

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



721
(2058)

**SUBMITTAL DATE:
AUG 25 2016**

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 99. Last assessed to: Rose Nash. District 1 [\$41,095]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., assignee for Swanzetta Smith, legal guardian of Cameron Gregory Christopher Wykoff Morgan, heir to the Estate of Rose Nash, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 319181012-0;

(continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the May 5, 2015 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 18, 2015. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 22, 2015, 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	\$ 41,095	\$ 0	\$ 41,095	\$ 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:
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: 1

Agenda Number:

9-8

FORM APPROVED COUNTY COUNSEL 7/25/14
BY: GREGORY P. PRIAMOS DATE

Departmental Concurrence

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 99. Last assessed to: Rose Nash. District 1 [\$41,095]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 25 2016
PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Swanzetta Smith, legal guardian of Cameron Gregory Christopher Wykoff Morgan, heir to the Estate of Rose Nash in the amount of \$41,095.46, 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 Global Discoveries, Ltd., assignee for Swanzetta Smith, legal guardian of Cameron Gregory Christopher Wykoff Morgan, heir to the Estate of Rose Nash based on an Assignment of Right to Collect Excess Proceeds dated June 11, 2015, a Quitclaim Deed recorded June 17, 1975 as Instrument No. 70931, an Affidavit-Death of Joint Tenant recorded October 6, 2004 as Instrument No. 2004-0791447, the Last Will and Testament of Rose Nash dated July 7, 2004 and death certificates for Rosa Lee Nash and Ronald Wykoff Morgan Jr.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for Swanzetta Smith, legal guardian of Cameron Gregory Christopher Wykoff Morgan, heir to the Estate of Rose Nash be awarded excess proceeds in the amount of \$41,095.46. 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 of 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.

CLAIM SUMMARY

RECEIVED
2015 AUG 18 PM 3:06
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Date: June 30, 2015
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 319181012-0
Last Assessee: NASH ROSE
Sale Date: 4/30/2015
TC: TC203
Item Number: 99

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. Explanation of Events along with Supporting Documents
2. Quitclaim Deed_quitclaiming interest to George Nash and Rose Nash, husband and wife as joint tenants, as Book Number: 1975 and Page: 70931, Recorded in Riverside County on 06/17/1975.
3. **Certified** Affidavit – Death of Joint Tenant with **Certified Certificate of Death** for George Nash as Document Number: 2004-0791447, Recorded in Riverside County on 10/06/2004.
4. **Certified** Death Certificate for Rosa Lee Nash
5. Last Will and Testament of Rose Nash
6. Certificate of Birth for Cameron Gregory Christopher Wykoff Morgan
7. Declaration of One and The Same Person(s)
8. Assignment of Rights To Collect Excess Proceeds signed by Swanzetta Smith as Parent and/or Legal Guardian of Cameron Gregory Christopher Wykoff Morgan, who is Executor and/or Heir to the Estate of Rose Nash
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Swanzetta Smith

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

- One warrant in the amount of \$41,606.00 or 100% of the claimant’s share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to jed@gd-ltd.com.

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

Certified Tracking Number: 7015-0640-0006-1512-1674



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



Palm Desert Office
38-686 El Cerrito Road
Palm Desert, CA 92211

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

**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

July 22, 2015

ROSE NASH
21303 SALTER ROAD
PERRIS, CA 92570

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 319181012-0 Item: 99
Situs Address:
Assessee: Nash, Rose
Date Sold: May 5, 2015
Date Deed to Purchaser Recorded: June 18, 2015
Final Date to Submit Claim: June 20, 2016

Dear Sir or Madame:

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

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3336.

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

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

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Jennifer Pazicni
Deputy

EXPLANATION OF EVENTS: FOR PROPERTY: 319-181-012-0

George Nash and Rose Nash were the record owners (Husband/Wife as Joint Tenants) of the above property per the enclosed QuitClaim Deed Recorded 06/17/1975.

George Nash passed away on 04/01/2003, leaving Rose Nash as his surviving spouse and surviving Joint Tenant for the above property.

Rose Nash passed away on 01/01/2009, Rose died a Widow and had 2 biological children who both predeceased her; Samuel Carl Nash and Le Etta Nash Tate.

Rose Nash Left a Last Will & Testament leaving the residue of her Estate to her Grandchild; Ronald Wykoff Morgan or his issue surviving him. Ronald Wykoff Morgan was also nominated as the Executor of the Will.

The Will reads: If Ronald Wykoff Morgan pre-deceases Rose or for any reason ceases to act as such, Rose than nominates her Great-Grandson; Cameron Gregory Wykoff Morgan to serve as substitute.

A probate was started for the Estate of Rose Nash, Letters of Testamentary were filed by Ronald Wykoff Morgan on 03/05/2010 in Riverside County in Pro Per. This probate was never closed out due to Ronald beginning to suffer from serious health issues, which increased to the point where he could do nothing else but to receive medical treatment. Ronald eventually succumbed to his health and he passed away on 06/20/2013. **(Please see attached the Probate Filings for the Estate of Rose Nash)**

We are also enclosing Ronald Wykoff Morgan's Certified Certificate of Birth and Certificate of Death simply to show the family lineage connection between Rose Nash and her grandchild.

Therefore, due to the above, Cameron Gregory Christopher Wykoff Morgan is the only surviving issue to Ronald Wykoff Morgan and is entitled to collect 100% and/or \$41,606.00+- of the excess proceeds available for the above referenced property.

Cameron Gregory Christopher Wykoff Morgan is currently a minor and we have signed his mother Swanzetta Smith who is his parent/legal guardian.

70931

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

George Nash & Rose Nash
21621 Salter Road
Perris, Calif. 92370

9:01



RECEIVED FOR RECORD

JUN 17 1975

John, Notary Public of Riverside County, California
TITLE INSURANCE & TRUST CO.
RIVER SIDE 70931
Wm. B. DeLong, Recorder
RIVERSIDE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

mail tax statements to:
(Same as above)

DOCUMENTARY TRANSFER TAX \$ 4.40
 COMPUTED ON FULL VALUE OF PROPERTY CONVEYED
 OR COMPUTED ON FULL VALUE LESS LIENS AND ENCUMBRANCES REMAINING AT TIME OF SALE.
 AFFIX STAMPS IN THIS SPACE
Doris Hughes
 Signature of Declarant or Agent Determining Max. Frm. Name

Quitclaim Deed

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.
 Title Insurance and Trust Company, as Trustee Under Declaration of Trust "Marie L. Scott" No. PP-18414,
 hereby REMISE, RELEASE AND FOREVER QUITCLAIM:¹⁰
 George Nash and Rose Nash, husband and wife as joint tenants

the following described real property in the _____ county of Riverside
 state of California:

Lot 25 of Upton Acres No. 4, as shown by map on file in the office
 of the County Recorder of Riverside County, in Book 14, Page 69
 of Maps, State of California.

Dated May 20, 1975

Title Insurance & Trust Co., as
Trustee under Declaration of Trust
"Marie L. Scott" No. PP-18414

STATE OF CALIFORNIA } ss.
COUNTY OF Los Angeles

On May 20, 1975 before me, the under-
 signed, a Notary Public in and for said County and State, personally
 appeared Doris Hughes, Vice
President and Agnes Rogostan,
Assistant Secretary

By: *Doris Hughes*
Vice President

By: *Agnes Rogostan*
Assistant Secretary

known to me
 to be the person R whose name RTR subscribed to the within
 instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

(Seal)

Signature _____

Name (Typed or Printed)

Notary Public in and for said County and State.

If executed by a Corporation the Corporation Form of Acknowledgment must be used.

Title Order No. _____

Escrow or Loan No. _____

This instrument filed for record by Title Insurance and Trust Company as an accommodation only. It has not been examined as to its registration or as to its effect upon the title.

S 495:40 - 34

UNLAWFUL/UNLAWFUL AREA

RECORDING REQUESTED BY
Jacobs & Gregory

AND WHEN RECORDED MAIL TO

Rose Nash
21621 Salter Road
Perris, CA 92370

DOC # 2004-0791447

10/06/2004 08:00A Fee:10.00

Page 1 of 2

Recorded in Official Records
County of Riverside

Gary L. Orso
Assessor, County Clerk & Recorder



PUBLIC RECORD

M	S	U	PAGE	SIZE	LA	PTOR	RCOR	INE	AMT	
	1		2							
					1				DT	
A	R	L				COPY	LONG	REFUND	NCHG	EXAM

Title Order No. _____

Escrow No. _____

Affidavit - Death of Joint Tenant

STATE OF CALIFORNIA

COUNTY OF Riverside

M
DT

ROSE NASH, of legal age, being first duly sworn, deposes and says:
That GEORGE NASH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE NASH named as one of the parties in that certain Quitclaim Deed dated May 20, 1975, executed by Diana Hughes, Vice President to George Nash and Rose Nash, husband and wife, as joint tenants, recorded as Instrument No. _____, on June 17, 1975, in Book 1975, Page 70931, of Official Records of Riverside County, California, covering the following described property situated in the _____, County of Riverside, State of California:

Lot 25 of Upton Acres No. 4, as shown by map on file in the office of the County Recorder of Riverside County, in Book 14, Page 69 of Maps, State of California.

Dated July 7, 2004
~~June 17, 2003~~

Rose Nash
Rose Nash

STATE OF CALIFORNIA
COUNTY OF Riverside

ON July 7, 2004 before me,

Laura A. Wagner, Notary Public personally appeared Rose Nash

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

Signature Laura A. Wagner



(This area for official notarial seal)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

County of San Bernardino
Auditor/Controller-Recorder, County Clerk
www.sbcounty.gov/aer

STATE FILE NUMBER		LOCAL IDENTIFICATION NUMBER	
3200336003148			
1. NAME OF DECEASED - FIRST (GIVEN)		2. LAST (FAMILY)	
GEORGE		HASH	
3. DATE OF BIRTH (Month/Day/Year)		4. AGE (Years)	
02/07/1926		77	
5. SEX		6. RACE	
M		BLACK	
7. MARRIAGE STATUS (at time of death)		8. HOURS OF DEATH (Month/Day/Year)	
MARRIED		0855	
9. OCCUPATION (Type of work or trade in which he or she is engaged)		10. YEARS IN OCCUPATION	
TRUCK DRIVER		40	
11. ADDRESS (Street and number or mailing)		12. CITY	
21303 SALTER RD		PERRIS	
13. COUNTY		14. STATE	
RIVERSIDE		CA	
15. DECEASED'S MARRIAGE ADDRESS (Street and number or name and number, city or town, state, ZIP)		16. DECEASED'S MARRIAGE ADDRESS (Street and number or name and number, city or town, state, ZIP)	
21303 SALTER RD PERRIS, CA 92570		21303 SALTER RD PERRIS, CA 92570	
17. NAME OF FATHER - FIRST		18. MOTHER'S NAME (maiden name)	
ROSE		WALKER	
19. NAME OF FATHER - LAST		20. MOTHER'S LAST (maiden name)	
MANUEL		NASH	
21. NAME OF MOTHER - FIRST		22. MOTHER'S LAST (maiden name)	
PRISCILLA		UNKNOWN	
23. DATE OF DEATH (Month/Day/Year)		24. PLACE OF DEATH (Specify one)	
04/09/2003		RES-ROSE NASH-WIFE 21303 SALTER RD PERRIS, CA 92570	
25. TYPE OF DEATH (Specify one)		26. SIGNATURE OF REGISTRAR	
CR/RES		NOT EXHUMED	
27. NAME OF FUNERAL ESTABLISHMENT		28. DATE (Month/Day/Year)	
SIMPSON MORTUARY		04/07/2003	
29. PLACE OF BURIAL (Specify one)		30. TYPE OF BURIAL (Specify one)	
ST BERNARDINE MEDICAL CENTER		Cremation	
31. COUNTY		32. CITY	
SAN BERNARDINO		SAN BERNARDINO	
33. STREET ADDRESS (Include street name and number)		34. STREET ADDRESS (Include street name and number)	
2101 WATERMAN AVE		SAN BERNARDINO	
35. CAUSE OF DEATH (Specify one)		36. MANNER OF DEATH (Specify one)	
CARDIAC ARREST		NATURAL	
37. UNDERLYING CAUSE (Specify one)		38. MANNER OF DEATH (Specify one)	
CORONARY ARTERIOSCLEROSIS		NATURAL	
39. UNDERLYING CAUSE (Specify one)		40. MANNER OF DEATH (Specify one)	
CARDIOMYOPATHY		NATURAL	
41. UNDERLYING CAUSE (Specify one)		42. MANNER OF DEATH (Specify one)	
PEPTIC ULCER DISEASE		NATURAL	
43. OTHER UNDERLYING CAUSE (Specify one)		44. MANNER OF DEATH (Specify one)	
PROSTATIC HYPERTROPHY		NATURAL	
45. TYPE OF DEATH (Specify one)		46. DATE (Month/Day/Year)	
NO		04/03/2003	
47. COUNTY		48. CITY	
SAN BERNARDINO		SAN BERNARDINO	
49. STREET ADDRESS (Include street name and number)		50. STREET ADDRESS (Include street name and number)	
401 HIGHLAND AVE		4981 SAN BERNARDINO CA 92404	
51. DATE (Month/Day/Year)		52. DATE (Month/Day/Year)	
04/16/1986		04/01/2003	
53. SIGNATURE OF REGISTRAR		54. SIGNATURE OF DEPUTY REGISTRAR	
LARRY WALKER			



This is a true and exact reproduction of the document officially prepared and placed in the Office of the Auditor/Controller-Recorder, County of San Bernardino.

SEP 1 2003

Larry Walker
LARRY WALKER
Auditor/Controller-Recorder
San Bernardino County, California

This space not valid unless provided on engraved border displaying date, seal and signature of the Auditor/Controller-Recorder

000981430



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATE OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

3052009002272

CERTIFICATE OF DEATH

3200936000093

STATE FILE NUMBER 3052009002272		LOCAL REGISTRATION NUMBER 3200936000093	
1 NAME OF DECEDENT - FIRST (Given) ROSA		3 LAST (Family) NASH	
2 MIDDLE LEE		4 DATE OF BIRTH mm/dd/yyyy 05/15/1929	
AKA ALSO KNOWN AS - (Include full AKA (FIRST, MIDDLE, LAST))		5 AGE Yrs 79	
9 BIRTH STATE/FOREIGN COUNTRY TX		6 SEX F	
10 SOCIAL SECURITY NUMBER		7 DATE OF DEATH mm/dd/yyyy 01/01/2009	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8 HOUR (24 Hours) 0729	
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/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		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE	
19 YEARS IN OCCUPATION 8		20 DECEDENT'S RESIDENCE (Street and number or location) 21303 SALTER RD.	
21 CITY PERRIS		22 COUNTY/PROVINCE RIVERSIDE	
23 ZIP CODE 92570		24 YEARS IN COUNTY 40	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP (see worksheet on back) RONALD MORGAN, GRANDSON	
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 10811 ELM FIELD RD., MORENO VALLEY, CA 92557		28 NAME OF SURVIVING SPOUSE - FIRST	
29 MIDDLE		30 LAST (Maiden Name)	
31 NAME OF FATHER - FIRST PETER		32 MIDDLE BISHMAN	
33 LAST WALKER		34 BIRTH STATE OK	
35 NAME OF MOTHER - FIRST SAVANNAH		36 MIDDLE TAYLOR	
37 LAST (Maiden) TAYLOR		38 BIRTH STATE TX	
39 DISPOSITION DATE mm/dd/yyyy 01/09/2009		40 PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518	
41 TYPE OF DISPOSITION(S) CR/BU		42 SIGNATURE OF FUNERAL DIRECTOR	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT SIMPSON SAN BERNARDINO MORTUARY	
45 SIGNATURE OF LOCAL REGISTRAR		46 DATE mm/dd/yyyy 01/08/2009	
101 PLACE OF DEATH ST BERNARDINE MEDICAL CENTER		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY SAN BERNARDINO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2101 N. WATERMAN AVE.	
106 CITY SAN BERNARDINO		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 (Final disease or condition resulting in death) (A) ACUTE RESPIRATORY FAILURE (B) ACUTE PNEUMONIA (C) MRSA ORGANISM IN RESPIRATORY CULTURE	
108 DEATH REPORTED TO CORONER? (Date and Date) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 700900011		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 ALZHEIMERS DISEASE			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE			
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115 SIGNATURE AND TITLE OF CERTIFIER FE	
116 LICENSE NUMBER		117 DATE mm/dd/yyyy 01/08/2009	
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED (a) mm/dd/yyyy (b) mm/dd/yyyy 12/31/2008 12/31/2008		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JASON YUNGSUNG LIN M.D. 1700 N WATERMAN AVENUE, SAN BERNARDINO, CA 92404	
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	
STATE REGISTRAR	A	B	C
	D	E	
FAX AUTH #		CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.



002054618

JUN 12 2015

Bob Dutton
BOB DUTTON
San Bernardino County Assessor-Recorder-Clerk

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Last Will and Testament
of**

ROSE NASH

W07#012351
Receipt on 2-20-09 of a Will
of ROSE NASH, deceased
dated 7-7-04, pursuant to
Sec. 320 Probate Code, is
hereby acknowledged.
CLERK-SUPERIOR COURT
BY B.J. GALLEGOS Deput

I, Rose Nash reside in the County of Riverside, State of California, hereby make, publish and declare this to be my Last Will and Testament and hereby expressly revoke any and all former Wills and Codicils made by me.

FIRST: I declare that I am a widow. I had two children, Samuel Carl Nash and Le Etta Nash Tate, both who have predeceased me.

SECOND: I give, devise and bequeath all of my estate, of every kind and nature, or wheresoever situated, including any property in which I may have the power of appointment, to my grandson, Ronald Wycoff Morgan or his issue surviving him.

THIRD: I have intentionally omitted to make any provisions in this Will for my grand-daughter, Angela Nash to share or participate in any way in my estate. If my grand-daughter, Angela Nash either directly or indirectly attempts to oppose or set aside the probate of this Will or to impair or invalidate the provisions hereof and she establishes a right to any part of my estate, I give and bequeath to my grand-daughter, Angela Nash, the sum of One Dollar (\$1.00) only and no further interest whatsoever in my estate.

FOURTH: Except as otherwise provide in this Will, I have intentionally made no provisions for any of my heirs living at the date of my death.

FIFTH: I nominate and appoint my grandson, Ronald Wycoff Morgan to act as Executor of my Will. In the event he predeceases me or for any reason fails to ceases to act as such, I nominate my great grandson, Cameron Gregory Wycoff Morgan, to serve as substitute

The foregoing Will, consisting of three (3) pages of paper, including this page, was signed and subscribed by the said Testator in the presence of us, who, at her request, and in presence of each other, have hereunto subscribed our names and addresses as witnesses thereto, we and each of us believing the said Testatrix to be of sound and disposing mind and memory at the date thereof.

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

Executed this 7th day of July, 2004.

Kathleen Kurb residing at 17034 Hazelwood Dr.

Riverside, CA 92503

Laura A. Wagner residing at 21328 Terrace Ave.

Perris, CA 92570

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Ronald Morgan
10811 Elmfield Rd
Moreno Valley, Ca 92553

TELEPHONE AND FAX NOS.:
951-247-6776

FILED
FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

MAR 05 2010

J. Huguenin
J. Huguenin

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside

STREET ADDRESS: 4050 main street

MAILING ADDRESS:

CITY AND ZIP CODE: Riverside CA 92501

BRANCH NAME: Riverside Probate court

ESTATE OF (Name):

Rose Nash

DECEDENT

TESTAMENTARY

OF ADMINISTRATION WITH WILL ANNEXED

OF ADMINISTRATION

SPECIAL ADMINISTRATION

CASE NUMBER:

RIP 095414

LETTERS

1. The last will of the decedent named above having been proved, the court appoints (name):

Ronald Morgan

- a. executor.
- b. administrator with will annexed.

2. The court appoints (name):

- a. administrator of the decedent's estate.
- b. special administrator of decedent's estate
 - (1) with the special powers specified in the Order for Probate.
 - (2) with the powers of a general administrator.
 - (3) letters will expire on (date):

3. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act with full authority

with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

4. The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1. PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).

2. INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.

3. INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer. (Name and title):

March 4, 2010

4. Executed on (date):
at (place): Riverside, California.

Ronald W Morgan
(SIGNATURE)

CERTIFICATION

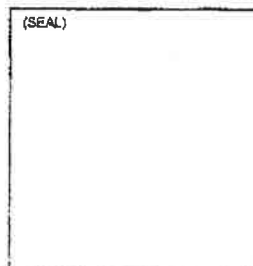
I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.



Date: 3-05-2010

Clerk, by
J. Huguenin
(DEPUTY)
J. Huguenin



Date:
Clerk, by

(DEPUTY)

MAR 04 2010

7/27
DII

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ronald Morgan 10811 Elmfield Rd Moreno Valley, CA 92553 TELEPHONE NO.: 951 247-6776 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE JUN 26 2009 <i>PKHills</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 4050 main street MAILING ADDRESS: CITY AND ZIP CODE: Riverside, CA 92501 BRANCH NAME: Riverside Probate court	
ESTATE OF (Name): Rose Nash <div style="text-align: right;">DECEDENT</div>	
PETITION FOR <input checked="" type="checkbox"/> Probate of Will and for Letters Testamentary <input type="checkbox"/> Probate of Will and for Letters of Administration with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority	CASE NUMBER: RIP 095414 HEARING DATE: 7/27/09 DEPT.: 11 TIME: 9:00

BJG
JUN 30 2009

1. Publication will be in (specify name of newspaper):
 - a. Publication requested.
 - b. Publication to be arranged.
2. Petitioner (name each):

requests that

 - a. decedent's will and codicils, if any, be admitted to probate.
 - b. (name):
 be appointed
 - (1) executor
 - (2) administrator with will annexed
 - (3) administrator
 - (4) special administrator with general powers and Letters issue upon qualification.
 - c. full limited authority be granted to administer under the Independent Administration of Estates Act.
 - d. (1) bond not be required for the reasons stated in item 3d.
 (2) \$ bond be fixed. The bond will be furnished by an admitted surety insurer or as otherwise provided by law. (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob. Code, § 8482.)
 (3) \$ in deposits in a blocked account be allowed. Receipts will be filed.
 (Specify institution and location):
3. a. Decedent died on (date): **1/1/2009** at (place): **St. Bernard Medical Center**
 - (1) a resident of the county named above.
 - (2) a nonresident of California and left an estate in the county named above located at (specify location permitting publication in the newspaper named in item 1):

b. Street address, city, and county of decedent's residence at time of death (specify):
2103 Salter Ave, Perris CA 92570

ESTATE OF (Name): Rose Nash	CASE NUMBER:
DECEDENT	

3. c. Character and estimated value of the property of the estate (complete in all cases):

- | | | |
|-----------------------------------------------|----------------|---------------|
| (1) Personal property: | | \$ 500.00 |
| (2) Annual gross income from | | |
| (a) real property: | | \$ 0 |
| (b) personal property: | | \$ 0 |
| (3) Subtotal (add (1) and (2)): | | \$ 0 |
| (4) Gross fair market value of real property: | \$ 150,000.00 | |
| (5) (Less) Encumbrances: | \$(5,000.00) | |
| (6) Net value of real property: | | \$ 145,000.00 |
| (7) Total (add (3) and (6)): | | \$ 145,000.00 |

- d. (1) Will waives bond. Special administrator is the named executor, and the will waives bond.
(2) All beneficiaries are adults and have waived bond, and the will does not require a bond.
(Affix waiver as Attachment 3d(2).)
(3) All heirs at law are adults and have waived bond. (Affix waiver as Attachment 3d(3).)
(4) Sole personal representative is a corporate fiduciary or an exempt government agency.
- e. (1) Decedent died intestate.
(2) Copy of decedent's will dated: 7/7/04 codicil dated (specify for each):
are affixed as Attachment 3e(2).

(Include typed copies of handwritten documents and English translations of foreign-language documents.)

- The will and all codicils are self-proving (Prob. Code, § 8220).

f. Appointment of personal representative (check all applicable boxes):

- (1) Appointment of executor or administrator with will annexed:
(a) Proposed executor is named as executor in the will and consents to act.
(b) No executor is named in the will.
(c) Proposed personal representative is a nominee of a person entitled to Letters.
(Affix nomination as Attachment 3f(1)(c).)
(d) Other named executors will not act because of death declination
 other reasons (specify):

Continued in Attachment 3f(1)(d).

- (2) Appointment of administrator:
(a) Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3f(2)(a).)
(b) Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3f(2)(b).)
(c) Petitioner is related to the decedent as (specify): Grandson
(3) Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 3f(3).)

g. Proposed personal representative is a

- (1) resident of California.
(2) nonresident of California (specify permanent address):

- (3) resident of the United States.
(4) nonresident of the United States.

ESTATE OF (Name): Rose Nash	CASE NUMBER:
DECEDENT	

4. Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act.
5. a. Decedent was survived by (check items (1) or (2), and (3) or (4), and (5) or (6), and (7) or (8))
- (1) spouse.
- (2) no spouse as follows:
- (a) divorced or never married.
- (b) spouse deceased.
- (3) registered domestic partner.
- (4) no registered domestic partner.
(See Fam. Code, § 297.5(c); Prob. Code, §§ 37(b), 6401(c), and 6402.)
- (5) child as follows:
- (a) natural or adopted.
- (b) natural adopted by a third party.
- (6) no child.
- (7) issue of a predeceased child.
- (8) no issue of a predeceased child.
- b. Decedent was was not survived by a stepchild or foster child or children who would have been adopted by decedent but for a legal barrier. (See Prob. Code, § 6454.)
6. (Complete if decedent was survived by (1) a spouse or registered domestic partner but no issue (only a or b apply), or (2) no spouse, registered domestic partner, or issue. (Check the first box that applies):
- a. Decedent was survived by a parent or parents who are listed in item 8.
- b. Decedent was survived by issue of deceased parents, all of whom are listed in item 8.
- c. Decedent was survived by a grandparent or grandparents who are listed in item 8.
- d. Decedent was survived by issue of grandparents, all of whom are listed in item 8.
- e. Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- f. Decedent was survived by next of kin, all of whom are listed in item 8.
- g. Decedent was survived by parents of a predeceased spouse or issue of those parents, if both are predeceased, all of whom are listed in item 8.
- h. Decedent was survived by no known next of kin.
7. (Complete only if no spouse or issue survived decedent.)
- a. Decedent had no predeceased spouse.
- b. Decedent had a predeceased spouse who
- (1) died not more than 15 years before decedent and who owned an interest in real property that passed to decedent.
- (2) died not more than five years before decedent and who owned personal property valued at \$10,000 or more that passed to decedent.
(If you checked (1) or (2), check only the first box that applies):
- (a) Decedent was survived by issue of a predeceased spouse, all of whom are listed in item 8.
- (b) Decedent was survived by a parent or parents of the predeceased spouse who are listed in item 8.
- (c) Decedent was survived by issue of a parent of the predeceased spouse, all of whom are listed in item 8.
- (d) Decedent was survived by next of kin of the decedent, all of whom are listed in item 8.
- (e) Decedent was survived by next of kin of the predeceased spouse, all of whom are listed in item 8.
- (3) neither (1) nor (2) apply.
8. Listed on the next page are the names, relationships to decedent, ages, and addresses, so far as known to or reasonably ascertainable by petitioner, of (1) all persons mentioned in decedent's will or any codicil, whether living or deceased; (2) all persons named or checked in items 2, 5, 6, and 7; and (3) all beneficiaries of a trust named in decedent's will or any codicil in which the trustee and personal representative are the same person.

ESTATE OF (Name): Rose Nash	CASE NUMBER:
DECEDENT	

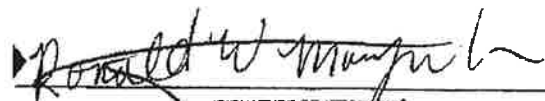
8.	<u>Name and relationship to decedent:</u>	<u>Age</u>	<u>Address</u>
	Ronald Morgan/Grandson	46	10811 Elmfield Rd Moreno Valley, CA 92553
	Cameron Morgan/Great Grandson	7	SAME

Continued on Attachment 8.

9. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)*

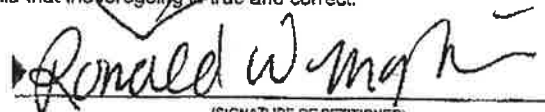
* (Signatures of all petitioners are also required. All petitioners must sign, but the petition may be verified by any one of them (Prob. Code, §§ 1020, 1021; Cal. Rules of Court, rule 7.103).)

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

Date: 5/01/2009

Ronald Morgan

(TYPE OR PRINT NAME OF PETITIONER)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

Signatures of additional petitioners follow last attachment.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NUMBER		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
						7053	36990
THIS CHILD	1A. NAME OF CHILD—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. PLACE OF BIRTH—NAME OF HOSPITAL			5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)			
	5C. CITY OR TOWN			5D. COUNTY			
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME	6B. MIDDLE NAME	6C. LAST NAME		7. COLOR OR RACE OF MOTHER		
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH)	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		10. MAILING ADDRESS OF MOTHER (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)			
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (DO NOT USE P. O. BOX NUMBERS)			11B. CITY OR TOWN		11C. STATE	
	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. KIND OF INDUSTRY OR BUSINESS		16b. KIND OF INDUSTRY OR BUSINESS
	17. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		18. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE (SECRET OR FILE)		17b. DATE SIGNED BY INFORMANT		
INFORMANT'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME (IF ANY)		20. LOCAL REGISTRAR—SIGNATURE		18a. ADDRESS		
ATTENDANT'S CERTIFICATION					21. DATE RECEIVED BY LOCAL REGISTRAR		
REGISTRAR'S CERTIFICATION							

INFORMATIONAL
 NOT A VALID DOCUMENT
 TO ESTABLISH IDENTITY

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

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



* 1 0 0 0 0 0 0 5 9 2 9 0 7 *

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. PBNCO (REV) 07/71

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013125478

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY NO FRAGILES, WRITING OUTS OR ALTERATIONS
VS-100REV 3/08

3201333007150

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RONALD		3. LAST (Family) MORGAN JR.	
2. MIDDLE WYKOFF		AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	
4. DATE OF BIRTH mm/dd/yyyy 06/22/1963		5. AGE Yrs. 49	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 06/20/2013	
8. HOURS (24 Hours) 1747		9. BIRTH STATE/FOREIGN COUNTRY CA	
10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (ROP as of Time of Death) NEVER MARRIED		13. EDUCATION - Highest Level/Degree - 14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN		17. USUAL OCCUPATION - Type of work, for most of life. DO NOT USE RETIRED HANDYMAN	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 10811 ELM FIELD RD.			
21. CITY MORENO VALLEY		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92557		24. YEARS IN COUNTY 41	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CAROL GARY, AUNT	
27. INFORMANT ADDRESS (Street and number, city or town, state and zip) 1784 BRANDON ST., VICTORVILLE, CA 92392		28. NAME OF SURVIVING SPOUSE/SRDP (First, Middle, Last) [REDACTED]	
31. NAME OF FATHER/PARENT-FIRST RONALD		32. MIDDLE WYKOFF	
33. LAST MORGAN SR.		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT-FIRST LEETTA		36. MIDDLE [REDACTED]	
37. LAST BIRTH NAME MASH		38. BIRTH STATE TX	
39. DISPOSITION DATE mm/dd/yyyy 07/03/2013		40. PLACE OF FINAL DISPOSITION PERRIS VALLEY CEMETERY 915 N. PERRIS BLVD., PERRIS, CA 92571	
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMERGENCY CONTACT [REDACTED]	
43. NAME OF FUNERAL ESTABLISHMENT TILLMAN RIVERSIDE MORTUARY		44. LICENSE NUMBER EMB7653	
45. DATE mm/dd/yyyy 07/03/2013		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
101. PLACE OF DEATH: RIVERSIDE COUNTY REGIONAL MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> EAHOP <input type="checkbox"/> ODA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 26520 CACTUS AVE	
106. CITY MORENO VALLEY		107. CAUSE OF DEATH List the chain of events - disease, injury, or complications. DO NOT enter birth-defect, cardiac arrest, respiratory arrest, or venipuncture. Indicate without showing the etiology. DO NOT ABBREVIATE. (A) RESPIRATORY FAILURE (B) PNEUMONIA (C) END STAGE RENAL DISEASE	
108. DEATH REPORTED TO CORONER (Date and time) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DAYS: 2013-05720		109. BODYSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" 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			
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: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER: 7/02/2013		117. DATE: 7/02/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MINHO YU, D.O. 26520 CACTUS AVE., MORENO VALLEY, CA 92555		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
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 [REDACTED]		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

STATE REGISTRAR	A	B	C	D	E	010001002389219	FAX AUTH.#	CENSUS TRACT
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* 034492126 *

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

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

DATE ISSUED **JUN 04 2015**

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

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1200133012810

STATE FILE NUMBER

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN) CAMERON GREGORY		1B. MIDDLE CHRISTOPHER WYKOFF		1C. LAST (FAMILY) MORGAN	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. — -	4A. DATE OF BIRTH — MM/DD/YYYY 07/27/2001		4B. HOUR — (24 HOUR CLOCK TIME) 0710
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY KAISER FOUNDATION HOSPITAL			5B. STREET ADDRESS — STREET NUMBER, OR LOCATION 10800 MAGNOLIA AVE.		
	5C. CITY RIVERSIDE			5D. COUNTY RIVERSIDE		5E. PLANNED PLACE OF BIRTH HOSPITAL
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) RONALD		6B. MIDDLE WYKOFF	6C. LAST (FAMILY) MORGAN		7. STATE OF BIRTH CA
MOTHER OF CHILD	8A. NAME OF MOTHER — FIRST (GIVEN) SWANZETTA		8B. MIDDLE --	8C. LAST (MAIDEN) SMITH		9. STATE OF BIRTH CA
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. PARENT OR OTHER INFORMANT SIGNATURE <i>Suzette Smith</i>		12B. RELATIONSHIP TO CHILD PARENTS	
	12C. DATE SIGNED 07/30/2001		13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE <i>C. Wittenberg, MD</i>		13B. LICENSE NUMBER G070076	
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		13C. DATE SIGNED 08/02/2001			
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J. WARREN, MD 10800 MAGNOLIA AVE RIVERSIDE				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT C. WITTENBERG, MD	
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR SIGNATURE <i>Gary Feldman MD</i>		17. DATE ACCEPTED FOR REGISTRATION 08/03/2001	

33276222

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

AUG 29 2001

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

Gary L. Orso



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DECLARATION
OF ONE AND THE SAME PERSON(S)

I, Swanzetta Smith as Parent and/or Legal Guardian of Cameron Gregory Christopher Wykoff Morgan, who is Executor and/or Heir to the Estate of Rose Nash, do hereby declare:

1. I am over the age of 18 and a resident of Moreno Valley, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Cameron Gregory Christopher Wykoff Morgan is the biological great-grandson of Rose Nash; who is one and the same person who is noted on the Affidavit-Death of Joint Tenant as Document Number: 2004-0791447, Recorded in Riverside County on 10/06/2004.
3. Cameron Gregory Christopher Wykoff Morgan is one and the same person who is noted as Cameron Gregory Wycoff Morgan; Wycoff is a typographical error as it should be spelled as Wykoff. I am also noted as the Great-Grandson and substitute Executor of Rose Nash's Estate.
4. Ronald Wycoff Morgan is also noted on the Last Will & Testament for Rose Nash as her Grandson and Executor of her Estate. Ronald's correct name is Ronald Wykoff Morgan, he is the deceased father of Cameron Gregory Christopher Wykoff Morgan.
5. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 319-181-012-0.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 11 day of JUNE 2015, at Moreno Valley, California



Swanzetta Smith as Parent and/or Legal Guardian of Cameron Gregory Christopher Wykoff Morgan, who is Executor and/or Heir to the Estate of Rose Nash

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.

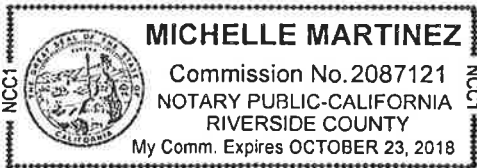
State of CA

County of Riverside

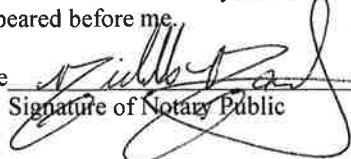
Subscribed and sworn to (or affirmed) before me on this

11 day of June, 2015, by
Date Month Year

Swanzetta Smith
Name of Signer



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

Signature 
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 24915-196805

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 319181012-0 Tax Sale Number TC203, Item 99 sold at public auction on 4/30/2015. I understand that the total of excess proceeds available for refund is \$ 41,606.00+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Signature of Party of Interest/Assignor, (Date) Tax ID/SS#

Swanzetta Smith as Parent and/or Legal Guardian of Cameron Gregory Christopher Wykoff Morgan, who is Executor and/or Heir to the Estate of Rose Nash (Name Printed)

10811 Elm Field Road (Address) Moreno Valley, CA, 92557-3908 (City/State/Zip) 951-247-6776 (Area Code/Telephone Number)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

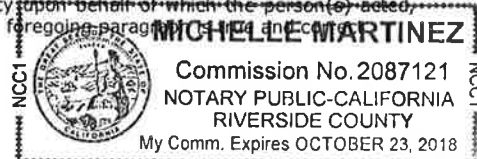
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CA County of Riverside

On 4/11/15 before me, michelle martinez, personally appeared (Date) (here insert name and title of the officer)

Swanzetta Smith, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature of Notary Public (seal)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

Jed Byerly, Managing Member (Signature of Assignee) (Name Printed)

Tax ID/SS# Global Discoveries Ltd. (Address) P.O. Box 1748 Modesto, CA 95353-1748 (City/State/Zip) Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California County of Stanislaus

On 7/8/2015 before me, Candace Cox - Notary Public, personally appeared (Date) (here insert name and title of the officer)

Jed Byerly, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature of Notary Public (seal)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 319181012-0
Tax Sale Number: TC203
Item Number: 99
Date of Sale: 4/30/2015

The undersigned claimant, Global Discoveries, Ltd., claims \$41,606.00+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

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

Executed this 5th day of July, 2015 at Modesto, California.

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

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

County of Stanislaus

On 7/8/2015 before me, Candace Cox - Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Candace Cox (seal)
Signature of Notary Public

