

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

JUN 24 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 176, Item 88.
Last assessed to: Caroline Buban, a single woman.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Louis Buban, surviving sibling of Caroline Buban, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 350122006-1;
- 2) Approve the claim from Rosemary Komperda, surviving sibling of Caroline Buban, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 350122006-1;

(Continued on Page 2)

BACKGROUND: (Continued on page two)

Don Kent, Treasurer-Tax Collector

FINANCIAL DATA	Current F.Y. Total Cost:	\$24,021.98	In Current Year Budget:	NO
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	N/A
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2010-11

SOURCE OF FUNDS: 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 Ashley, seconded by Supervisor Buster 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: September 14, 2010
xc: Treasurer, Auditor

Kecia Harper-Ihem
 Clerk of the Board
 By:
 Deputy

Prev. Agn. Ref.:

District: 3

Agenda Number:

9.27

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

FORM APPROVED COUNTY COUNSEL
BY:
DALE A. GARDNER
DATE: 6/24/10
Departmental Concurrence

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

BOARD OF SUPERVISORS

Form 11:

Page 2

RECOMMENDED MOTION: (Continued)

- 3) Approve the claims from Michael Buban, Mark Buban, Jennifer Buban, Janet De La Fuente, Daniel Buban, David Buban heirs to Caroline Buban, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 350122006-1;
- 4) Authorize and direct the Auditor-Controller to issue warrants to Louis Buban in the amount of \$8,007.33, Rosemary Komperda in the amount of \$8,007.33, Michael Buban in the amount of \$1,334.55, Mark Buban in the amount of \$1,334.55, Jennifer Buban in the amount of \$1,334.55, Janet De La Fuente in the amount of \$1,334.55, Daniel Buban in the amount of \$1,334.56 and David Buban in the amount of \$1,334.56, 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.

BACKGROUND: (Continued)

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.

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

- 1) Claim from Louis Buban based on a Grant Deed recorded June 2, 1981 as Instrument No. 100526, an Affidavit under California Probate Code Section 13101, a Small Estate Affidavit and the death certificates of Caroline A. Buban, Margaret A. Ezerski and John A. Buban.
- 2) Claim from Rosemary Komperda based on a Grant Deed recorded June 2, 1981 as Instrument No. 100526, an Affidavit under California Probate Code Section 13101, a Small Estate Affidavit and the death certificates of Caroline A. Buban, Margaret A. Ezerski and John A. Buban.
- 3) Claims from Michael Buban, Mark Buban, Jennifer Buban, Janet De La Fuente, Daniel Buban and David Buban based on a Grant Deed recorded June 2, 1981 as Instrument No. 100526, an Affidavit under California Probate Code Section 13101, a Small Estate Affidavit dated and the death certificates of Caroline A. Buban, Margaret A. Ezerski and John A. Buban.

Pursuant to Section 4675 (a) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that Louis Buban be awarded excess proceeds in the amount of \$8,007.33, Rosemary Komperda be awarded excess proceeds in the amount of \$8,007.33, Michael Buban be awarded excess proceeds in the amount of \$1,334.55, Mark Buban be awarded excess proceeds in the amount of \$1,334.55, Jennifer Buban be awarded excess proceeds in the amount of \$1,334.55, Janet De La Fuente be awarded excess proceeds in the amount of \$1,334.55, Daniel Buban be awarded excess proceeds in the amount of \$1,334.56 and David Buban be awarded excess proceeds in the amount of \$1,334.56. Since there are no other claimants the excess proceeds in the amount of \$8,007.32 will remain unclaimed. 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.

APR 20 2007 12:25 P.02

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

Paul McDonnell, Treasurer and Tax Collector

Claim for Excess Proceeds

TCR¹⁰ Item⁶⁰ Assessment No.: 350122006.1

Assessors: BUBAN, CAROLINE

Situs: None

Date Sold: MARCH 13, 2006

Date Deed to Purchaser Recorded: May 3, 2006

RIVERSIDE COUNTY
TREASURER/TAX COLLECTOR

07 MAY -2 PM 3:28

RECEIVED

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 32,029.30 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. 100526; recorded on June 2, 1981. 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.*

We are heirs of Caroline A. Buban, who died intestate on January 16, 2004, a resident of Cook County, IL. The decedent's parents are deceased and they had only five children, three of whom are deceased - only Louis Buban and Rosemary are alive. Caroline A. Buban never married and had no children. See the attached Hearsip on page 14 for more family details. We have attached an affidavit CA probate code 613101; an IL Small Estate Affidavit: 755ILCS 5/2-2; an diagram of hearsip (page 14). We have also attached the death certificates of Caroline and John Buban and Margaret Ezeroski and the birth certificates of Louis Buban.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim. I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 1st day of May, 2007 at Cook County, Illinois
County, State

Louis J. Buban
Signature of Claimant

Michael J. Buban
Signature of Claimant

Louis Buban
Print Name

MICHAEL BUBAN
Print Name

839 CHATHAM Ave.
Street Address

315 N. Van Nort-wick
Street Address

ELMHURST IL 60126
City, State, Zip

Batavia IL 60510
City, State, Zip

630-834-6608
Phone Number

630-879-7334
Phone Number

SCO 8-21 (1-99)

* We have ordered ~~the~~ or will order the remaining birth or death certificates which are available and relevant to this claim. We will submit them as soon as possible.

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

Paul McDonnell, Treasurer and Tax Collector

Claim for Excess Proceeds

TC Item # Assessment No.: 350122006.1

Assessee: BUBAN, CAROLINE

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 \$ 32,029.30 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. 160526; recorded on June 2, 1981. 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. *

We are heirs of Caroline A. Buban, who died intestate on January 16, 2004, a resident of Cook County, IL. The decedent's parents are deceased and they had only five children, three of whom are deceased - only Louis Buban and Rosemary are alive. Caroline A. Buban never married and had no children. See the attached Heirship on page 14 for more family details. We

have attached an affidavit CA probate code 61310; an IL Small Estate Affidavit, 755ILCS 5/2-2; an diagram of heirship (page 14). We have also attached the death certificates of Caroline and John Buban and

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 1st day of May, 2007 at Cook County, Illinois
County, State

Louis J Buban
Signature of Claimant

Michael J Buban
Signature of Claimant

Louis Buban
Print Name

MICHAEL BUBAN
Print Name

839 CHATHAM AVE.
Street Address

315 N. Van Nortwick
Street Address

ELMHURST IL 60126
City, State, Zip

Batavia IL 60510
City, State, Zip

630-834-6608
Phone Number

630-879-7334
Phone Number

SCO 8-21 (1-99)

* We have ordered ^{as soon as possible} the or will order the remaining birth or death certificates which are available and relevant to this claim. We will submit them as soon as possible.

Margaret Ezerki and the birth certificate of Louis Buban

Attachement to CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

Additional Claimant(s)

Mark Buban
Signature of Claimant

Jennifer L. Buban
Signature of Claimant

Mark Buban
Print Name

Jennifer Buban
Print Name

4828 N. CLAREMONT AVE
Street Address

4828 N. CLAREMONT AVE.
Street Address

CHICAGO IL 60625
City, State, Zip

CHICAGO IL 60625
City, State, Zip

773-271-0648
Phone Number

773-989-9121
Phone Number

Attachement to CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

Additional Claimant(s)

Janet M. DeLaFuenta
Signature of Claimant

Daniel Buban
Signature of Claimant

Janet De La Fuente
Print Name

Daniel Buban
Print Name

2332 West Dickens
Street Address

643 W. 31ST ST
Street Address

CHICAGO IL 60647
City, State, Zip

CHICAGO IL 60616
City, State, Zip

773-645-1907
Phone Number

312-909-9744
Phone Number

Attachement to CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

Additional Claimant(s)

D. W.
Signature of Claimant

Rosemary Komperda
Signature of Claimant

David Buban
Print Name

ROSEMARY KOMPERDA
Print Name

1156 W. GRAND AVE #201
Street Address

2869 S. Archer Ave
Street Address

CHICAGO, IL 60622
City, State, Zip

Chicago, IL 60608
City, State, Zip

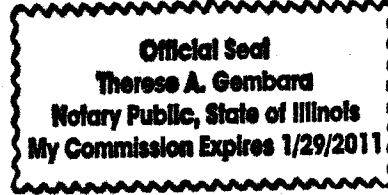
773.344.4209
Phone Number

773-254-3423
Phone Number

Subscribed and sworn to before me, and all known by me,
LOUIS J. BUBAN, MICHAEL BUBAN, MARK BUBAN, JENNIFER L. BUBAN, JANET M. DE LA FUENTE,
DANIEL BUBAN, DAVID BUBAN, ROSEMARY KOMPORDA.

Claimants, signed above, this 1st day of May, 2007,

Therese A. Gembara
Notary Public



seal

100526

RECORDING REQUESTED BY
AND WHOSE RECORDER MAIL THIS DEED AND UNLESS OTHERWISE ORDERED
DELIVER MAIL TO STATEMENT TO:

Name: Miss Caroline Buban
Street Address: 3633 Dunn Drive, Apt. 5
City & State: Los Angeles, Calif. 90034

MAIL TAX STATEMENTS TO:

Name: SAME AS ABOVE
Street Address: SAME AS ABOVE
City & State: SAME AS ABOVE

TITLE ORDER NO. 10186-03 RECORD NO. 22-188

RECEIVED FOR RECORD
AT 9:00 O'CLOCK A.M.
AT REQUEST OF
ASSISTANT CLERK COMPTROLLER
Book 1991, Page 100526
JUN 2 1981

Approved by Official Recorder
of R. 1981 County, California
D. Sullivan
REC. 1.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

APN 350-122-006-1

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 7.70

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale.
- unincorporated area city of _____ AND

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

ARTHUR L. STILES and DORIS E. STILES, husband and wife

hereby GRANT(s) to

CAROLINE BUBAN, a single woman

the following described real property in the
County of RIVERSIDE, State of California:

Lot 82 of Tract 2257, as shown by Map on file in Book 42,
pages 15 thru 21, of Maps, Records of Riverside County.

Dated May 6, 1981

Arthur L. Stiles
Arthur L. Stiles

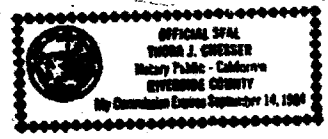
STATE OF CALIFORNIA } ss.
COUNTY OF Riverside

Doris E. Stiles
Doris E. Stiles

On May 12, 1981 before me, the
undersigned, a Notary Public in and for said State, personally
appeared
Arthur L. Stiles and Doris E. Stiles

_____ known to me to
be the person whose name subscribed
to the within instrument and acknowledged that they
WITNESS my hand and official seal. executed the same.

Signature *Thomas J. Chesser*
NOTARY PUBLIC IN AND FOR SAID STATE



(This area for official notarial seal)

7-217

MAIL TAX STATEMENTS AS DIRECTED ABOVE.

END RECORDED DOCUMENT DONALD D. SULLIVAN, COUNTY RECORDER

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr

COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16:33		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER 048		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		1. DECEASED-NAME FIRST MIDDLE LAST Caroline A. Buban			SEX Female		3. DATE OF DEATH (MONTH, DAY, YEAR) January 16, 2004		
A		4. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 5a. 71		UNDER 1 YEAR UNDER 1 DAY 5b. MOS. DAYS 5c. HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. May 23, 1932	
B		6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Evergreen Park		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Evergreen Healthcare Center 10124 S. Kedzie			6c. IF HOSP. OR INST. INDICATE D.O.A. OP-EMER. RM. INPATIENT (SPECIFY) Inpatient		
C		7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None			9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) No
D		10. SOCIAL SECURITY NUMBER [REDACTED]		11a. USUAL OCCUPATION Nurse		11b. KIND OF BUSINESS OR INDUSTRY Hospital		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (11-4 or 5+) 3	
E		13a. RESIDENCE (STREET AND NUMBER) 10124 S. Kedzie			13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Evergreen Park		13c. INSIDE CITY (YES/NO) Yes	13d. COUNTY Cook	
		13e. STATE Illinois	13f. ZIP CODE 60805	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		15. FATHER-NAME FIRST MIDDLE LAST John Buban			16. MOTHER-NAME FIRST MIDDLE LAST Mary Kovacevich				
1		17a. INFORMANT'S NAME (TYPE OR PRINT) Rosemary Komperda			17b. RELATIONSHIP Sister	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 8202 W. 111th St., Palos Hills, IL 60465			
2		18. PART I. Enter the diseases, 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.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		Immediate Cause (Final disease or condition resulting in death)	(a) CAD						
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) DUE TO, OR AS A CONSEQUENCE OF						
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	Type 2 DM, PVD,						
5		DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION						
N		20a. [REDACTED]	20b.	19a. AUTOPSY (YES/NO) No		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) No			
P		21. I (DID/ DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 12/29/2003	21a.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 10:00 P.M.		
CERTIFIER		22a. SIGNATURE <i>[Signature]</i>						22b. DATE SIGNED (MONTH, DAY, YEAR) Jan. 19, 2004	
		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Syed Mojsin, MD SUITE 106, Evergreen Park, IL 60805						22d. ILLINOIS LICENSE NUMBER 036-098660	
		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
DISPOSITION		23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	24b. CEMETERY OR CREMATORY-NAME Woodlawn Crematory		24c. LOCATION CITY OR TOWN STATE Forest Park, IL		24d. DATE (MONTH, DAY, YEAR) Jan. 21, 2004		
		25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Wolniak Funeral Home, 5700 S. Pulaski Rd., Chicago, IL 60629							
		25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011910			
		26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>				26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) January 20, 2004			

[REDACTED]

350122006-1

6

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Caroline A. Buban (name of decedent) died on January 16, 2004 (date), in the County of Cook, State of Illinois and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California ^{or Illinois} for administration of the decedent's estate.
 - B. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. An Inventory and Appraisal of the real property in the decedent's estate is attached, or There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

\$32,029.20, being the excess proceeds from the tax sale of decedent's property (parcel # 350122006-1) in Riverside County, California.

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are: and the Illinois Probate Act of 1975 and the Illinois Compiled Statutes 755 ILCS 5/2-2(d)

see attachment

7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or The undersigned is/are authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered or transferred to the undersigned.

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

Date	Printed name	Signature
<u>May 1, 2007</u>	<u>ROSEMARY KOMPERDA</u>	<u>Rosemary Komperda</u>
<u>May 1, 2007</u>	<u>LOUIS BUBAN</u>	<u>Louis J. Buban</u>
<u>May 1, 2007</u>	<u>MARGARET HOGG</u>	_____
<u>May 1, 2007</u>	<u>MICHAEL BUBAN</u>	<u>Michael J. Buban</u>
<u>May 1, 2007</u>	<u>MARK BUBAN</u>	<u>Mark Buban</u>
<u>May 1, 2007</u>	<u>JENNIFER BUBAN</u>	<u>Jennifer L. Buban</u>

(Attach an additional sheet if necessary.)

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

Attachment to The Affidavit Under California Probate
Code Section §13101

Claim for Excess
Proceeds

Continued:

Assessment No.

Section 6 -

350122006-1

The successors of the decedent are:

Rosemary Komperda

Louis Buban

Margaret Hogg

Michael Buban

Mark Buban

Jennifer Buban

Janet DeLaFuente

Daniel Buban

David Buban

Continued

Section 9

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

Date Printed Name Signature

Janet De La Fuente

Janet M. DeLaFuente

Daniel Buban

Daniel Buban

David Buban

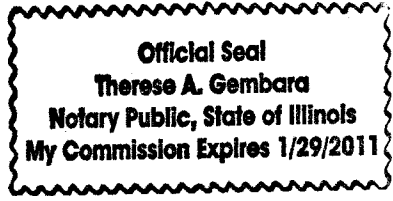
David Buban

Subscribed and sworn to before me, and all known by me,

ROSEMAZY KOMPENZA, LOUIS J. BUBAN, MICHAEL J. BUBAN, MARIL BUBAN, JENNIFER L. BUBAN
JANET M. DELAFENTE, DANIEL BUBAN, DAVID BUBAN

who ~~Christina~~, signed above, this 1st day of May, 2007,

Therese A. Gembara
Notary Public



seal

SMALL ESTATE AFFIDAVIT

(to be used only when decedent died on or after September 4, 1991.)

I, Louis Buban, on oath state:
(name of affiant)

1. (a) My post office address is: 839 Chatham Ave, Elmhurst IL 60126

(b) My residence address is: 839 Chatham Ave, Elmhurst IL 60126

(c) I understand that, if I am an out-of-state resident, I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service of process in Illinois is:

Name _____ Address _____

City/Zip _____ Telephone _____

I understand that if no person is named above as my agent for service or, if for any reason, service on the named person cannot be effectuated, the Clerk of the Circuit Court of County, Illinois, is recognized by Illinois law as my agent for service of process.

2. The decedent's name is Caroline A. Buban

3. The date of the decedent's death was January 16, 2004, and I have attached a copy of the death certificate.

4. The decedent's place of residence immediately before ^{his} death was 10124 S. Kedzie, Evergreen Park, IL 60805

5. No letters of office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.

6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000. (Attach a list of each asset, e.g. cash, stock and its fair market value.)*

Strike either 7(a) or 7(b).

7. (a) *All of the decedent's funeral expenses have been paid, except any capital gain taxes which, if any, which or may be due to the tax sale of Caroline A. Buban's real property in Riverside County.

(b) ~~*The amount of the decedent's unpaid funeral expenses and the name and post office address of each person entitled thereto are as follows:~~

~~Name and post office address Amount~~

8. There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.

9. (a) The name and places of residence of any surviving spouse, minor child(ren) and adult dependent child(ren)* of the decedent are as follows:

Name and Relationship	Place of Residence	Age of Minor Child
none		

*(Note: An Adult dependent child is one who is unable to maintain him/herself and is likely to become a public charge.)

(b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is \$ _____ (\$10,000, plus \$5,000 multiplied by the number of minor child(ren) and adult dependent child(ren) who resided with the surviving spouse at the time of decedent's death. If any such child(ren) did not reside with the surviving spouse at the time of the decedent's death, so indicate.)

(c) If there is no surviving spouse, the award allowable to minor child(ren) and adult dependent child(ren) of a decedent who was an Illinois resident is \$ _____ (\$10,000 plus \$5,000 multiplied by the number of minor child(ren) and adult dependent child(ren), to be divided among them in equal shares.)

(Strike either 10 (a) or 10 (b).)

10. a)*The decedent left no will. The names, places of residence and relationship of the decedent's heir is, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:

Name, relationship and place of residence	Age of minor	Portion of estate
Rosemary Komperda, sister, 2869 S. Archer Ave Chicago, IL 60608	adult	1/4
Louis Buban, brother, 839 Chatham Ave, Elmhurst, IL 60126	adult	1/4
Margaret Hogg, niece, sister	adult	1/4
Michael Buban, nephew, 315 N VAN NOATWICK, BATAVIA IL 60510	adult	1/24
Mark Buban, nephew, 4828 N. CLAREMONT AVE. CHICAGO, IL 60625	adult	1/24

~~(b) The decedent left a will, which has been filed with the clerk of an appropriate court. A certified copy of the will on file is attached. To the best of my knowledge and belief the will on file is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admissible to probate. The names and places of residence of the legatees and the portion of the estate, if any, to which each legatees is entitled are as follows:~~

Continued from above 10 a):

Name, relationship and place of residence	Age of minor	Portion of estate
Jennifer Buban, niece, 4828 N. Claremont Ave., Chicago, IL 60625	adult	1/24
Janet De La Fuente, niece, 2332 W. Dickens, IL 60647	adult	1/24
Daniel Buban, nephew, 643 W. 31st St Chicago IL 60616	adult	1/24
David Buban, nephew, 1156 W. GRAND AVENUE, #201, CHICAGO, IL 60622	adult	1/24

(c) Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

11. The property described in paragraph 6 of this affidavit should be distributed as follows:

Name	Specific sum or property to be distributed	Name	Specific Sum to be distributed
Rosemary Komperda	\$8007.32	Daniel Buban	\$1334.55
Louis Buban	\$8007.32	David Buban	\$1334.55
Margaret Hogg	\$8007.32		
Michael Buban	\$1334.55		
Mark Buban	\$1334.55		
Jennifer Buban	\$1334.55		
Janet De La Fuente	\$1334.55		

(Each share being a portion of the excess proceeds on the tax sale of parcel 350122006-1 in Riverside County CA.)

THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.*

Louis J Buban
Signature of Affiant

(Note: A FRAUDULENT STATEMENT MADE UNDER THE PENALTIES OF PERJURY IS PERJURY, AS DEFINED IN SECTION 32-2 OF THE CRIMINAL CODE OF 1961.)

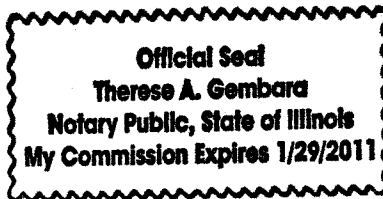
Subscribed and sworn to before me, and ~~known~~ known by me,

Louis J. Buban

~~Client~~, signed above, this 1st day of May, 2007,

Therese A. Gembara

Notary Public



seal

The amendments by P.A. 90-430 and P.A. 90-472 were identical.

ARTICLE II. DESCENT AND DISTRIBUTION

- 5/2-1. Rules of descent and distribution.
- 5/2-2. Illegitimates.
- 5/2-3. Posthumous child.
- 5/2-4. Adopted child.
- 5/2-5. Advancements.
- 5/2-6. Person causing death.
- 5/2-6.2. Financial exploitation, abuse, or neglect of an elderly person or a person with a disability.
- 5/2-6.5. Parent neglecting child.
- 5/2-6.6. Person convicted of certain offenses against the elderly or disabled.
- 5/2-7. Disclaimer.
- 5/2-8. Renunciation of will by spouse.
- 5/2-9. Dower and curtesy.
- 5/2-10. Repealed.

Transfer of Provisions in Ill.Rev.Stat.

The Probate Act of 1975, enacted by P.A. 79-328, effective January 1, 1976, was incorporated in Ill. Rev.Stat.1975 as Chapter 3 and transferred to Chapter 110 1/2 in Ill.Rev.Stat.1977.

5/2-1. Rules of descent and distribution

§ 2-1. Rules of descent and distribution. The intestate real and personal estate of a resident decedent and the intestate real estate in this State of a nonresident decedent, after all just claims against his estate are fully paid, descends and shall be distributed as follows:

(a) If there is a surviving spouse and also a descendant of the decedent: 1/2 of the entire estate to the surviving spouse and 1/2 to the decedent's descendants per stirpes.

(b) If there is no surviving spouse but a descendant of the decedent: the entire estate to the decedent's descendants per stirpes.

(c) If there is a surviving spouse but no descendant of the decedent: the entire estate to the surviving spouse.

(d) If there is no surviving spouse or descendant but a parent, brother, sister or descendant of a brother or sister of the decedent: the entire estate to the parents, brothers and sisters of the decedent in equal parts, allowing to the surviving parent if one is dead a double portion and to the descendants of a deceased brother or sister per stirpes the portion which the deceased brother or sister would have taken if living.

(e) If there is no surviving spouse, descendant, parent, brother, sister or descendant of a brother or sister of the decedent but a grandparent or descendant of a grandparent of the decedent: (1) 1/2 of the entire estate to the decedent's maternal grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes, and (2) 1/2 of the entire estate to the decedent's paternal grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes. If there is no surviving paternal grandparent or descendant of a paternal grandparent, but a maternal grandparent or descendant of a maternal grandparent of the decedent: the entire estate to the decedent's maternal grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes. If there is no surviving maternal grandparent or descendant of a maternal grandparent, but a paternal grandparent or desc-

endant of a paternal grandparent of the decedent: the entire estate to the decedent's paternal grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes.

(f) If there is no surviving spouse, descendant, parent, brother, sister, descendant of a brother or sister or grandparent or descendant of a grandparent of the decedent: (1) 1/2 of the entire estate to the decedent's maternal great-grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes, and (2) 1/2 of the entire estate to the decedent's paternal great-grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes. If there is no surviving paternal great-grandparent or descendant of a paternal great-grandparent, but a maternal great-grandparent or descendant of a maternal great-grandparent of the decedent: the entire estate to the decedent's maternal great-grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes. If there is no surviving maternal great-grandparent or descendant of a maternal great-grandparent, but a paternal great-grandparent or descendant of a paternal great-grandparent of the decedent: the entire estate to the decedent's paternal great-grandparents in equal parts or to the survivor of them, or if there is none surviving, to their descendants per stirpes.

(g) If there is no surviving spouse, descendant, parent, brother, sister, descendant of a brother or sister, grandparent, descendant of a grandparent, great-grandparent or descendant of a great-grandparent of the decedent: the entire estate in equal parts to the nearest kindred of the decedent in equal degree (computing by the rules of the civil law) and without representation.

(h) If there is no surviving spouse and no known kindred of the decedent: the real estate escheats to the county in which it is located; the personal estate physically located within this State and the personal estate physically located or held outside this State which is the subject of ancillary administration of an estate being administered within this State escheats to the county of which the decedent was a resident, or, if the decedent was not a resident of this State, to the county in which it is located; all other personal property of the decedent of every class and character, wherever situate, or the proceeds thereof, shall escheat to this State and be delivered to the State Treasurer pursuant to the Uniform Disposition of Unclaimed Property Act.¹

In no case is there any distinction between the kindred of the whole and the half blood.

P.A. 79-328, § 2-1, eff. Jan. 1, 1976. Amended by P.A. 81-400, § 1, eff. Jan. 1, 1980; P.A. 91-16, § 30, eff. July 1, 1999. Formerly Ill.Rev.Stat.1991, ch. 110 1/2, § 2-1.

1-765 ILCS 1025/1 et seq.

Section 2 of P.A. 81-400, approved Sept. 6, 1979, provided:

"This Amendatory Act applies to estates of all persons dying on or after January 1, 1980."

5/2-2. Illegitimates

§ 2-2. Illegitimates. The intestate real and personal estate of a resident decedent who was illegitimate at the time of death and the intestate real estate in this State of a nonresident decedent who was illegitimate at the time of death, after all just claims against his estate are fully paid, descends and shall be distributed as provided in Section 2-1, subject to Section 2-6.5 of this Act, if both parents are eligible parents. As used in this Section, "eligible parent" means a parent of the decedent who, during the decedent's lifetime, acknowledged the decedent as the parent's child,

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eff. Sept. 22,
1997; P.A.
note followe

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						613614
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for RESTRICTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)		
1		MARGARET A EZERSKI		2 FEMALE		3 SEPTEMBER 06, 2002		
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH DAY YEAR)		
4 COOK		5a 67		5b 50 5c 199		5d JUNE 15, 1935		
CITY TOWN TWP OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER GIVE STREET AND NUMBER				IF HOSP OR INST INDICATE D.O. OPENER RM. INPATIENT (SPEC)		
6a CHICAGO		6b HOLY CROSS HOSPITAL				6c INPATIENT		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER ARMED FORCES? (Y/N)		
7 CHICAGO, IL		8a DIVORCED		8b NONE		9 NO		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10 [REDACTED]		11a REGISTERED NURSE		11b HOSPITAL		12 4		
RESIDENCE (STREET AND NUMBER)		CITY TOWN TWP OR ROAD DISTRICT NO		INSIDE CITY YES/NO		COUNTY		
12a 3817 W. 61ST STREET		12b CHICAGO		13a YES		13d COOK		
STATE		ZIP CODE		RACE (WHITE BLACK AMERICAN INDIAN HIS (SPECIFY))		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN MEXICAN PUERTO RICA)		
13a ILLINOIS		13b 60629		14a WHITE		14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST						
15a JOHN BUBAN		16 MARY KOVACEVICH						
IMPORTANT SIGNING OFFICERS (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN STATE ZIP)				
17a MARGARET A. EZERSKI-HOGG		17b DNTR		17c 3349 W. 184th ST. HOMEWOOD, IL 604				
18 PART I		Enter the disease, or diseases, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.						
Immediate Cause (Final disease or condition resulting in death)		18a pneumonia						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST		18b renal failure						
PART II. Other significant conditions contributing to death, not resulting in the underlying cause presented in Part I		AUTOPSY (YES/NO)		HERE AUTOPSY PERFORMED BY (NAME OF CORNER OR MEDICAL EXAMINER) (DATE OF DEATH) (YES)				
		19a NO		19b				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A RITE CHANCY IN PAST THREE MONTHS?				
20a		20b		20c YES () NO ()				
INDICATOR (NAME) ATTENDS THE DECEASED (MONTH DAY YEAR)		WAS CORNER OR MEDICAL EXAMINER IDENTIFIED? (YES/NO)		HOUR OF DEATH				
21a 9-5-02		21b NO		21c 6:30 A.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED		ILLINOIS LICENSE NUMBER				
22a SIGNATURE <i>MR</i>		22b 9-6-02		22c 036093807				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN AUTOPSY WAS INVOLVED IN THE DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED				
22a MARK R. BEDNARD, D.O.		22b 353 E. BURLINGTON RD., RIVERSIDE, IL 60546						
SPECIAL CREMATION REQUEST (SPECIFY)		CEMETERY OR CREMATORY (NAME)		LOCATION (CITY OR TOWN STATE)		DATE (MONTH DAY YEAR)		
23a BURIAL		23b ST. MARY		23c EVERGREEN PARK, IL		23d SEPT 9, 2		
FUNERAL HOME		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
24a WOLNIAK FUNERAL HOME 5700 S. PULASKI ROAD CHICAGO, IL 60629		24b <i>Nancy Wolniak Cook</i>		24c 034-011910				
LOCAL REGISTRAR (TYPE OR PRINT)		DATE FOR BIRTH LOCAL REGISTRATION (MONTH DAY YEAR)						
25a <i>John L. Wellborn, M.D.</i>		25b SEP 9 2002		25c J.				

[REDACTED]

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 16:10	STATE OF ILLINOIS				STATE FILE NUMBER C609317
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type of Print in Permanent Ink Fit and Direct on, Initial, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST 1 John A. Buban		SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 May 13, 1989		
COUNTY OF DEATH 4 Cook		AGE-LAST BIRTHDAY (YRS) 5a 50	UNDER 1 YEAR MOB DAYS 5b 1	UNDER 1 DAY HOURS MIN 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d December 29, 1989		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b Ravenswood Hospital			IF HOSP. OR INST. INDICATE D O A OF EMER. RM. INPATIENT (SPECIFY) 6c Inpatient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chicago, Ill.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Divorced		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b None		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 Yes	
SOCIAL SECURITY NUMBER 10		USUAL OCCUPATION 11a Maintenance		KIND OF BUSINESS OR INDUSTRY 11b C.T.A.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (14 or 5+) 12 12	
RESIDENCE (STREET AND NUMBER) 13a 4828 N. Claremont		CITY, TOWN, OR ROAD DISTRICT NO. 13b Chicago		INSIDE CITY (YES/NO) 13c Yes	COUNTY 13d Cook		
STATE 13e Illinois		ZIP CODE 13f 60625	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b NO		
FATHER-NAME FIRST MIDDLE LAST 15 John Buban		MOTHER-NAME FIRST MIDDLE LAST 16 Mary Kovacevich		INFORMANT'S NAME (TYPE OR PRINT) 17a Mary Buban			
RELATIONSHIP 17b Mother		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 3817 W. 61st St. Chicago, Ill.					
18 PART I. Enter the disease, injury, 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. Intermediate Cause (Final disease or condition resulting in death) → (a) Pulmonary Edema CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Acute Broncho-Pneumonia (c) Pulmonary Emphysema		APPROPRIATE INTERVAL BETWEEN DEATH AND DEATH					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (YES/NO) 19a Yes		WAS AUTOPSY REPORT AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b			
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO			
I (WHO DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) 21a		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b NO		HOUR OF DEATH 21c 12:15 A. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE 22a		DATE SIGNED (MONTH, DAY, YEAR) 22b May 23, 1989			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c Dr. Radomir Jovanovich M.D. 4600 N. Ravenswood		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d		ILLINOIS LICENSE NUMBER 22e 36-06641's			
BELLICEM CREMATION, RECREATION (SPECIFY) 24a Burial		CEMETERY OR CREMATORY-NAME 24b ST. Mary		LOCATION CITY OR TOWN STATE 24c Evergreen Park, Illin.		DATE (MONTH, DAY, YEAR) 24d May 17, 1989	
FUNERAL HOME NAME 25a Modell Funeral Home 5725 S. Pulaski Rd. Chicago, Illinois 60629		FUNERAL DIRECTOR'S SIGNATURE 25b		FUNERAL DIRECTOR'S LICENSE NUMBER 25c 8237			
LOCAL REGISTRAR'S SIGNATURE 25d		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25e MAY 25 1989		BASED ON 1989 U.S. STANDARD CERTIFICATE			

A 1-043
B 0404
C
D 751
E

4924 C
2485 A
3514

CAUSE

4
5
N
P

CERTIFIER

OPERATION

[REDACTED]

EDWARD J. BARRETT

COUNTY CLERK

BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
CHICAGO 6, ILLINOIS

APR 7 1969

MATCHING E D C FILL IN THIS FORM WITH TYPEWRITER OR LEGIBLE PRINTING ORIGINAL

STATE OF ILLINOIS CERTIFICATE OF LIVE BIRTH

Registration District No. **18.10** Child's Birth Number **112-64-671330**

1. Place of Birth A. State: Illinois B. County: COOK		2. Usual Residence of Mother (Where does mother live?) A. State: Illinois B. County: Cook	
C. <input checked="" type="checkbox"/> Inside corporate limits and in CHICAGO City, Village, or Incorporated Town		D. <input type="checkbox"/> Outside corporate limits and in _____ Township, or Road District No. _____	
E. Name of Hospital or Institution: St. Bernards Hospital		F. Residence address (Street & No. or R.F.D. and Post Office): 5211 South 73rd Court Summit, Illinois	
3. Child's Name: A. First: Michael B. Middle: John C. Last: Buban		4. Sex: Male	
5A. This Birth was: Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quad <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		5B. If Multiple, Child Born: _____	
6. Date of Birth: Hour: 2:50 P.M. Month: August Day: 7 Year: 1964		7. Race: White	
8. Father's Full Name: A. First: John B. Middle: Anthony C. Last: Buban		9. His Age: 25 Years	
10. His Birthplace: Chicago Illinois		11A. His Usual Occupation: Bookman	
12. Mother's Full Maiden Name: A. First: Mary B. Middle: Ann C. Last: Hogan		11B. Kind of Business or Industry: Trading Business	
13. Her Age: 25 Years		14. Her Birthplace: Chicago Illinois	
15. Her Birthplace: Chicago Illinois		16. Mother's Mailing Address: 5211 South 73rd Court Summit, Illinois	
17. Informant's Signature: <i>Mrs. Mary Ann Buban</i>			
18. I hereby certify that this child was born alive on the date stated above.		18a. Signature of Attorney at Birth: <i>Joe M. Cave</i>	
18b. Address: 10444 So. Kedzie Ave Chicago - Illinois		18c. Date Signed: August 7th 1964	
19. Received for Filing: AUG 11 1964		18d. Registrar License Number: 37067	
		Local Registrar: <i>Edward J. Barrett</i>	

STATE OF ILLINOIS, }
County of Cook, } ss.

I, EDWARD J. BARRETT, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Edward J. Barrett
County Clerk

STANLEY T. KUSPER, JR.
COUNTY CLERK

BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
CHICAGO, ILLINOIS 60606

APR 12 1973

STATE OF ILLINOIS COUNTY OF COOK	CERTIFICATE OF LIVE BIRTH	CHILD'S BIRTH NUMBER 11219 091162
DATE OF BIRTH 16.133	DATE OF BIRTH 20 SEP 21 1949	TIME OF BIRTH 10:10 AM
TIME OF BIRTH 38.45	PLACE OF BIRTH Cook	PLACE OF BIRTH Cook
NAME DANIEL JACOB	NAME BUBON	NAME CRAIG
SEX Male	SEX Male	SEX Male
MARRIAGE HISTORY Evergreen Park	MARRIAGE HISTORY Evergreen Park	MARRIAGE HISTORY Evergreen Park
MOTHER'S NAME Mary Ann	MOTHER'S NAME Hagan	MOTHER'S NAME Hagan
FATHER'S NAME William Cook	FATHER'S NAME Chicago	FATHER'S NAME Chicago
ADDRESS 3319 N. 61st St. Chicago	ADDRESS Chicago	ADDRESS Chicago
DATE OF BIRTH 11/11/49	DATE OF BIRTH 11/11/49	DATE OF BIRTH 11/11/49
RELATION TO CHILD Mother	RELATION TO CHILD Mother	RELATION TO CHILD Mother
DATE SIGNED 26.5.73	DATE SIGNED 26.5.73	DATE SIGNED 26.5.73
ILLINOIS BIRTH NUMBER 36-36414	ILLINOIS BIRTH NUMBER 36-36414	ILLINOIS BIRTH NUMBER 36-36414
ADDRESS 3900 W. 95th St. Chicago	ADDRESS Chicago	ADDRESS Chicago
SIGNATURE Bill Camp	SIGNATURE Bill Camp	SIGNATURE Bill Camp

STATE OF ILLINOIS }
County of Cook }

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
County Clerk



COUNTY OF COOK
STATE OF ILLINOIS
OFFICE OF THE COUNTY CLERK
CERTIFICATION OF BIRTH

BIRTH NUMBER: 112-71-0071865

NAME: DANIEL PATRICK BUBAN

DATE OF BIRTH: JULY 8, 1971

SEX: MALE

PLACE OF BIRTH: EVERGREEN PARK, COOK COUNTY, ILLINOIS

DATE FILED: JULY 9, 1971

DATE ISSUED: APRIL 19, 1994

308608

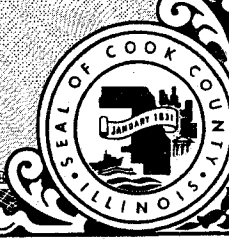
This is to certify that this is a true and correct abstract from the official record filed with the Illinois Department of Public Health.

David D. Orr

DAVID D. ORR
COUNTY CLERK

ISSUED AT: COUNTY BUILDING
CHICAGO, ILLINOIS 60602-1304

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature. CL 91



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF COOK
STATE OF ILLINOIS
OFFICE OF THE COUNTY CLERK

CERTIFICATION OF BIRTH

BIRTH NUMBER: 112-74-6004039

NAME: DAVID ANTHONY BUBAN

DATE OF BIRTH: JANUARY 30, 1974

SEX: MALE

PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS

DATE FILED: FEBRUARY 4, 1974

DATE ISSUED: MARCH 10, 1995

00282115

This is to certify that this is a true and correct abstract from the official record filed with the Illinois Department of Public Health.

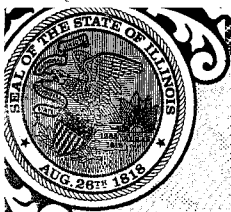
ISSUED AT: COUNTY BUILDING
CHICAGO, ILLINOIS 60602-1304



DAVID D. ORR
COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature CLS1

THIS DOCUMENT HAS A COLORED BACKGROUND. ANY ALTERATIONS OR ERASURES VOID THIS CERTIFICATE.



CERTIFICATION OF VITAL RECORDS



COUNTY OF COOK
STATE OF ILLINOIS
OFFICE OF THE COUNTY CLERK
DAVID ORR

CERTIFICATION OF BIRTH

BIRTH NUMBER: 112-48-6008940

NAME: LOUIS JOSEPH BUBAN

DATE OF BIRTH: FEBRUARY 7, 1948

SEX: MALE

PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS

MAIDEN NAME OF MOTHER: MARY KOVACEVICH

PLACE OF BIRTH OF MOTHER: ILLINOIS

AGE: 41

NAME OF FATHER: JOHN BUBAN

PLACE OF BIRTH OF FATHER: IOWA

AGE: 41

DATE FILED: FEBRUARY 20, 1948

DATE ISSUED: APRIL 27, 2007

1726937

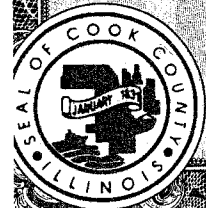
This is to certify that this is a true and correct abstract from the official record filed with the Illinois Department of Public Health.

ISSUED AT: COUNTY BUILDING
CHICAGO, ILLINOIS 60602-1304

David D. Orr

DAVID D. ORR
COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature c191



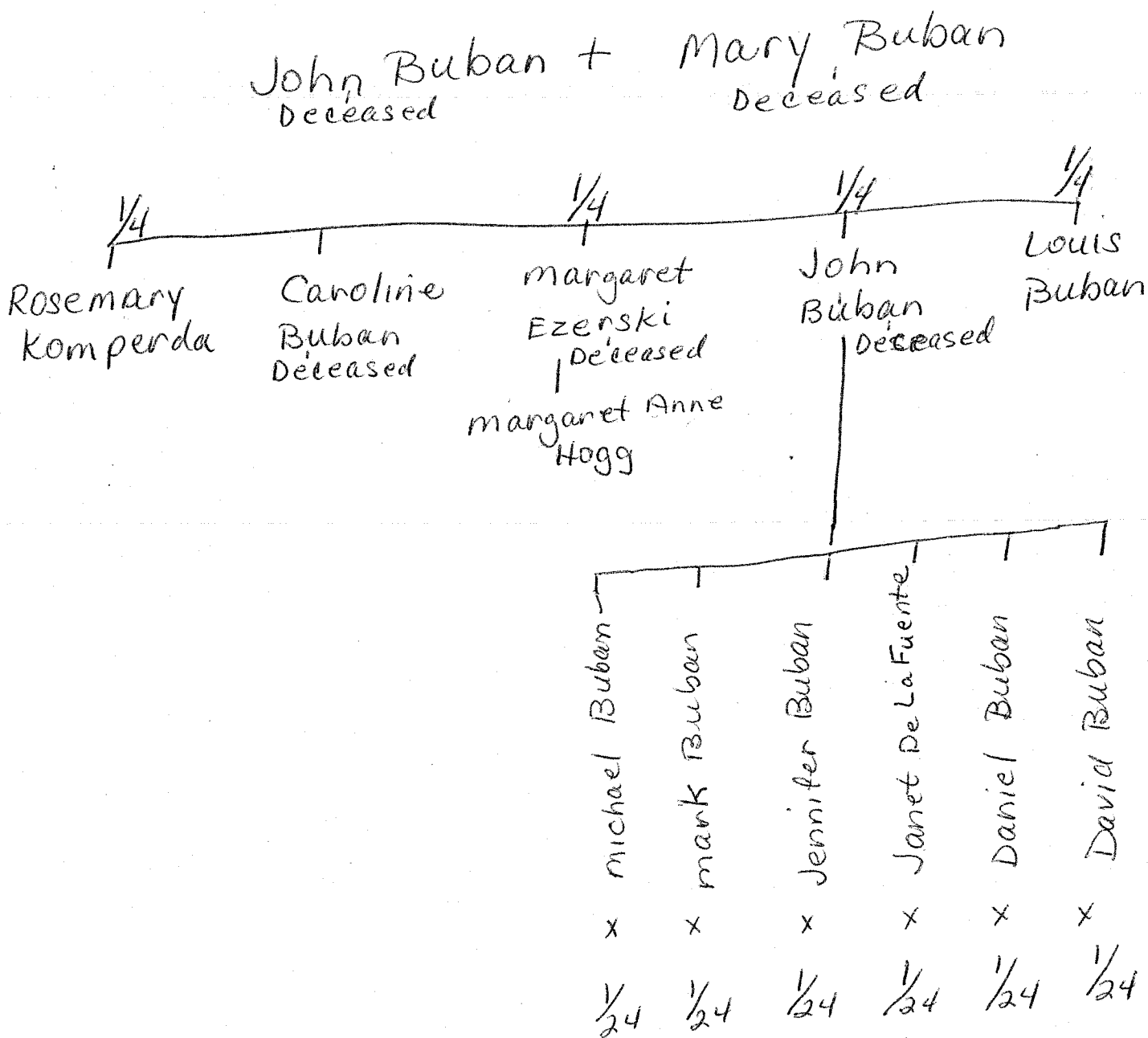
VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

Attachment to CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

TC 176, Item 88, Assessment No. 350122006-1

Assessee: Buban, Caroline

Heirship



May 2, 2007

Mark Buban
4828 N. Claremont Ave.
Chicago, IL 60625
773.271.0648

Paul,

Here is the supporting information for the "Claim for Excess Proceeds from the Sale of Tax-Defaulted Property" once owned by Caroline A. Buban.

This is the number that appears on the form:

TC 176 Item 88 Assessment No. 350122003-1

My uncle, Louis J. Buban, gave me this information and asked that I send it for him. This is what he has to date; he is awaiting further documentation from the Cook County Office of Records.

If you have any questions, his phone number is 630.834.6608. Feel free to contact me at work as well at 773.254.3422 if I can assist you in any way.

Thank you,

A handwritten signature in cursive script, appearing to read "Mark Buban", written in black ink.

Mark Buban

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

May 2, 2008

Rosemary Komperda
2869 S. Archer Ave
Chicago, IL 60608

EP176 Item88
Rosemary Komperda
2869 S. Archer Ave
Chicago, IL 60608

Re: Apn: 350122006-1
TC 176 Item 88

2. Article Number
(Transfer from service label)

Date of Sale: March 13, PS Form 3811, August 2001

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: EP176 Item88
Rosemary Komperda
2869 S. Archer Ave
Chicago, IL 60608

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2002

Postmark Here

Domestic Return Receipt

102595-02-M-154

Dear Rosemary Komperda:

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

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

- | | |
|--|--|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input checked="" type="checkbox"/> Copy of Marriage Certificate for Rosemary Komperda |
| <input type="checkbox"/> Notarized Statement of different/misspelled name for | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement Giving Rights to Collect/Claim on behalf of | <input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale) |
| <input type="checkbox"/> Copy of Trust/Will (Complete) | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input type="checkbox"/> Certified Death Certificate | <input type="checkbox"/> Court Order Appointing Administrator |
| <input checked="" type="checkbox"/> Copy of Birth Certificate's of Caroline Buban and Rosemary Buban | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input type="checkbox"/> Other - |

If your documentation is not received within 30 days, (June 2, 2008) your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Desiree Taylor

Desiree Taylor
Tax Enforcement Unit
(951) 955-3842
(951) 955-3990 Fax

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

A. Signature Agent
 Address *X E Salgado*

B. Received by (Printed Name) _____

C. Date of Delivery Yes
 No *2/26/10*

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

1. Article Addressed to:

EP176 Item88
 Rosemary Komperda
 2869 S. Archer Ave
 Chicago, IL 60608

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

4. Restricted Delivery? (Extra Fee) Yes

February 23, 2010

Rosemary Komperda
 2869 S. Archer Ave
 Chicago, IL 60608

Re: Apn: 350122006-1
 TC 176 Item 88

2. Article Number (Transfer from service label) **7003 2260 0004 1562 1388**

Date of Sale: March 13, PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

FINAL REQUEST

Dear Rosemary Komperda

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

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

___ Notarized Affidavit for Collection of Personal Property under California Probate Code 13100

___ Notarized Statement of different/misspelled name for

___ Notarized Statement Giving Rights to Collect/Claim on behalf of

X Copy of Trust/Will (Complete) for **Caroline Buban**

X Certified Death Certificate's for **John Buban Sr. and Mary Kovacevich,**

X Copy of Birth Certificate for **Rosemary**

Komperda and Caroline Buban
X Copy of Marriage Certificate for **Rosemary Komperda**

___ Original Note/Payment Book

___ Updated Statement of Monies Owed (as of dated of tax sale)

___ Articles of Incorporation (if applicable Statement by Domestic Stock)

___ Court Order Appointing Administrator

___ Deed (Quitclaim/Grant etc..)

___ Other --

If your documentation is not received within 30 days, (March 24 2010) your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Desiree Taylor

Desiree Taylor
 Tax Enforcement Unit
 (951) 955-3842
 (951) 955-3990 Fax