

**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 374.
Last assessed to: The Estate of Vern Elmore, Rose Barker and Maxine M. Jordan, as tenants in common.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Rose Barker AKA Rose M. Barker and Maxine M. Jordan, last assessee's for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 663152007-2;
- 2) Authorize and direct the Auditor-Controller to issue warrants to Rose Barker AKA Rose M. Barker in the amount of \$23,935.07 and Maxine M. Jordan in the amount of \$23,935.06, 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.

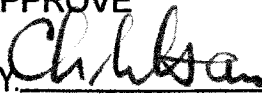
BACKGROUND: (Continued on page two)


Don Kent, Treasurer-Tax Collector

FINANCIAL DATA	Current F.Y. Total Cost:	\$47,870.13	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

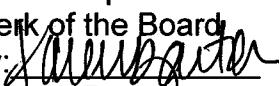
FORM APPROVED COUNTY COUNSEL
BY: Dale A. Gardner 6/24/10
DATE: 6/24/10
Departing DATE: 6/24/10

Consent Policy
 Consent Policy
 Dept's Recomm.:
 Per Exec. Ofc.:

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: 5** **Agenda Number:**

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

9.33

BOARD OF SUPERVISORS

Form 11:

Page 2

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 one claim for excess proceeds:

- 1) Claim from Rose Barker AKA Rose M. Barker and Maxine M. Jordan based on an Order Settling First and Final Account and Report of Administrator with the Will Annexed, Order for Allowance of Statutory Attorney Fees and Commissions and Order of Final Distribution recorded August 4, 1981 as Instrument No. 147501, an Affidavit under California Probate Code Section 13101 and the death certificate of Vern Edward Elmore.

Pursuant to Section 4675 (a) of the California Revenue and Taxation Code, it is the recommendation of this office that Rose Barker AKA Rose M. Barker be awarded excess proceeds in the amount of \$23,935.07 and Maxine M. Jordan be awarded excess proceeds in the amount of \$23,935.06. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.

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

TC 176 Item 374 Assessment No.: 663152007-2

Assessee: JORDAN, MAXINE M & BARKER, ROSE & ELMORE VERN E ESTATE OF

Situs:

Date Sold: March 13, 2006

Date Deed to Purchaser Recorded: May 3, 2006

Final Date to Submit Claim: May 3, 2007

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. 147501; recorded on 8-4-1981. 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.

1. GRANT DEED - KRISTAL TO ELMORE
2. FULL RECONVEYANCE - ANGELINE ELMORE
3. AFFIDAVIT - DEATH OF JOINT TENANT - VERN ELMORE
4. DEATH CERT - VERN ELMORE
5. COPY OF DOCUMENT THAT GAVE TITLE TO JORDAN, BARKER & ELMORE

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 21st day of August, 2006 at Orange Co Calif
County State

Maxine M Jordan
Signature of Claimant

Rose M. Barker
Signature of Claimant

MAXINE M JORDAN
Print Name

Rose M. BARKER
Print Name

13621 EL ESPETO RD
Street Address

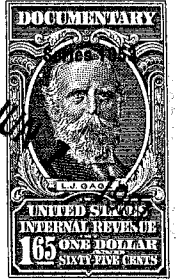
78 Meadow Pine Lane
Street Address

LA MIRADA CA 90638
City, State, Zip

POPLAR BLUFF, MO. 63901-8577
City, State, Zip

562-941-0498
Phone Number

573-785-2921
Phone Number



PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

Grant Deed

(Individual)

I. R. S.

ALLEN IRA KRISTAL, TRUSTEE FOR BINNIE KRISTAL

1294 DEVON, LOS ANGELES 24, CALIF.

(GRANTOR - GRANTORS)

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

Do ES Hereby Grant To N. ANGELINE ELMORE, A SINGLE WOMAN

211 1/2 N. CATALINA, LOS ANGELES 4, CALIF.

the real property in the

County of RIVERSIDE, State of California, described as follows:

PARCEL 4 OF A RECORD OF SURVEY OF THE SE 1/4 OF SEC. 35 T2S, R4E, S.B.B. & M, AS RECORDED IN RECORD OF SURVEY BOOK 33, PAGE 26, RIVERSIDE COUNTY RECORDS.

SUBJECT TO: CONDITIONS, EASEMENTS, COVENANTS, RESTRICTIONS, RIGHTS AND RIGHTS OF WAY, IF ANY, ON RECORD.

Dated May 15, 1961 19.....

Allen Ira Kristal
Trustee for Binnie Kristal

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

On May 18, 1961
before me, KATHERINE BREGMAN
a Notary Public in and for said County and State, personally appeared
ALLEN IRA KRISTAL

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO
ANGELINE ELMORE
211 1/2 N. CATALINA
LOS ANGELES 4, CALIF.
ORDER No. 287809 ESCROW No.

SPACE BELOW FOR RECORDER'S USE ONLY

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO

Miss Angeline Elmore
322 North Mariposa - Apt. A
Los Angeles 4, California

Reg. Sec. Title Ins. Co.
INDEXED
FILED

RECEIVED FOR RECORD
AUG 12 1964
Min. Part. of Clock
SECURITY TITLE
INSURANCE COMPANY
Recorded in Official Records

BOOK 3774 PAGE 474
Records of Riverside County, California

W. W. Balogh
Recorder
FEES \$

Order No. Elmore/Kristal
Escrow No. _____

SPACE ABOVE FOR RECORDER'S USE ONLY

INDEXED
Book & Page

Full Reconveyance

Register No. R70139

Security Title Insurance Company, a corporation,

trustee under deed of trust executed by **ANGELINE ELMORE, aka Angeline M. Elmore**

, Trustor, dated **May 15, 1961**
and recorded **June 7, 1961** (Doc. No. **48344**) in Book **2921**, Page **128**,
of Official Records, in the office of the County Recorder of **Riverside** County, California

having been requested in writing, by the holder of the obligation secured by said deed of trust, to reconvey the estate granted to trustee under said deed of trust, DOES HEREBY RECONVEY to the person or persons legally entitled thereto, without warranty, all the estate, title, and interest acquired by trustee under said deed of trust.
(Brief description of property:

Parcel 4 of a record of Survey of the SE 1/4 of Section 35, Township 2 South, Range 4 East, SBB&M in Book 33, Page 26 of Surveys.

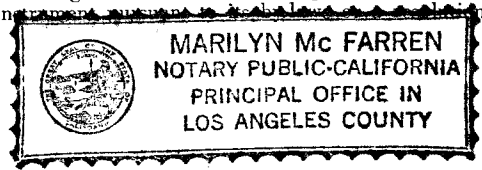
SECURITY TITLE INSURANCE COMPANY

Dated July 29, 1964

By *Lois Krueger*
Lois Krueger Assistant Secretary

STATE OF CALIFORNIA
COUNTY OF }
Los Angeles } SS.

On July 29, 1964, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Lois Krueger known to me to be an Assistant Secretary of SECURITY TITLE INSURANCE COMPANY, the corporation that executed the within instrument, and known to me to be the person who executed said instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the same, and acknowledged to me that such corporation executed the within instrument pursuant to the authority of its board of directors.



Marilyn Mc Farren

(Notary signature line)
MARILYN Mc FARREN
Commission Expires Feb. 13, 1968
("His name (notary's) shall be typed or legibly printed")
(Sec. 8205 - Government Code 1959)

147501

M. Frizell
1 SAMUEL FRIZELL
2 ATTORNEY AT LAW
3 12866 Main Street, Suite 1
4 Garden Grove, CA 92640

5 (714) 534-2062

6 Attorney for Petitioner

RECEIVED FOR RECORD
AT 11:00 O'CLOCK A.M.

At [unclear]
Book 1981, Page 147501

AUG - 4 1981

Recorded in Official Records
of Riverside County, California

D. S. [unclear]
Recorder
FEB 1 1981

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF LOS ANGELES

11 ESTATE OF) NO. 647938
12)
13 ANGELINE M. ELMORE,) ORDER SETTLING FIRST AND FINAL ACCOUNT
14 Decedent.) AND REPORT OF ADMINISTRATOR WITH THE
15) WILL ANNEXED, ORDER FOR ALLOWANCE OF
16) STATUTORY ATTORNEY FEES AND COMMISSIONS
17) AND ORDER OF FINAL DISTRIBUTION

18 MAXINE M. JORDAN, as Administrator with the Will Annexed
19 of the Will of ANGELINE M. ELMORE, deceased, having filed her
20 First and Final Account and Report of Administrator with the Will
21 Annexed and Petition for its Settlement, For Allowance of Statutory
22 Attorney Fees and Commissions of Administrator with the Will
23 Annexed and for Final Distribution and said petition and report
24 coming on May 13, 1981 regularly for hearing, in Department 11 of
25 the above-entitled Court, the Court finds:

26 Notice of hearing of the petition has been given regularly
27 as prescribed by law.

28 All allegations of the petition and the Supplement
thereto are true.

ANGELINE M. ELMORE died testate on 4/24/79 in the County

1 of Los Angeles, State of California, and was at the time of her
2 death a resident thereof.

3 Petitioner qualified as administrator of decedent's estate
4 and letters of administration were issued to petitioner on 7/13/79;
5 and at all times thereafter she was administrator of decedent's
6 estate until she was appointed administrator with the will annexed
7 after the discovery of decedent's will. Decedent's will dated
8 10/26/66 was admitted to probate by Minute Order of this Court on
9 1/5/81. Petitioner qualified as administrator with the will annexed,
10 and letters of administration with the Will Annexed were issued to
11 petitioner on 4/2/81; at all times since then she has been and now
12 is Administrator with the Will Annexed of the decedent's estate.

13 Notice to Creditors has been given as required by law,
14 the time for filing or presenting claims has expired, and the estate
15 now is in a condition to be closed.

16 No claims have been filed or presented against the estate

17 All debts of decedent and of the estate and all expenses
18 of administration have been paid, except closing expenses in the
19 approximate amount of \$100 and final fiduciary taxes in the
20 amount of \$2900 and commissions of petitioner as administrator
21 with the Will annexed and fees of Samuel Frizell, her attorney.

22 A written report of the inheritance tax referee
23 appointed in the proceeding is on file, and an order fixing the
24 inheritance tax due the State of California has been made by this
25 Court. ~~The tax has been paid in full.~~ All personal property taxes
26 due and payable by this estate have been paid.

27 No federal estate tax return has been made or filed for
28 this estate because the estate was not sufficient to require such

147501

1 a return, and no federal estate tax is due.

2 All California and federal income taxes due and payable
3 by the estate have been paid with the exception of the final
4 fiduciary return.

5 The estimated expenses of closing the estate including
6 the reserve for payment of any liability that may hereafter be
7 determined to be due from the estate are \$3,000 and the administra-
8 tor with the Will annexed should be authorized to withhold that sum
9 from distribution.

10 All assets of the estate are decedent's separate property
11 Distribution should be ordered as prayed for.

12 IT IS ORDERED and adjudged that:

13 1. The administration of the estate is brought to a
14 close.

15 2. The administrator of the Will annexed of the will
16 of ANGELINE M. ELMORE, deceased, has in her possession belonging
17 to the estate, after deducting credits to which she is entitled,
18 a balance at the appraised value of \$110,361.07, of which
19 \$96,929.23 is in cash. The first and final account, petition,
20 report and supplement thereto of the administrator with the Will
21 annexed is settled, allowed, and approved as filed.

22 3. All acts and transactions of the administrator with
23 the Will annexed relating to the matters set forth in the account,
24 petition, report and supplement thereto are confirmed and approved.

25 4. The administrator with the Will annexed is authorized
26 and directed to retain \$3,000 from distribution at this time to
27 defray closing expenses and final fiduciary taxes, and any un-
28 expended portion of such reserve shall be distributed equally to

104501

1 VERN ELMORE, ROSE BARKER and MAXINE M. JORDAN.

2 5. The administrator with the Will annexed is
3 authorized and directed to pay to herself \$3,544.44 statutory
4 commissions for services rendered in administration of this estate
5 and to pay SAMUEL PRIZEM, her attorney, \$3,544.44 statutory fee
6 for his services rendered in administration of this estate.

7 6. Notice to Creditors has been given as required by
8 law.

9 7. The California inheritance taxes due and payable
10 by the estate have been paid. The Administrator with the Will
11 annexed is authorized and directed to deduct from the distributable
12 shares of the persons named the amount set opposite their respective
13 names for inheritance tax paid by the administrator with the Will
14 annexed on their behalf.

15	VERN ELMORE	400.00
16	ROSE BARKER	804.00
17	MAXINE M. JORDAN	1286.00
18	TOTAL	\$2962.00

19 8. The estate in the possession of the administrator
20 with the Will annexed remaining for distribution consists of the
21 following property, which is to be distributed in the following
22 manner:

23 TO VERN ELMORE, ROSE BARKER and MAXINE M. JORDAN, as
24 tenants in common, the following described property:

25 a. Real Property described as follows:
26 Parcel A of a Record of Survey of the SE 1/4 of
27 Sec. 35 T 2S, R4E, S1B-B & M, as recorded
28 in record of survey Book 33, Page 26, Riverside
County records.

147501

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- b. 1069.146 shares in Colonial Group of Mutual Funds;
- c. 118.287 shares in T. Rowe Price Funds;
- d. 282.438 shares in The Investment Co. of America;
- e. Yellow metal ladies ring with 1 medium sized center light blue stone - with 11 small red stones encircling it, one red stone missing;

TO: VERN ELMORE, cash in the sum of \$29,914.12 less his share of California Inheritance Tax paid in the amount of \$808.00 for a total cash distribution of \$29,106.12.

TO: ROSE BARKER, cash in the sum of \$29,914.12 less her share of California Inheritance Tax paid in the amount of \$808.00 for a total cash distribution of \$29,106.12.

TO: MAXINE M. JORDAN, cash in the sum of \$29,914.11 less her share of California Inheritance Tax paid in the amount of \$1,286.00 for a total cash distribution of \$28,628.11.

9. Any other property of the estate not now known or discovered that may belong to the estate or in which the decedent or the estate may have any interest shall be distributed equally to VERN ELMORE, ROSE BARKER and MAXINE M. JORDAN.

DATED: MAY 13 1981

JACK W. SWINK
JUDGE OF THE SUPERIOR COURT

THE INSTRUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED IN MY OFFICE, SAME HAVING BEEN FILED MAY 13 1981

ATTEST MAY 13 1981
JOHN J. CORCORAN
County Clerk and Clerk of the Superior Court of the State of California in and for the County of Los Angeles

BY *[Signature]* DEPUTY

115986

RECORDING REQUESTED BY

Robert H. Rich

AND WHEN RECORDED MAIL TO

Name
Street Address
City & State

Robert H. Rich
Attorney at Law
22801 Main Street
Seal Beach, CA 90740

RECEIVED FOR RECORD
AT 11:00 O'CLOCK A.M.

MAY 30 1985

Recorded in Official Records
of Riverside County, California

William E. Swink
RECORDER
Fees \$ 7

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

AJT-873

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA,
COUNTY OF Orange } ss.

Maxine M. Jordan, of legal age, being first duly sworn, deposes and says:
That Verne E. Elmore, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as Verne E. Elmore
named as one of the parties in that certain Court Order dated May 13, 1981,
executed by Jack W. Swink, Judge Superior Court, Los Angeles County
to Verne E. Elmore, Maxine M. Jordan, Rose Barker,
as joint tenants, recorded as Instrument No. 147501, on August 4, 1981, in
book 33, page 26, of Official Records of Riverside, Case no. 647938
County, California, covering the following described property situated in the _____
County of Riverside, State of California:

Parcel 4 of a Record of Survey of the SE 1/4 of Sec. 35 T 2S, R4E,
S.B.B. & M, as recorded in record of survey Book 33, Page 26,
Riverside County records.

7/2

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

JUN 21 1984



REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
- 152652

STATE FILE NUMBER		14. NAME OF DECEDENT—FIRST		15. MIDDLE	16. LAST	17. DATE OF DEATH—MONTH DAY YEAR		18. HOUR
		VERN		EDWARD	ELMORE	FOUND AUGUST 27, 1983		1500
3. SEX		4. RACE/ETHNICITY		5. SEX/RELIGION	6. DATE OF BIRTH		7. AGE	8. UNDER 24 HOURS
MALE		CAUC.			FEBRUARY 22 1936		47	
9. BIRTHPLACE OF DECEDENT—STATE OR TERRITORY		10. NAME AND STATEPLACE OF BIRTH		11. BIRTH NAME AND BIRTHPLACE OF MOTHER		12. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE DATE)		
NORTH DAKOTA		LOUIS EDWARD ELMORE, NORTH DAKOTA		ROMA MARIE FOWLER, NORTH DAKOTA		N/A		
13. CITIZEN OF WHAT COUNTRY		14. SOCIAL SECURITY NUMBER		15. MARITAL STATUS		16. RISE OF INDUSTRY OR BUSINESS		
USA		[REDACTED]		NEVER MARRIED		UNK.		
17. FATHER'S OCCUPATION		18. NUMBER OF YEARS THIS OCCUPATION		19. EMPLOYEE (IF SELF-EMPLOYED, SO STATE)		20. CITY OR TOWN		
UNK.		UNK.		UNK.		CYPRESS		
21. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22. COUNTY		23. STATE		24. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
9452-A VALLEY VIEW		ORANGE		CALIFORNIA		MAXINE M. JORDAN (SISTER) 9452-A VALLEY VIEW CYPRESS, CALIFORNIA		
25. PLACE OF DEATH		26. COUNTY		27. CITY OR TOWN		28. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
VACANT LOT		LOS ANGELES		LONG BEACH		MAXINE M. JORDAN (SISTER) 9452-A VALLEY VIEW CYPRESS, CALIFORNIA		
29. STREET ADDRESS—STREET AND NUMBER OR LOCATION		30. CITY OR TOWN		31. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		32. WAS DEATH REPORTED TO CORoner?		
1800 EAST BROADWAY		LONG BEACH		IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		YES 83-10758		
33. CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		34. DUE TO, OR AS A CONSEQUENCE OF		35. DUE TO, OR AS A CONSEQUENCE OF		36. WAS BIOPSY PERFORMED?		
						NO		
37. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		38. TYPE OF OPERATION		39. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 32 OR 33?		NO		
40. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		41. I ATTEMPTED DECEASED SINCE I LAST SAW DECEASED ALIVE (ENTER MO. DA. YR.)		42. I LAST SAW DECEASED ALIVE (ENTER MO. DA. YR.)		43. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		44. DATE SIGNED
								45. PHYSICIAN'S LICENSE NUMBER
46. TYPE PHYSICIAN'S NAME AND ADDRESS		47. SPECIFY ACCIDENT, SUICIDE, ETC.		48. PLACE OF INJURY		49. INJURY AT WORK		50. DATE OF INJURY—MONTH DAY YEAR
								51. HOUR
52. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)		53. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		54. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW. I HAVE HAD AN <u>EMERGENCY</u> INVESTIGATION.		55. CORONER—SIGNATURE AND DEGREE OR TITLE		56. DATE SIGNED
						DEPUTY CORONER <i>Robert Ortega</i>		10-20-83
57. DISTRICT OF CREMATION		58. DATE—MONTH DAY YEAR		59. NAME AND ADDRESS OF CREMATOR		60. CREMATOR'S LICENSE NUMBER AND SIGNATURE		61. DATE RECEIVED BY LOCAL HEALTH OFFICER
CREMATION		NOV 4 1983		LOS ANGELES COUNTY CREMATORY 3301 East 1st STREET LOS ANGELES CALIFORNIA		5799 <i>Kenneth Shink</i>		NOV 3 1983
62. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		63. LICENSE NO.		64. LOCAL REGISTRAR—SIGNATURE		65. DATE RECEIVED BY LOCAL HEALTH OFFICER		
LAC USC MEDICAL CENTER				<i>[Signature]</i>				
66. STATE REGISTRAR		A.		B.		C.		D.
[Signature]								

01-3-4-707



VERN E ELMORE DIED AUGUST 1983.
HE LEFT NO HEIRS NEVER MARRIED
NO CHILDREN.
HIS ONLY SIBLINGS WERE MYSELF-MAXINE JORDAN,
(SISTER) AND ROSE M BARKER (SISTER)

I HAVE BEEN UNABLE TO CONTACT THE ATTORNEY
I CONTACTED AFTER HIS DEATH. THIS PROPERTY
WAS THE ONLY ASSET HE HAD. EXCEPT FOR A
SMALL BANK ACCOUNT WITH MY SISTER ROSE BARKER
AND MYSELF-MAXINE JORDAN AS BENEFICIARIES.
SO THE LAWYER DID NOT FILE IN PROBATE
COURT.

Maxine Jordan

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EP176 Item374
 Maxine M. Jordan
 Rose M. Barker
 13621 Elespejo Rd
 La Mirada, CA 90638

July 23, 2008

Maxine M. Jordan
 Rose M. Barker
 13621 Elespejo Rd
 La Mirada, CA 90638

Re: Apn: 663152007-2
 TC 176 Item 374
 Date of Sale: March 13,

2. Article Number

(Transfer from service label)

7003 2260 0004 1561 5097

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Maxine M. Jordan Agent Addressee

B. Received by (Printed Name)

MAXINE M. JORDAN

C. Date of Delivery

7-28-08

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

Dear Maxine M. Jordan:

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 13101 for Vern Elmore by Maxine & Rose

Notarized Statement of different/misspelled name for

Notarized Statement Giving Rights to Collect/Claim on behalf of

Copy of Trust/Will (Complete) for Vern Elmore

Certified Death Certificate

Copy of Birth Certificate's of Vern, Rose and Maxine

Copy of Marriage Certificate for Rose and Maxine

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, (August 25, 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

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

VERN EDWARD ELMORE (name of decedent) died on Aug 27, 1983 (date), in the County of LOS ANGELES, State of California and:

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

PAR 4 RS 0331026 COUNTY OF RIVERSIDE

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:

MAXINE MAY JORDAN AND ROSE M. BARKER

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>Aug 8 2008</u>	<u>ROSE M. BARKER</u>	<u>Rose M. Barker</u>
<u>Aug 20 2008</u>	<u>MAXINE M. JORDAN</u>	<u>Maxine M. Jordan</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

On this 8th day of August 2008, Rose M Barker,
personally appeared before me.

Gene Berry
NOTARY PUBLIC

GENA BERRY
Notary Public - Notary Seal
State of Missouri
Butler County
My Commission Expires Feb. 13, 2009
Commission # 05487830

State of California County of
Los Angeles
Subscribed and sworn to (or affirmed)
before me on this 8th day of Aug, 2008, by
Maxine M. Jordan
proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.
Signature _____

(Seal)

BCT9
ZI MYOUNG YU
COMM. #1508622
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires Sept. 15, 2008
BCT9

1. PLACE OF BIRTH
 County of Grand Forks
 Township of _____
 Village of _____
 City of Grand Forks, Dak.

JUN 28 1934
 STATE OF NORTH DAKOTA

CERTIFICATE OF BIRTH
 STATE OF NORTH DAKOTA
 State File No. 5080
 Registered No. 1057655

2. Full name of child Margie May Elmore

3. Sex Female 4. Twin, triplet, or other _____ 5. Premature _____ 7. Age 1 year
 6. Date of birth June 1, 1933
 8. Number, in order of birth _____ Full term _____

9. Full name **FATHER**
Louis Edward Elmore

10. Full maiden name **MOTHER**
Roma Angie Main Forks

11. Permanent residence address Grand Forks N. Dak.

12. Permanent postoffice address Grand Forks N. Dak.

13. Color of hair White 14. Age at last birthday 30 (Yrs.)

15. Color or race White 16. Age at last birthday 35 (Yrs.)

17. Birthplace (city or place) Canada
N. Dak.

18. Birthplace (city or place) Andover
N. Dak.

19. Trade, profession or particular kind of work done, as spinner, server, bookkeeper, etc.

20. Trade, profession or particular kind of work done, as typist, nurse, clerk, etc.

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common Labor.

22. Industry or business in which work was done, as news bureau, lawyer's office, etc. No answer

23. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

24. Date (month and year) last engaged in this work _____ 18. Total time (years) spent in this work _____

25. Number of children of this mother (All time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

26. If stillborn, months or weeks period of gestation _____ 28. Cause of stillbirth _____

27. Were precautions taken against ophthalmia neonatorum? Yes 29. Has child any serious deformity? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated (Born alive or stillborn)

Given name and/or other additional or corrective data added from supplemental report in accordance with Sections 451-452 C. L. 1918. _____ (Signed) W. H. Thompson M. D.

_____ (Date) _____ Address _____ Midwife, Either Parent or Other Physician

By _____ Registrar Filed June 11 1934

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

BOOK 3506 PAGE 33

CERTIFICATE OF REGISTRY OF MARRIAGE
(PERSONAL DATA LICENSE TO MARRY CERTIFICATION OF MARRIAGE)

LOCAL REGISTRAR'S NUMBER **8467**

GROOM PERSONAL DATA	1a NAME OF GROOM—FIRST NAME William	1b MIDDLE NAME Donald	1c LAST NAME Jordan	2 AGE OF GROOM (LAST BIRTHDAY) 20 YEARS
	3a USUAL RESIDENCE OF GROOM—STREET ADDRESS (IF RURAL, GIVE LOCATION) USS Accomac		3b CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, GIVE FULL NAME AND NAME OF NEAREST TOWN) Long Beach	3c COUNTY (IF OUTSIDE CALIFORNIA, GIVE STATE) Los Angeles
	4 COLOR OR RACE white	5 NEVER MARRIED WIDOWED DIVORCED MARRIAGE ANNULLED never married	6 NUMBER OF TIMES PREVIOUSLY MARRIED (EXCLUDING THIS MARRIAGE) none	7 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois
	8a NAME OF FATHER OF GROOM James Loren Jordan	8b BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) Ill	9a MAIDEN NAME OF MOTHER OF GROOM Willia Treva Lane	9b BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) Ky
BRIDE PERSONAL DATA	10a NAME OF BRIDE—FIRST NAME Maxine	10b MIDDLE NAME May	10c LAST NAME Elmore	11 AGE OF BRIDE (LAST BIRTHDAY) 16 YEARS 6-3-34
	12a USUAL RESIDENCE OF BRIDE—STREET ADDRESS (IF RURAL, GIVE LOCATION) 4014 Colorado St		12b CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, GIVE FULL NAME AND NAME OF NEAREST TOWN) Long Beach	12c COUNTY (IF OUTSIDE CALIFORNIA, GIVE STATE) Los Angeles
	13 COLOR OR RACE white	14 NEVER MARRIED WIDOWED DIVORCED MARRIAGE ANNULLED never married	15 NUMBER OF TIMES PREVIOUSLY MARRIED (EXCLUDING THIS MARRIAGE) none	16 BIRTHPLACE (STATE OR FOREIGN COUNTRY) No Dak
	17a NAME OF FATHER OF BRIDE Louis Edward Elmore	17b BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) No Dak	18a MAIDEN NAME OF MOTHER OF BRIDE Angeline Fowler	18b BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) No Dak
19 MAIDEN NAME OF BRIDE, IF PREVIOUSLY MARRIED				

We, the bride and groom named in this certificate, each for himself, state that the foregoing information is correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license to authorize the same is known to us, and hereby apply for license to marry.

LICENSE TO MARRY	20a BRIDE (SIGN FULL NAME) <i>Maxine May Elmore</i>	20b GROOM (SIGN FULL NAME) <i>William Donald Jordan</i>	
	21a AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED BRIDE AND GROOM DULY VERIFIED WRITER CONSENTS TO THE ABOVE NAMED BRIDE AND GROOM DULY VERIFIED WRITER OF THIS LICENSE TO THE ABOVE NAMED BRIDE AND GROOM OR THE ABOVE PERSONAL FACTS ARE INCLUDED HEREIN BY REFERENCE	SUBSCRIBED AND SWORN TO BEFORE ME ON Harold J. Ostly	21b COUNTY CLERK <i>[Signature]</i> DEPUTY
	21c COUNTY OF ISSUE OF LICENSE Los Angeles	21d DATE LICENSE ISSUED APR 12 1951	21e LICENSE NUMBER 4737

CERTIFICATION OF PERSON PERFORMING CEREMONY AND WITNESS	22. I hereby certify that the above named bride and groom were joined by me in marriage in accordance with the laws of the State of California on <i>April 15 1951</i> at <i>Long Beach, 680 Temple Ave., California</i>		
	23a SIGNATURE OF WITNESS <i>Thomas Daniel Hussey</i>	24a SIGNATURE OF PERSON PERFORMING CEREMONY <i>Michael J. Moran</i>	
	23b ADDRESS OF WITNESS—STREET ADDRESS <i>U.S.S. Frontier APO 25</i>	24b OFFICIAL TITLE AND DENOMINATION IF PRIEST OR MINISTER <i>Catholic Priest</i>	
	23c ADDRESS OF WITNESS—CITY OR TOWN AND STATE <i>San Diego, Calif.</i>	24c ADDRESS OF PERSON PERFORMING CEREMONY <i>672 Temple Ave, Long Beach, 14.</i>	

LOCAL REGISTRAR (COUNTY RECORDER) FILED APR 17 1951	25. DATE RECEIVED BY LOCAL REGISTRAR (COUNTY RECORDER)	26 LOCAL REGISTRAR (COUNTY RECORDER) <i>Mame J. Beatty</i> Los Angeles County	BY <i>[Signature]</i> DEPUTY
---	--	--	------------------------------

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

Beatriz Valdez
BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

MAR 15 1954
19-712101

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



Department of Commerce
Bureau of the Census

P
T
N

**NORTH DAKOTA
CERTIFICATE OF BIRTH**
STATE DEPARTMENT OF HEALTH

State File No. _____

Registrar's No. 6938

1. PLACE OF BIRTH

(a) County Grand Forks
(b) City or Village Grand Forks
(If outside of city or village limits, specify TOWNSHIP)
(c) Name of Hospital or Maternity Home Deaconess
(If not in hospital or maternity home, give Street and Number)

2. USUAL RESIDENCE OF MOTHER

(a) State North Dakota
(b) County Grand Forks
(c) City or Village Grand Forks
(If outside of city or village limits, specify TOWNSHIP)
(d) If in city, give street and Number 324 11th Ave. S.
(e) Is residence within corporate limits of city? Yes

3. FULL NAME OF CHILD

ROSE MARIE ELMORE
(If child is not yet named, leave blank)

4. DATE OF BIRTH

May 31 1927
(Month by name) (Day) (Year)

5. Sex

Female

6. Twin or Triplet

No, born 1st, 2d, or 3d

7. Premature
Full term

Yes

8. Full name of FATHER

Louis Elmore

9. Full maiden name of MOTHER

Rosa Fowler

10. Color or race

white

11. Age at last birthday

26 yrs.

12. Color or race

white

13. Age at last birthday

19 yrs.

12. Birthplace

Grand Forks, N. D.
(City or county) (State or foreign country)

14. Birthplace

Antler, N. D.
(City or county) (State or foreign country)

13. Usual Occupation

clerk

15. Usual Occupation

housewife

14. Industry or business

16. Industry or business

15. Children born to this mother:

(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

17. Mother's mailing address for registration notices:

16. Were precautions taken against ophthalmia neonatorum?

Yes

17. Has child any serious deformities?

No

Given name and/or any other additional or corrective data added in accordance with Section 451-462 G. L. 1915

I hereby certify that I attended the birth of this child, who was born alive 9:15 P. M. (born alive or born dead) on the date above stated and that the information given was furnished by _____ related to the child as _____

signed Ruth W. Nelson M. D.

Or Father, Mother or Other Attendant

June 6, 1927
Date Received by Registrar

Chas. J. Erickson
Local Registrar's Signature

Address Grand Forks, N. D. Date signed 5/31/27

MARGIN RESERVED FOR BINDING. WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N. D.—In case of more than one child, a SEPARATE RETURN must be made for each and the number of each in order of birth, stated.

Marriage License

1925

To any Regularly Licensed or Ordained Minister of the Gospel, any Judge of a Court of Record, or any Justice of the Peace within this County:

You are hereby authorized to solemnize the RITES OF MATHIMONY

Between Loyle Barker of Stanton, Calif.

and Rose Marie Elmore of Long Beach, Calif.

and endorse the same on this License and make return thereof to this office according to law.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this First

day of June, A. D. 1945.

WILLARD DANIEL,

Clerk of the Superior Court of the State of Arizona
in and for the County of Yuma.

By James B. McLay Deputy Clerk

(SEAL)

Marriage Certificate

THIS CERTIFIES that on the First day of May, A. D. 1945, Doyle Barker

and Rose Marie Elmore were united in marriage at Yuma, Arizona,

according to the laws of the State of Arizona and by the authority of the foregoing License, by Rev. L.L. Roberts

in the presence of Vivian Barker and L. A. Barker

who have attached their signatures as witnesses to said marriage ceremony.

IN WITNESS WHEREOF, The said contracting parties, the said witnesses and the said Rev. L.L. Roberts
who solemnized such marriage ceremony, have hereunto set their hands, this 1st day of June, A. D. 1945.

Vivian Barker

(Witness)

L. A. Barker

(Witness)

Doyle Barker

(Contracting Party)

Rose Marie Elmore

(Contracting Party)

Rev. L.L. Roberts

(Officiant, Minister or Person Performing Ceremony)

Returned and filed for record by Rev. L.L. Roberts this and

day of June, 1945, at 9 25 o'clock A M.

General Delivery, Stanton, Calif.

WILLARD DANIEL, Clerk.

by _____ Deputy Clerk

JUN 6 - 1945

CERTIFICATION

STATE OF ARIZONA)
County of Yuma)

ss. *Barker / Edmore*

I, C. C. NEWMAN, Clerk of the Superior Court in and for the County of Yuma, State of Arizona, do hereby certify that the foregoing is a full, true, and correct copy of the record of the original Marriage License and Certificate as the same appears of record in this office in Book 111 on Page 46.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 18th day of October, 1923.

C. C. NEWMAN
CLERK OF SUPERIOR COURT

By *Suzanne Quinn*
Deputy Clerk

Aug 20 2008

I have been unable to find copy of will for Vern Elmore. I went to the County Recorder's office in Los Angeles and the County Recorder's office for Orange County and was unable to pull up any probate records.

Robert Rich Attorney at Law who handled the case is long out of business. This all happened over 20 years ago. I tried for 2 years to find any trail of him, to no avail.

I was unable to get his ^(Vern's) birth certificate from North Dakota because of new rules. The definition of relative does not include "sister".

I am sending copies of the requests "merely" to show you the effort was made. I don't know what else to do.

I am enclosing a copy of Vern Edward Elmore death certificate. It does show his birth date on that.

I hope this lack of information does not void the claim for Rose M Berke and Maxine M Jordan.

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



JUN 21 1984

REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST VERN		1B. MIDDLE EDWARD	1C. LAST ELMORE
2A. DATE OF DEATH—MONTH, DAY, YEAR FOUND AUGUST 27, 1983		2B. HOUR 1500	
3. SEX MALE	4. RACE/ETHNICITY CAUC.	5. SPANISH/Hispanic NO	6. DATE OF BIRTH FEBRUARY 22 1936
7. AGE 47	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS	IF UNDER 60 MINUTES MINUTES
8. BIRTHPLACE OF DECEDENT—STATE OR TERRITORY NORTH DAKOTA		9. NAME AND BIRTHPLACE OF FATHER LOUIS EDWARD ELMORE, NORTH DAKOTA	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER ROMA MARIE FOWLER, NORTH DAKOTA		11. CITIZEN OF WHAT COUNTRY USA	
12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS NEVER MARRIED	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) N/A		15. PRIMARY OCCUPATION UNK.	
16. NUMBER OF YEARS THIS OCCUPATION UNK.		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) UNK.	
18. KIND OF INDUSTRY OR BUSINESS UNK.		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 9452-A VALLEY VIEW	
19B. COUNTY ORANGE		19C. CITY OR TOWN CYPRESS	
19D. COUNTY ORANGE		19E. STATE CALIFORNIA	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP MAXINE M. JORDAN (SISTER)		21. CITY OR TOWN LOS ANGELES	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) (C)		24. WAS DEATH REPORTED TO CORONER? 83-10758	
25. WAS BIOPSY PERFORMED? NO		26. WAS AUTOPSY PERFORMED? YES	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		DATE NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		29. SPECIFY ACCIDENT, SUICIDE, ETC.	
30. PLACE OF INJURY		31. INJURY AT WORK	
32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN OCCT INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE Deputy Coroner Robert Ortega	
35C. DATE SIGNED 10-20-83		36. DISPOSITION CREMATION	
37. DATE—MONTH, DAY, YEAR NOV 4 1983		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY LOS ANGELES COUNTY CREMATORY 3301 East 1st STREET LOS ANGELES, CALIFORNIA	
39. ENBALMER'S LICENSE NUMBER AND SIGNATURE 5799 Kenneth Sheik		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LAC USC MEDICAL CENTER	
40B. LICENSE NO.		41. LOCAL REGISTRAR'S SIGNATURE [Signature]	
42. DATE ACCEPTED BY LOCAL REGISTRAR NOV 3 1983		43. STATE REGISTRAR	
A.	B.	C.	D.
E.	F.	G.	H.

VS-11 (6-82) 4292

01-3-4-7007

[REDACTED]



NORTH DAKOTA
DEPARTMENT *of* HEALTH

DIVISION OF VITAL RECORDS
600 East Boulevard Avenue, Dept. 301
Bismarck, N.D. 58505-0200
www.ndhealth.gov

January 1, 2008

SUBJECT: New Restrictions and Identification Requirements for Birth Records

To whom it may concern:

Effective January 1, 2008, the Division of Vital Records will need proof of identity for all individuals requesting a birth certificate. These new requirements are based on legislative changes that occurred during the 2007 North Dakota legislative session. The new changes, which can be referenced in North Dakota Century Code 23-02.1-27, restrict access to birth records by the following:

1. A certified copy of a birth record may be issued to the individual named on the record if that individual is at least sixteen years old, to a parent named on the record, to an authorized representative, or by the order of a court of competent jurisdiction. If the individual named on a birth record is deceased, a certified copy of that record may also be issued to a relative. If the date of birth on any birth record is more than one hundred years old, that record is an open record and a certified copy may be issued to anyone, except that adoption records remain confidential. (Our definition of a relative, according to state law, means a person's current or surviving spouse, a parent or legal guardian, a child, a grandparent, or a grandchild)

Because of these new restrictions, we must require proof of identification before we can release a certified copy of a birth record. Proof of identification can be established by submitting a legible photocopy of one of the following forms of identification:

1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issue Passport or Visa

If you do not have one of the prior forms of identification, you must provide a legible photocopy of two of the following:

1. Social Security Card
2. Utility bill with current address
3. Bank statement with current address
4. Pay stub (must include your name, SSN and the name and address of your employer)
5. Car registration or title with current address
6. IRS Tax Return from the prior year

If you cannot provide any of these forms of identification or if you have any other questions related to these new restrictions and requirements, please call our office at (701) 328-2360 or by e-mail at vitalrec@nd.gov.

Sincerely,

Darin J. Meschke, State Registrar
Director, Division of Vital Records
North Dakota Department of Health



REQUEST FOR CERTIFIED COPY OF A BIRTH RECORD

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

SFN 8140 (Rev. 01-2008)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name at Birth VERNON EDWARD ELMORE		2. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth (Month, Day, Year) 2-22-1936	4. Place of Birth (City, Township or County) GRAND FORKS		
5. Full Name of Father (First, Middle, Last) LOUIS EDWARD ELMORE			

6. Full Name of Mother (First, Middle, Maiden) ROMA ANGELENE MARIE FOWLER			
---	--	--	--

7. Type of Copy Requested: <input checked="" type="checkbox"/> Certified (For all official purposes, including U.S. Passport, Driver's License, Social Security, etc.) <input type="checkbox"/> Genealogy (For family research)		8. No. of Copies: Certified 2 Genealogy	
---	--	--	--

9. Your Relationship to Person on Line 1* <input checked="" type="checkbox"/> SISTER <input type="checkbox"/> Self <input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Child <input type="checkbox"/> Grandparent or Grandchild <input type="checkbox"/> Spouse <input type="checkbox"/> Public (Record more than 100 years old) <input type="checkbox"/> Authorized Representative		10. Fees: \$7.00 - 1st Copy \$4.00 - Each additional copy	
---	--	---	--

* NDCC 23-02.1-27 (1) - A certified copy of a birth record may be issued to the individual named on the record if that individual is at least 16 years old, to a parent named on the record, to an authorized representative, or by the order of a court of competent jurisdiction. If the individual named on the birth record is deceased, a certified copy of that record may also be issued to a relative.

I understand that by signing this request application, the information that I provide is accurate to the best of my knowledge.

Signature: *Maxine M. Jordan* Date: *Aug 11, 2008*

Printed Name MAXINE M JORDAN		Daytime Telephone Number 562-941-0498	
--	--	---	--

Address 13621 ELESPEJO RD	Apt Number	City LA MIRADA	State CA	Zip Code 90638
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If Copy is to be Mailed Elsewhere, please provide mailing address below

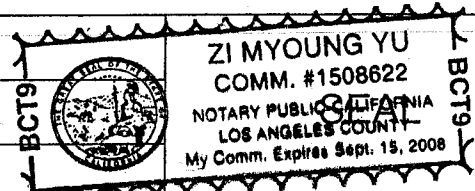
Mailing Name				
--------------	--	--	--	--

Mailing Address:	Apt Number	City	State	Zip Code
------------------	------------	------	-------	----------

Shipping Instructions: (First Class Mail is the default)		Credit Card Information:		
<input checked="" type="checkbox"/> First Class Mail - (No Charge)	<input type="checkbox"/> FedEx - \$16 (Add \$6 for AK or HI)	<input type="checkbox"/> Visa	Card Number:	
<input type="checkbox"/> UPS - \$16	<input type="checkbox"/> Waive Signature for FedEx or UPS Delivery	<input type="checkbox"/> Mastercard	Expiration (Month/Year):	
		<input type="checkbox"/> Discover	3-Digit Security Code:	

IDENTIFICATION - All applicants must submit **EITHER** a clear copy of a government issued photo ID that contains the applicant's signature **OR** submit a notarized application.

Subscribed to and sworn before me this (date): *8/11/08*

Signature of Notary Public: <i>[Signature]</i>	
My Commission Expires: <i>9/15/2008</i>	

Warning - NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.

PLEASE DO NOT ENTER ANYTHING BELOW THE LINE - THIS PORTION FOR OFFICIAL VITAL RECORDS OFFICE USE ONLY

Identification Verified:	Fee Received:
--------------------------	---------------

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
 See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

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

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of Los Angeles

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

11th day of August, 2007, by
Date Month Year

(1) Maxine M. Tolman,
Name of Signer

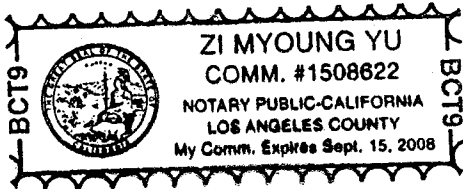
proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)

(and

(2) _____,
Name of Signer

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

Signature _____
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

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

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RIGHT THUMBPRINT OF SIGNER #1

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RIGHT THUMBPRINT OF SIGNER #2

Top of thumb here