

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
JUL 06 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 177, Item 200.
Last assessed to: Byron Sheldon and Joan D. Sheldon.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Global Discoveries, Ltd., assignee for Eldon Sheldon, Executor to the Estate of Byron Sheldon, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 525111011-9;
- 2) Deny the claim from Craland Properties, Inc., agent for Wilma Jean Drury;
- 3) Deny the claim from Western Carpet Care;
- 4) Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Eldon Sheldon, Executor to the Estate of Byron Sheldon in the amount of \$9,779.03, 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:	\$9,779.03	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:

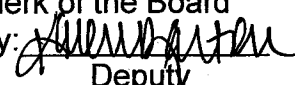
APPROVE

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. ATTACHMENTS FILED District: 5 Agenda Number:
WITH THE CLERK OF THE BOARD

9.55

FORM APPROVED COUNTY COUNSEL
BY: Dale A. Gardner DATE: 7/6/10
Departmental Concurrence

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

BOARD OF SUPERVISORS

Form 11:

Page 2

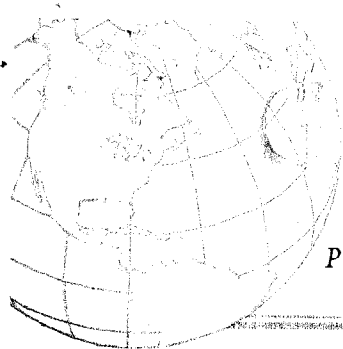
BACKGROUND: (Continued)

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 three claims for excess proceeds:

- 1) Claim from Global Discoveries, Ltd., assignee for Eldon Sheldon, Executor to the Estate of Byron Sheldon based on an Assignment of Right to Collect Excess Proceeds dated September 15, 2007, a Quitclaim Deed recorded February 26, 1985 as Instrument No. 38956, the Will of Byron Russell Sheldon dated April 30, 2002, Letters of Testamentary filed December 9, 2003 and the death certificates of Joan Doloros Sheldon and Byron Russell Sheldon.
- 2) Claim from Craland Properties, Inc., agent for Wilma Jean Drury based on an Authorization for Agent to Collect Excess Proceeds dated November 30, 2007, a Quitclaim Deed recorded February 26, 1985 as Instrument No. 38956, the Last Will and Testament of Byron Russell Sheldon dated September 13, 1999 and the death certificates of Joan Doloros Sheldon and Byron Russell Sheldon.
- 3) Claim from Western Carpet Care based on a Mechanic's Lien recorded June 21, 2004 as Instrument No. 2004-0473952.

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 Eldon Sheldon, Executor to the Estate of Byron Sheldon be awarded excess proceeds in the amount of \$9,779.03. The claim from Craland Properties, Inc., agent for Wilma Jean Drury be denied since they were unable to substantiate their claim. The claim from Western Carpet Care be denied since the lien filed is not associated with our last assessee. 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.



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: 525111011-9
 Last Assessee: SHELDON BYRON & JOAN D
 Sale Date: 3/12/2007
 Tax Sale Number: TC177
 Item Number: 200
 Default Number: 2001-525111011

RECEIVED
 OCT 19 PM 3:31
 RIVERSIDE COUNTY
 TREASURER/TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. Grant Deed granting interest to Byron Sheldon and Joan D. Sheldon, as Document # 38956, Recorded 2/26/1985.
2. Informational Death Certificate for Joan D. Sheldon
3. Informational Death Certificate for Byron Russell Sheldon.
4. Will of Byron Sheldon naming Eldon L. Sheldon as Executor of Byron Sheldon's Estate.
5. Probate Documents naming Eldon L. Sheldon as Executor to his father Byron Sheldon's Estate, recorded 12/09/2003.
6. Assignment of Excess Proceeds signed by Eldon Sheldon as Executor to The Estate of Byron Sheldon
7. Claim Form(s) signed by Global Discoveries.
8. Photo ID for Eldon L. Sheldon.

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

- One warrant in the amount of \$6,866.00 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries, Ltd. and mailed to P.O. Box 1748, Modesto, 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.



38956

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL THIS DEED AND UNLESS OTHERWISE SHOWN BELOW MAIL TAX STATEMENTS TO

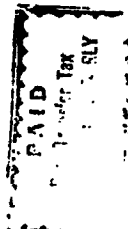
NAME: Byron Sheldon
STREET ADDRESS: c/o Mary Jackson
CITY: 1404 E. Simpson
STATE: Fresno, Ca. 93704

Title Order No Escrow No

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

FEB 26 1985

Recorded in Official Records
of Riverside County, California
William E. Stanley
RECORDER
Fees \$



SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$.55
X computed on full value of property conveyed, or
computed on full value less value of liens and
encumbrances remaining at the time of sale.
Byron Sheldon
Signature of the Grantor or Agent Determining Tax Firm Name

THE UNDERSIGNED GRANTORS DECLARE FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

CLIFFORD LOVE AND CORA E. LOVE
hereby remise, release and forever quitclaim to
BYRON SHELDON AND MARY K. JACKSON
the following described real property
County of RIVERSIDE State of California

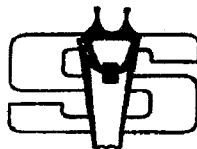
LOT 779 MB 0 34/068 CANYON SPRINGS

Assessor's parcel No 525111011-0

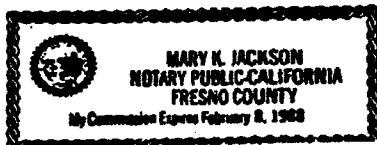
Executed on November 29 19 84 at FRESNO, CALIFORNIA

STATE OF CALIFORNIA

WITNESSETH
STATE OF CALIFORNIA
COUNTY OF FRESNO
On November 29, 1984
said County and State personally appeared Joan D. Sheldon before me, the undersigned, a Notary Public in and for personally known to me
for proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument
as a witness thereto who being by me duly sworn depose and said that he resides in Dunlap, Ca.
that he was present and saw Clifford Love & Cora E. Love
personally known to him (or proved to him on the basis of satisfactory evidence) to
be the same person(s) described in and who executed
the said within instrument as the part ies
thereto sign seal and deliver the same and that the said parties
of said affiant that they
executed the same, and that the said affiant thereupon at
their request subscribed his name as a witness thereto
WITNESS my hand and official seal



FOR NOTARY SEAL OR STAMP



MAIL TAX STATEMENTS TO Byron Sheldon P.O. Box 87 Dunlap, Ca. 93621
NAME ADDRESS ZIP

WILCOX'S FORM 700 Rev. 8-82
CH 70, 4-80 DEED (Predecessor)

This standard form is intended for the specific situations encountered in the field and called "however" before you sign
read it carefully and make whatever changes are appropriate and necessary to your particular transaction.
Contact a dealer if you doubt the form is "right" for you! 8-82/88 and 8-82

1982 WILCOX'S INC

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

INFORMATIONAL,
NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

CERTIFICATE OF DEATH 394100 04234

STATE FILE NUMBER		USE BLACK INK ONLY/NO BRIBES, WITHHOLDS OR ALTERATIONS VS-11 (REV. 7/83)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JOAN		2. MIDDLE DOLOROS		3. LAST (FAMILY) SHELDON			
4. DATE OF BIRTH MM/DD/CCYY 10/08/1926		5. AGE YRS. 67		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 09/28/1994	
8. STATE OF BIRTH Canada		10. SOCIAL SECURITY NO. 567-38-1170		11. MILITARY SERVICE NO		12. MARITAL STATUS Married	
14. RACE White		15. INSURANCE—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 30			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 2003 E. Terrace							
21. CITY Fresno		22. COUNTY Fresno		23. ZIP CODE 93703		24. YRS IN COUNTY 30	
25. STATE OR FOREIGN COUNTRY CA							
26. NAME, RELATIONSHIP Byron Sheldon - Husband				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2003 E. Terrace - Fresno, CA 93703			
28. NAME OF SURVIVING SPOUSE—FIRST Byron		29. MIDDLE Russell		30. LAST (MAIDEN NAME) Sheldon			
31. NAME OF FATHER—FIRST Charles		32. MIDDLE Roy		33. LAST Allenson		34. BIRTH STATE Canada	
35. NAME OF MOTHER—FIRST Cora		36. MIDDLE Elvira		37. LAST (MAIDEN) Richardson		38. BIRTH STATE Canada	
39. DATE MM/DD/CCYY 10/03/1994		40. PLACE OF FINAL DISPOSITION Belmont Memorial Park - Fresno, CA					
41. TYPE OF DEPOSITION Burial		42. SIGNATURE OF EMBALMER <i>James B. Cook</i>				43. LICENSE NO. 7331	
44. NAME OF FUNERAL DIRECTOR Whitehurst Chapel		45. LICENSE NO. FD1146		46. SIGNATURE OF LOCAL REGISTRAR <i>Rachel V. Cuanto M.D.</i>		47. DATE MM/DD/CCYY 09/30/1994	
101. PLACE OF DEATH Fresno Community Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY Fresno	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION Fresno & R Streets		106. CITY Fresno					
107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							
IMMEDIATE CAUSE (A) Sepsis		TIME INTERVAL BETWEEN ONSET AND DEATH Hours		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B) Cerebral Vascular Accident		8 Wks		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) Diabetes Mellitus		Years		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				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 Coronary Artery Disease							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE No							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE DECEASED LAST BEEN ALIVE: MM/DD/CCYY 03/02/1994 MM/DD/CCYY 09/28/1994		115. SIGNATURE AND TYPE OF CERTIFIER <i>John Reinsch M.D.</i>		116. LICENSE NO. A-032827		117. DATE MM/DD/CCYY 09/30/1994	
118. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS & ZIP John Reinsch, M.D. - 7300 N. Fresno St. - Fresno, CA 93720		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/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 AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		I		J		K	
L		M		N		O	
P		Q		R		S	
T		U		V		W	
X		Y		Z		AA	
AB		AC		AD		AE	
AF		AG		AH		AI	
AJ		AK		AL		AM	
AN		AO		AP		AQ	
AR		AS		AT		AU	
AV		AW		AX		AY	
AZ		BA		BB		BC	
BD		BE		BF		BG	
BH		BI		BJ		BK	
BL		BM		BN		BO	
BP		BQ		BR		BS	
BT		BU		BV		BW	
BX		BY		BZ		CA	
CB		CC		CD		CE	
CF		CG		CH		CI	
CJ		CK		CL		CM	
CN		CO		CP		CQ	
CR		CS		CT		CU	
CV		CW		CX		CY	
CZ		DA		DB		DC	
DD		DE		DF		DG	
DH		DI		DJ		DK	
DL		DM		DN		DO	
DP		DQ		DR		DS	
DT		DU		DV		DW	
DX		DY		DZ		EA	
EB		EC		ED		EE	
EF		EG		EH		EI	
EJ		EK		EL		EM	
EN		EO		EP		EQ	
ER		ES		ET		EU	
EV		EW		EX		EY	
EZ		FA		FB		FC	
FD		FE		FF		FG	
FH		FI		FJ		FK	
FL		FM		FN		FO	
FP		FQ		FR		FS	
FT		FU		FV		FW	
FX		FY		FZ		GA	
GB		GC		GD		GE	
GF		GG		GH		GI	
GJ		GK		GL		GM	
GN		GO		GP		GQ	
GR		GS		GT		GU	
GV		GW		GX		GY	
GZ		HA		HB		HC	
HD		HE		HF		HG	
HH		HI		HJ		HK	
HL		HM		HN		HO	
HP		HQ		HR		HS	
HT		HU		HV		HW	
HX		HY		HZ		IA	
IB		IC		ID		IE	
IF		IG		IH		II	
IJ		IK		IL		IM	
IN		IO		IP		IQ	
IR		IS		IT		IU	
IV		IW		IX		IY	
IZ		JA		JB		JC	
JD		JE		JF		JG	
JH		JI		JJ		JK	
JL		JM		JN		JO	
JP		JQ		JR		JS	
JT		JU		JV		JW	
JX		JY		JZ		KA	
KB		KC		KD		KE	
KF		KG		KH		KI	
KJ		KK		KL		KM	
KN		KO		KP		KQ	
KR		KS		KT		KU	
KV		KW		KX		KY	
KZ		LA		LB		LC	
LD		LE		LF		LG	
LH		LI		LJ		LK	
LL		LM		LN		LO	
LP		LQ		LR		LS	
LT		LU		LV		LW	
LX		LY		LZ		MA	
MB		MC		MD		ME	
MF		MG		MH		MI	
MJ		MK		ML		MM	
MN		MO		MP		MQ	
MR		MS		MT		MU	
MV		MW		MX		MY	
MZ		NA		NB		NC	
ND		NE		NF		NG	
NH		NI		NJ		NK	
NL		NM		NN		NO	
NP		NQ		NR		NS	
NT		NU		NV		NW	
NX		NY		NZ		OA	
OB		OC		OD		OE	
OF		OG		OH		OI	
OJ		OK		OL		OM	
ON		OO		OP		OQ	
OR		OS		OT		OU	
OV		OW		OX		OY	
OZ		PA		PB		PC	
PD		PE		PF		PG	
PH		PI		PJ		PK	
PL		PM		PN		PO	
PP		PQ		PR		PS	
PT		PU		PV		PW	
PX		PY		PZ		QA	
QB		QC		QD		QE	
QF		QG		QH		QI	
QJ		QK		QL		QM	
QN		QO		QP		QQ	
QR		QS		QT		QU	
QV		QW		QX		QY	
QZ		RA		RB		RC	
RD		RE		RF		RG	
RH		RI		RJ		RK	
RL		RM		RN		RO	
RP		RQ		RR		RS	
RT		RU		RV		RW	
RX		RY		RZ		SA	
SB		SC		SD		SE	
SF		SG		SH		SI	
SJ		SK		SL		SM	
SN		SO		SP		SQ	
SR		SS		ST		SU	
SV		SW		SX		SY	
SZ		TA		TB		TC	
TD		TE		TF		TG	
TH		TI		TJ		TK	
TL		TM		TN		TO	
TP		TQ		TR		TS	
TT		TU		TV		TW	
TX		TY		TZ		UA	
UB		UC		UD		UE	
UF		UG		UH		UI	
UJ		UK		UL		UM	
UN		UO		UP		UQ	
UR		US		UT		UU	
UV		UW		UX		UY	
UZ		VA		VB		VC	
VD		VE		VF		VG	
VH		VI		VJ		VK	
VL		VM		VN		VO	
VP		VQ		VR		VS	
VT		VU		VV		VW	
VX		VY		VZ		WA	
WB		WC		WD		WE	
WF		WG		WH		WI	
WJ		WK		WL		WM	
WN		WO		WP		WQ	
WR		WS		WT		WU	
WV		WW		WX		WY	
WZ		XA		XB		XC	
XD		XE		XF		XG	
XH		XI		XJ		XK	
XL		XM		XN		XO	
XP		XQ		XR		XS	
XT		XU		XV		XW	
XX		XY		XZ		YA	
YB		YC		YD		YE	
YF		YG		YH		YI	
YJ		YK		YL		YM	
YN		YO		YP		YQ	
YR		YS		YT		YU	
YV		YW		YX		YY	
YZ		ZA		ZB		ZC	
ZD		ZE		ZF		ZG	
ZH		ZI		ZJ		ZK	
ZL		ZM		ZN		ZO	
ZP		ZQ		ZR		ZS	
ZT		ZU		ZV		ZW	
ZX		ZY		ZZ		AA	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF FRESNO

DATE ISSUED SEP 21 2007

000626277

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

PNCO-REG-1188

ROBERT C. WERNER
COUNTY RECORDER



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

3200310 003458

Form with fields for decedent info (Byron Russell Sheldon), birth date (04/29/1926), cause of death (Cardio pulmonary arrest), and physician certification (Adim Saini MD).

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF FRESNO

DATE ISSUED

SEP 20 2007

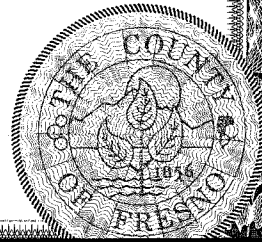


000626391

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

Signature of Robert C. Werner, COUNTY RECORDER



WILL of BYRON RUSSELL SHELDON

PARAGRAPH ONE

1.1 I, BYRON RUSSELL SHELDON, a resident of Fresno, California, declare this to be my will. I have also been known as BYRON R. SHELDON and BYRON SHELDON.

1.2 I revoke all wills and codicils that I have previously made.

1.3 I am not married now. I was married to JOAN SHELDON who has predeceased me. I have three stepchildren who are JOAN's biological children from a prior marriage: SHARON PHARES, ROBERT WILFORD JACKSON and RUSSELL NELSON. I have no biological children of my own. I have no deceased children.

1.4 After JOAN SHELDON died I married WILMA SHELDON. That marriage ended in divorce.

PARAGRAPH TWO:

2.1 I give all of my estate, which includes but is not limited to, any interest in real property, any business interest, investments, bank accounts, clothing, household furniture and furnishings, personal automobiles, jewelry, books, and other tangible articles of personal nature, not specifically disposed of in my will or in any other manner, together with any insurance on the property, outright to my brother ELDON L. SHELDON if he survives me by 30 days. If ELDON L. SHELDON fails to so survive me, I give this gift to my brother ROBERT ROY SHELDON if he survives me by 30 days, and if ROBERT ROY SHELDON does not so survive me, I give this gift to my nephew LYNN SHELDON or to his issue by right of representation.

2.2 If any beneficiary fails to have issue, his/her gift shall lapse and be redistributed among my heirs. The term "issue" shall refer to lineal descendants of all degrees, and shall include adopted persons.

2.3 My executor shall pay from my estate any storage, packing, shipping, delivery, insurance, and other charges relating to the distribution of property from my estate, and treat these payments as an administration expense.

2.4 If any beneficiary named in my will disclaims all or part of a gift, the portion of the gift disclaimed shall be distributed as if the disclaimant had not survived me as provided in my will.

2.5 Except when my will specifically provides otherwise, a beneficiary must survive me for 30 days before entitlement to his or her gift.

2.6 No devise in my will or in any codicil to it shall bear interest even if the devise is not paid or satisfied within any period prescribed by law.

PARAGRAPH THREE:

3.1 I nominate the persons listed below, in the order and priority indicated, as executor and alternate or successor executor of my will:

First: ELDON L. SHELDON

Second: ROBERT ROY SHELDON

3.2 The term "executor" includes any personal representative of my estate.

3.3 I request that no bond be required of any executor nominated in my will.

3.4 My executor may administer my estate under the California Independent Administration of Estates Act (Probate Code sections 10400-10600).

3.5 My executor may sell, with or without notice, at either public or private sale, for cash or terms, any property of my estate that my executor considers necessary for the estate's proper administration and distribution.

3.6 My executor may lease all or any part of the real or personal property of my estate on terms that my executor considers proper.

3.7 My executor may retain any asset of my estate (including unproductive, speculative, or fluctuating assets) for as long as the executor considers proper. My executor shall not be liable for any resulting losses unless the executor acts in bad faith, is grossly negligent, or engages in willful misconduct.

3.8 My executor may distribute a gift made in my will to any beneficiary who is under any legal disability, or who is unable in the executor's judgment to use or manage the property properly by

reason of mental or physical illness or disability, to the beneficiary's conservator of the estate. My executor may distribute the property to the beneficiary directly if, in the executor's judgment, the beneficiary has the capacity to use and manage the gift appropriately. The receipt of either the above-described distributees shall suffice for the executor's discharge with regard to the property.

3.9 In selecting estate property to be distributed in fulfillment of any nonspecific devise made in my will, my executor may determine which property to allocate to the portions to be distributed.

3.10 My executor may distribute estate property prorata or nonprorata when fulfilling devises of shares of my estate.

3.11 My executor may consider the income tax bases of estate assets when allocating property to fulfill devises. My executor may make adjustments to shares or gifts to compensate for the tax consequences of any distribution that my executor believes may directly or indirectly prefer one beneficiary or group over another; my executor's decisions in this regard shall be final. My executor may allocate property to fulfill devises without regard to the income tax bases of estate assets and shall not be liable for failure to exercise the powers to consider tax bases or to make compensatory adjustments provided above.

3.12 Except when my will specifically provides otherwise, my executor may satisfy any general pecuniary devise by cash, by in-kind property valued as of the date of distribution, or partially by each.

3.13 My executor may purchase, or exchange assets for, assets of my estate or any fractional interests in it for adequate consideration.

PARAGRAPH FOUR:

4.1 If any beneficiary of my estate is under age 25 at the time my property will be distributed, and my will names no custodian to receive the property for the minor under the applicable Uniform Transfers to Minors Act, I authorize my executor, in my executor's sole discretion, to distribute the property to (1) the legally appointed guardian of the beneficiary's estate; (2) an adult selected by the executor as custodian for the minor beneficiary under the Uniform Transfers to Minors Act (Probate Code sections 3900-3925) until the beneficiary reaches age 25; (3) the beneficiary's parents; or (4) the beneficiary directly, if, in the executor's judgment, the beneficiary has the capacity and maturity to use the gift

appropriately. The receipt of any of the above-described distributees shall suffice for the executor's discharge with regard to the property.

PARAGRAPH FIVE:

5.1 I intentionally and with full knowledge of the consequences do not provide in my will for my stepchildren who are: SHARON PHARES, ROBERT WILFORD JACKSON and RUSSELL NELSON. I intend that this disinheritance specifically defeat the application of any statutory heirship interest.

5.2 If any beneficiary under my will in any manner, directly or indirectly, contests my will or any of its provisions in any legal proceeding that is designed to thwart my wishes as expressed in my will, any share or interest in my estate given to that contesting beneficiary under my will is revoked and shall be disposed of under the terms of my will as if that contesting beneficiary had predeceased me without issue.

5.3 If any beneficiary under this will and I die simultaneously, or if it cannot be established by clear and convincing evidence whether that beneficiary or I died first, I shall be deemed to have survived that beneficiary, and this will shall be construed accordingly.

5.4 If any provision of my will is unenforceable, the remaining provisions shall remain in full effect.

5.5 All questions concerning the validity and interpretation of this will shall be governed by the laws of the State of California in effect at the time this will is executed.

Signed on April 30, 2002, at Fresno, California.

Byron Russell Sheldon
BYRON RUSSELL SHELDON

On the date written below, the testator, BYRON RUSSELL SHELDON, declared to us that this instrument, consisting of five pages including this page, was the testator's will and asked us to witness it. The testator then signed this will in our presence, all of us being present at the same time. At the testator's request, in the testator's presence, and in the presence of one another, we subscribe our names as witnesses.

We believe that the testator is over age 18, is of sound mind, and is under no constraint or undue influence.

[Signature]

[Signature]

We declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 30, 2002, at Fresno, California.

[Signature]

[Signature]

NAME: Nicole Valich

NAME: Flora Istanbulian

ADDRESS: 540 E. New #156

ADDRESS: 5211 N. First St

FRESNO, CA 93720

Fresno, CA 93710

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): STEVEN L. SHAHBAZIAN (Bar # 062733) Attorney at Law 5200 N. Palm, Suite 408, Fresno, California 93704

TELEPHONE AND FAX NOS.: (559) 241-7000 (559) 241-7119

FOR COURT USE ONLY

FILED

DEC - 9 2003

FRESNO COUNTY SUPERIOR COURT By _____ 98A-DEPUTY

ATTORNEY FOR (Name): ELDON SHELDON SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1100 Van Ness Avenue MAILING ADDRESS: CITY AND ZIP CODE: Fresno 93724 BRANCH NAME:

ESTATE OF (Name): BYRON RUSSELL SHELDON DECEDENT

ORDER FOR PROBATE ORDER APPOINTING [X] Executor [] Administrator with Will Annexed [] Administrator [] Special Administrator [X] Order Authorizing Independent Administration of Estate [X] with full authority [] with limited authority

CASE NUMBER: 03 CE PR 01490

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. Date of hearing: DEC - 9 2003 Time: Dept./Room: Judge: JANE A. CARDOZA

THE COURT FINDS

- 2. a. All notices required by law have been given. b. Decedent died on (date): July 25, 2003 (1) [X] a resident of the California county named above. (2) [] a nonresident of California and left an estate in the county named above. c. Decedent died (1) [] intestate (2) [X] testate and decedent's will dated: April 30, 2002 and each codicil dated: was admitted to probate by Minute Order on (date): DEC - 9 2003

THE COURT ORDERS

- 3. (Name): ELDON L. SHELDON is appointed personal representative: a. [X] executor of the decedent's will b. [] administrator with will annexed c. [] administrator d. [] special administrator (1) [] with general powers (2) [] with special powers as specified in Attachment 3d(2) (3) [] without notice of hearing (4) [] letters will expire on (date):

and letters shall issue on qualification.

- 4. a. [X] Full authority is granted to administer the estate under the Independent Administration of Estates Act. b. [] Limited authority is granted to administer the estate under the Independent Administration of Estates Act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property). 5. a. [X] Bond is not required. b. [] Bond is fixed at: \$ to be furnished by an authorized surety company or as otherwise provided by law. c. [] Deposits of: \$ are ordered to be placed in a blocked account at (specify institution and location): and receipts shall be filed. No withdrawals shall be made without a court order. [] Additional orders in Attachment 5c. d. [] The personal representative is not authorized to take possession of money or any other property without a specific court order 6. [X] (Name): STEVEN D. DIEBERT is appointed probate referee.

Date: DEC 9 2003

JANE A. CARDOZA

JUDGE OF THE SUPERIOR COURT

[] SIGNATURE FOLLOWS LAST ATTACHMENT

7. Number of pages attached: _____

ORDER FOR PROBATE

Probate Code, §§ 8006, 8400

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): STEVEN L. SHAHBAZIAN (Bar # 062733) Attorney at Law 5200 N. Palm, Suite 408 Fresno, California 93704	TELEPHONE AND FAX NOS.: (559) 241-7000 (559) 241-7119	FOR COURT USE ONLY FILED FRESNO COUNTY SUPERIOR COURT 03 DEC -9 AM 9:18
ATTORNEY FOR (Name): ELDON L. SHELDON		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1100 Van Ness Avenue MAILING ADDRESS: CITY AND ZIP CODE: Fresno 93724 BRANCH NAME:		
ESTATE OF (Name): BYRON RUSSELL SHELDON DECEDENT		
<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED <input type="checkbox"/> SPECIAL ADMINISTRATION </div>		CASE NUMBER: 03CEPR01490

LETTERS

1. The last will of the decedent named above having been proved, the court appoints (name):
ELDON L. SHELDON
 - a. executor.
 - b. administrator with will annexed.
2. The court appoints (name):
 - a. administrator of the decedent's estate.
 - b. special administrator of decedent's estate
 - (1) with the special powers specified in the *Order for Probate*.
 - (2) with the powers of a general administrator.
 - (3) letters will expire on (date):
3. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act with full authority with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4. The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1. PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2. INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3. INSTITUTIONAL FIDUCIARY (name):

 I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
 (Name and title):
4. Executed on (date): **November 26, 2003**
 at (place): **Fresno**, California.


 (SIGNATURE)

CERTIFICATION

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

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

(SEAL)

Date: **DEC 9 2003**
 Clerk, by
ALICE TIMKEN

 (DEPUTY)

(SEAL)

Date:
 Clerk, by

 (DEPUTY)

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 525111011-9, Tax Sale Number TC177, Item 200 sold at public auction on 3/12/2007. I understand that the total of excess proceeds available for refund is \$ 10,299.00+/-, 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.

Eldon Sheldon as Executor to The Estate of Byron Sheldon (Signature of Party of Interest/Assignor) (Date) 9-15-07 (Name Printed)

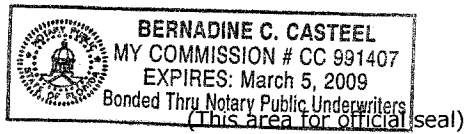
Tax ID/SS# [REDACTED] 846 Cortez Ave. (Address) Lady Lake, FL 32159 (City/State/Zip)

STATE OF CALIFORNIA) ss. 352-750-0198 (Area Code/Telephone Number) COUNTY OF LAKE)

On September 15, 2007, before me, the undersigned, a Notary Public in and for said State, personally appeared ELDON SHELTON 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, WHO PRODUCED FLORIDA DRIVERS LIC. ASI.D.

WITNESS my hand and official seal. Bernadine C. Casteel (Signature of Notary)

BERNADINE C. CASTEEL My Commission Expires: March 5, 2009



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] (Signature of Assignee) Jed Byerly, Chief Operating Officer (Name Printed)

Tax ID/SS# 77-0558969 Global Discoveries, Ltd. (Address)

STATE OF CALIFORNIA) ss. P.O. Box 1748 COUNTY OF Stanislaus) Modesto, California 95353-1748 (City/State/Zip)

On [blank], 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)

—

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 525111011-9
Tax Sale Number: TC177
Item Number: 200
Default Number: 2001-525111011-0000
Date of Sale: 3/12/2007

The undersigned claimant, Global Discoveries, Ltd., claims \$6,866.00+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

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

Please refer to Claim Summary and attached Documents

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

Executed this 23rd day of September 2007 at Modesto, California.

By: [Signature]
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 10-1-07 before me, Cindy M. Shepard, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

[Signature] (seal)
Signature of Notary Public



FLORIDA DRIVER LICENSE
The Sunshine State

ELDON L SHELDON
846 CORTEZ AVE
LADY LAKE, FL 32159-0000

12-12-28 M 5-09 A

09-29-92
12-12-98

CLASS: E
SAFE DRIVER 11-10-92

Eldon L Sheldon
609930 187

FLORIDA DRIVER'S LICENSE
OR IDENTIFICATION CARD EXTENSION

NAME ELDON L SHELDON EXPIRES ON
846 CORTEZ AVE 2010
LADY LAKE FL 32159-0000

RESTRICTIONS

1. CORRECTIVE LENSES	10. TISSUE	17. DRIVER LICENSE FOR PASSENGER MOTORCYCLES
2. MUST WEAR SEAT BELT	11. SEAT BELT	18. DRIVER LICENSE FOR PASSENGER MOTORCYCLES
3. MUST WEAR SAFETY GLASSES	12. MUST WEAR SAFETY GLASSES	
4. LIMITED TO SPECIFIC PURPOSES	13. LEFT FOOT ACCELERATOR	
5. LIMITED TO SPECIFIC PURPOSES ONLY	14. PROHIBITED WHILE ON SERVICE	
6. ALTERNATE INSTRUMENT CLUSTER	15. OTHER RESTRICTIONS	
7. PROHIBITED FROM DRIVING	16. NO PASSENGER ON MOTORCYCLE	
8. INTERFERING DEVICES	19. LOGICAL ALERT DEVICES	
9. MUST WEAR SEAT BELT	20. IDENTIFICATION PURPOSES	
	21. IDENTIFICATION PURPOSES ONLY IF IDENTIFICATION PURPOSES	
	22. IDENTIFICATION PURPOSES ONLY IF IDENTIFICATION PURPOSES	

CLASS: E

—

—

TC177 Item 200

CRALAND PROPERTIES, INC.

Phones: (866) 807-3997 (Toll-free)
(310) 276-0431
Fax: (310) 278-1599
E-mail: craland@sbcglobal.net

P.O. Box 424,
Beverly Hills, CA 90213

Our Reference: R7-200

December 8, 2007

Paul McDonnell, Treasurer-Tax Collector,
[Attn: Tax Enforcement Unit]
P.O. Box 12005,
RIVERSIDE, CA 92502-2205

BY CERTIFIED MAIL

Re: Claim by Wilma J. Drury for excess proceeds of \$9,779.03 resulting from Tax Default Sale of AP No. 525111011-9 at Tax Sale No. 177 held during March, 2007

Dear Sir or Madam:

At the request of Ms Wilma J. Drury, I enclose herewith Claim for Excess Proceeds, duly completed, as well as Authorization For Agent to Collect Excess Proceeds, also duly completed.

Very truly yours,

CRALAND PROPERTIES, INC.


ISSIE CRAMER
PRESIDENT

AUTHORIZATION FOR AGENT 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 applicant's claim 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 make Craland Properties, Inc. my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 525111011-9 sold at public auction on March 12, 2007. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total amount of excess proceeds available for refund is \$9,779.03, and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Wilma J. Drury
(Signature of Party of Interest)

WILMA JEAN DRURY
(Name Printed)

8079 CALM STREET
(Address)

SHREVEPORT, LA 71107
(City/State/Zip) (But please call Issie Cramer at (310) 276-0431 regarding any query)
(318) 309-3802
(Area Code/Telephone Number)

LOUISIANA
STATE OF ~~CALIFORNIA~~)ss.
~~COUNTY OF~~ PARISH OF CALDO)

On 11-30-2007, before me, the undersigned, a Notary Public in and for said State, personally appeared WILMA JEAN DRURY 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.

Carl W. Copes
(Signature of Notary)
CARL W. COPES, NOTARY PUBLIC
NOTARY ID # 5246
CALDO PARISH, LOUISIANA
MY COMMISSION IS FOR LIFE

(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the above party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

CRALAND PROPERTIES, INC., a California corporation
BY: Isaac Cramer (Signature of Agent) (ISAAC CRAMER, its President) CRALAND PROPERTIES, INC.,
(Name Printed) a California corporation

P.O. BOX 424
(Address)

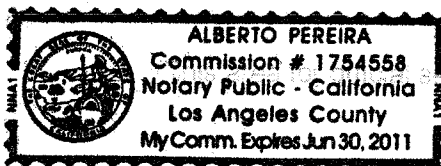
STATE OF CALIFORNIA)ss.
COUNTY OF LOS ANGELES)

BEVERLY HILLS, CA 90213
(City/State/Zip)

On 12/7/2007, before me, the undersigned, a Notary Public in and for said State, personally appeared ISAAC CRAMER 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.

Alberto Pereira
(Signature of Notary)



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 177 Item 200 Assessment No.: 525111011-9

Assessee: SHELDON, BYRON & JOAN D

Situs:

Date Sold: March 12, 2007

Date Deed to Purchaser Recorded: May 3, 2007

Final Date to Submit Claim: May 3, 2008

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 9,779.03 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. 38956; recorded on 2/26/1985. 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.

As heir to the late Byron R. Sheldon and for the reasons set out in the ~~attached Declaration signed by me, I am entitled to claim, as I hereby do,~~ the sum of \$9,779.03, being the excess proceeds resulting from the Tax Default Sale of above property.

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 30th day of November, 2007 at Shreveport, Louisiana
County, State

Wilma J. Drury
Signature of Claimant

Signature of Claimant

WILMA JEAN DRURY
Print Name

Print Name

8079 CALM STREET
Street Address

Street Address

SHREVEPORT, LA 71107
City, State, Zip

City, State, Zip

(318) 309-3802 Cramer at (310) 276-0431
Phone Number

(But please call Ibbie regarding any query)
Phone Number

**DECLARATION BY WILMA JEAN DRURY IN SUPPORT
OF HER CLAIM FOR \$9,779.03 EXCESS PROCEEDS RESULTING FROM TAX
DEFAULT SALE OF AP NO. 525-111-01-9 BY THE RIVERSIDE COUNTY
TAX COLLECTOR AT TAX DEFAULT SALE NO. TC 177 DURING MARCH,
2007.**

I, the undersigned, WILMA JEAN DRURY, of 8079 Calm Street, Shreveport, LA 71107, declare hereby as follows:

1. That I was married to BYRON R. SHELDON (whose middle name was RUSSELL) on February 28, 1998, as will appear from Exhibit "A" hereto, being a copy of my marriage certificate to said BYRON R. SHELDON. At the time of my said marriage I was known as WILMA J. TOW.
2. Said BYRON R. SHELDON died at Fresno, California, on July 25, 2003, as will appear from Exhibit "B" hereto, being a certified copy of his Death Certificate.
3. As appears from Quitclaim Deed, Document No. 38956 recorded in the Riverside County Recorder's Office on February 26, 1985, a copy of which is attached hereto marked "C", said BYRON R. SHELDON and his then-spouse, JOAN D. SHELDON, became the owners of record of the real property commonly referred to as AP No. 525-111-01-9, which was sold at the Riverside County Tax Default Sale No. TC 177 held during March, 2007, resulting in excess proceeds of \$9,779.03.
4. Said JOAN D. SHELDON died on September 28, 1994, as will appear from Exhibit "D" hereto, being a certified copy of AFFIDAVIT - DEATH OF JOINT TENANT, attached to which was a certified copy of a Death Certificate of said JOAN D. SHELDON, which Affidavit was recorded in the Office of Fresno County Recorder on September 6, 1999 as Instrument No. 1999-0133749. I also attach hereto, marked "E" a certified copy of Grant Deed recorded in the Fresno County Recorder's Office on September 6, 1999 as Instrument No. 1999-0133750 in terms whereof said BYRON R. SHELDON conveyed to BYRON R. SHELDON and WILMA J. SHELDON (i.e. me) "Husband and Wife as JOINT TENANTS" the real property previously owned as joint tenants by himself and said late JOAN D. SHELDON. Because of the fact that I do not fall within the category of persons entitled, in terms of the California Health and Safety Code, to obtain a certified copy of the Death Certificate of said JOAN D. SHELDON, I am unable to obtain and furnish such certified copy of her Death Certificate, but it

is respectfully submitted that the certification by the Fresno County Recorder of Exhibit "D" hereto should be accepted as a certification of the copy of the Death Certificate forming part of Exhibit "D" hereto.

5. Said AP No. 525-011-01-9 acquired jointly on February 26, 1985 by said late BYRON R SHELDON and JOAN D. SHELDON during their marriage, comprised community property, and, on the death of said JOAN D. SHELDON, her interest in said property passed to said BYRON R. SHELDON, her surviving spouse.
6. I attach hereto, marked "F", a Notarially certified copy of the Last Will and Testament of said late BYRON R. SHELDON. The Clause titled **Debt Clause** at page 2 thereof provides, in relevant part: **I direct that all my debt and obligation.....be paid as soon after my death as practical.** The Clause titled **Principal Distribution Clause** at the top of page 3 thereof provided in relevant part as follows: **I give, devise and bequeath to wife, WILMA JEAN SHELDON all of the residue and remainder of my gross estate, after the expenses, taxes, administrative costs and individual distributions."**
7. I married KURT DRURY on December 20, 2001 as appears from Exhibit "G" hereto, being a copy of my marriage certificate.
8. Having furnished all the relevant facts for an understanding of the matter above, I now proceed to declare as follows in terms of California Probate Code, Section 13101:
9. The DECEDENT is BYRON R. SHELDON.
10. The DECEDENT died at Fresno, California, on July 25, 2003.
11. At least 40 days have elapsed since the death of DECEDENT as shown in the Death Certificate, Exhibit "B" hereto.
12. The current gross fair market value of the DECEDENT'S real and personal property in California, excluding property described in Section 13050 of the California probate Code, does not exceed one hundred thousand dollars (\$100,000.00).
13. The following is a description of the property of the DECEDENT that is to be paid, transferred or delivered to me:

The sum of \$ 9,779.03, representing the excess proceeds resulting from the Tax Default Sale by the Riverside County Tax Collector during May, 2007 at Tax Default Sale No. TC 177 of AP No. 525-011-01-9 of which

the DECEDENT was, by virtue of the facts set forth above, the beneficial owner in its entirety.

14. By virtue of the facts set forth above, more particularly in Paragraph 6, I am the successor of the DECEDENT to the property described in Paragraph 13 above.
15. No other person has a superior right to the interest of the DECEDENT in the property described in Paragraph 13 above.
16. I request that the property described in Paragraph 13 above be paid, delivered or transferred to me.
17. Under penalty of perjury under the laws of the State of California, I declare the foregoing to be true and correct.

Wilma J. Drury
WILMA JEAN DRURY

Date: 11/30/07, 2007

38956

RECORDING REQUESTED BY
Joan Sheldon
AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO

NAME: Byron Sheldon
STREET ADDRESS: c/o Mary Jackson
CITY, STATE AND ZIP: 1404 E. Simpson
Fresno, Ca. 93704

Title Order No. _____ Escrow No. _____

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

FEB 26 1985

Recorded in Official Records
of Riverside County, California
William E. Conery
RECORDER
Fees \$ _____

PAID
Doc. Transfer Tax
WILLIAM E. CONERY
RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$.55 ✓
 computed on full value of property conveyed, or
 computed on full value less value of liens and encumbrances remaining at the time of sale.
Joan D. Sheldon
Signature of Declarant or Agent Determining Tax Firm Name

THE UNDERSIGNED GRANTOR(S) DECLARE(S) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.
CLIFFORD LOVE AND CORA E. LOVE
hereby remiss, release and forever quitclaim to
BYRON SHELDON AND JOAN D. SHELDON
the following described real property in the
County of RIVERSIDE, State of California:

LOT 779 MB 034/068 CABAZON SPRINGS

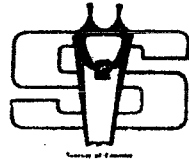
Assessor's parcel No. 525111011-9

Executed on November 29, 19 84, at FRESNO, CALIFORNIA
(City and State)

Clifford Love
Cora E. Love
Witnessed by *Joan D. Sheldon*

STATE OF CALIFORNIA

(WITNESS)
STATE OF CALIFORNIA
COUNTY OF FRESNO SS.
On November 29, 1984 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Joan D. Sheldon personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, as a witness thereto, who being by me duly sworn, deposited and said that he resides in Dunlap, Ca. that he was present and saw Clifford Love & Cora E. Love personally known to him (or proved to him on the basis of satisfactory evidence) to be the same person S described in and who executed the said within instrument, as the part ies thereto, sign, seal and deliver the same and that the said parties duly acknowledged in the presence of said affiant, that they executed the same, and that he, the said affiant, thereupon at their request, subscribed his name as a witness thereto.
WITNESS my hand and official seal.



FOR NOTARY SEAL OR STAMP
MARY K. JACKSON
NOTARY PUBLIC - CALIFORNIA
FRESNO COUNTY
By Commission Expires February 8, 1988

Mary K. Jackson
Mary K. Jackson

MAIL TAX STATEMENTS TO Byron Sheldon P.O. Box 87 Dunlap, Ca. 93621
NAME ADDRESS ZIP

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED TO:

NAME Byron R. Sheldon
STREET ADDRESS 2003 E Terrace
CITY, STATE & ZIP CODE Fresno Ca 93703

TITLE ORDER NO. _____ ESNOW NO. _____



Fresno County Recorder
William C. Greenwood
DOC- 1999-0133749

Wednesday, SEP 08, 1999 13:54:06
TCF \$1.00 MCD \$2.00 MIC \$1.00
DRF \$8.00
Ttl Pd \$10.00 Nbr-000518821
rgr/R4/1-2

2
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Calif
COUNTY OF Fresno

Byron R. Sheldon, of legal age, being first duly sworn, deposes and says:
That JOAN D Sheldon, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOAN D Sheldon named as one of the parties in that certain Grant Deed dated 4-19-1993, executed by Eloise I STROMAN

to Byron R. Sheldon AND JOAN D Sheldon Husband and Wife AS JOINT TENANTS as joint tenants, recorded as Instrument No. ~~990563~~ 990563 on April 19, 1993 in Book 12, Page 62, of the Official Records in the Office of the County Recorder of FRESNO County, State of CALIF, concerning the following described real property situated in the City of Fresno, County of Fresno, State of CALIF:

lot 64 of Routh Tract No 2 in the city of Fresno, County of Fresno, STATE of California, according to MAP Thereof recorded in Book 12 Page 62 of PLATS, Fresno County Records.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 40000.

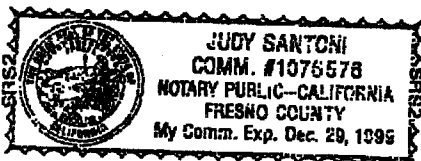
Dated Sept 4, 1999.

Byron R. Sheldon
(SIGNATURE OF JOINT TENANT)

BYRON R. SHELDON
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

(SIGNATURE OF JOINT TENANT)

(TYPE OR PRINT FULL NAME OF JOINT TENANT)



(SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME
this 4 day of SEPTEMBER, 1999.

Judy Santoni
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO:

WOLCOTT'S FORM 300 - Rev. 8-94
AFFIDAVIT - DEATH OF JOINT TENANT
(price class 3A)
©1994 WOLCOTT'S FORMS, INC.

Before you use this form, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcott's makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



7 6775 39300 2

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF HEALTH
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH 394100 04234

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLANK OR ONLY NO. ENCLOSED, INDICATED BY ALLOCATION 09-11 REV. 1/68		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST SURNAME		2. SURNAME		3. LAST PART	
JOAN		DOLOROS		SHELDON	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS		7. DATE OF DEATH MM/DD/CCYY	
10/05/1926		67		09/28/1994	
8. PLACE OF BIRTH		10. SOCIAL SECURITY NO.		11. SEX	
Canada		567-36-1170		F	
12. RACE		13. MARRIAGE STATUS		14. OCCUPATION	
White		MARRIED		Homemaker	
15. TYPE OF DEATH		16. PLACE OF DEATH		17. PLACE OF DEATH	
Home		Own Home		30	
18. RESIDENCE—STREET AND NUMBER OR LOCATION					
2003 E. Terrace					
19. CITY		20. COUNTY		21. ZIP CODE	
Fresno		Fresno		93703	
22. NAME OF INFORMANT					
Byron Sheldon - Husband					
23. ADDRESS OF INFORMANT					
2003 E. Terrace - Fresno, CA 93703					
24. NAME OF FATHER—FIRST		25. SURNAME		26. LAST PART	
Byron		Russell		Sheldon	
27. NAME OF FATHER—MIDDLE		28. SURNAME		29. LAST PART	
Charles		Roy		Allenson	
30. NAME OF MOTHER—FIRST		31. SURNAME		32. LAST PART	
Cora		Elvira		Richardson	
33. DATE OF BIRTH MM/DD/CCYY		34. DATE OF DEATH			
10/03/1954		Belmont Memorial Park - Fresno, CA			
35. TYPE OF BURIAL					
Burial					
36. NAME OF FUNERAL HOME		37. ADDRESS OF FUNERAL HOME		38. TELEPHONE NO.	
Whitehurst Chapel		FDI:46		7337	
39. PLACE OF BIRTH					
Fresno Community Hospital					
40. STREET ADDRESS—STREET AND NUMBER OR LOCATION					
Fresno & R Streets					
41. CITY					
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42. DEATH WAS REPORTED TO CORONER					
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CERTIFIED COPY OF VITAL RECORDS

173189

STATE OF CALIFORNIA
COUNTY OF FRESNO

DATE ISSUED
OCT 14 1994

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, FRESNO CO. DEPARTMENT OF HEALTH

This copy not valid unless prepared on computer by the displaying seal and signature of Registrar.

John Reinach, M.D.

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

Marriage Certificate

"A"

Clark County, Nevada

No. C 931537

This is to Certify that the undersigned did on the 28th day of February, 1998
at, 309 S. Third Street, Las Vegas, Nevada, join in lawful wedlock
Address or Church City

BYRON R. SHELDON of FRESNO, CALIFORNIA
and City State

WILMA J. TOW of FRESNO, CALIFORNIA
City State

with their mutual consent, in the presence of
LINDA GAILEY, DEPUTY

Glade Covington
Type or Print Name of Witness

Type or Print Official's Name & Title
LORETTA BOWMAN (Commissioner of Civil Marriage)

Linda Gailey
Signature of Official

Type or Print Church or Affiliation
309 South Third Street

Type or Print Address of Official
Las Vegas, Nevada 89155

Type or Print City, State, Zip

JUDITH A. VANDEVER, RECORDER

8:40 AM

RECORDING REQUESTED BY

11 E 01



AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME Byron R. Sheldon
STREET ADDRESS 2003 E Terrace
CITY STATE ZIP FRESNO Ca 95703

Fresno County Recorder
William C. Greenwood
DOC- 1999-0133750

Wednesday, SEP 08, 1999 13:55:12
TCF \$0.00 MOD \$1.00 NIC \$1.00
DRF \$5.00
Ttl Pd \$7.00 Nbr-0008190822
rgr/R4/1-1

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**GRANT DEED
JOINT TENANCY**

DOCUMENTARY TRANSFER TAX \$
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.

SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX FORM NAME

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Byron R. Sheldon (NAME OF GRANTEE(S))

grant to Byron R Sheldon AND Wilma J. Sheldon (NAME OF GRANTEE(S))
HUSBAND + WIFE, AS JOINT TENANTS,

all that real property situated in the City of FRESNO (or in an unincorporated area of) FRESNO County, State of CALIF, described as follows (insert legal description):

Lot 64 of Routh Tract No. 2 in city of Fresno, County of Fresno, state of California, according to the MAP Thereof Recorded in Book 12 Page 62 of PLATS, Fresno County Records.

Assessor's parcel No. 445-252-15

Executed on September 9, 1999, at FRESNO, CALIFORNIA (CITY AND STATE)

STATE OF CALIFORNIA
COUNTY OF FRESNO

Byron R Sheldon
SIGNATURE OF BYRON SHELDON

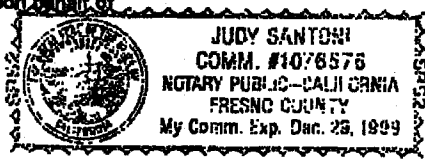
On 9-4-99 before me, JUDY SANTONI NOTARY (PUBLIC OFFICER, I.E. JAMES DOE, NOTARY PUBLIC)

personally appeared Byron R Sheldon

RIGHT THUMBPRINT (Optional)
TOP OF THUMB HERE

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

WITNESS my hand and official seal.



CAPACITY CLAIMED BY SIGNER(S)
 INDIVIDUAL(S)
 CORPORATE
OFFICERS _____ (TITLE)
 PARTNER(S) LIMITED GENERAL
 ATTORNEY IN FACT
 TRUSTEE(S)
 GUARDIAN/CONSERVATOR
 OTHER _____

MAIL TAX STATEMENT TO: 2003 E Terrace
FRESNO Ca 95703

WOLCOTT'S FORM 788 - (price class 3A)
GRANT DEED JOINT TENANCY-Rev. 3-94

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcott's makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO
FRESNO, CALIFORNIA

11
B

CERTIFICATE OF DEATH

3200310 003458

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND SIGNATURES, INITIALS OR ALTERATIONS VS-1 (REV. 1/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Byron		2. MIDDLE Russell		3. LAST (Family) Sheldon	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/29/1926		5. AGE Yrs 77	
9. BIRTH STATE/FOREIGN COUNTRY NE		10. SOCIAL SECURITY NUMBER 507-22-0047		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) Divorced		7. DATE OF DEATH mm/dd/yyyy 07/25/2003		8. HOUR (24 Hours) 2206	
13. EDUCATION - Highest Level/Degree (two worksheets on back) 9		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) Caucasian	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Welder		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Iron Workers Union #155		19. YEARS IN OCCUPATION? 50	
20. DECEDENT'S RESIDENCE (Street and number or location) 2003 E Terrace					
21. CITY Fresno		22. COUNTY/PROVINCE Fresno		23. ZIP CODE 93703	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP Eldon Sheldon - Brother			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 846 Cortez Ave, Lady Lake, FL 32159		
28. NAME OF SURVIVING SPOUSE - FIRST -		29. MIDDLE -		30. LAST (Maiden Name) -	
31. NAME OF FATHER - FIRST Fred		32. MIDDLE -		33. LAST Sheldon	
34. BIRTH STATE NE		35. NAME OF MOTHER - FIRST Blanche		36. MIDDLE -	
37. LAST (Maiden) Michaels		38. BIRTH STATE NE			
39. DISPOSITION DATE mm/dd/yyyy 08/02/2003		40. PLACE OF FINAL DISPOSITION Belmont Memorial Park, Fresno CA			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not embalmed		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT Whitehurst Funeral Chapel		45. LICENSE NUMBER FD 1146		46. SIGNATURE OF LOCAL REGISTRAR [Signature]	
47. DATE mm/dd/yyyy 07/31/2003					
101. PLACE OF DEATH St Agnes Medical Center		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY Fresno		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1303 E Herndon		106. CITY Fresno	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) → Cardio pulmonary arrest Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Cerebro vascular disease		108. DEATH REPORTED TO CORONER? REFERRAL NUMBER 7-217 <input checked="" type="checkbox"/> YES <input 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 RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: Diabetes mellitus					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) No		114. SIGNATURE AND TITLE OF CERTIFIER [Signature]		115. LICENSE NUMBER A78177	
116. DATE mm/dd/yyyy 02/06/2002		117. DATE mm/dd/yyyy 04/15/2003		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Adim Saini MD, 7300 N Fresno, Fresno CA 93720	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # 93638	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF FRESNO

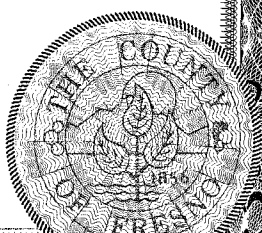
DATE ISSUED **NOV 05 2007**



This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

Robert C. Werner
ROBERT C. WERNER
COUNTY RECORDER



11
F
11

THE
LAST WILL AND TESTAMENT
OF
BYRON RUSSELL SHELDON

Introductory Clause

I, BYRON RUSSELL SHELDON, a resident of Fresno County, State of California, and being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, thereby revoking and making null and void any and all other Last Wills and Testaments and/or Codicils to Last Wills and Testaments heretofore made by me. All reference herein to this Will shall be construed as referring to this Last Will and Testament only.

I am married to WILMA JEAN SHELDON. My wife and I have no children.

I was previously married to Joyce Sheldon (deceased) and Joan Sheldon (deceased). During my marriage to Joyce Sheldon, she had two children, Donald Sheldon and Kathy Jo Sheldon. During my marriage to Joan, I helped to raise my step-children, Bobby Jackson, Sharon Jackson, and Russell Nelson. We had no natural children and I did not adopt my step-children.

I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE ORIGINAL OF THIS
DOCUMENT GIVEN TO ME FOR
COPYING AND CERTIFYING THIS 3/2

DAY OF October, 20 07

[Signature]

[Signature]

Residency Clause

FIRST: In the event that I may temporarily reside outside of, or simply be absent from, the State of California, my domicile at the time of my death, I elect and hereby declare this Will and each and every disposition and provision contained herein shall be construed and regulated by and in accordance with the laws of California; and the validity and effect of this Will and each and every disposition and provision contained herein shall be governed by the laws of the State of California.

Debt Clause

SECOND: I direct that all my debts and obligation, including funeral expenses, and expenses incident to my last illness be paid as soon after my death as practical; excepting any mortgage indebtedness or long term contractual indebtedness secured either by real or personal property or both, which may exist as part of this, my estate, may be continued and assumed by the beneficiary of said property.

Survivorship Clause

THIRD: If any person named and designated a beneficiary, other than the principal beneficiary, shall not survive me, then that share of my estate shall be given to the principal beneficiary.

I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE ORIGINAL OF THIS
DOCUMENT GIVEN TO ME FOR
COPYING AND CERTIFYING THIS 3/2

DAY OF October, 20 07

Callie



Principal Distribution Clause

FOURTH: I give, devise and bequeath to wife, WILMA JEAN SHELDON, all of the residue and remainder of my gross estate, after the expenses, taxes, administrative costs and individual distributions.

In the event my wife predeceases me, I leave all the residue and remainder of my gross estate, after the expenses, taxes, administrative costs and individual distributions, to my brother ELDON SHELDON (Smokey) of Lady Lake, Florida.

In the event ELDON SHELDON predeceases me, I leave all the residue and remainder of my gross estate, after the expenses, taxes, administrative costs and individual distributions to my brother FRED SHELDON, Jr., of Las Vegas, Nevada.

General Appointment Clause

FIFTH: I hereby name, nominate and appoint WILMA JEAN SHELDON, as Administer and Executor of my estate, to act without bond; and to have all the powers to sell, transfer, lease or mortgage any of the property of my estate in her absolute discretion as she deems necessary or advisable to the proper or convenient administration of my estate.

In the event Wilma Jean Sheldon is unwilling or unable to serve as Administer and Executor of my estate, I appoint ELDON SHELDON to so serve under the same terms and conditions.

I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE ORIGINAL OF THIS
DOCUMENT GIVEN TO ME FOR
COPYING AND CERTIFYING THIS 31

DAY OF October, 2007



**In the event Eldon Sheldon is unwilling or unable to serve as
Administer and Executor of my estate, I appoint Fred Sheldon to so serve
under the same terms and conditions.**

Individual Distribution Clause

**SIXTH: As separate and individual distributions, I bequeath the
following:**

**1. To my step-children, BOBBY JACKSON, SHARON JACKSON,
and RUSSELL NELSON, I leave the full and only sum of One Dollar (\$1.00)
each.**

**2. To DONALD SHELDON and KATHY JO SHELDON (married
name unknown), regardless of whether they are my biological children or
otherwise, I leave the full and only sum of One Dollar (\$1.00) each.**

Savings Clause

**SEVENTH: In the event any of the separate provisions of this Will
should be held invalid, the invalidity of such provision or provisions shall not
affect any other provision hereof, as it is my intention that each of the separate
provisions shall be independent of each of the others so that all valid provisions
shall be strictly enforced irrespective of the invalidity of any of the others.**

No Contest Clause

**EIGHTH: In the event that anyone named or unnamed herein,
including, but not limited to, my step-children, children, or any other relative,**

**I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE ORIGINAL OF THIS
DOCUMENT GIVEN TO ME FOR
COPYING AND CERTIFYING THIS**

**DAY OF October, 2007
Carson**

attempts in any way to contest the terms of this Will, that person or persons shall take nothing by way of this Will and any amount left to him or her herein shall revert to the Principal Beneficiary as though that person predeceased me.

IN WITNESS WHEREOF, I hereunto set my name to this my Last Will and Testament, this 13 day of Sept., 1999.

Byron Russell Sheldon
BYRON RUSSELL SHELDON

Attestation Clause

THIS LAST WILL AND TESTAMENT, consisting of 5 pages including this page, which have been separately signed by Byron Russell Sheldon, the Testator, was, on the date last mentioned, signed, sealed and declared by the above-named Testator, as his Last Will and Testament in the presence of each of us, and at the same time, we, at his request, in his presence and in the presence of each other, hereunto subscribed our names as witnesses thereto; this attestation clause having first been read aloud; and we hereby certify that at the time of the execution hereof, we believed said Testator to be of sound and disposing mind and memory.

1. Jay E. Munn 2. Mid N. Quatraro
1001 Aylmer 455 A Pollasky
Clavis, CA 93612 Clavis, CA 93612

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL OF THIS DOCUMENT GIVEN TO ME FOR COPYING AND CERTIFYING THIS 31st

DAY OF October, 20 02

Carl W. Copes

Carl W. Copes, Notary Public No. 5246

STATE OF LOUISIANA CERTIFICATE OF MARRIAGE

11 21
G

LICENSE NO. 48748

STATE FILE NO. 117

GROOM	1A. LAST NAME OF GROOM DRURY		1B. FIRST NAME KURT		1C. SECOND NAME DONALD	
	2. USUAL RESIDENCE - CITY, TOWN, OR LOCATION SHREVEPORT			3. IS RESIDENCE INSIDE CITY LIMITS? YES [] NO [] Y	4. PARISH/COUNTY CADDO	5. STATE LOUISIANA
	6. RACE WHITE	7. DATE OF BIRTH (Month-Day-Year) 11/27/1943	8. STATE OF BIRTH (If not in U.S.A., Name Country) MINNESOTA			
9. FATHER - NAME ARTHUR C DRURY			10. STATE OF BIRTH (If not in U.S.A., Name Country) MINNESOTA	11. MOTHER - MAIDEN NAME MAXINE E ROST		12. STATE OF BIRTH (If not in U.S.A., Name Country) IOWA
BRIDE	13A. LAST NAME OF BRIDE SHELDON		13B. FIRST NAME WILMA		13C. SECOND NAME JEAN	
	14. USUAL RESIDENCE - CITY, TOWN, OR LOCATION SHREVEPORT			15. IS RESIDENCE INSIDE CITY LIMITS? YES [] NO [] Y	16. PARISH/COUNTY CADDO	17. STATE LOUISIANA
	18. RACE WHITE	19. DATE OF BIRTH (Month-Day-Year) 09/12/1940	20. STATE OF BIRTH (If not in U.S.A., Name Country) CALIFORNIA			
21. FATHER - NAME DONALD LONG			22. STATE OF BIRTH (If not in U.S.A., Name Country) OKLAHOMA	23. MOTHER - MAIDEN NAME EZKIEL UPTON		24. STATE OF BIRTH (If not in U.S.A., Name Country) OKLAHOMA

COVENANT MARRIAGES

24A. Covenant Marriage: yes [] no [] (If yes, complete the following statement.)
 We, _____ and _____
 do hereby declare our intent to contract a Covenant Marriage and, accordingly, have executed a declaration of intent attached hereto.

SIGNATURE

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

25. GROOM'S SIGNATURE: *Kurt D. Drury*
 26. BRIDE'S SIGNATURE: *Wilma J. Sheldon*

LICENSE TO MARRY

This License Authorizes the Marriage of This State of the Parties Named Above By Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the State of Louisiana.

27. EXPIRATION DATE (Month, Day, Year and Time)
JAN 9, 2002 2:40 PM

28. SUBSCRIBED TO AND SWORN TO BEFORE ME ON (Month, Day, Year)
By: **DEC 10, 2001**

29. SIGNATURE OF ISSUING OFFICIAL: *Delma H. Roy*
 30. TITLE OF ISSUING OFFICIAL: **DEPUTY CLERK**

31. PARISH: **BOSSIER**
 32. CITY OR TOWN: **BENTON**
 33. TIME OF ISSUE: **DEC 10, 2001 2:40 PM**

CEREMONY

34. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)
Dec 10, 2001 at 3:45 PM

35. WHERE MARRIED - CITY, TOWN, OR LOCATION
Shreveport

36. PARISH
Caddo

37. SIGNATURE OF PERSON PERFORMING CEREMONY: *Tom Brinson Jr*
 38. NAME (Type/Print): **Tom Brinson Jr**
 39. TITLE: **Minister**

40. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)
8353 Janna Dr, Greenwood, La 71033

41A. GROOM'S SIGNATURE: *Kurt Donald Drury*
 41B. BRIDE'S SIGNATURE: *Wilma Long Sheldon*

42A. SIGNATURE OF WITNESS TO CEREMONY: *James Mitts*
 42B. SIGNATURE OF WITNESS TO CEREMONY: *Sumedha C. Napp*

RECORDING OFFICIAL

43. SIGNATURE OF LOCAL RECORDING OFFICIAL: *Span L. Carraway*
 44. DATE FILED (Month, Day, Year): **JANUARY 2, 2002**

STATE OF LOUISIANA
PARISH OF BOSSIER

I HEREBY CERTIFY THAT THIS CERTIFICATE HAS BEEN DULY RECORDED IN MARRIAGE BOOK 79 PAGE 543 ON THIS THE 8th DAY OF January, 2002

JOAN L. CARRAWAY, Clerk of Court
Sharon H. Aesch
DEPUTY CLERK

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 177 Item 200 Assessment No.: 525111011-9

Assessee: SHELDON, BYRON & JOAN D

Situs:

Date Sold: March 12, 2007

Date Deed to Purchaser Recorded: May 3, 2007

Final Date to Submit Claim: May 3, 2008

RECEIVED
07 JUN 21 AM 6:44
RIVERSIDE COUNTY
TREASURER/TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 2599⁰⁰ 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. 2004-0473952; recorded on 06/21/2004. 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.

See Attached documents

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 Wednesday day of June 13th, 2007 at San Bernardino, CA
County, State

Signature of Claimant

Signature of Claimant

Chris Hubbell CEO Western Carpet Care

Print Name

Print Name

P.O. Box 9081

Street Address

Street Address

Redlands, CA 92375

City, State, Zip

City, State, Zip

909-747-5512

Phone Number

Phone Number

909-794-0333

Western Carpet @ AOL.com

Re: 24069041.041

DOC # 2004-0473952

06/21/2004 08:00A Fee:7.00

Page 1 of 1

Recorded in Official Records

County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder

31225



WESTERN CARPET CARE
P. O. BOX 9081
REDLANDS

CA 92375

M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
A	R	L			COPY	LONG	REFUND	NCHG	EXAM

2

MECHANIC'S LIEN

(Claim of Lien)

(IN ACCORDANCE WITH CALIFORNIA § 3084)

C
AK

The undersigned, WESTERN CARPET CARE referred to in this claim of lien as the Claimant, claims a mechanic's lien for the labor, services, equipment and/or materials described below, furnished for a work of improvement upon that certain real property located in the County of RIVERSIDE, State of California, and described as follows:

RYNDA DRENNAN
1177 GAINSBOROUGH
BEAUMONT CA

After deducting all just credits and offsets, the sum of \$1,856.44, together with interest thereon at the rate of 10 percent per annum of which is due Claimant as of FEBRUARY 22, 2004 for the following labor, services, equipment and/or materials furnished by Claimant: SUPPLIED WATER DAMAGE / DRY OUT SERVICES

The name of the person or company by whom Claimant was employed, or to whom Claimant furnished the labor, services, equipment and/or materials is:

RYNDA DRENNAN
1177 GAINSBOROUGH
BEAUMONT CA 92223

The name(s) and address(es) of the owner(s) or reputed owner(s) of the real property is/are:

JOAN SHELDON
TRUSTEE OF THE JOAN SHELDON TRUST
C/ O RYNDA DRENNAN
1177 GAINSBOROUGH
BEAUMONT CA 92223

Claimant: WESTERN CARPET CARE

By: **CHRIS HUBBELL**
(Signature and title of claimant or authorized agent) - (Print name of person signing)

VERIFICATION

I, the undersigned, declare: I am the President of WESTERN CARPET CARE the Claimant named in the foregoing claim of mechanic's lien; I am authorized to make the verification for the Claimant; I have read foregoing claim of mechanic's lien and know the contents thereof, and the same is true of my own knowledge.

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

6-18-04

(Date of Signature)

(Signature of the individual who verifies that the contents of the claim of mechanic's lien are true)

31225

CALIFORNIA PRELIMINARY NOTICE

24020171

IN ACCORDANCE WITH SECTIONS 3097 AND 3098, CALIFORNIA CIVIL CODE
THIS IS NOT A LIEN AND THIS IS NOT A REFLECTION ON THE INTEGRITY OF ANY CONTRACTOR OR SUBCONTRACTOR

YOU ARE HEREBY NOTIFIED THAT:
(NAME AND ADDRESS OF CLAIMANT)

Western Carpet Care
P. O. Box 9081
Redlands CA 92375

THE NAME AND ADDRESS OF ANY LENDER
OR REPUTED LENDER (IF KNOWN)

No Lender

**YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT HAS FURNISHED OR
WILL FURNISH LABOR, SERVICES, EQUIPMENT OR MATERIALS, OF
THE FOLLOWING GENERAL DESCRIPTION:**

Water Damage / Dry Out Services

THE BUILDING, STRUCTURE OR IMPROVEMENT IS LOCATED AT:

Rynda Drennan
1177 Gainsborough
Beaumont CA

THE NAME AND ADDRESS OF THE OWNER
OR REPUTED OWNER IS:

Joan Sheldon Tr.
C/O Rynda Drennan
1177 Gainsborough
Beaumont CA 92223

**THE NAME AND ADDRESS OF THE PERSON OR FIRM WHO
CONTRACTED SUCH LABOR, SERVICES, EQUIPMENT OR MATERIAL
IS:**

Rynda Drennan
1177 Gainsborough
Beaumont CA 92223

**AN ESTIMATE OF THE TOTAL PRICE OF THE LABOR, SERVICES,
EQUIPMENT, OR MATERIALS FURNISHED OR TO BE FURNISHED IS:**

\$ 1,856.44

NOTICE TO PROPERTY OWNER

IF BILLS ARE NOT PAID IN FULL FOR THE LABOR, SERVICES, EQUIPMENT, OR MATERIALS FURNISHED OR TO BE FURNISHED, A MECHANIC'S LIEN LEADING TO THE LOSS, THROUGH COURT FORECLOSURE PROCEEDINGS, OF ALL OR PART OF YOUR PROPERTY BEING SO IMPROVED MAY BE PLACED AGAINST THE PROPERTY EVEN THOUGH YOU HAVE PAID YOUR CONTRACTOR IN FULL. YOU MAY WISH TO PROTECT YOURSELF AGAINST THIS CONSEQUENCE BY (1) REQUIRING YOUR CONTRACTOR TO FURNISH A SIGNED RELEASE BY THE PERSON OR FIRM GIVING YOU THIS NOTICE BEFORE MAKING PAYMENT TO YOUR CONTRACTOR (2) ANY OTHER METHOD OR DEVICE THAT IS APPROPRIATE UNDER THE CIRCUMSTANCES. OTHER THAN RESIDENTIAL HOMEOWNERS OF DWELLINGS CONTAINING FEWER THAN FIVE UNITS, PRIVATE PROJECT OWNERS MUST NOTIFY THE ORIGINAL CONTRACTOR AND ANY LIEN CLAIMANT WHO HAS PROVIDED THE OWNER WITH A PRELIMINARY 20-DAY LIEN NOTICE IN ACCORDANCE WITH SECTION 3097 OF THE CIVIL CODE THAT A NOTICE OF COMPLETION OR NOTICE OF CESSATION HAS BEEN RECORDED WITHIN 10 DAYS OF ITS RECORDATION. NOTICE SHALL BE BY REGISTERED MAIL, CERTIFIED MAIL, OR FIRST CLASS MAIL, EVIDENCED BY A CERTIFICATE OF MAILING. FAILURE TO NOTIFY WILL EXTEND THE DEADLINE TO RECORD A LIEN

THE NAME AND ADDRESS OF THE
ORIGINAL CONTRACTOR IS:

No General Contractor

THE NAME AND ADDRESS OF THE
SUBCONTRACTOR OR PERSON OR FIRM WHO
CONTRACTED SERVICES:

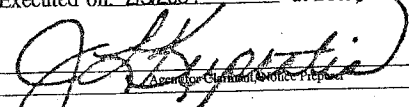
Rynda Drennan
1177 Gainsborough
Beaumont CA 92223

PROOF OF SERVICE AFFIDAVIT

I, J. L. KUPRATIS, declare:

That I served copies of this Notice by first class certified mail, postage prepaid on the Lender, Owner and Original Contractor at their respective addresses as shown on this document on: 2/5/2004

I declare, under penalty of perjury, that the foregoing is true and correct. Executed on: 2/5/2004 at Brea, California.



Western Carpet Care

273 S. Pershing Suite 1
San Bernardino, CA 92403
909-889-0558
FAX-909-889-8020

Administrative Information	
Type of Estimate: Water	Home: (909) 845-9667
Client: Rynda Drennan	
Home: 1177 Gainsbourough Beamont, CA 92223	
Operator: CHRIS	
Date Entered: 1/27/2004	Date Assigned: 1/21/2004
Price List: CABD1S4A	
Estimate: DRENNAN	
File Number: THM000168717	

Cunningham Library

Collection

*Mailed
2-9-04*

Attn: Diana

THM000168717

Please Send checks to

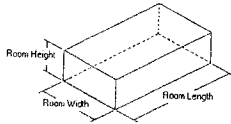
Western Carpet Care
P.O. Box 8091
Redlands, CA 92375
909-440-6990

Transfer ID # 92-0179266

Western Carpet Care

273 S.Pershing Suite 1
 San Bernardino, CA 92408
 909-889-0558
 FAX-909-889-8020

DRENNAN



Room: Closet

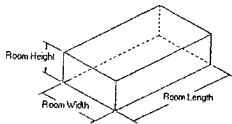
LxWxH 5'0" x 3'0" x 8'0"

128.00 SF Walls	15.00 SF Ceiling
143.00 SF Walls & Ceiling	15.00 SF Floor
1.67 SY Flooring	16.00 LF Floor Perimeter
40.00 SF Long Wall	24.00 SF Short Wall
16.00 LF Ceil. Perimeter	

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
CON	CLOSET	+ CONTENT MANIPULATION - CLOSET				
	I		1.00 EA		19.00=	19.00
WTR	GRM	+ Apply anti-microbial agent				
	F		15.00 SF		0.22=	3.30
WTR	LIFT	+ Lift carpet for drying				
	F		15.00 SF		0.31=	4.65
WTR	PAD	- Remove Tear out wet carpet pad and bag for disposal				
	F		15.00 SF	0.32+		4.80

Room Totals: Closet

31.75



Room: Hallway

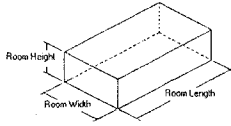
LxWxH 6'0" x 3'0" x 8'0"

144.00 SF Walls	18.00 SF Ceiling
162.00 SF Walls & Ceiling	18.00 SF Floor
2.00 SY Flooring	18.00 LF Floor Perimeter
48.00 SF Long Wall	24.00 SF Short Wall
18.00 LF Ceil. Perimeter	

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
WTR	GRM	+ Apply anti-microbial agent				
	F		18.00 SF		0.22=	3.96
WTR	LIFT	+ Lift carpet for drying				
	F		18.00 SF		0.31=	5.58

Western Carpet Care

273 S.Pershing Suite 1
 San Bernardino, CA 92408
 909-889-0558
 FAX-909-889-8020



Room: Living Room

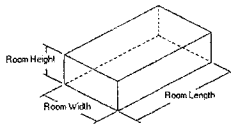
LxWxH 14'0" x 11'0" x 8'0"

400.00	SF Walls	154.00	SF Ceiling
554.00	SF Walls & Ceiling	154.00	SF Floor
17.11	SY Flooring	50.00	LF Floor Perimeter
112.00	SF Long Wall	88.00	SF Short Wall
50.00	LF Ceil. Perimeter		

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
CON	ROOM	+ Contents - move out then reset				
	1		1.00 EA		50.52=	50.52
WTR	GRM	+ Apply anti-microbial agent				
	F		154.00 SF		0.22=	33.88
WTR	LIFT	+ Lift carpet for drying				
	F		154.00 SF		0.31=	47.74
WTR	PAD	- Remove Tear out wet carpet pad and bag for disposal				
	F		154.00 SF	0.32+		49.28

Room Totals: Living Room

181.42



Room: MISCELLANEOUS

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
DMO	LAB	- General Demolition - per hour				
	1.5		1.50 HR	35.30+		52.95
DMO	PU	- Haul debris - per pickup truck load - including dump fees				
	1		1.00 EA	104.20+		104.20
WTR	DHM>	* + Dehumidifier unit (per day) - Large - No monitoring 2 for 3 days				
	6		6.00 EA		80.00=	480.00
WTR	DRY	* + Air mover (per day) - No monitoring 4 for 3 days				
	12		12.00 EA		26.00=	312.00

Western Carpet Care

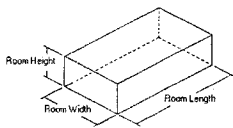
273 S.Pershing Suite 1
 San Bernardino, CA 92408
 909-889-0558
 FAX-909-889-8020

CONTINUED - MISCELLANEOUS

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
WTR	EQ	* + Equipment setup, take down, and monitoring (no show fri 1/23/04)	3.00 EA		38.27=	114.81
WTR	ESRVD	+ Emergency service call - during business hours	1.00 EA		102.06=	102.06
WTR	WALL	+ Wall cavity drying - Injector type (per day) No monitoring	3.00 DA		140.00=	420.00

Room Totals: MISCELLANEOUS

1,586.02



Room: Closet2

LxWxH 3'0" x 3'0" x 8'0"

96.00 SF Walls	9.00 SF Ceiling
105.00 SF Walls & Ceiling	9.00 SF Floor
1.00 SY Flooring	12.00 LF Floor Perimeter
24.00 SF Long Wall	24.00 SF Short Wall
12.00 LF Ceil. Perimeter	

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
CON	CLOSET	+ CONTENT MANIPULATION - CLOSET	1.00 EA		19.00=	19.00
WTR	GRM	+ Apply anti-microbial agent	9.00 SF		0.22=	1.98
WTR	LIFT	+ Lift carpet for drying	9.00 SF		0.31=	2.79
WTR	PAD	- Remove Tear out wet carpet pad and bag for disposal	9.00 SF	0.32+		2.88

Room Totals: Closet2

26.65

Line Item Totals: DRENNAN

1,856.44

Western Carpet Care

273 S.Pershing Suite 1
San Bernardino, CA 92408
909-889-0558
FAX-909-889-8020

Grand Total Areas:

912.00 SF Walls	214.00 SF Ceiling	1,126.00 SF Walls & Ceiling
214.00 SF Floor	23.78 SY Flooring	114.00 LF Floor Perimeter
272.00 SF Long Wall	184.00 SF Short Wall	114.00 LF Ceil. Perimeter

Western Carpet Care

273 S.Pershing Suite 1
San Bernardino, CA 92408
909-889-0558
FAX-909-889-8020

Summary for Water	
Line Item Total	1,856.44
Grand Total	1,856.44

Western Carpet Care

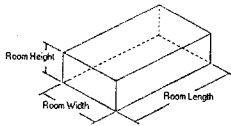
273 S.Pershing Suite 1
 San Bernardino, CA 92408
 909-889-0558
 FAX-909-889-8020

CONTINUED - Hallway

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
WTR	PAD F	- Remove Tear out wet carpet pad and bag for disposal	18.00 SF	0.32+		5.76

Room Totals: Hallway

15.30



Room: HALLWAY 2

LxWxH 6'0" x 3'0" x 8'0"

144.00 SF Walls	18.00 SF Ceiling
162.00 SF Walls & Ceiling	18.00 SF Floor
2.00 SY Flooring	18.00 LF Floor Perimeter
48.00 SF Long Wall	24.00 SF Short Wall
18.00 LF Ceil. Perimeter	

CAT	SEL CALC	ACT DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
WTR	GRM F	+ Apply anti-microbial agent	18.00 SF		0.22=	3.96
WTR	LIFT F	+ Lift carpet for drying	18.00 SF		0.31=	5.58
WTR	PAD F	- Remove Tear out wet carpet pad and bag for disposal	18.00 SF	0.32+		5.76

Room Totals: HALLWAY 2

15.30

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:

EP177 Item200
 Western Carpet Care
 Attn: Chris Hubbell
 PO Box 9081
 Redlands, CA 92375

2. Article Number:

PS

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Chris Hubbell</i>		<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery 8/24/09	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
3. Service Type			
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail		
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise		
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

August 17, 2009

Western Carpet Care
 Attn: Chris Hubbell
 PO Box 9081
 Redlands, CA 92375

Re: Apn: 525111011-9
 TC 177 Item 200
 Date of Sale: March 12,

102595-02-M-154

Dear Western Carpet Care:

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 type="checkbox"/> Copy of Marriage Certificate for |
| <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 checked="" 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's of | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input type="checkbox"/> Other - |

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

Western Carpet Care, A California Corporation

31159 S. Outer HWY 10, Redlands, CA 92373
MAILING: PO Box 9081, Redlands, CA 92375
Office: 909-794-0333
FAX: 909-794-0057
westerncarpet@aol.com

August 28, 2009

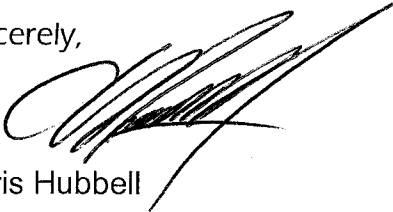
Desiree Taylor
Riverside County Treasurer-Tax Collector
4080 Lemon St., 4th Floor
Riverside, CA, 92502

Re: Apn: 525111011-9
TC 177 Item 200
Date of Sale: March 12, 2007

Dear Ms. Taylor,

Regarding your request for an "Updated Statement of Monies Owed" for Apn: 525111011-9, TC 177 item 200, Western Carpet Care (WCC) is only requesting to be paid the amount originally due at time of services; therefore, WCC will accept \$1,856.44 (One thousand eight hundred fifty-six dollars and .44 cents) as payment in full.

Sincerely,



Chris Hubbell

JON CHRISTENSEN
ASSISTANT TREASURER-TAX COLLECTOR

SUE BAUER
SR. CHIEF DEPUTY TREASURER-TAX COLLECTOR

DEBBIE BASHE
INFORMATION TECHNOLOGY OFFICER II

GIOVANE PIZANO
INVESTMENT MANAGER



DON KENT
TREASURER

GARY COTTERILL
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MATT JENNINGS
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MELISSA JOHNSON
CHIEF DEPUTY TREASURER-TAX COLLECTOR

ADRIANNA GOMEZ
ADMINISTRATIVE SERVICES MANAGER I

August 17, 2009

Western Carpet Care
Attn: Chris Hubbell
PO Box 9081
Redlands, CA 92375

Re: Apn: 525111011-9
TC 177 Item 200
Date of Sale: March 12, 2007

Dear Western Carpet Care:

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 type="checkbox"/> Copy of Marriage Certificate for |
| <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 checked="" 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's of | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input type="checkbox"/> Other - |

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

EX:

RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

4080 LEMON STREET, 4TH FLOOR * P.O. BOX 12005 * RIVERSIDE, CALIFORNIA 92502
WWW.RIVERSIDETAXINFO.COM * (951) 955-3900 * 1(877) 748-2689 * FAX (951) 955-3923