

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
JUN 23 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 177, Item 183.
Last assessed to: Harry F. Mason and Stella D. Mason, husband and wife as joint tenants.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Global Discoveries, Ltd., assignee for Harriet Lorene Dobson, Executrix for the Estate of Stella Dorothy Mason, last assessee, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 481210011-4;
- 2) Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Harriet Lorene Dobson, Executrix for the Estate of Stella Dorothy Mason in the amount of \$195,228.77, 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.

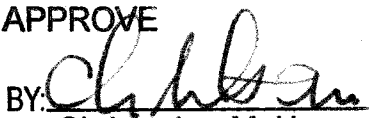
BACKGROUND: (Continued on page two)



Don Kent, Treasurer-Tax Collector

FINANCIAL DATA	Current F.Y. Total Cost:	\$195,228.77	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

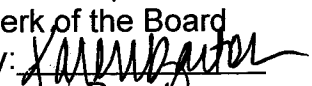
FORM APPROVED COUNTY COUNSEL
BY: DALE A. GARDNER
DATE: 6/23/10
Department Concurrence

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.: ATTACHMENT **District: 5** **Agenda Number:** WITH THE CLERK OF THE BOARD

9.53

BOARD OF SUPERVISORS

Form 11:

Page 2

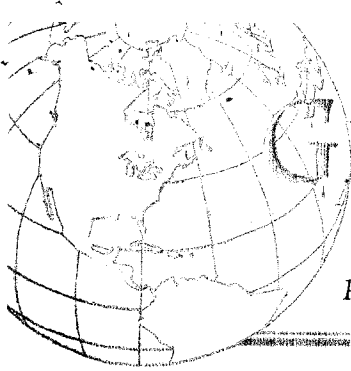
BACKGROUND: (Continued)

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 12, 2007 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 3, 2007. 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 4, 2007, 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 Global Discoveries, Ltd., assignee for Harriet Lorene Dobson, Executrix for the Estate of Stella Dorothy Mason based on an Assignment of Right to Collect Excess Proceeds dated April 7, 2008, a Grant Deed recorded December 10, 1964 as Instrument No. 147219, the Last Will and Testament of Stella Dorothy Mason and the death certificates of Harry F. Mason and Stella Dorothy Mason.

Pursuant to Section 4675 (a) & (b) of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for Harriet Lorene Dobson, Executrix for the Estate of Stella Dorothy Mason be awarded excess proceeds in the amount of \$195,228.77. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.



GLOBAL DISCOVERIES, LTD.

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

Phone (209) 593-3900 or (800) 370-0372 • Fax (209) 549-9299 • www.globaldiscoveries.com

CLAIM SUMMARY

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 481210011-4
 Last Assessee: MASON, HARRY
 Sale Date: 3/12/2007
 Tax Sale Number: TC177
 Item Number: 183
 Default Number: 2000-481210011-0000
 Deadline Date: 5/3/2008

RECEIVED
 2008 APR 21 AM 9:55
 RIVERSIDE COUNTY
 TREAS - TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. Grant Deed granting interest to Harry F. Mason and Stella D. Mason, husband and wife as Joint Tenants, as Book# 3873 & Page 383, Recorded in Riverside County on 12-10-1964.
2. Certified Death Certificate for Harry F. Mason
3. Certified Death Certificate for Stella D. Mason.
4. Last Will & Testament for Stella D. Mason
5. Declination to Act and Waiver of Right to Appointment as Executor signed by James T. Neavitt.
6. Assignment of Excess Proceeds signed by Harriet Lorene Dobson, as executor of the Estate of Stella Dorothy Mason
7. Claim Form(s) signed by Global Discoveries
8. Photo ID for Harriet Lorene Dobson

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

- One warrant in the amount of \$195,228.77 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries, Ltd. and mailed to P.O. Box 1748, Modesto, California 95353-1748.

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

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



RECORDS REQUESTED BY

Mr. and Mrs. Harry F. Mason
Rt. 3 Box 255-3
Orland, California

PHOTOSTATED
COMPARED

RECEIVED FOR RECORD
DEC 10 1964
AT 9:00 O'CLOCK A.M.
A PROPERTY OF
TITLE INS. & TRUST CO.
As shown in Official Records

BOOK 3873 PAGE 383

BOOK 3873 PAGE 383

SPACE ABOVE THIS LINE FOR RECORDER'S USE



AFFIX I.R.S. 27.235 IN THIS SPACE



Grant Deed

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

245527/104

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

HAZEL E. LEENERTS, a widow and LYNNETTE R. CAMPBELL, a married woman

hereby GRANT(S) to

HARRY F. MASON and STELLA D. MASON, husband and wife as joint tenants.

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

The East 1/2 of Lot 282 of Edgemont Gardens, as shown by map on file in Book 15
page 90 of Maps, Records of Riverside County, California.

- SUBJECT TO:
1. 2nd Installment general and special taxes for the fiscal year 1964-65.
 2. Conditions, restrictions, easements, rights and rights of way of record.

Dated October 8, 1964

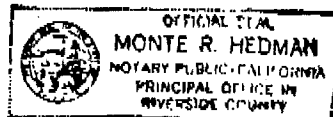
Hazel E. Leenerts
Hazel E. Leenerts

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } ss.
On NOVEMBER 2, 1964 before me, the under-
signed a Notary Public in and for said State, personally appeared
HAZEL E. LEENERTS

Lynnette R. Campbell
Lynnette R. Campbell

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

Signature Monte R. Hedman
MONTE R. HEDMAN



My Comm. expires Oct. 15, 1968
Name (Type- or Printed) MONTE R. HEDMAN

Title Order No. 245527 Escrow or Loan No. 1378

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

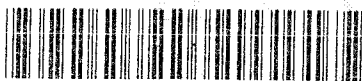
BOOK 1980 PAGE

05031

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

33 004967

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Harry		2A. DATE OF DEATH (MONTH, DAY, YEAR) Nov. 3, 1980	
1B. MIDDLE F		2B. HOUR 1900	
3. SEX Male		4. RACE Cauc	
5. ETHNICITY		6. DATE OF BIRTH December 27, 1892	
7. AGE 87		IF UNDER 1 YEAR MONTHS DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Minnesota		9. NAME AND BIRTHPLACE OF FATHER James Mason - Unknown	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Rose Dove - Minnesota		11. CITIZEN OF WHAT COUNTRY USA	
12. SOCIAL SECURITY NUMBER 564 54 4190		13. MARITAL STATUS Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Stella Sabin		15. PRIMARY OCCUPATION Farmer	
16. NUMBER OF YEARS THIS OCCUPATION 50		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self	
18. TYPE OF INDUSTRY OR BUSINESS Own Home		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 24935 Myers Avenue	
19B. CITY OR TOWN Sunnymead		19C. COUNTY Riverside	
19D. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Stella Mason - Wife 24935 Myers Avenue Sunnymead, Ca 92388	
21A. PLACE OF DEATH Riverside General Hospital		21B. COUNTY Riverside	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 9851 Magnolia		21D. CITY OR TOWN Riverside	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiorespiratory failure DUE TO, OR AS A CONSEQUENCE OF (B) Possible Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (C) Decubitus Ulcer		24. WAS DEATH REPORTED TO CORONER? No	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		25. WAS BIOPSY PERFORMED? No	
26. WAS AUTOPSY PERFORMED? No		27. WAS DESECTION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF DESECTION None	
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.) 08/22/80		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <i>John Henry</i>	
28C. DATE SIGNED 11/07/80		28D. PHYSICIAN'S LICENSE NUMBER A-33345	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY 9851 Magnolia, Riverside	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 9851 Magnolia, Riverside	
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 (INQUEST- INVESTIGATION)	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE <i>Allen J. Bridgman</i>		35C. DATE SIGNED	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR 11/07/80	
38. NAME AND ADDRESS OF CEMETERY OR CREMATOR Evergreen, Crematory-Riverside		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed	
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ACHESON & GRAHAM GARDEN OF PRAYER MORTUARY		41. LOCAL REGISTRAR'S SIGNATURE <i>Allen J. Bridgman</i>	
42. DATE ACCEPTED BY LOCAL REGISTRAR NOV 7 1980		43. STATE REGISTRAR	



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

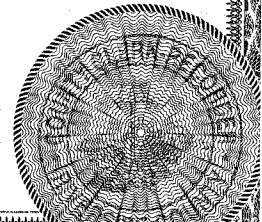
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED

MAR 28 2007

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

Larry W. Ward
LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



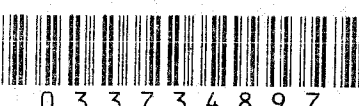
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3199933004347

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Stella		2. MIDDLE DOROTHY		3. LAST (FAMILY) Mason			
4. DATE OF BIRTH M/M/DD/C/CCYY 02/18/1905		5. AGE YRS. 94		6. SEX F		7. DATE OF DEATH M/M/DD/C/CCYY 05/11/1999	
8. HOUR 1055		9. STATE OF BIRTH ID		10. SOCIAL SECURITY NO. 562-50-2156		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS WIDOWED		13. EDUCATION—YEARS COMPLETED 12		14. RACE WHITE			
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED				17. OCCUPATION HOMEMAKER	
18. KIND OF BUSINESS OWN HOME		19. YEARS IN OCCUPATION 70				20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 24935 MEYERS	
21. CITY MORENO VALLEY		22. COUNTY RIVERSIDE		23. ZIP CODE 92553		24. YRS IN COUNTY 35	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP HARRIET L. DOBSON - DAUGHTER					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 700-30 EAST LAKE DRIVE ORANGE, CA 92866						28. NAME OF SURVIVING SPOUSE—FIRST -	
29. MIDDLE -		30. LAST (MAIDEN NAME) -				31. NAME OF FATHER—FIRST RAYMOND	
32. MIDDLE MARVIN		33. LAST SABIN		34. BIRTH STATE MI		35. NAME OF MOTHER—FIRST MAYBLE	
36. MIDDLE LULU		37. LAST (MAIDEN) CLOFTON		38. BIRTH STATE NB		39. DATE M/M/DD/C/CCYY 05/14/1999	
40. PLACE OF FINAL DISPOSITION RES. - RUTH E. WALMSLEY, 24290 LAMONT MORENO VALLEY, CA 92553		41. TYPE OF DISPOSITION(S) CR/RES					
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -				44. NAME OF FUNERAL DIRECTOR SIERRA MEMORIAL CHAPEL MORTUARY	
45. LICENSE NO. FD 1139		46. SIGNATURE OF FUNERAL REGISTRAR <i>[Signature]</i>				47. DATE M/M/DD/C/CCYY 05/14/1999	
101. PLACE OF DEATH CHAPMAN CONVALESCENT HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input type="checkbox"/> CCNY <input type="checkbox"/> RES <input type="checkbox"/> CHRS <input type="checkbox"/> CHRS <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL -		104. COUNTY RIVERSIDE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4301 CAROLINE COURT		106. CITY RIVERSIDE				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Probable Myocardial infarction	
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107. Urinary tract infection, pulmonary hypertension							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (YES, LIST TYPE OF OPERATION AND DATE.) NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/C/CCYY 05/09/1999		115. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN H. Fok, D.O.		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 26520 Cactus Ave. Moreno Valley, CA 92555		117. DATE M/M/DD/C/CCYY 05/13/1999	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. <input type="checkbox"/> YES <input type="checkbox"/> NO		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION		120. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) -			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) -		126. SIGNATURE OF CORONER OR DEPUTY CORONER -		127. DATE M/M/DD/C/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER -	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 34776		CENSUS TRACT	



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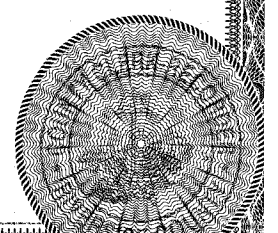
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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

DATE ISSUED **MAR 28 2007**

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

Larry W Ward
LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



Last Will and Testament

OF

STELLA DOROTHY MASON

I, STELLA DOROTHY MASON, a resident of Riverside County, State of California, declare that this is my Last Will and Testament, and I specifically revoke all former Wills and Codicils that I have made.

FIRST: I declare that I was married to HARRY FRANKLIN MASON, who has predeceased me. I have five (5) children, namely:

DONALD EUGENE MARTIN	an adult
DOROTHY LUELLA CARRASCO	an adult
KATHERINE LOUISE NEAVITT	an adult
RUTH EVELYN WALMSLEY	an adult; and
HARRIET LORENE DOBSON	an adult.

SECOND: I direct that my Executor or Executrix pay, as soon as convenient after my demise, all expenses of my last illness and funeral.

THIRD: I elect not to exercise any power of appointment exercisable by a Will which I now have or which may hereafter be conferred upon me; no provision of this Will shall be construed as an exercise in whole or in part of any such power.

FOURTH: I give all of my personal property, such as automobiles, household furniture and furnishings,

Stella
S.D.M.

works of art, paintings, jewelry, watches, silverware, wearing apparel, and other articles of household or personal use or ornament which I shall own at the time of my death to my children, share and share alike, who shall survive me, to be divided among them as they shall agree, or if they fail to agree as my Executor or Executrix shall determine.

FIFTH: I give all of the residue of my estate to my children then living, share and share alike.

SIXTH: If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this Will is hereby revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

SEVENTH: Except as otherwise provided in this Will, I have intentionally and with full knowledge omitted to provide for my heirs who may be living at the time of my death.

EIGHTH: I nominate my grandson, JAMES T. NEAVITT, as Co-Executor, and my daughter, HARRIET LORENE DOBSON, as Co-Executrix, of this Will. If either one is unable or unwilling to act or to continue to act as Co-Executor or Co-Executrix, then the other one shall be

Executor or Executrix of this Will with the same powers, rights, discretions, obligations and immunities.

No bond shall be required of any Executor or Executrix nominated in this Will.

I authorize my Executor or Executrix to ~~sell at either public or private sale, with or without~~ notice, any property belonging to my estate, subject only to any confirmation required by law.

I authorize my Executor or Executrix to lease any property belonging to my estate subject only to any confirmation required by law.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of June, 1982, at Valencia, California.

Stella Dorothy Mason
STELLA DOROTHY MASON

The foregoing instrument, consisting of four (4) pages, including the next page, was at the date hereof, by STELLA DOROTHY MASON, signed as and declared to be her Will, in the presence of us, who at her request and in her presence, and in the presence of each other, have subscribed our names as witnesses thereto. Each of us observed the

signing of this Will by STELLA DOROTHY MASON, and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed.

Each of us is now more than twenty-one (21) years of age, a competent witness, and resides at the address set forth after her name.

We are acquainted with STELLA DOROTHY MASON. At this time, she is over the age of eighteen (18) years, and to the best of our knowledge she is of sound mind and is not acting under duress, menace, fraud, misrepresentation, or undue influence.

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

EXECUTED on this 2nd day of June, 1982, at Valencia, California.

5) Mary K Logan

Residing at: 24456 Valley St
Spuckall, California 91321

5) Dorothy Dorman

Residing at: 22576 West Dale Dr.
Saugus, California 91350

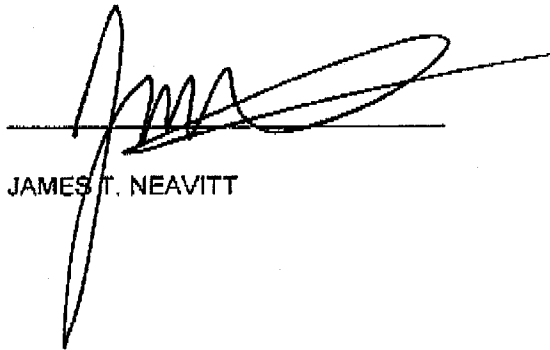
**DECLINATION TO ACT AND WAIVER OF
RIGHT TO APPOINTMENT AS EXECUTOR**

James T. Neavitt, being nominated to act as Co-Executor in the Last Will and Testament of

Stella Dorothy Mason dated June 2, 1982, hereby declines to act and waives all right to appointment

as executor under said Last Will and Testament.

Dated: 4-8-08



A handwritten signature in black ink, appearing to read 'J. Neavitt', is written over a horizontal line. The signature is stylized and cursive.

JAMES T. NEAVITT

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to GLOBAL DISCOVERIES, LTD. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 481210011-4, Tax Sale Number TC177, Item 183 sold at public auction on 3/12/2007. I understand that the total of excess proceeds available for refund is \$ 195,228.77+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Harriet Lorene Dobson 04/07/08
(Signature of Party of Interest/Assignor) (Date)

Harriet Lorene Dobson, as executor of the Estate of Stella Dorothy Mason
(Name Printed)

Tax ID/SS# [REDACTED]

700 E. Lake Drive, #30
(Address)

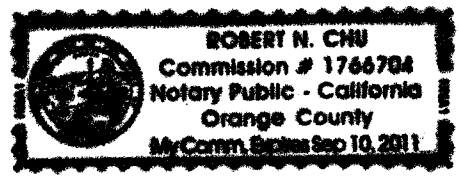
Orange, CA 92866
(City/State/Zip)

STATE OF CALIFORNIA)
COUNTY OF ORANGE)

)ss. (714) 532-4561
(Area Code/Telephone Number)

On APRIL 7, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared HARRIET LORENE DOBSON known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
[Signature of Notary]



(This area for official seal)

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

[Signature of Assignee]
(Signature of Assignee)

Jed Byerly, Chief Operating Officer
(Name Printed)

Tax ID/SS# 77-0558969

Global Discoveries, Ltd.
(Address)

STATE OF CALIFORNIA)
COUNTY OF Stanislaus)

)ss. P.O. Box 1748
Modesto, California 95353-1748
(City/State/Zip)

Phone: (209) 593-3913

On 4-11-2008, before me, the undersigned, a Notary Public in and for said State, personally appeared ***Jed Byerly*** known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
[Signature of Notary]

(This area for official seal)

—

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Stanislaus

On 4-11-2008 before me, Michelle Reynosa, Notary Public

personally appeared Jed Byerly



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

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

WITNESS my hand and official seal.

Signature Michelle Reynosa

Place Notary Seal Above

Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer Is Representing: _____

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 481210011-4
Tax Sale Number: TC177
Item Number: 183
Default Number: 2000-481210011-0000
Date of Sale: 3/12/2007

The undersigned claimant, Global Discoveries, Ltd., claims \$195,228.77+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

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

Please refer to Claim Summary and attached Documents

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

Executed this 11th day of April, 2008 at Modesto, California.

By: Jed Byerly
Jed Byerly, Chief Operating Officer
Global Discoveries, Ltd. Tax ID # 77-0558969
P.O. Box 1748
Modesto, CA 95353-1748
(209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California)

County of Stanislaus)

On 4-11-2008 before me, Michelle Reynosa, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Michelle Reynosa (seal)
Signature of Notary Public

