

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

961A



**FROM:** Don Kent, Treasurer/Tax Collector

**SUBMITTAL DATE:**  
FEB 04 2010

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 176, Item 256.  
Last assessed to: William M. Scott and Mae A. Scott, husband and wife.


**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Approve the claim from William K. Scott AKA William Keith Scott, Executor to the Estate of William Martin Scott AKA William M. Scott, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 528142041-3;
- 2) Deny the claim from Global Discoveries, Ltd. assignee for Julie Fors, heir to the Estate's of William M. Scott and Mae A. Scott, last assessee's ;

(Continued on Page 2)

**BACKGROUND:** 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 13, 2006 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 3, 2006. 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 5, 2006, 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.

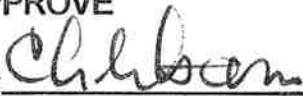
(Continued on page two)

  
Don Kent, Treasurer/Tax Collector

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$17,228.71	In Current Year Budget:	NO
	Current F.Y. Net County Cost:	\$0	Budget Adjustment:	N/A
	Annual Net County Cost:	\$0	For Fiscal Year:	2009-10

<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

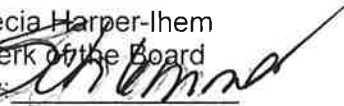
APPROVE  
  
BY: Christopher M. Hans

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Benoit, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: June 8, 2010  
xc: Treasurer, Auditor

Kecia Harper-Ihem  
Clerk of the Board  
By:   
Deputy

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

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

9.18

FROM APPROVED COUNTY COUNSEL  
 BY: Dale A. Gardner 2/4/10  
 DATE:

Policy  Policy  
 Consent  Consent  
 Dep't Recomm.: Per Exec. Ofc.:

BOARD OF SUPERVISORS

Form 11:

Page 2

**RECOMMENDED MOTION:** (Continued)

- 3) Authorize and direct the Auditor-Controller to issue a warrant to William K. Scott AKA William Keith Scott, Executor to the Estate of William Martin Scott AKA William M. Scott in the amount of \$17,228.71, no sooner than ninety days from the date of this order, unless pursuant to the California Revenue and Taxation Code Section 4675, an appeal has been filed in Superior Court.
- 

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

- 1) Claim from William K. Scott AKA William Keith Scott based on a Corporation Grant Deed recorded July 23, 1973 as Instrument No. 96283, the Last Will and Testament of William Martin Scott and the death certificate's of Mae A. Scott and William Martin Scott.
- 2) Claim from Global Discoveries, Ltd. assignee for Julie Fors based on an Assignment of Right to Collect Excess Proceeds dated October 30, 2006, a Corporation Grant Deed recorded July 23, 1973 as Instrument No. 96283, a Declaration for Collection of Personal Property under California Probate Code Section 13100-13106 dated October 30, 2006 for Mae A. Scott and William M. Scott and the death certificate's of Mae A. Scott and William Martin Scott.

Pursuant to Section 4675 (a) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that William K. Scott AKA William Keith Scott, Executor to the Estate of William Martin Scott AKA William M. Scott be awarded excess proceeds in the amount of \$17,228.71. The claim from Global Discoveries, Ltd. assignee for Julie Fors, heir to the Estate's of William M. Scott and Mae A. Scott be denied since the Executor is William Keith Scott. 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.

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

To: Paul McDonnell, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

Item # Assessment No.: 528142041.3

Assessee: SCOTT, WILLIAM M & MAE A.

Situs: NONE

Date Sold: MARCH 13, 2006

Date Deed to Purchaser Recorded: May 3, 2006

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ ALL 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. 96283; recorded on JULY 27th 1973. 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.

- PROTA CERTIFICATE OF CLAIMANT (WILLIAM K. SCOTT)
- CERTIFIED COPIES OF DEATH CERTIFICATES: WILLIAM K. SCOTT & MAE A. SCOTT
- COPY OF WILL OF WILLIAM M. SCOTT
- COPY OF GRANT DEED FOR LOTS # 550 & 826, CARBONADO ESTATES NO. 2

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 3rd day of MAY, 2007 at Los Angeles, California  
County, State

William K. Scott  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

WILLIAM K. SCOTT  
Print Name

\_\_\_\_\_  
Print Name

8817 OAKWILDE LAKE  
Street Address

\_\_\_\_\_  
Street Address

LOS ANGELES, CA. 90046  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

714 654 0291  
Phone Number

\_\_\_\_\_  
Phone Number

RECEIVED  
07 MAY - 3 PM 5:14  
RIVERSIDE COUNTY  
TREASURER/TAX COLLECTOR

96283

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME: Mr. & Mrs. William M. Scott  
ADDRESS: 10360 Lanark St.  
CITY & STATE: Sun Valley, CA 91352



RECEIVED FOR RECORD  
JUL 23 1973

AT 9:00 O'CLOCK A.M.  
At Request of  
SECURITY TITLE INSURANCE CO.  
Book 1973, Page 96283  
Recorded in Official Records  
of Riverside County, California

W. D. Balogh Recorder  
FEE \$ 3

MAIL TAX STATEMENTS TO

NAME: Same as above  
ADDRESS:  
CITY & STATE:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$ 3.30  
 Computed on full value of property conveyed, or  
 Computed on full value less liens & encumbrances  
remaining thereon at time of sale.  
Signature of declarant or agent determining tax - firm name: Security Title Insurance Company  
 Unincorporated area - City of

Corporation Grant Deed

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

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

SECURITY TITLE INSURANCE COMPANY, a California corporation

a corporation organized under the laws of the State of California  
hereby GRANT(S) to WILLIAM M. SCOTT and MAE A. SCOTT,  
husband and wife

the following described real property in the  
county of Riverside, state of California:  
LOT s 550, 826, TRACT Cabazon Estates No. 2  
as per map recorded in Book 41, pages 63 and 64, of Maps, in  
the Office of the County Recorder of said County,

SUBJECT TO:

General and Special taxes for the fiscal year 1962-63 and subsequent year taxes, including any special levies and assessments which may be included in and payable with taxes. Conditions, covenants, restrictions, reservations, easements, rights, rights of way of record ~~and~~ ~~subject to~~ ~~and~~ ~~upon~~ ~~the~~ ~~covenants~~ ~~conditions~~ ~~restrictions~~ ~~and~~ ~~reservations~~ set forth in that certain Declaration of Restrictions recorded on 6/28/62 in Book 3170, page 354, Official Records of Riverside County, California, all of which by this direct reference thereto, are incorporated in this conveyance and made a part hereof as though set out herein in full.

Dated July 17, 1973

STATE OF CALIFORNIA, }  
COUNTY OF LOS ANGELES } SS.

On July 17, 1973 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Gerald Goldfisher known to me to be the Vice-President, and Del Ojeda

SECURITY TITLE INSURANCE COMPANY  
By Gerald Goldfisher Vice President  
By Del Ojeda Assistant Secretary

known to me to be Assistant Secretary of the corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the within Instrument pursuant to its by-laws or resolution of its board of directors.

Jean C. Springer  
Name (Typed or Printed)



Title Order No. P.T. 1273-R Escrow No.

L-193 (Tr. D.)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

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



STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY  
CERTIFICATE OF DEATH  
FLORIDA

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

LOCAL FILE NO **98-838**

1 DECEDENT'S NAME: **MAE A. SCOTT** (FIRST, MIDDLE, LAST) | 2 SEX: **Female**

3 DATE OF DEATH (Month, Day, Year): **March 1, 1998** | 4 SOCIAL SECURITY NUMBER: [REDACTED] | 5a AGE Last Birthday (years): **87** | 5b UNDER 1 YEAR (Months): | 5c UNDER 1 DAY (Hours, Minutes):

6 DATE OF BIRTH (Month, Day, Year): **January 28, 1911** | 7 BIRTH (Place, Country and State or Foreign Country): **Atlanta, Georgia** | 8 WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No): **No** | 9a INSIDE CITY LIMITS? (Yes or No): **Yes**

9a HOSPITAL:  Patient  Outpatient  D.O.A.  OTHER:  Nursing Home  Residence  Other (Specify): | 9b CITY, TOWN, OR LOCATION OF DEATH: **Rockledge** | 9c COUNTY OF DEATH: **Brevard**

9c FACILITY NAME (If not institution, give street and number): **Wuesthoff Memorial Hospital** | 10a DECEDENT'S USUAL OCCUPATION: **Homemaker** | 10b KIND OF BUSINESS/INDUSTRY: **Own home** | 11 MARITAL STATUS: **Married** | 12 SURVIVING SPOUSE (If wife, give maiden name): **William M. Scott**

13a RESIDENCE - STATE: **Florida** | 13b COUNTY: **Brevard** | 13c CITY, TOWN, OR LOCATION: **Rockledge** | 13d STREET AND NUMBER: **1013 Genevieve Avenue**

13e INSIDE CITY LIMITS? (Yes or No): **Yes** | 13f ZIP CODE: **32955** | 14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Italian, Cuban, Mexican, Puerto Rican, etc.): **XX No** | 15 RACE - American Indian, Black, White, etc. (Specify): **White** | 16 DECEDENT'S EDUCATION (Specify only highest grade completed): **2**

17 FATHER'S NAME (First, Middle, Last): **Leonard Bassett** | 18 MOTHER'S NAME (First, Middle, Maiden Surname): **Ruby Mae Moran**

19a INFORMANT'S NAME (Type/Print): **Julie Scott** | 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **1017 Genevieve Avenue Rockledge FL 32955**

20a METHOD OF DISPOSITION:  Burial  Cremation  Removal from State  Donation  Other (Specify): | 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Space Coast Crematory** | 20c LOCATION - City or Town, State: **Melbourne, Florida**

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] | 21b LICENSE NUMBER: **3815** | 21c NAME AND ADDRESS OF FACILITY: **East Coast Cremation 1240 South U.S. #1 Rockledge, FL 32955 4995**

22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title): [Signature] **MD** | 22b DATE SIGNED (Mo., Day, Yr.): **3/2/98** | 22c HOUR OF DEATH: **12:50 p.m.** | 22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Bobby Abraham, MD, 1255-F South Florida Avenue, Rockledge FL 32955**

23a On the basis of examination and/or investigation, in my opinion death occurred at the time, place and date and due to the cause(s) and manner as stated (Signature and Title): [Signature] | 23b DATE SIGNED (Mo., Day, Yr.): | 23c HOUR OF DEATH: | 23d MEDICAL EXAMINER'S CASE #:

24 NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Type or Print): **Bobby Abraham, MD, 1255-F South Florida Avenue, Rockledge FL 32955**

25a SUBREGISTRAR - SIGNATURE AND DATE: [Signature] **3/3/98** | 25b LOCAL REGISTRAR - SIGNATURE: [Signature] | 25c DATE REGISTERED: **MAR 03 1998**

26 PART I: Enter the disease, injuries, or complications that caused the death. Do not list the mode of dying such as cardiac, respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Renal failure**  
 a DUE TO (OR AS A CONSEQUENCE OF) **Heart failure**  
 b DUE TO (OR AS A CONSEQUENCE OF) **MI / Coronary Vascular Accident**  
 c DUE TO (OR AS A CONSEQUENCE OF) **C.I.F.**  
 d

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: | 27a WAS AN AUTOPSY PERFORMED? (Yes or No): **No** | 27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No): **Yes** | 28 CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): **Yes**

29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? - YES  NO  | 30a IF SURGERY IS MENTIONED IN PART I, OR IF ENTER CONDITION FOR WHICH IT WAS PERFORMED: | 30b DATE OF SURGERY (Mo., Day, Year):

31 PROBABLE MANNER OF DEATH (Specify): **Natural** | 32a DATE OF INJURY (Month, Day, Year): | 32b TIME OF INJURY: **M** | 32c INJURY AT WORK? (Yes or No): | 32d DESCRIBE HOW INJURY OCCURRED: | 32e PLACE OF INJURY - At home, farm, street, factory, etc. (Specify): | 32f LOCATION (Street and Number or Rural Route Number, City or Town, State):

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

DH 512, 9796  
(Replaces HRS Form 512)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY **Jrene N. Stevens**  
Chief Deputy Registrar  
for Brevard County

MAR 03 1998  
State Registrar

**WARNING:** THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

9488395

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

HRS FORM 1564 (10-96)





STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

LOCAL FILE NO 00-0716

1 DECEDENT'S NAME  
FIRST: William MIDDLE: Martin LAST: Scott 2 SEX: Male

3 DATE OF DEATH (Month, Day, Year): February 12, 2000 4 SOCIAL SECURITY NUMBER: [REDACTED] 5a AGE Last Birthday (years): 83 5b UNDER 1 YEAR: Months: 0 Days: 0 5c UNDER 1 Day: Hours: 0 Minutes: 0

6 DATE OF BIRTH (Month, Day, Year): August 8, 1916 7 BIRTHPLACE (City and State or Foreign Country): Portland, Oregon 8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): Yes

9a PLACE OF DEATH (Check only one. See instructions on other 300) HOSPITAL  Inpatient  ER/Outpatient  DOA  OTHER  Nursing Home  Residence  Other (Specify)          9b INSIDE CITY LIMITS? (Yes or No): Yes

9c FACILITY NAME (If not institution, give street and number): Wuesthoff Memorial Hospital 9d CITY, TOWN, OR LOCATION OF DEATH: Rockledge 9e COUNTY OF DEATH: Brevard

10 GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED. 10a DECEDENT'S USUAL OCCUPATION: Inspector 10b KIND OF BUSINESS/INDUSTRY: Aerospace 11 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Widowed 12 SURVIVING SPOUSE (If wife give maiden name):         

13 13a RESIDENCE — STATE: Florida 13b COUNTY: Brevard 13c CITY, TOWN, OR LOCATION: Rockledge 13d STREET AND NUMBER: 1013 Genevieve Avenue

13e INSIDE CITY LIMITS? (Yes or No): Yes 13f ZIP CODE: 32955 14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)  No  Yes Specify:          15 RACE — American Indian, Black, White, etc. Specify: White 16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12):          College (13-16):         

17 FATHER'S NAME (First, Middle, Last): William Arthur Scott 18 MOTHER'S NAME (First, Middle, Maiden Surname): Beatrice Loretta Smith

19a INFORMANT'S NAME (Type/print): William K. Scott 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8817 Oakwilde Lane Los Angeles CA 90046

20a METHOD OF DISPOSITION:  Burial  Cremation  Removal from State  Donation  Other (Specify)          20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Space Coast Crematory 20c LOCATION — City or Town, State: Melbourne FL

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 21b LICENSE NUMBER (of Licensee): FE4249 21c NAME AND ADDRESS OF FACILITY: East Coast Cremation 6911 1240 South U.S., #1 Rockledge FL 32955

22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): John M. Brodnan M.D. 22b DATE SIGNED (Mo., Day, Yr.): 2/14/00 22c HOUR OF DEATH: 4:20 p.m. 23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title):          23b DATE SIGNED (Mo., Day, Yr.):          23c HOUR OF DEATH:         

22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):          23d MEDICAL EXAMINER'S CASE #         

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): John M. Brodnan, M.D., 103 Longwood Avenue, Rockledge, Florida 32955

25a SUBREGISTRAR — SIGNATURE AND DATE: [Signature] 25b LOCAL REGISTRAR — SIGNATURE: [Signature] 25c DATE REGISTERED: FEB 15 2000

26 PART I. Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death): Pneumonia Approximate Interval Between Onset and Death: 700

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): ABCD 714

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 27a WAS AN AUTOPSY PERFORMED? (Yes or No): No 27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No):          28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): Yes

29 IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? — YES — NO:          30a IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED:          30b DATE OF SURGERY (Mo., Day, Year):         

31 PROBABLE MANNER OF DEATH: (Specify) Natural, accident, suicide, homicide, or undetermined:          32a DATE OF INJURY (Month, Day, Year):          32b TIME OF INJURY:          32c INJURY AT WORK? (Yes or No):          32d DESCRIBE HOW INJURY OCCURRED:         

32e PLACE OF INJURY — At home, farm, street, factory, etc (Specify):          32f LOCATION (Street and Number or Rural Route Number, City or Town, State):         

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

John M. Brodnan, M.D.  
Brevard County Registrar

FEBRUARY 15, 2000  
State Registrar

WARNING: 11571310

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



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

REGISTRATION 1907 REGISTRAR'S NUMBER 1100

1a. CHILD'S FIRST NAME: **William**

1b. MIDDLE NAME: **Keith**

1c. LAST NAME: **Scott**

2. SEX: **Male**

3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET: **Single**

3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD: **1st**

4a. DATE OF BIRTH—MONTH, DAY, YEAR: **February 8, 1953**

4b. HOUR: **7:07 A.M.**

5a. CITY OR TOWN: **Glendale 5**

5b. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): **800 So. Adams Street**

5c. FULL NAME OF HOSPITAL OR INSTITUTION: **Glendale Community Hospital 03**

5d. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): **Lowry Avenue 15-01 (Sun Valley)**

6a. STATE: **California**

6b. COUNTY: **Los Angeles**

6c. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS): **10350 Lenark**

7a. MAIDEN NAME OF MOTHER—FIRST NAME: **Mae**

7b. MIDDLE NAME: **Alice**

7c. LAST NAME: **Bassett**

8. COLOR OR RACE OF MOTHER: **Caucasian**

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

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Georgia**

11. MAILING ADDRESS OF MOTHER—CITY, STATE, ZIP: **Glendale 5**

12a. NAME OF FATHER—FIRST NAME: **William**

12b. MIDDLE NAME: **Martin**

12c. LAST NAME: **Scott**

13. COLOR OR RACE OF FATHER: **Caucasian**

14. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS: **36**

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Oregon**

16a. USUAL OCCUPATION: **Assembler**

16b. KIND OF BUSINESS OR INDUSTRY: **Aircraft**

17a. SIGNATURE OF PARENT OR OTHER INFORMANT (PARENT, SISTER, BROTHER, ETC.): *Max A. Scott*

17b. DATE SIGNED BY PARENT OR OTHER INFORMANT: **February 8, 1953**

18a. SIGNATURE OF ATTENDANT: *James C. ...*

18b. ADDRESS: **717 ...**

19. DATE RECEIVED BY LOCAL REGISTRAR: **MAR 27 1953**

20. SIGNATURE OF LOCAL REGISTRAR: *Ray D. Gilbert*

21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT: **0**

110502



This is a true certified copy of the record  
if it bears the seal, imprinted in purple ink,  
of the Registrar-Recorder.

MAR 20 1953

*Edward ...*  
REGISTRAR-RECORDER  
LOS ANGELES COUNTY, CALIFORNIA

---

Harold L. Myers  
Attorney at Law  
1487 1/2 E. Chevy Chase Dr.  
Glendale, Calif. 91206  
245-5034; 246-3666

Prepared by:

Dated : September 29, 1978

WILLIAM MARTIN SCOTT

of  
Last Will and Testament

---



LAST WILL AND TESTAMENT

OF

WILLIAM MARTIN SCOTT

I, WILLIAM MARTIN SCOTT, being of sound and disposing mind and memory and not acting under any undue influence of any person whomsoever, make, publish and declare this to be my Last Will and Testament and by this act I revoke all other wills, codicils or testamentary dispositions heretofore made by me.

FIRST: I declare that I am married to MAE ALICE SCOTT and that we reside at 10360 Lanark Street, Sun Valley, California and that we have two children named as follows:

1. WILLIAM KEITH SCOTT, born February 8, 1953 and
2. JULIANNE SCOTT, born September 17, 1965.

SECOND: I declare that all my property is community property and it is my intention to dispose of all my property both separate and community by this Will.

THIRD: I give, devise and bequeath all of my estate of whatever kind or nature and wheresoever situated to my beloved wife, MAE ALICE SCOTT. I have intentionally omitted to provide for any other provision for my children knowing that my wife will properly care for them. In the event however my said wife shall predecease me or our deaths should occur simultaneously or approximately so or in the same common accident or calamity or under any circumstances causing doubt as to which of us survive the other, I then give, devise and bequeath all of the rest, residue and remainder of my estate to my two children in equal shares, share and share alike or to the survivor. If any of my said children shall predecease me or fail to survive distribution of my estate, then that share which was to go to any of my deceased children shall go to their children by right of representation, share and share alike or to the survivor of them.

FOURTH: I have intentionally omitted to provide for any other heirs than as specifically set forth, if any person shall claim to be an heir of mine and seek to attack or impair the validity of this will to that person I give the sum of One (\$1.00) Dollar only.

FIFTH: I nominate and appoint my wife, MAE ALICE SCOTT to act as the Executrix of this my Last Will and Testament without the necessity of bond. In the event she is unable or unwilling to thus serve, I then appoint my son WILLIAM KEITH SCOTT to act in her place and stead also without the necessity of bond.

SIXTH: In the event my wife should predecease me I then appoint our son WILLIAM KEITH SCOTT to be guardian for our daughter JULIANNE SCOTT.

SEVENTH: I direct that my Executrix or Executor shall have the power to sell, lease, mortgage or manage any part of my estate and to do the same without the necessity of notice subject only to such confirmation as shall be required by law.

I further direct my Executrix or Executor to pay all my just debts and my last illness and funeral expenses as soon as can conveniently be done.

IN WITNESS WHEREOF, I have hereunto set my hand this  
29 day of September, 1978.

  
WILLIAM MARTIN SCOTT  
(Testator)

The foregoing instrument consisting of three (3) pages, including this page signed by us as attesting witnesses, subscribed on the date which it bears by the Testator, WILLIAM MARTIN SCOTT, and at the time of subscribing was declared by him to be his Last Will and Testament. The

subscription and declaration were made in our presence,  
we being present at the same time, and we, at his request  
and in his presence and in the presence of each other have  
signed as attesting witnesses.

W B Graham

Address: 1487 E. Chevy Chase Dr., Glendale, Calif. 91206

Donald J. Meyer

Address: 1487 1/2 E. Chevy Chase Dr., Glendale, Calif. 91206



# GLOBAL DISCOVERIES, LTD.

1120 13th Street, Suite A, Modesto, CA 95354

Phone (209) 593-3900 or (800) 370-0372 • Fax (209) 549-9299 • [www.globaldiscoveries.com](http://www.globaldiscoveries.com)

## CLAIM SUMMARY

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 528-142-041-3  
 Last Assessee: Scott, William M. & Mae A.  
 Sale Date: 3/13/2006  
 Tax Sale Number: TC 176  
 Item Number: 256  
 Default Number: 2000-528142041-0000  
 Deadline Date: 5/3/2007

RECEIVED  
 06 NOV 21 AM 10:00  
 RIVERSIDE COUNTY  
 TREASURER/TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. Corporation Grant Deed recorded 07/28/1973 (100% interest to William M. Scott and Mae A. Scott, husband and wife)
2. Death Certificate for Mae A. Scott
3. Probate Affidavit for the Estate of Mae A. Scott (**Original Probate Affidavit filed with Global Discoveries, Ltd's Claim for the Estate of Mae A. Scott, APN# 528-091-033-9**)
4. Birth Certificate for Julie (Scott) Fors
5. Marriage Certificate for Julie (Scott) Fors
6. Assignment of rights signed by Julie Fors, as heir to the Estate of Mae A. Scott
7. Global Discoveries' Claim(s) for Excess proceeds

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

- One warrant in the amount of \$4,307.18 or 100.00% of the claimant's share of the excess proceeds made payable to Global Discoveries, Ltd. and mailed to P.O. Box 1748, Modesto, California 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Chief Operating Officer, at (209) 593-3913, or e-mail to [jed@globaldiscoveries.com](mailto:jed@globaldiscoveries.com).







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RECORDING REQUESTED BY

96283

AND WHEN RECORDED MAIL TO

NAME Mr. & Mrs. William M. Scott  
 ADDRESS 10360 Lanark St.  
 CITY & STATE Sun Valley, CA 91352

PAID  
 Del. Transfer Tax  
 W. D. BALOGH  
 RIVERSIDE COUNTY RECORDER

RECEIVED FOR RECORD  
 JUL 28 1973  
 AT 9:00 O'CLOCK A.M.  
 AT REQUEST OF  
 SECURITY TITLE INSURANCE CO.  
 Book 1973, Page 96283  
 Recorded in Official Records  
 of Riverside County, California  
 W.D. Balogh Recorder  
 FEES 2.3

MAIL TAX STATEMENTS TO

NAME Same as above  
 ADDRESS  
 CITY & STATE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$ 3.30  
 Computed on full value of property conveyed, or  
 Computed on full value less liens & encumbrances  
 remaining thereon at time of sale. Security Title  
 Insurance Company  
 Signature of declarant or agent determining tax - firm name  
 Unincorporated area City of

### Corporation Grant Deed

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
 SECURITY TITLE INSURANCE COMPANY, a California corporation  
 a corporation organized under the laws of the State of California  
 hereby GRANT(S) to WILLIAM M. SCOTT and MAE A. SCOTT,  
 husband and wife  
 the following described real property in the  
 county of Riverside, state of California:  
 LOT s 550, 826, TRACT Cabazon Estates No. 2  
 as per map recorded in Book 41, pages 63 and 64 of Maps, in  
 the Office of the County Recorder of said County,

SUBJECT TO:  
 General and Special taxes for the fiscal year 1952-53 and subsequent year taxes, including any special levies and assessments which may be included in and payable with taxes, Conditions, covenants, restrictions, reservations, easements, rights, rights of way of record ~~and~~  
~~subject to and upon the covenants, conditions, restrictions and reservations set forth in that certain Declaration of Restrictions recorded on~~  
 6/28/62, in Book 3170, page 354, Official Records of Riverside County, California, all  
 of which by this direct reference thereto, are incorporated in this conveyance and made a part hereof as though set out herein in full.  
 Dated July 17, 1973  
 STATE OF CALIFORNIA, } SS.  
 COUNTY OF LOS ANGELES }  
 On July 17, 1973, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Gerald Goldfisher  
 known to me to be the Vice-President, and  
 Del Ojeda  
 known to me to be Assistant Secretary of the corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the within instrument pursuant to its by-laws or resolution of its board of directors.

SECURITY TITLE INSURANCE COMPANY  
 By: Gerald Goldfisher Vice President  
 By: Del Ojeda Assistant Secretary

41-3455

Jean C. Springer  
 Name (Typed or Printed)

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL  
 JEAN C. SPRINGER  
 NOTARY PUBLIC - CALIFORNIA  
 PRINCIPAL OFFICE IN  
 LOS ANGELES COUNTY  
 My Commission Expires December 20, 1976

Title Order No. P.T. 1273-R Escrow No.

L-193 (Tr. D.) MAIL TAX STATEMENTS AS DIRECTED ABOVE  
 END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

SEP 13 1999

FIRST AMER

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

9 3 0 2 8 0 3 7

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO 98-838

1 DECEDENT'S NAME Mae A. Scott			2 SEX Female	
3 DATE OF DEATH (Month, Day, Year) March 1, 1998		4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE (Last Birthday) (years) 87
6 DATE OF BIRTH (Month, Day, Year) January 28, 1911		7 BIRTHPLACE (City and State or Foreign Country) Atlanta, Georgia		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No
9a PLACE OF DEATH (Check only one. See instructions on other side) HOSPITAL <input checked="" type="checkbox"/> Other <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			9b INSIDE CITY LIMITS? (Yes or No) Yes	
9c FACILITY NAME (If not institution, give street and number) Wuesthoff Memorial Hospital		9d CITY, TOWN OR LOCATION OF DEATH Rockledge		9e COUNTY OF DEATH Brevard
10a DECEDENT'S USUAL OCCUPATION Homemaker		10b KIND OF BUSINESS/INDUSTRY Own Home		11 MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)
12 SURVIVING SPOUSE (If wife, give maiden name) William M. Scott		13a RESIDENCE - STATE Florida		
13b COUNTY Brevard		13c CITY, TOWN OR LOCATION Rockledge		13d STREET AND NUMBER 1013 Genevieve Avenue
13e INSIDE CITY LIMITS? (Yes or No) Yes		13f ZIP CODE 32955		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes specify Mexican, Cuban, Mexican Puerto Rican, etc.) No
15 RACE - American Indian, Black, White, etc. Specify White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary <input type="checkbox"/> College 1 2 3 4 5 6 7		
17 FATHER'S NAME (First, Middle, Last) Leonard Bassett		18 MOTHER'S NAME (First, Middle, Maiden Surname) Ruby Mae Moran		
19a INFORMANT'S NAME (Type/Print) Julie Scott		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1017 Genevieve Avenue Rockledge FL 32955		
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Space Coast Crematory		20c LOCATION - City or Town, State Melbourne, Florida
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		21b LICENSE NUMBER (of Licensee) 3815		21c NAME AND ADDRESS OF FACILITY East Coast Cremation 4995 1240 South U.S. #1 Rockledge, FL 32955
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) [Signature] MD		22b DATE SIGNED (MM/DD/YY) 3/1/98		22c HOUR OF DEATH 12:50 p.m.
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a MEDICAL EXAMINER'S CASE #		
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Bobby Abraham, MD, 1255-F South Florida Avenue, Rockledge FL 32955				
25a SUBREGISTRAR - SIGNATURE AND DATE [Signature] 3/3/98		25b LOCAL REGISTRAR - SIGNATURE [Signature]		25c DATE REGISTERED MAR 03 1998

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

AUG 31 1999

[Signature]

State Registrar

99 1730034

WARNING:  
10977702

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.  
THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THE PICOCHROMIC INK.



DCN FORM 1004 (10/03)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY



CFN:2001053894

03-23-2001 10:19 am

OR Book/Page: 4308 / 1925

MA 504 Assoc  
19 North  
221  
W. Chesapeake, FL

00 00 01 9 9 7 4

LOCAL FILE NO. **00-0716**

1. DECEDENT'S NAME: **William Martin Scott** (FIRST, MIDDLE, LAST) 2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **February 12, 2000** 4. SOCIAL SECURITY NUMBER: [REDACTED] 5a. AGE-Last Birthday (years): **83** 5b. UNDER 1-YEAR: Months: Days: 5c. UNDER 1 Day: Hours: Minutes:

6. DATE OF BIRTH (Month, Day, Year): **August 8, 1916** 7. BIRTHPLACE (City and State or Foreign Country): **Portland, Oregon** 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): **Yes**

9a. PLACE OF DEATH (Check only one: see instructions on other side): **HOSPITAL - Inpatient** 9b. FACILITY NAME (If not institution, give street and number): **Wuesthoff Memorial Hospital** 9c. CITY, TOWN, OR LOCATION OF DEATH: **Rockledge** 9d. INSIDE CITY LIMITS? (Yes or No): **Yes** 9e. COUNTY OF DEATH: **Brevard**

10a. DECEDENT'S USUAL OCCUPATION: **Inspector** 10b. KIND OF BUSINESS/INDUSTRY: **Aerospace** 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Widowed** 12. SURVIVING SPOUSE (If wife, give maiden name):

13a. RESIDENCE - STATE: **Florida** 13b. COUNTY: **Brevard** 13c. CITY, TOWN, OR LOCATION: **Rockledge** 13d. STREET AND NUMBER: **1013 Genevieve Avenue**

14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) **XX No** 15. RACE - American Indian, Black, White, etc. Specify: **White** 16. DECEDENT'S EDUCATION (Specify only highest grade completed): **College (14 or 15+)**

17. FATHER'S NAME (First, Middle, Last): **William Arthur Scott** 18. MOTHER'S NAME (First, Middle, Maiden Surname): **Beatrice Loretta Smith**

19a. INFORMANT'S NAME (Type/Print): **William K. Scott** 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **8817 Oakwilde Lane Los Angeles CA 90046**

20a. METHOD OF DISPOSITION: **XX Cremation** 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): **Space Coast Crematory** 20c. LOCATION - City or Town, State: **Melbourne FL**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 21b. LICENSE NUMBER (of Licensee): **FE4249** 21c. NAME AND ADDRESS OF FACILITY: **East Coast Cremation 1240 South U.S. #1 Rockledge FL 32955 6911**

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): [Signature] 22b. DATE SIGNED (Mo., Day, Yr.): **2/12/00** 22c. HOUR OF DEATH: **4:20 P M** 23a. On the basis of examination and/or investigation, in my opinion death occurred at: **Scott Ellis** Clerk of Courts, Brevard County 23b. #Pgs: 1 #Names: 2 Serv: 0.00 Trust: 1.00 Rec: 5.00 Excise: 0.00 Deed: 0.00 Int Tax: 0.00 Mtg: 0.00 23c. To be Completed by MEDICAL EXAMINER (Sign)

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): **John M. Brodnan, M.D., 103 Longwood Avenue, Rockledge, Florida 32955** 25a. SUBREGISTRAR - SIGNATURE AND DATE: [Signature] 25b. LOCAL REGISTRAR - SIGNATURE: [Signature] 25c. DATE REGISTERED: **FEB 15 2001**

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY **MAR 02 2001**

[Signature] State Registrar



WARNING 12387051

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD



**DECLARATION FOR COLLECTION OF PERSONAL PROPERTY  
UNDER CALIFORNIA PROBATE CODE §§ 13100-13106**

The undersigned states as follows:

1. Mae A. Scott died on or about 3/1/1998, in the City of Rockledge, County of Brevard, State of Florida.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
5. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4670, et seq] in the approximate amount of \$9,364.36, from Assessor's Parcel Number(s) 528-091-033-9, 528-142-041-3, sold at the Riverside County, California, public auction of tax-defaulted property

6. I, Julie Fors, am the Daughter and successors to the decedent's interest in the properties described above, as defined in PC § 13006.
7. No other person(s) has a superior right to the interest of the decedent in the property described above.

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

Signature: Julie Fors Date: 10/30/06  
Julie Fors  
4439 Kingston Road  
Las Cruces, NM 88012

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of New Mexico)

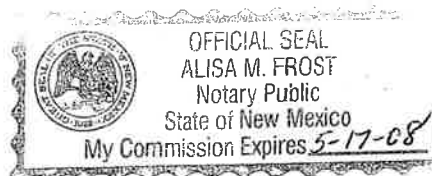
County of Doña Ana)

On October 30, 2006 before me, Alisa Frost, personally appeared  
(Date) (here insert name and title of the officer)

Julie Fors, 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.

Alisa M. Frost (seal)  
Signature of Notary Public



Claim Number: 7322-137378

**DECLARATION FOR COLLECTION OF PERSONAL PROPERTY  
UNDER CALIFORNIA PROBATE CODE §§ 13100-13106**

The undersigned states as follows:

1. William M. Scott died on or about 2/12/2000, in the City of Rockledge, County of Brevard, State of Florida.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
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Signature: *Julie Fors* Date: 10/30/06  
Julie Fors  
4439 Kingston Road  
Las Cruces, NM 88012

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of New Mexico

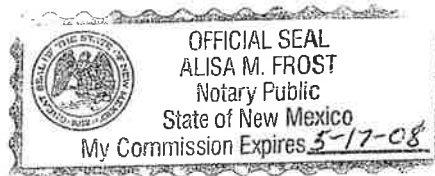
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On October 30, 2006 before me, Alisa Frost, personally appeared  
(Date) (here insert name and title of the officer)

Julie Fors, 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.

*Alisa M. Frost* (seal)  
Signature of Notary Public



Claim Number: 7322-137378



State of California  
DEPARTMENT OF  
PUBLIC HEALTH

In this certificate  
I have a true copy of  
the original filed in  
my office

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF VITAL RECORDS  
1501 CLAY STREET  
SAN FRANCISCO, CALIF.

JUNE 2, 1966

FATHER		MOTHER		CHILD	
NAME: <b>65-251613</b>		NAME: <b>65-251613</b>		NAME: <b>65-251613</b>	
DATE OF BIRTH: <b>June 2, 1965</b>		DATE OF BIRTH: <b>June 2, 1965</b>		DATE OF BIRTH: <b>June 2, 1965</b>	
PLACE OF BIRTH: <b>Shasta</b>		PLACE OF BIRTH: <b>Shasta</b>		PLACE OF BIRTH: <b>Shasta</b>	
HOSPITAL: <b>Dental Branch Memorial Hospital</b>		HOSPITAL: <b>Dental Branch Memorial Hospital</b>		HOSPITAL: <b>Dental Branch Memorial Hospital</b>	
CITY: <b>Indio</b>		CITY: <b>Indio</b>		CITY: <b>Indio</b>	
STATE: <b>California</b>		STATE: <b>California</b>		STATE: <b>California</b>	
MARRIAGE: <b>Married</b>		MARRIAGE: <b>Married</b>		MARRIAGE: <b>Married</b>	
MOTHER'S MARRIAGE: <b>Married</b>		MOTHER'S MARRIAGE: <b>Married</b>		MOTHER'S MARRIAGE: <b>Married</b>	
FATHER'S OCCUPATION: <b>Physician</b>		MOTHER'S OCCUPATION: <b>Physician</b>		CHILD'S OCCUPATION: <b>Infant</b>	
MOTHER'S OCCUPATION: <b>Physician</b>		MOTHER'S OCCUPATION: <b>Physician</b>		CHILD'S OCCUPATION: <b>Infant</b>	
FATHER'S RESIDENCE: <b>7012 Bezzo</b>		MOTHER'S RESIDENCE: <b>7012 Bezzo</b>		CHILD'S RESIDENCE: <b>7012 Bezzo</b>	
MOTHER'S RESIDENCE: <b>7012 Bezzo</b>		MOTHER'S RESIDENCE: <b>7012 Bezzo</b>		CHILD'S RESIDENCE: <b>7012 Bezzo</b>	
FATHER'S NAME: <b>Ken Alva Scott</b>		MOTHER'S NAME: <b>Ken Alva Scott</b>		CHILD'S NAME: <b>Ken Alva Scott</b>	
MOTHER'S NAME: <b>Ken Alva Scott</b>		MOTHER'S NAME: <b>Ken Alva Scott</b>		CHILD'S NAME: <b>Ken Alva Scott</b>	
FATHER'S BIRTH: <b>September 17, 1905</b>		MOTHER'S BIRTH: <b>September 17, 1905</b>		CHILD'S BIRTH: <b>June 2, 1965</b>	
MOTHER'S BIRTH: <b>September 17, 1905</b>		MOTHER'S BIRTH: <b>September 17, 1905</b>		CHILD'S BIRTH: <b>June 2, 1965</b>	
FATHER'S ADDRESS: <b>333 North Pacific Avenue</b>		MOTHER'S ADDRESS: <b>333 North Pacific Avenue</b>		CHILD'S ADDRESS: <b>333 North Pacific Avenue</b>	
MOTHER'S ADDRESS: <b>333 North Pacific Avenue</b>		MOTHER'S ADDRESS: <b>333 North Pacific Avenue</b>		CHILD'S ADDRESS: <b>333 North Pacific Avenue</b>	
FATHER'S CITY: <b>Indio</b>		MOTHER'S CITY: <b>Indio</b>		CHILD'S CITY: <b>Indio</b>	
MOTHER'S CITY: <b>Indio</b>		MOTHER'S CITY: <b>Indio</b>		CHILD'S CITY: <b>Indio</b>	
FATHER'S STATE: <b>California</b>		MOTHER'S STATE: <b>California</b>		CHILD'S STATE: <b>California</b>	
MOTHER'S STATE: <b>California</b>		MOTHER'S STATE: <b>California</b>		CHILD'S STATE: <b>California</b>	
FATHER'S SIGNATURE: <b>K. H. Schreiner, M.D.</b>		MOTHER'S SIGNATURE: <b>K. H. Schreiner, M.D.</b>		CHILD'S SIGNATURE: <b>K. H. Schreiner, M.D.</b>	
MOTHER'S SIGNATURE: <b>K. H. Schreiner, M.D.</b>		MOTHER'S SIGNATURE: <b>K. H. Schreiner, M.D.</b>		CHILD'S SIGNATURE: <b>K. H. Schreiner, M.D.</b>	
FATHER'S DATE: <b>September 27, 1965</b>		MOTHER'S DATE: <b>September 27, 1965</b>		CHILD'S DATE: <b>June 2, 1965</b>	
MOTHER'S DATE: <b>September 27, 1965</b>		MOTHER'S DATE: <b>September 27, 1965</b>		CHILD'S DATE: <b>June 2, 1965</b>	



Department of Health - Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK  
 This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)



CFN:2000021540 02-14-2000 04:09 pm  
 OR Book/Page: 4120 / 3506

**Sandy Crawford**

Clerk Of Courts, Brevard County

#Pgs: 1 #Names: 2  
 Trust: 0.00 Rec: 0.00 Serv: 0.00  
 Deed: 0.00 Excise: 0.00  
 Mtg: 0.00 Int Tax: 0.00

200000393

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1 GROOM'S NAME (First, Middle, Last) <b>RONALD HAROLD FORS JR</b>		2 DATE OF BIRTH (Month, Day, Year) <b>12/16/1962</b>	
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>ROCKLEDGE</b>	3b. COUNTY <b>BREVARD</b>	3c. STATE <b>FLORIDA</b>	4 BIRTHPLACE (State or Foreign Country) <b>PENNSYLVANIA</b>
5a. BRIDE'S NAME (First, Middle, Last) <b>JULIANNE SCOTT</b>		5b. MAIDEN SURNAME (if different) <b>SCOTT</b>	6 DATE OF BIRTH (Month, Day, Year) <b>09/17/1965</b>
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>ROCKLEDGE</b>	7b. COUNTY <b>BREVARD</b>	7c. STATE <b>FLORIDA</b>	8 BIRTHPLACE (State or Foreign Country) <b>CALIFORNIA</b>

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Ronald Harold Fors Jr.</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>02-10-2000</b>
11. TITLE OF OFFICIAL <b>Deputy Clerk</b>	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Julianne Scott</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>02-10-2000</b>
15. TITLE OF OFFICIAL <b>Deputy Clerk</b>	15. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON ONLY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE <b>Brevard County</b>	18. DATE LICENSE ISSUED <b>02/10/2000</b>	18a. DATE LICENSE EFFECTIVE <b>02/13/2000</b>	19. EXPIRATION DATE <b>04/10/2000</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Sandy Crawford</i>	20b. TITLE <b>Clerk of Circuit Court</b>	20c. BY D.C. <b>brr</b>	

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) <b>02-14-2000</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>(VICKRA) MELBOURNE FLORIDA</b>
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23b. ADDRESS (Of person performing ceremony) <b>2825 JUDGE FRANK JAMMISON WAY, MELBOURNE FL.</b>
24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

STATE OF FLORIDA COUNTY OF BREVARD  
 I HEREBY CERTIFY that the above and foregoing is a true copy of the original filed in this office.

Date 2/14/00 By [Signature] D.C.





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 528-142-041-3, Item 256 sold at public auction on 3/13/2006. I understand that the total of excess proceeds available for refund is \$ 4,307.18+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

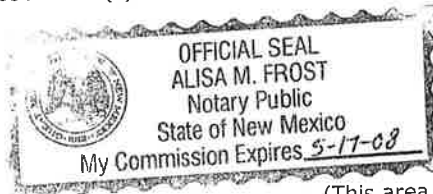
Julie Fors (Signature of Party of Interest/Assignor) (Date) Tax ID/SS#

Julie Fors, as heir to the Estate of Mae A. Scott (Name Printed) 4439 Kingston Road (Address) Las Cruces, NM 88012 (City/State/Zip) 407-532-6070 (Area Code/Telephone Number)

STATE OF CALIFORNIA New Mexico COUNTY OF Dona Ana )ss.

On October 30, 2006, before me, the undersigned, a Notary Public in and for said State, personally appeared Julie Fors known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal. Alisa M. Frost (Signature of Notary)



(This area for official seal)

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

Jed Byerly (Signature of Assignee)

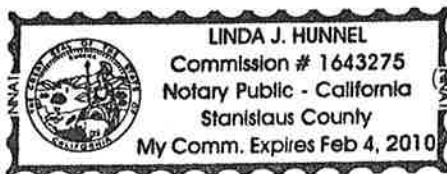
Jed Byerly, Chief Operating Officer (Name Printed) Global Discoveries, Ltd. (Address) P.O. Box 1748 Modesto, California 95353-1748 (City/State/Zip) Phone: (209) 593-3913

Tax ID/SS# 77-0558969

STATE OF CALIFORNIA )ss. COUNTY OF Stanislaus )

On November 8, 2006, before me, the undersigned, a Notary Public in and for said State, personally appeared \*\*\*Jed Byerly\*\*\* known to me (or proven 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.

WITNESS my hand and official seal. Linda J. Hunnel (Signature of Notary)



(This area for official seal)

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 528-142-041-3, Item 256 -TC 176 sold at public auction on 3/13/2006. I understand that the total of excess proceeds available for refund is \$ 4,307.18+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Julie Fors  
(Signature of Party of Interest/Assignor) (Date)  
Tax ID/SS# [REDACTED]

Julie Fors, as heir to the Estate William M. Scott  
(Name Printed)  
4439 Kingston Road  
(Address)  
Las Cruces, NM 88012  
(City/State/Zip)  
407-532-6070  
(Area Code/Telephone Number)

STATE OF CALIFORNIA <sup>of New Mexico</sup> ) ss.  
COUNTY OF Dona Ana )

On October 30, 2006, before me, the undersigned, a Notary Public in and for said State, personally appeared Julie Fors known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.  
Alisa M. Frost  
(Signature of Notary)



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

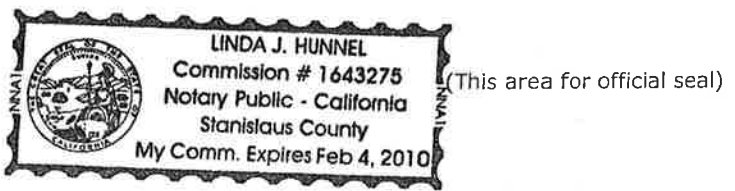
Jed Byerly  
(Signature of Assignee)  
Tax ID/SS# 77-0558969

Jed Byerly, Chief Operating Officer  
(Name Printed)  
Global Discoveries, Ltd.  
(Address)  
P.O. Box 1748  
Modesto, California 95353-1748  
(City/State/Zip)  
Phone: (209) 593-3913

STATE OF CALIFORNIA ) ss.  
COUNTY OF Stanislaus )

On November 8, 2006, before me, the undersigned, a Notary Public in and for said State, personally appeared \*\*\*Jed Byerly\*\*\* known to me (or proven 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.

WITNESS my hand and official seal.  
Linda J. Hunnel  
(Signature of Notary)



**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY**

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 528-142-041-3  
Item Number: 256  
Default Number: 2000-528142041-0000  
Date of Sale: 3/13/2006

The undersigned claimant, Global Discoveries, Ltd., claims \$4,307.8 or 100.00% 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 affirm under penalty of perjury that the foregoing is true and correct to my knowledge.

Executed this 7<sup>th</sup> day of November, 2006 at Modesto, California.

By: Jed Byerly  
Jed Byerly, Chief Operating Officer  
Global Discoveries, Ltd. Tax ID # 77-0558969  
P.O. Box 1748  
Modesto, CA 95353-1748  
(800) 370-0372, Extension 113

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of California

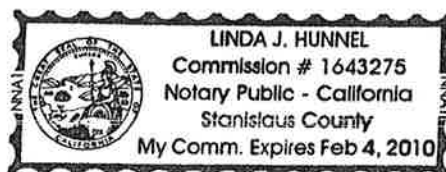
County of Stanislaus

On November 8, 2006 before me, Linda J Hunnel, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Byerly, 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.

Linda J Hunnel (seal)  
Signature of Notary Public



**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY**

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 528-142-041-3  
Item Number: 256  
Default Number: 2000-528142041-0000  
Date of Sale: 3/13/2006

The undersigned claimant, Global Discoveries, Ltd., claims \$4,307.18 or 100.00% 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 affirm under penalty of perjury that the foregoing is true and correct to my knowledge.

Executed this 7<sup>th</sup> day of November, 2006 at Modesto, California.

By: Jed Byerly  
Jed Byerly, Chief Operating Officer  
Global Discoveries, Ltd. Tax ID # 77-0558969  
P.O. Box 1748  
Modesto, CA 95353-1748  
(800) 370-0372, Extension 113

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of California

County of Stanislaus

On November 8, 2006 before me, Linda J. Hunnel, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Byerly, 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.

Linda J. Hunnel (seal)  
Signature of Notary Public

