

Signed in my presence are three witnesses
to our will on October 1986

1. Joe Perry	City, Perris	State of CA
2. Lena Mae Edwards	City, Perris	State of CA
3. Leroy Edwards	City, Perris	State of CA

May 24, 1982
247098 Edwards #
Perris, Calif. 92370

Last Will and Testament

I (Alma Jean Tatum) will leave every-
thing I own to my Husband (Levi Zell)
If he (Levi) should precede ^{me} in death,
then on my death I leave everything
I have and own to my four daughters
Linda Sue, Gloria Diane, Fizzetta Jean, and
Patricia Ann.

I am going to give a copy of this
document to Fizzetta Jean and Linda Sue
because they will divide everything eq-
ually among the four of them.

Sincerely,
Alma Jean Tatum
-llc

257328

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

REGISTRAR
FILED

REGISTRATION DISTRICT NO. 12
FILE NO. 257328

17 CHILD'S FIRST NAME: **Lizetia**
18 MIDDLE NAME: **Jesui**
19 LAST NAME: **Tatum**

2 SEX: **Female**
31 THIS BIRTH: **Single**

34 COUNTY: **LOS ANGELES**
35 FULL NAME OF HOSPITAL OR INSTITUTION: **LOS ANGELES COUNTY HOSPITAL**
36 COUNTY: **LOS ANGELES**

37 USUAL RESIDENCE OF MOTHER: **California**
38 STATE: **California**

39 MAIDEN NAME OF MOTHER—FIRST NAME: **Alma**
40 MIDDLE NAME: **Jesui**
41 BIRTHPLACE—STATE OR FOREIGN COUNTRY: **TEXAS**

42 AGE OF MOTHER (AT TIME OF THIS BIRTH): **29** YEARS

43 NAME OF FATHER—FIRST NAME: **Oscar**
44 MIDDLE NAME: **D.**
45 LAST NAME: **Tatum**

46 AGE OF FATHER (AT TIME OF THIS BIRTH): **29** YEARS

47 BIRTHPLACE—STATE OR FOREIGN COUNTRY: **TEXAS**

48 SIGNATURE OF FATHER OR OTHER INFORMANT: *Oscar Tatum*

49 SIGNATURE OF ATTENDANT: *Joseph E. Outler, M.D.*

50 SIGNATURE OF LOCAL REGISTRAR: *George A. ...*

51 DATE RECEIVED BY LOCAL REGISTRAR: **JUL 19 1956**

52 STREET OR RURAL ADDRESS: **1200 NORTH STATE STREET**
53 CITY OR TOWN: **Los Angeles**
54 ADDRESS: **LOS ANGELES**

55 ADDRESS OF MOTHER: **Williams**
56 LAST NAME: **Williams**
57 BIRTHPLACE—STATE OR FOREIGN COUNTRY: **Mexico**

58 COLOR OR RACE OF MOTHER: **Negro**

59 COLOR OR RACE OF FATHER: **Negro**

60 KIND OF BUSINESS OR INDUSTRY: **Post Office**

61 DATE SIGNED BY FATHER OR OTHER INFORMANT: **July 9, 1956**

62 ADDRESS: **L. A. County General Hospital**

63 DATE ON WHICH LOCAL AIDED BY SUPPLEMENTAL FORM REPORT



THIS IS A true certified copy of the record
as it bears the seal, impressed in purple ink,
of the Registrar/Recorder

FEE: **1.00**
MAR 25 1956

James ...
REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE No.		CERTIFICATE OF LIVE BIRTH		REGISTRATION DISTRICT No.	REGISTRAR'S NUMBER
THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		
	2. SEX	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR
PLACE OF BIRTH	5a. COUNTY	5b. CITY OR TOWN		5c. FULL NAME OF HOSPITAL OR INSTITUTION	
	5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS)		5e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS)		
USUAL RESIDENCE OF MOTHER (MOTHER'S OWN)	6a. STATE	6b. COUNTY	6c. CITY OR TOWN	6d. STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBERS)	
	7a. MAIDEN NAME OF MOTHER—FIRST NAME	7b. MIDDLE NAME	7c. LAST NAME	7d. COLOR OR RACE OF MOTHER	
MOTHER OF CHILD	9. AGE OF MOTHER (AT TIME OF THIS BIRTH)	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE (FOR NOTIFICATION OF BIRTH)		
	12a. NAME OF FATHER—FIRST NAME	12b. MIDDLE NAME	12c. LAST NAME	13. COLOR OR RACE OF FATHER	
FATHER OF CHILD	14. AGE OF FATHER (AT TIME OF THIS BIRTH)	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16a. USUAL OCCUPATION	16b. KIND OF BUSINESS OR INDUSTRY	
	INFORMANT'S CERTIFICATION		17a. SIGNATURE OF PARENT OR OTHER INFORMANT (WHICHEVER IS MORE THAN 18 YEARS OF AGE)		17b. DATE SIGNED BY PARENT OR OTHER INFORMANT
ATTENDANT'S CERTIFICATION		18a. SIGNATURE OF ATTENDANT		18b. ADDRESS	
REGISTRAR'S CERTIFICATION		19. DATE RECEIVED BY LOCAL REGISTRAR		20. SIGNATURE OF LOCAL REGISTRAR	
				21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	

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

SEP 24 2010

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



* 000696953 *

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CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200733010005

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY! NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT -- FIRST (Given) ALMA	2. MIDDLE J	3. LAST (Family) TELL	4. DATE OF BIRTH mm/dd/yyyy 01/26/1927		
	AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)	5. AGE Yrs 80	6. SEX F	7. DATE OF DEATH mm/dd/yyyy 09/24/2007	8. HOUR (24 Hours) 1656	
	9. BIRTH STATE/FOREIGN COUNTRY TX	10. CITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) WIDOWED	13. EDUCATION -- Highest Level Degree (See worksheet on back) SOME COLLEGE	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) BLACK	17. USUAL OCCUPATION -- Type of work for most of life, DO NOT USE RETIRED NURSE	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL	19. YEARS IN OCCUPATION 15		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) 14871 STARMONT ST					
	21. CITY MORENO VALLEY	22. COUNTY/PROVINCE RIVERSIDE	23. ZIP CODE 92553	24. YEARS IN COUNTY 24	25. STATE/FOREIGN COUNTRY CA	
	26. INFORMANT'S NAME, RELATIONSHIP LIZZETTA TATUM, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 5013 MAGIC AVE, BAKERSFIELD, CA 93307			
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE -- FIRST -	29. MIDDLE -	30. LAST (Maiden Name) -			
	31. NAME OF FATHER -- FIRST JESSE	32. MIDDLE -	33. LAST WILLIAMS	34. BIRTH STATE TX		
	35. NAME OF MOTHER -- FIRST SULIE	36. MIDDLE -	37. LAST (Maiden) MEEKINS	38. BIRTH STATE TX		
	39. DISPOSITION DATE mm/dd/yyyy 10/11/2007	40. PLACE OF FINAL DISPOSITION RES LIZZETTA TATUM 5013 MAGIC AVE, BAKERSFIELD, CA 93307				
FUNERAL DIRECTORY LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES	42. SIGNATURE OF EMBALMER NOT EMBALMED	43. LICENSE NUMBER -			
	44. NAME OF FUNERAL ESTABLISHMENT INLAND MEMORIAL	45. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.	46. DATE mm/dd/yyyy 10/10/2007			
	101. PLACE OF DEATH RESIDENCE	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				
PLACE OF DEATH	104. COUNTY RIVERSIDE	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 14871 STARMONT ST	106. CITY MORENO VALLEY			
	107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) ISCHEMIC CARDIOMYOPATHY	108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death 2 YRS	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE
PHYSICIAN'S CERTIFICATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 01/22/2006	115. SIGNATURE AND TITLE OF CERTIFIER SARAH CHAE M.D.	116. I.D. NUMBER FO	117. DATE mm/dd/yyyy 10/10/2007	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SARAH CHAE M.D. 6405 DAY STREET, RIVERSIDE, CA 92507	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
129. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
STATE REGISTRAR	A	B	C	D	E	
FAX AUTH. #	CENSUS TRACT	012007006612696				

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

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

Oct 12, 2007

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



000588490

DATE ISSUED

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3 93 15

3865

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—(FIRST) (GIVEN) Linda		1B. MIDDLE Sue	1C. LAST (FAMILY) Tatum
4. RACE Afro-American		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR 03/28/1953
8. STATE OF BIRTH CA		9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Oscar D. Tatum
12. MILITARY SERVICE 12. To 12. <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO.	14. MARITAL STATUS never married
16A. USUAL OCCUPATION Clerk		16B. USUAL KIND OF BUSINESS OR INDUSTRY Government	16C. USUAL EMPLOYER County of A.
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2129 Windbreak Drive		18B. CITY Rosamond	18C. ZIP CODE 93560
19A. PLACE OF DEATH Kern Medical Center		19B. IF HOSPITAL, SPECIFY ONE: IP, BR/OP, DOA IP	19C. COUNTY Kern
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Severe hypoxia</i>		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES <i>C-1565-93</i> <input checked="" type="checkbox"/> NO	
DUE TO (B) <i>Adult Respiratory Distress Syndrome</i>		23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) <i>Coccioidia immitis pneumonia</i>		24A. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <i>Chronic effusion, Sarcoidosis</i>		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. <i>no</i>		25. TIME INTERVAL BETWEEN ONSET AND DEATH <i>days</i>	
27A. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 12/02/93		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Danella Bellinger</i>	
27C. CERTIFIER'S LICENSE NUMBER 27D. DATE SIGNED 12/10/93		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Pamela Bellinghausen M.D. 1830 Flower St., Bakersfield, Ca	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
30D. HOUR		31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
32. DISPOSITION(S) Burial		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Union Cemetery Bkfd, CA		34C. DATE MO. DAY, YR. 12/13/1993	
34A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Jesse E. Cooley, Jr.		35A. SIGNATURE OF EMBALMER <i>Mark Seal</i>	
35B. LICENSE NO.		35C. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
35D. REGISTRATION DATE 12/13/1993		35E. LICENSE NO. 7958	
STATE REGISTRAR		GENSUS TRACT RM-58	

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF KERN } SS

DATE ISSUED

AUG 23 2012



* 000741050 *

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER.

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

FNCO (REV) 0411

James W. Fitch
James W. Fitch
ASSESSOR RECORDER



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE OF CALIFORNIA		CERTIFICATE OF LIVE BIRTH		REGISTRATION YEAR 1907	REGISTRAR'S NUMBER 10834
THIS CHILD	1A. CHILD'S FIRST NAME Linda	1B. SEX Female	1C. RACE Caucasian	DATE OF BIRTH MONTH DAY YEAR March 23 1953	TIME OF BIRTH 2:07 p.
PLACE OF BIRTH	1D. COUNTY LOS ANGELES	1E. CITY OR TOWN LOS ANGELES	1F. FULL NAME OF HOSPITAL OR INSTITUTION LOS ANGELES COUNTY GENERAL HOSPITAL	1G. ADDRESS (If within county of registration, complete to street name; otherwise, complete to nearest post office)	1H. ADDRESS (If within county of registration, complete to street name; otherwise, complete to nearest post office)
USUAL RESIDENCE OF MOTHER	6A. STATE California	6B. COUNTY Los Angeles	6C. CITY OR TOWN Los Angeles	6D. STREET ADDRESS (If not at regular place of residence, give usual place of residence)	6E. STREET ADDRESS (If not at regular place of residence, give usual place of residence)
MOTHER OF CHILD	7A. MOTHER'S NAME (Last, first, middle) Alma	7B. AGE OF MOTHER (at time of birth) 26	7C. BIRTH PLACE (state or foreign country) Texas	7D. MOTHER'S MARRIAGE STATUS Married	7E. MOTHER'S OCCUPATION Unknown
FATHER OF CHILD	8A. FATHER'S NAME (Last, first, middle) Robert	8B. AGE OF FATHER (at time of birth) 46	8C. BIRTH PLACE (state or foreign country) Unknown	8D. FATHER'S MARRIAGE STATUS Married	8E. FATHER'S OCCUPATION Army
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			17A. SIGNATURE OF PARENT OR OTHER INFORMANT (Parent specify) <i>Alma Jean Williams</i>	17B. DATE SIGNED BY PARENT OR OTHER INFORMANT March 30, 1953
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.			18A. SIGNATURE OF ATTENDANT <i>Neal F. Hunsden M.D.</i>	18B. ADDRESS L.A. County General Hospital
REGISTRAR'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR APR 13 1953			20. SIGNATURE OF LOCAL REGISTRAR <i>Walter H. ...</i>	21. ADDRESS OF LOCAL REGISTRAR

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SEP 24 2010

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



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