

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

JUL 28 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 177, Item 262.
Last assessed to: Yetta Norinsky.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Global Discoveries, Ltd., assignee for Harold Horwitz, heir to the Estate of Yetta Norinsky, last assessee, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 654030009-1;
- 2) Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Harold Horwitz, heir to the Estate of Yetta Norinsky in the amount of \$22,615.74, 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.

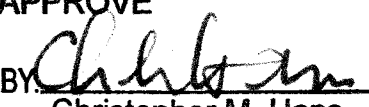
BACKGROUND: (Continued on page two)



Don Kent, Treasurer-Tax Collector

FINANCIAL DATA	Current F.Y. Total Cost:	\$22,615.74	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

FORM APPROVED COUNTY COUNSEL
BY:  DALE A. GARDNER
DATE: 7/28/10
Departmental Concurrence

Policy Policy
Consent Consent

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

BOARD OF SUPERVISORS

Form 11:

Page 2

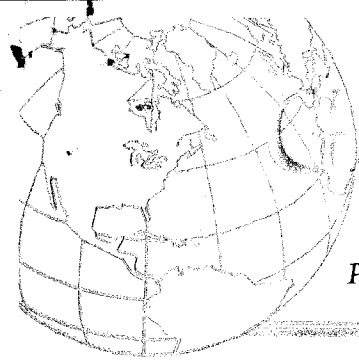
BACKGROUND: (Continued)

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 one claim for excess proceeds:

- 1) Claim from Global Discoveries, Ltd., assignee for Harold Horwitz, heir to the Estate of Yetta Norinsky based on an Assignment of Right to Collect Excess Proceeds dated January 20, 2008, a Grant Deed recorded January 25, 1967 as Instrument No. 6808, Affidavit's under California Probate Code Section, Assignment's of Right to Collect Excess Proceeds from Judith I. Marx, Edward A. Bleier and Howard Levinson to Harold Horwitz and the death certificates of Yetta Levinson, Lillian Bleier and Paul Levinson.

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 Harold Horwitz, heir to the Estate of Yetta Norinsky be awarded excess proceeds in the amount of \$22,615.74. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.



GLOBAL DISCOVERIES, LTD.

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

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

CLAIM SUMMARY

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 654030009-1
 Last Assessee: NORINSKY YETTA
 Sale Date: 3/12/2007
 Tax Sale Number: TC177
 Item Number: 262
 Default Number: 2001-654030009-0000
 Deadline Date: 5/3/2008

RECEIVED
 2008 MAY -6 PM 4:51
 RIVERSIDE COUNTY
 TREAS - TAX COLLECTOR
 Postmarked May 1, 2008 - DJR

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 Yetta Norinsky as Document #6808 Recorded 1/25/1967
2. Explanation of Facts
3. Declaration of Facts
4. Death Certificate for Yetta Norinsky *(to follow)*
5. Probate Affidavit: *Decedent*; Yetta Norinsky *Heir*; Harold Horwitz
6. Death Certificate for Minnie Horwitz
7. Death Certificate for Lorraine Horwitz
8. Probate Affidavit: *Decedent*; Lorraine *Heir*; Harold Horwitz
9. Birth Certificate for Harold Horwitz
10. Assignment of Excess Proceeds signed by Harold Horwitz as heir to The Estate of Lorraine Horwitz, who was heir to The Estate of Yetta Norinsky
11. Claim Form(s) signed by Global Discoveries.
12. Photo ID for Harold Horwitz

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

- One warrant in the amount of \$22,615.74 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.



EXPLANATION OF FACTS

- Yetta Norinsky, became the owner of record of parcel #854030009-1 on 1/25/1967.
- After her husband, Hyman Norinsky, passed away on 2/16/1974, Yetta sometimes used her former married name, Yetta Levinson.
- Yetta Norinsky, aka Yetta Levinson, passed away on 11/11/1978.
- At the time of her passing, Yetta Norinsky was predeceased by her husband, and was survived by her two children, Paul J. Levinson and Lillian (Levinson) Bleier. According to Probate Code 6402.5 (a) Paul Levinson and Lillian Blier are entitled to collect the excess proceeds funds.
- However both Paul and Lillian have also passed away. Following is information regarding their passing and their heirs:
 - Paul J. Levinson passed away 10/25/1999. At the time of his passing he was a widower and was survived by his only child, Howard Levinson.
 - Lillian (Levinson) Bleier passed away 7/17/2008. At the time of her passing, she was a widow and was survived by her two children, Edward Bleier and Judith Marx.
- Howard Levinson, Edward Bleier and Judith Marx are the grandchildren of Yetta Norinsky, and are the qualified heirs to The Estate of Yetta Norinsky.
- Howard Levinson, Edward Bleier, and Judith Marx have assigned their right to collect the excess proceeds to Harold Horwitz.

6505

RECORDING REQUESTED BY:

HAL L. COCKEY, Esq.

AND WHEN RECORDED MAIL TO:

Name: COCKEY & COCKEY
Street Address: 2760 Wilshire Boulevard
City & State: Los Angeles, California 90004

RECEIVED FOR RECORD
JAN 25 1967

34 Min. Past 9
11:00 AM
of Riverside County, California

THIS LINE FOR RECORDER'S USE

Name: YETTA KORINSKY
Street Address: 2541 West Fitch Avenue
City & State: Chicago, Illinois 60645



ALIX LR THIS SPACE

Grant Deed

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
MINNIE HORWITZ and LORRAINE HORWITZ

hereby GRANT(S) to YETTA KORINSKY

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

A portion of Parcel No. 19 of Record of Survey of a portion of the West one-half of Section 3, Township 3 South, Range 5 East, San Bernardino Base and Meridian on file in Book 22, Page 25 of Records of Survey, of Riverside County, California, and more particularly described as follows: Commencing at the Southeast corner of Parcel No. 19, thence North along the East boundary of said parcel a distance of 182.495 feet to the true point of beginning; Thence West-ly to a point on the West boundary 182.3675 feet from the South boundary of said parcel; Thence North-ly along the West boundary of said parcel a distance of 152.3675 feet thence Easterly to a point on the East boundary 334.99 feet from the South boundary of said parcel. Thence Southerly along the East boundary of said parcel a distance of 152.495 feet to the point of beginning.

Subject to:

- 1. Rights, rights of way and easements for public utilities, alleys and streets; and covenants, conditions, and restrictions, now of record, if any.

Paid: _____

Minnie Horwitz
MINNIE HORWITZ

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE
On this 19th day of January 1967 before me, the under signed Notary Public in and for said State, personally appeared MINNIE HORWITZ and LORRAINE HORWITZ

Lorraine Horwitz
LORRAINE HORWITZ

Known to me to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same.
WITNESS my hand and official seal.

Signature: *Maxine A. Tracy*
Name (Typed or Printed): MAXINE A. TRACY

MAXINE A. TRACY
By Commission Expires September 19, 1967

Title Order No. _____ Escrow or Loan No. _____

End Recorded Document - W.D. Balogh, County Recorder

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

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

David J. Orr
COUNTY CLERK

DECEASED - NAME		STATE OF ILLINOIS		STATE NUMBER	
1. Yetta	Levinson	2. Female	3. November 11, 1978		
4a. White	4b. Russia	5a. 88	5b. 00	5c. 00	6. October 15, 1890
7b. Chicago		7c. Henrotin Hospital		7d. Inpatient	
8. Russia	9. USA	10. Widowed		11. _____	
12. _____	13a. Housewife	13b. at home	13c. No	13d. _____	
14a. 5700 North Sheridan	14b. Chicago	14c. yes	14d. cook	14e. Illinois	
15. (Not Available)		16. (Not Available)			
17a. <i>E. Duthaypachan</i>		17b. Admitting	17c. 111 West Oak Street, Chicago, Illinois		
18. DEATH WAS CAUSED BY		PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(a) <i>Metastatic carcinoma primary unknown</i>		4 mo.	
		(b) _____		_____	
		(c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS		19a. NO		19b. _____	
20a. _____	20b. _____		20c. _____		
21a. Oct 10, 1978	21b. Nov 11, 1978	21c. Nov 11, 1978	21d. 5:15 A.M.		
22a. SIGNATURE <i>George V. Byfield MD</i>		22b. NOV 12, 1978		22c. _____	
22c. 25 E. Washington Chicago 60602 Ill.		22d. 24365		22e. _____	
23. _____		NOTE: IF AN INJURY IS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED			
24a. Burial	24b. Westlawn	24c. Norwood Park	24d. Illinois	24e. Nov. 14, 1978	
25a. Piser Memorial Chapel 5206 N. Broadway, Chicago, Illinois 60640		25b. _____			
25c. F-6388		25d. _____			
26. <i>Harvey E. Brown</i>		CHICAGO DEPT. OF HEALTH		NOV 12 1978	

of Print in
Permanent Ink
of Directors,
or Physicians'
Book for
DUCTIONS

CEASED

306

700

RENDS

190

CAUSE

PHYSICIAN

REGISTRATION

[REDACTED]

CERTIFICATION OF MARRIAGE

LICENSE NUMBER: 2771551-0

B E T W E E N

GROOM'S NAME: HYMAN
AGE: 77

NORINSKY

A N D

BRIDE'S NAME: YETTA
AGE: 74

LEVINSON

O N

DATE OF MARRIAGE: DECEMBER 13, 1964

WERE UNITED IN MARRIAGE IN THE COUNTY OF COOK, AND STATE OF ILLINOIS

I N A

RELIGIOUS CEREMONY

B Y

NAME: NATHAN LEVINSON
OFFICIATE TITLE: RABBI

A T

PLACE OF MARRIAGE: CHICAGO, ILLINOIS

DATE RECORDED: DECEMBER 16, 1964

APPLICATION DATE: NOVEMBER 27, 1964

This is to certify that this is a true and correct abstract from the official record filed with the office of the Cook County Clerk.

11/19/2008 13:49

0574790



County of Cook
State of Illinois
COUNTY BUILDING
CHICAGO, ILLINOIS 60602-1304

Office of County Clerk
David Orr

David Orr
DAVID ORR COUNTY CLERK



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

CL 81

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Yetta Norinsky aka Yetta L. Levinson (name of decedent) died on 11/11/1978 (date), in the County of Cook, State of Illinois, State of California and:

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

APN #654030009-1

(Attach additional sheets if necessary.)

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

Judith I. Marx, Edward A. Bleier, Howard Levinson

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

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

Date	Printed name	Signature
<u>12/11/08</u>	<u>Judith I. Marx</u>	<u>Judith I. Marx</u>
<u>12/17/06</u>	<u>Edward A. Bleier</u>	<u>Edward A. Bleier</u>
<u>1/8/09</u>	<u>Howard Levinson</u>	<u>Howard Levinson</u>

(Attach an additional sheet if necessary.)

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



Jasmin Sadural
 Notary for Edward A. Bleier
 12/17/08

BRUCE H ARNOUX
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES 09/30/11
 1-809-509-1111
 Howard Levinson

STATE OF MICHIGAN)
) SS
COUNTY OF OAKLAND)

On this 11th day of December, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared Judith I. Marx, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the attached "Affidavit Under California Probate Code §13101," and acknowledged to me that she executed the same to be her free act and deed.

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

WITNESS my hand and seal.


Michael F. Simon

MICHAEL F. SIMON
Notary Public, State of Michigan
County of Kalamazoo
My Commission Expires May 9, 2012
Acting in the County of OAKLAND

CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND

STATE OF MICHIGAN

1733

TYPEPRINT IN PERMANENT BLACK INK

LF D000438980



STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 3078796

DECEDENT section containing fields for name (Lillian Bleier), date of birth (January 19, 1916), sex (Female), date of death (July 17, 2008), name at birth (Lillian Levinson), age (92), location of death (22405 W. 13 Mile, #33, 48025 Bingham Farms, Oakland), and other personal details.

PARENTS section containing fields for father's name (Hyman Levinson) and mother's name (Yetta Horwitz).

INFORMANT section containing fields for informant name (Judy Marx) and relationship (Daughter).

DISPOSITION section containing fields for method of disposition (Burial) and place of disposition (Shalom Memorial Park).

CERTIFICATION section containing fields for certifying physician (Keith Tobias D.O.), license number (5701010694), and date filed (MI 22 2008).

CAUSE OF DEATH section containing fields for part I (Atherosclerotic Coronary Disease) and part II (Other significant conditions).

MEDICAL EXAMINER section containing fields for manner of death (Natural), autopsy status (No), and date of injury.

MEDICAL EXAMINER section containing fields for injury at work, place of injury, and location.



WARNING: ANY REPRODUCTION IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND EMBOSSED SEAL OF COUNTY OF OAKLAND, NOT VALID IF PHOTOCOPIED.

DATE 10/23/2008

I, RUTH JOHNSON, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Ruth Johnson, RUTH JOHNSON, Oakland County Clerk and Register of Deeds



1

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Lillian Bleier (name of decedent) died on
7/17/2008 (date), in the County of Oakland, State of Michigan, State of California and:

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

APN #654030009-1

(Attach additional sheets if necessary.)

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

Judith I. Marx and Edward A. Bleier

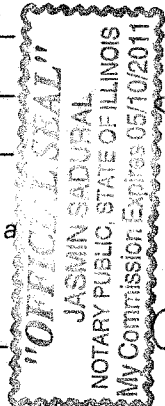
7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
 The undersigned is/are authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described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

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

Date	Printed name	Signature
<u>✓ 12/11/08</u>	<u>Judith I. Marx</u>	<u>✓ Judith I. Marx</u>
<u>✓ 12/17/08</u>	<u>Edward A. Bleier</u>	<u>✓ Edward A. Bleier</u>
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

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



12-17-08
 for Marx and Edward A. Bleier
 Notary

STATE OF MICHIGAN)
) SS
COUNTY OF OAKLAND)

On this 11th day of December, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared Judith I. Marx, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the attached "Affidavit Under California Probate Code §13101," and acknowledged to me that she executed the same to be her free act and deed.

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

WITNESS my hand and seal.

Michael F. Simon
Michael F. Simon

MICHAEL F. SIMON
Notary Public, State of Michigan
County of Kalamazoo
My Commission Expires May 9, 2012
Acting in the County of OAKLAND

FILL IN THIS FORM (except signature)
WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS ORIGINAL
DWIGHT H. GREEN, Governor
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Cook Registration 3104
City or Village Chicago Township 3104 Dist. No. 3104
Street and Number, No. 5700 N. Ashland St. Ward.

Registered No. 23401
Name of hospital or institution Edgewater
Mother's stay before delivery: 15 yrs
In this community Since birth
(Specify whether years, months, or days)

2. RESIDENCE OF MOTHER: (a) STATE Illinois (b) County Cook (c) City or Village Chicago
(d) Township _____ (e) Road Dist. _____

3. FULL NAME OF CHILD Judith Inez Bleier 4. Date of birth May 14 1942
(Month, day, year)

5. Sex of Child Female Twin, Triple: _____ Number in order of birth _____
6. Legitimate? Yes No
7. Number months of pregnancy 9 mo

8. Full name of FATHER Mr Robert Sealey Bleier

15. Full maiden name of MOTHER Lillian Jensen

10. Color or race w 11. Age at time of this birth 26 yrs.

13. Color or race w 17. Age at time of this birth 26 yrs.

12. Birthplace (city or place) Chicago
(State or country)
13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. in Army

16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
18. Birthplace (city or place) Chicago
(State or country)
19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 2 yrs.

21. (a) Including this child, number of children born alive to this mother? 2
(b) Including this child, how many of these children are now living? 2
(c) How many were born dead to this mother, i.e., Stillborn? 0

22. Mother's mailing address for registration notice:
4830 N. St Louis Ave

23. (a) Was a blood test for Syphilis made upon the mother of this child? yes (b) Date blood specimen was taken 11-4-41 (c) Name of Laboratory making this test Wistar Lab
NOTE: Result of this test must not be stated on this certificate.

24. I hereby certify that I attended at the birth of this child which was BORN ALIVE at 5 p.m. on the 14th day of May, 1942.
Date signed 5-22-42 Address 185 N W Beach Phone 741 6721
Signature [Signature] Physician
25. Date Filed MAY 28 1942 26. Signature [Signature] Registrar
Post Office Address _____

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

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

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

JAN 13 1977

[Signature]
County Clerk

EDWARD J. BARRETT
COUNTY CLERK
BUREAU OF VITAL STATISTICS, 120 SOUTH WELLS STREET
CHICAGO, ILLINOIS



Marriage License

NO. 2709417
RETURNED AND
FILED AUG 20 1963

To Any Person Legally Authorized to Solemnize Marriage
Greetings

Marriage may be celebrated in the County of Cook and State of Illinois, between
JOHN DAVID MARA of DETROIT in the County of
WAYNE and State of MICHIGAN of the age of 22 years,
and MISS JUDITH INEZ BLEIER of EVANSTON in the County of
COOK and State of ILLINOIS of the age of 21 years.

Witness Edward J. Barrett, County Clerk
of the County of Cook and the Seal thereof
at my office in Chicago this 10 day of
AUGUST 1963

Edward J. Barrett
County Clerk

The persons solemnizing this marriage, and all other persons, are cautioned against
making any changes in this license.

State of Illinois, ss. County of Cook

John David Mara and *Miss Judith Inez Bleier*
were united in marriage by me at *Chicago* in the County of Cook and
State of Illinois, on the *17* day of *August* 1963. *Cathy Marie Wood*
Minister of the Gospel
Address: *1200 665, Waukegan*

STATE OF ILLINOIS,
County of Cook.

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

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

Edward J. Barrett

County Clerk

CITY OF CHICAGO --- BOARD OF HEALTH

OFFICE OF THE PRESIDENT, BOARD OF HEALTH



STATE OF ILLINOIS }
 COUNTY OF COOK }
 CITY OF CHICAGO }

I, Herman M. Bundesen, M.D.,

Registrar of Vital Statistics

of the City of Chicago,

do hereby certify that I am

the keeper of the records of

births, stillbirths and

deaths of the City of Chicago

by virtue of the laws of the

State of Illinois and the

ordinances of the City of

Chicago; that the accompany-

ing certificate on this

sheet is a true copy of a

record kept by me in pursu-

ance of said laws and ordi-

nances. APRIL 30, 1954

Herman M. Bundesen

RECEIVED BY THE CLERK OF HEALTH DEPARTMENT

THIS IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

STATE OF ILLINOIS ORIGINAL
Department of Public Health
Division of Vital Statistics and Records

CERTIFICATE OF BIRTH

Registered No. **35844**
(Community No.)

B460

1. PLACE OF BIRTH
County of **COOK**
CHICAGO
Registration Dist. No. **3104**
Township Road Dist. City
Primary Dist. No. **3104**
*Cancel the three terms not applicable. Do not enter "R. R.," "P. O.," or other P. O. Address.

Name of hospital or institution **Edgewater Hospital**
Time at above place before delivery **4 hours**
(Specify days or hours)

Street and Number No. **5700 N. Ashland** Ward

2. RESIDENCE OF MOTHER: (a) STATE **Illinois** (b) County **Cook** (c) City or Village **Chicago**
(usual place of abode) - Do not enter "R. R.," "P. O.," or other P. O. Address. If Rural Resident, give Township only.
(d) Township (e) Road Dist.

3. FULL NAME OF CHILD **Edward Alan Bleier** 4. Date of birth **June 21 1949**
(Month, day, year)

5. Sex of Child **Male** **6. Twin, Triplet or other** **None** **7. Number months of pregnancy** **9** **8. Legitimacy** **Yes** **No**

FATHER
9. Full name **Robert Bleier** 10. Color or race **White** 11. Age at time of this birth **33** yrs.
12. Birthplace (city or place) **Chicago, Ill.** (State or country)

MOTHER
13. Full maiden name **Lillian Levinson** 14. Color or race **White** 15. Age at time of this birth **33** yrs.
16. Birthplace (city or place) **Chicago, Ill.** (State or country)

OCCUPATION
17. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. **Physician and Surgeon**
18. Industry or business in which work was done, as coal mine, factory, etc. **Profession**
19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**
20. Industry or business in which work was done, as coal mine, factory, etc. **Own Home**

21. (a) Indicate this child, number of children born alive to this mother **2**
(b) Indicate this child, how many of these children are now living **2**
(c) How many were born dead to this mother, i.e., Stillborn **0**

22. (a) Was a blood test for syphilis made upon the mother of this child? **Yes** (b) Date blood specimen was taken **3/17/49** (c) Name of Laboratory making this test **Edgewater Hosp.**

NOTE: Results of the test must not be stated on this certificate.

23. I hereby certify that I attended at the birth of this child which was BORN ALIVE at **9:38 AM** on **6-22-1949** at **5700 N. Ashland** Chicago, Ill.
24. Date Filed **JUN 27 1949** 25. Registrar **Herman M. Bundesen**

Post Office Address

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. _____

1. DECEASED'S NAME: **Paul** **Levinson** **Male**

2. DATE OF DEATH (Month, Day, Year): **October 25, 1999**

3. DATE OF BIRTH (Month, Day, Year): **January 22, 1920**

4. SOCIAL SECURITY NUMBER: _____

5. PLACE OF DEATH (Check only one): **Chicago, Illinois**

6. HOSPITAL (Name, Street, City, State, Zip): **Wausau Regional Medical Center, Plantation, Broward**

7. DECEASED'S USUAL OCCUPATION: **Distributor & Manufacturer**

8. MARRITAL STATUS: **Widowed**

9. RESIDENCE - STATE: **Florida** COUNTY: **Broward** CITY, TOWN, OR LOCATION: **Weston** STREET AND NUMBER: **348 Village Lake Drive**

10. FATHER'S NAME (First, Middle, Last): **Hyman Levinson**

11. MOTHER'S NAME (First, Middle, Last): **Yetta Surwitz**

12. METHOD OF DISPOSITION: **Removal from State**

13. SIGNATURE OF SURVIVAL SERVICE LICENSBEE OR PERSON ACTING AS SUCH: **Anthony V. ...**

14. SIGNATURE AND DATE OF CERTIFIER: **Dr. Nina Pearlmutter, MD, 10/27/99**

15. MEDICAL EXAMINER'S CASE # _____

16. IMMEDIATE CAUSE (Final Cause or Condition resulting in death): **Cardiorespiratory Arrest**

17. UNDERLYING CAUSE (Cause or Condition resulting in death): **Atherosclerotic Heart Disease**

18. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause: _____

19. PROBABLE MANNER OF DEATH: **Natural**

20. DATE OF INJURY: _____

21. PLACE OF INJURY: _____

22. DATE REGISTERED: **NOV 3 1999**

WARNING: THIS DOCUMENT IS PRINTED ON PHOTOCOPIED OR SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

10750018



CERTIFICATION OF VITAL RECORD

[REDACTED]

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Paul J. Levinson

(name of decedent) died on

10/25/1999

(date), in the County of Broward, State of Florida

State of California and:

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

APN #675030009-1

(Attach additional sheets if necessary.)

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

Howard Levinson

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

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

Date	Printed name	Signature
✓	Howard Levinson	<i>Howard Levinson</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

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

015PR (Rev. 10/05)
Bruce H Arnou
 12-15-08

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101
 OFFICIAL SEAL
 BRUCE H ARNOUX
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES: 09/30/11

CERTIFICATE OF BIRTH
STATE OF ILLINOIS

REG. FILE NO. 3154
CITY'S INDEX NUMBER 112-50-684136

PLACE OF BIRTH: CHICAGO, ILLINOIS
 COUNTY: COOK
 CITY: CHICAGO

DATE OF BIRTH: November 21, 1950
 TIME OF BIRTH: (Specify)
 SEX: Male

FATHER: Paul
 MOTHER: Shirley

CHILD'S NAME: Howard
 ADDRESS: 2555 Fitch Ave., Chicago, Ill.

REGISTRAR: [Signature]
 DEPUTY REGISTRAR: [Signature]

STATE OF ILLINOIS)
 COUNTY OF COOK) SS
 CITY OF CHICAGO

I, Herman N. Bundesen, M.D.,
 Registrar of Vital Statistics
 of the City of Chicago,
 do hereby certify that I am
 the keeper of the records of
 births, stillbirths and
 deaths of the City of Chicago
 by virtue of the laws of the
 State of Illinois and the
 ordinances of the City of
 Chicago; that the accompany-
 ing certificate on this
 sheet is a true copy of a
 record kept by me in pursu-
 ance of said laws and ordi-
 nances.

OFFICE OF THE PRESIDENT, BOARD OF HEALTH

DECLARATION OF FACTS

I (we), Judith I. Marx, Heir to The Estate of Lillian Bleier, who was Heir to The Estate of Yetta Norinsky, do hereby declare:

1. I (we) am over the age of 18 and a resident of West Bloomfield, Michigan. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Yetta Norinsky, who is named on the Grant Deed recorded 1/25/1967 as Instrument #6808 is one and the same person as Yetta Levinson named on the death certificate provided.
3. After her husband, Hyman Norinsky, passed away on 2/16/1974, Yetta sometimes used her former married name, Yetta Levinson.
4. Yetta Norinsky, aka Yetta Levinson, passed away on 11/11/1978.
5. At the time of her passing, Yetta Norinsky was predeceased by her husband, and was survived by her two children, Paul J. Levinson and Lillian (Levinson) Bleier.
6. Paul J. Levinson passed away 10/25/1999. At the time of his passing he was a widower and was survived by his only child, Howard Levinson.
7. Lillian (Levinson) Bleier passed away 7/17/2008. At the time of her passing, she was a widow and was survived by her two children, Edward Bleier and Judith Marx.
8. Howard Levinson, Edward Bleier and Judith Marx are the grandchildren of Yetta Norinsky.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 11th day of December, 2008, at West Bloomfield, MI.
(City) (State)

Judith I. Marx
Judith I. Marx, Heir to the Estate of Lillian Bleier who was heir to
The Estate of Yetta Norinsky
4689 Wendrick Drive
West Bloomfield, MI 48323

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of MICHIGAN)

County of OAKLAND)

On DECEMBER 11, 2008 before me, MICHAEL F. SIMON, NOTARY personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

[Signature] (seal)
Signature of Notary Public

MICHAEL F. SIMON
Notary Public, State of Michigan
County of Kalamazoo
My Commission Expires May 9, 2012
Acting in the County of OAKLAND

DECLARATION OF FACTS

I, Edward A. Bleier as Heir to The Estate of Lillian Bleier, who was Heir to The Estate of Yetta Norinsky, do hereby declare:

1. I am over the age of 18 and a resident of Northbrook, Illinois. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Yetta Norinsky, who is named on the Grant Deed recorded 1/25/1967 as Instrument #6808 is one and the same person as Yetta Levinson named on the death certificate provided.
3. After her husband, Hyman Norinsky, passed away on 2/16/1974, Yetta sometimes used her former married name, Yetta Levinson.
4. Yetta Norinsky, aka Yetta Levinson, passed away on 11/11/1978.
5. At the time of her passing, Yetta Norinsky was predeceased by her husband, and was survived by her two children, Paul J. Levinson and Lillian (Levinson) Bleier.
6. Paul J. Levinson passed away 10/25/1999. At the time of his passing he was a widower and was survived by his only child, Howard Levinson.
7. Lillian (Levinson) Bleier passed away 7/17/2008. At the time of her passing, she was a widow and was survived by her two children, Edward Bleier and Judith Marx.
8. Howard Levinson, Edward Bleier and Judith Marx are the grandchildren of Yetta Norinsky.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 17 day of December, 2008, at Northbrook, IL.
(City) (State)

Edward A. Bleier

Edward A. Bleier, Heir to The Estate of Lillian Bleier, who was Heir to The Estate of Yetta Norinsky
4 Court of Harbinger Falls
Northbrook, IL 60062

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Illinois

County of Cook

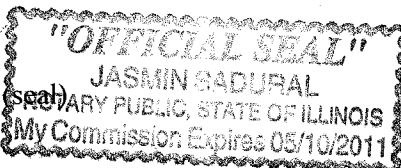
On 12-17-08 before me, Jasmin Sadural, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Jasmin Sadural
Signature of Notary Public



DECLARATION OF FACTS

I, Howard Levinson, Heir to the Estate of Paul J. Levinson, who was Heir to The Estate of Yetta Norinsky, do hereby declare:

1. I am over the age of 18 and a resident of Schaumburg, Illinois. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Yetta Norinsky, who is named on the Grant Deed recorded 1/25/1967 as Instrument #6808 is one and the same person as Yetta Levinson named on the death certificate provided.
3. After her husband, Hyman Norinsky, passed away on 2/16/1974, Yetta sometimes used her former married name, Yetta Levinson.
4. Yetta Norinsky, aka Yetta Levinson, passed away on 11/11/1978.
5. At the time of her passing, Yetta Norinsky was predeceased by her husband, and was survived by her two children, Paul J. Levinson and Lillian (Levinson) Bleier.
6. Paul J. Levinson passed away 10/25/1999. At the time of his passing he was a widower and was survived by his only child, Howard Levinson.
7. Lillian (Levinson) Bleier passed away 7/17/2008. At the time of her passing, she was a widow and was survived by her two children, Edward Bleier and Judith Marx.
8. Howard Levinson, Edward Bleier and Judith Marx are the grandchildren of Yetta Norinsky.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 15th day of DECEMBER, 2008, at Schaumburg, IL.
(City) (State)

Howard Levinson

Howard Levinson, Heir to The Estate of Paul J. Levinson, who was Heir to The Estate of Yetta Norinsky
1912 Praire Square #317
Schaumburg, IL 60173

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

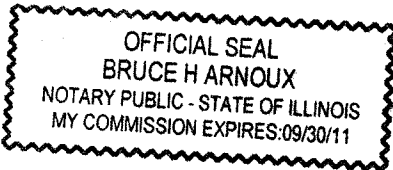
State of ILLINOIS
County of Cook

On 12-15-08 before me, _____, personally appeared
(Date) (here insert name and title of the officer)
HOWARD LEVINSON

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

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

WITNESS my hand and official seal.
Bruce H Arnoux (seal)
Signature of Notary Public



EXPLANATION OF FACTS

**Definition of the term "issue": All of a person's lineal descendants of all generations, with the relationship of parent and child at each generation. In other words, a person's child, grandchild, great-grandchild, etc.*

- Yetta Norinsky was the sole owner of APN #654030009-1 per the grant deed recorded in Riverside County on 1/25/1967, as Instrument #6808.
- At the time of her death, Yetta Norinsky was a widow and had no biological, step, or adopted children. Probate code section 6402 states:

6402 (b) If there is no surviving issue to the decedent's parent or parents equally.

- However, Yetta Norinsky's parents were both deceased. Probate code section 6402 further states:

6402 (c) If there is no surviving issue or parent, to the issue of the parents

- This means that the line of intestate succession would then go to any other children of Yetta's parents (Yetta's brothers and sisters)
- Yetta Norinsky's parents had only one other child, Minnie Horwitz (Yetta's sister). Minnie preceded Yetta in death. Probate code 6402 (c) tells us that the line of intestate succession then falls to the next lineal descendent or in other words, the child of Minnie Horwitz. This person would also be known as the niece/nephew of the decedent, Yetta Norinsky.
- Minnie Horwitz had only one child, Lorraine Horwitz.
- Lorraine Horwitz passed away on 7/18/1987. Therefore the line of intestate succession then falls to the next lineal descendent or in other words the child of Lorraine Horwitz. This person would also be known as the great-niece/great-nephew of Yetta Norinsky.
- Lorraine Horwitz had only one child, Harold Horwitz.
- Harold Horwitz, the great-nephew of Yetta Norinsky, is therefore entitled to collect 100% from the Estate of Yetta Norinsky.

DECLARATION OF FACTS

I, Harold Horwitz as heir to The Estate of Lorraine Horwitz, who was heir to The Estate of Yetta Norinsky, do hereby declare:

1. I am over the age of 18 and a resident of Montclair, California. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Yetta Norinsky took ownership of property via Grant Deed recorded 1/25/1967 in Riverside County as Document #6808.
3. At the time Yetta Norinsky took ownership of the property, she was married to Morris Norinsky.
4. Morris Norinsky became deceased in November, 1972.
5. Yetta Norinsky became deceased in October, 1983.
6. Morris and Yetta Norinsky had no biological, adopted or step children.
7. At the time of her death, Yetta Norinsky's parents were deceased.
8. Yetta Norinsky had only one sibling, Minnie Levinson aka Minnie Horwitz., who predeceased Yetta on 2/24/1978.
9. Minnie died a widow on 2/24/1978.
10. Minnie Horwitz had one biological child, Lorraine Horwitz
11. Minnie Horwitz had no adopted or step children.
12. Lorraine Horwitz died a widow July 18, 1997.
13. Lorraine Horwitz had one biological child, Harold Horwitz.
14. Lorraine Horwitz had no adopted or step children.
15. Harold Horwitz is Heir to The Estate of Yetta Norinsky.
16. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 654030009-1, on January 20, 2008.
17. To my knowledge, no other surviving heirs have a superior interest in the above referenced property.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 20th of January, 2008, at 10:00 AM

Harold Horwitz
Harold Horwitz as heir to The Estate of Lorraine Horwitz,
who was heir to The Estate of Yetta Norinsky

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of CALIFORNIA

County of SAN BERNARDINO

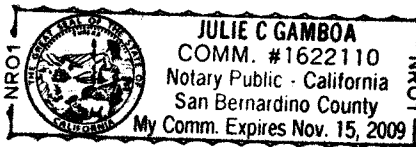
On JAN. 20, 2008 before me, JULIE C. GAMBOA, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Julie C. Gamboa (seal)
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190-009847

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Minnie	N.	Horwitz	Feb. 24, 1978	0500
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE
Fem.	White		March 25, 1895	82 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER	11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER
Lithuania	Hersh Levinson - Lithuania	Rasha Nathan -Lithuania	U.S.A.	[REDACTED]
13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)
Widowed		Seamstress	25	(Unk.)
18. KIND OF INDUSTRY OR BUSINESS	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B. CITY OR TOWN	19C. COUNTY	19D. STATE
Garment	12912 Burbank Boulevard	Van Nuys	Los Angeles	Ca.
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	21A. PLACE OF DEATH	21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21C. CITY OR TOWN	21D. COUNTY
Lorraine Horwitz-Dau.	Chandler Conv. Hospital	12140 Chandler	North Hollywood	Los Angeles
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
(A) OCCLUSIVE CORONARY ARTERIOSCLEROSIS	HYPOSTATIC PNEUMONIA, EMPHYSEMA	YES	NO	YES
(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION	DATE
(C)		78-2709	NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER	29. EMBALMER'S LICENSE NUMBER
[ATTENDED DECEDENT SINCE I HEARD HIM DECEDENT ALIVE (ENTER NO. NUMBER.) (ENTER BY DAY, YEAR.)]	THOMAS I. NUGUCHI, M.D., CORONER	2-26-78	[REDACTED]	Not Embalmed
25. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)	35B. CORONER'S SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED
		[REDACTED]	THOMAS I. NUGUCHI, M.D., CORONER	2-26-78
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER	40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
Burial	2-28-78	San Fernando Sholom Mem. Park, 13017 N. Lopez Canyon Rd.	Not Embalmed	Glasband-Willen Mortuary
41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR	43. STATE REGISTRAR	44. COUNTY REGISTRAR	45. COUNTY CLERK
Monson E. Chamberlain	FEB 27 1978	A.	B.	C.
		D.	E.	F.
				01-3-4-0161

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

Conny B. McCormack

CONNIE B. MCCORMACK
Registrar-Recorder/County Clerk

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

PRNCO (REV) 11/66

DEC 24 2007



019826558



[REDACTED]

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 199719 030496

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/79)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Lorraine		2. MIDDLE Pauline		3. LAST (FAMILY) Horwitz			
4. DATE OF BIRTH M/M/DD/CYY 08/01/1924		5. AGE YRS. 72		6. SEX Fe		7. DATE OF DEATH M/M/DD/CYY 07/18/1997	
8. HOUR 2300		9. STATE OF BIRTH Ill.		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS Widowed		13. EDUCATION—YEARS COMPLETED 17		14. RACE Cauc		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Med. Ctr. of North Hollywood		17. OCCUPATION Med. Records Technician		18. KIND OF BUSINESS Hospital		19. YEARS IN OCCUPATION 27	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 12912 Burbank Blvd. #2		21. CITY Van Nuys		22. COUNTY Los Angeles		23. ZIP CODE 91401	
24. YRS IN COUNTY 40		25. STATE OR FOREIGN COUNTRY Calif.		26. NAME, RELATIONSHIP Harold Horwitz - Son			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 12912 Burbank Blvd. #2 Van Nuys Ca. 91401				28. NAME OF SURVIVING SPOUSE—FIRST -			
29. MIDDLE -		30. LAST (MAIDEN NAME) -		31. NAME OF FATHER—FIRST Max		32. MIDDLE -	
33. LAST Horwitz		34. BIRTH STATE Estonia		35. NAME OF MOTHER—FIRST Minnie		36. MIDDLE -	
37. LAST (MAIDEN) Levinsohn		38. BIRTH STATE Estonia		39. DATE M/M/DD/CYY 07/24/1997		40. PLACE OF FINAL DISPOSITION Mt Carmel Cemetery Commerce Calif.	
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. -		44. NAME OF FUNERAL DIRECTOR Cheval Kadisha Mortuary	
45. LICENSE NO. Pd-1326		46. SIGNATURE OF LOCAL REGISTRAR Mark [Signature]		47. DATE M/M/DD/CYY 07/24/1997		48. TIME M/M/DD/CYY -	
101. PLACE OF DEATH St Joseph Med. Center		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ER/OP <input type="checkbox"/> DOR		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> SHORE <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 501 S. Buena Vista		106. CITY Burbank		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Cerebrovascular Accident		108. DEATH BEING TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER	
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Diabetes Mellitus, End Stage Renal 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 CAUSES STATED. DECEDENT ATTENDED SINCE I DECEDENT LAST SEEN ALIVE M/M/DD/CYY 09/22/1995 07/18/1997		115. SIGNATURE AND TITLE OF CERTIFIER Jeffrey A. Glick		116. LICENSE NO. 658181	
117. DATE M/M/DD/CYY 7/23/97		118. THE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Jeffrey A. Glick, MD, 607 S. Glen Oaks Blvd. Burbank Ca. 91502		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. DATE M/M/DD/CYY -		122. HOUR -		123. PLACE OF INJURY -		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) -	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) -		126. SIGNATURE OF CORONER OR DEPUTY CORONER 436 [Signature]		127. DATE M/M/DD/CYY -		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER -	
STATE REGISTRAR	A	B	C	D	E	F	G
	H	FAX AUTH. #	CENSUS TRACT				

NOT A DOCUMENT

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

Conny B. McCormack

CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

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

DEC 24 2006



019826749



[REDACTED]

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

The undersigned states as follows:

1. Yetta Norinsky died on or about 10/1/1983, in the City of Brooklyn, County of Kings, State of New York.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached certified copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
5. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of \$22,615.74+-, generated from Assessor's Parcel Number(s) 654030009-1, sold at the Riverside County, California, public auction of tax-defaulted property held on 3/12/2007.

6. I, Harold Horwitz as heir to The Estate of Lorraine Horwitz, who was heir to The Estate of Yetta Norinsky, am the great nephew and successor of the decedent's interest in the property described above, as defined in PC § 13006.
7. No other person(s) has a superior right to the interest of the decedent in the property described above.
8. I request that my interest in the property described above be paid, delivered or transferred to me.

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

Dated this 20th day of JANUARY, 2008

Signature: Harold Horwitz
Harold Horwitz as heir to The Estate of Lorraine Horwitz, who was heir to The Estate of Yetta Norinsky
9335 Mesa Verde Drive Apt B
Montclair, CA 91763-1915

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of CALIFORNIA)

County of SAN BERNARDINO)

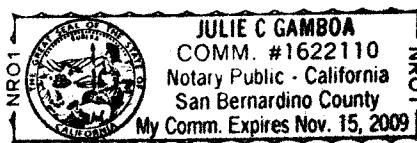
On JAN. 20, 2008 before me, JULIE C. GAMBOA, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Julie C. Gamboa (seal)
Signature of Notary Public
GD Number: 8545-14002



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

The undersigned states as follows:

1. Lorraine Horwitz died on or about 07/18/1997, in the City of Van Nuys, County of Los Angeles, State of California.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached certified copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
5. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of \$22,615.74+-, generated from Assessor's Parcel Number(s) 654030009-1, sold at the Riverside County, California, public auction of tax-defaulted property held on 3/12/2007.

6. I, Harold Horwitz as heir to The Estate of Lorraine Horwitz, who was heir to The Estate of Yetta Norinsky, am the son and successor of the decedent's interest in the property described above, as defined in PC § 13006.
7. No other person(s) has a superior right to the interest of the decedent in the property described above.
8. I request that my interest in the property described above be paid, delivered or transferred to me.

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

Dated this 20th day of January, 2008

Signature: Harold Horwitz
Harold Horwitz as heir to The Estate of Lorraine Horwitz, who was heir to The Estate of Yetta Norinsky
9335 Mesa Verde Drive Apt B
Montclair, CA 91763-1915

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of CALIFORNIA)

County of SAN BERNARDINO)

On JAN 20, 2008 before me, JULIE C. GAMBOA, personally appeared
(Date) (here insert name and title of the officer)

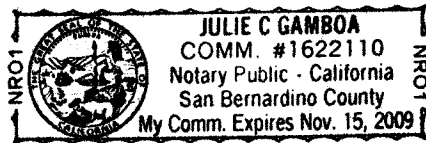
HAROLD HORWITZ, who proved to me on the basis of satisfactory evidence to be the person ~~or~~ whose name ~~is~~ subscribed to the within instrument and acknowledged to me that ~~he~~/~~she~~/~~they~~ executed the same in ~~his~~/~~her~~/~~their~~ authorized capacity ~~(ies)~~, and that by ~~his~~/~~her~~/~~their~~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

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

WITNESS my hand and official seal.

Julie C Gamboa (seal)
Signature of Notary Public

GD Number: 8545-140092



LOCAL REGISTRATION
DISTRICT AND
CERTIFICATE NUMBER

3600 05559

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Request omission
from
solicitation lists

STATE
FILE
NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME Harold		1b. MIDDLE NAME Allen	1c. LAST NAME Horwitz	
	2. SEX MALE	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? SINGLE	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR JULY 1, 1967	
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL SAN BERNARDINO COUNTY HOSPITAL			5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) 780 E. GILBERT ST.	
	5c. CITY OR TOWN SAN BERNARDINO			5d. COUNTY SAN BERNARDINO	
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME LORRAINE	6b. MIDDLE NAME R.	6c. LAST NAME HORWITZ		7. COLOR OR RACE OF MOTHER CAUCASIAN
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 41 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ILLINOIS	10. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH)		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) 14355 BURBANK BLVD.			11b. IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE	
	11c. CITY OR TOWN VAN NUYS			11d. COUNTY LOS ANGELES	11e. STATE CALIFORNIA
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME BUCK	12b. MIDDLE NAME A.	12c. LAST NAME TRACY		13. COLOR OR RACE OF FATHER CAUCASIAN
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 50 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) UTAH	16a. PRESENT OR LAST OCCUPATION REPAIR SERVICEMAN		16b. KIND OF INDUSTRY OR BUSINESS WASHERS & DRYERS
INFORMANT'S CERTIFICATION	17a. PARENT OR OTHER INFORMANT—SIGNATURE <i>[Signature]</i>			17b. DATE SIGNED BY INFORMANT JULY 3, 1967	
ATTENDANT'S CERTIFICATION	18a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE <i>[Signature]</i>			18b. ADDRESS SAN BERNARDINO, CALIFORNIA	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT			20. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>	
21. DATE RECEIVED BY LOCAL REGISTRAR 7-11-67					



I hereby certify that this is a true copy of the record if the seal of this office is impressed in purple ink

[Signature]
ERROL B. MACKEN
Auditor-Recorder
San Bernardino County, Calif.

DEC 30 1985

COPY REQUEST NOTICE
This notice is for your convenience. It will assure you of fastest service possible when you need another copy.

COUNTY RECORDER
Hall of Records, 172 W. 3rd St.
San Bernardino, CA 92415
Attention: VITAL RECORDS

BIRTH

12-14473A-491

Name Harold Allen Horwitz
Date of Birth 7-1-67
Mother's Maiden Name Horwitz
Book 462 Page 652 C# 19
FEE: \$8.00 per copy
Enclosed: \$ 8.00 Mail 1 copies to:
City _____ State _____ Zip Code _____

Stamped, addressed envelope will expedite service.

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 654030009-1, Tax Sale Number TC177, Item 262 sold at public auction on 3/12/2007. I understand that the total of excess proceeds available for refund is \$ 22,615.74+/-, 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.

Harold Horwitz
(Signature of Party of Interest/Assignor) (Date)

Harold Horwitz as heir to The Estate of Lorraine Horwitz who was heir to The Estate of Yetta Norinsky
(Name Printed)

Tax ID/SS# [REDACTED]

9335 Mesa Verde Drive Apt B
(Address)

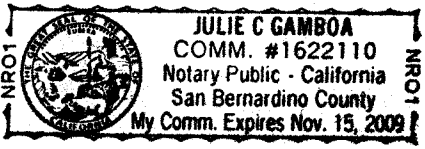
Montclair, CA 91763-1915
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF SAN BERNARDINO)

(Area Code/Telephone Number)

On JANUARY 20, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared HAROLD HORWITZ known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
Julie C Gamboa
(Signature of Notary)



(This area for official seal)

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

Jed Byerly
(Signature of Assignee)

Jed Byerly, Chief Operating Officer
(Name Printed)

Tax ID/SS# 77-0558969

Global Discoveries, Ltd.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Stanislaus)

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

Phone: (209) 593-3913

On April 30, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared ***Jed Byerly*** known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
See attached acknowledgment
(Signature of Notary)

(This area for official seal)

[REDACTED]

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Stanislaus }

On April 30, 2008 before me, Linda J. Hunnel Notary Public
Date Here Insert Name and Title of the Officer

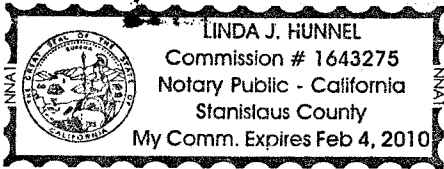
personally appeared Jed Byerly
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.

Signature Linda J. Hunnel
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

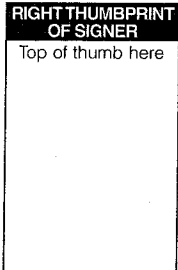
Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

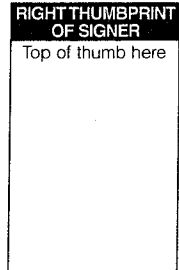
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

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



Signer Is Representing: _____

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 654030009-1
Tax Sale Number: TC177
Item Number: 262
Default Number: 2001-654030009-0000
Date of Sale: 3/12/2007

The undersigned claimant, Global Discoveries, Ltd., claims \$22,615.74+/- 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 30th day of April, 2008 at Modesto, California.

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

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California)

County of Stanislaus)

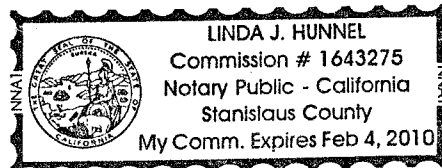
On April 30, 2008 before me, Linda J. Hunnel, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Linda J. Hunnel (seal)
Signature of Notary Public



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 Harold Horwitz 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 654030009-1, Tax Sale Number TC177, Item 262 public auction on 3/12/2007. I understand that the total of excess proceeds available for refund is \$ 22,615.74+/-, 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.

✓ Judith I. Marx 1/14/09
(Signature of Party of Interest/Assignor) (Date)

Judith I. Marx Heir to the Estate of Lillian Levinson
who was Heir to The Estate of Yetta Norinsky
(Name Printed)

✓ Tax ID/SS# [REDACTED]

4689 Wendrick Drive
(Address)

West Bloomfield, MI 48323
(City/State/Zip)

MICHIGAN
STATE OF CALIFORNIA)
COUNTY OF OAKLAND)ss.

248-851-8008
(Area Code/Telephone Number)

On 1-14-2009, before me, the undersigned, a Notary Public in and for said State, personally appeared JUDITH MARX known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within Instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
Sheryl Southen-Debard
(Signature of Notary)

SHERYL SOUTHEN-DEBARD
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jan 7, 2011
ACTING IN COUNTY OF
(This area for official seal)

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

✓ Harold Horwitz
(Signature of Assignee)

Harold Horwitz
(Name Printed)

✓ Tax ID/SS# 552-73-6475

9335 Mesa Verde Drive Apt. B
(Address)

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO)

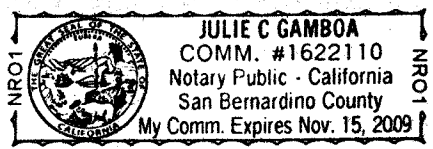
Montclair, CA 91763
(City/State/Zip)

Phone:

On MARCH 15, 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared Harold Horwitz whor 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.

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

WITNESS my hand and official seal.
Julie C Gamboa
(Signature of Notary)



(This area for official seal)

[REDACTED]

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 Harold Horwitz. 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 654030009-1, Tax Sale Number TC177, Item 262 sold at public auction on 3/12/2007. I understand that the total of excess proceeds available for refund is \$ 22,615.74+/-, 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.

Edward A Bleier
(Signature of Party of Interest/Assignor) (Date)

Edward A. Bleier Heir to The Estate of Lillian Bleier
Who was Heir to The Estate of Yetta Norinsky
(Name Printed)

✓ Tax ID/SS# [REDACTED]

4 Court of Harbinger Falls
(Address)

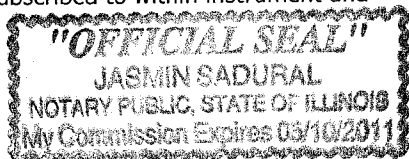
Northbrook, IL 60062
(City/State/Zip)

STATE OF CALIFORNIA Illinois)ss.
COUNTY OF Cook)

(847) 498-9398
(Area Code/Telephone Number)

On December 17, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared Edward A Bleier known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
Jasmin Sadural
(Signature of Notary)



(This area for official seal)

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

✓ Harold Horwitz
(Signature of Assignee)

Harold Horwitz
(Name Printed)

✓ Tax ID/SS# 552-23-6475

9335 Mesa Verde Drive Apt. B
(Address)

Montclair, CA 91763
(City/State/Zip)

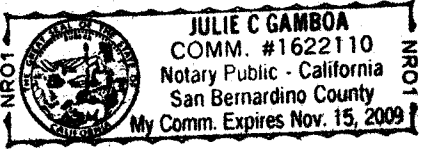
STATE OF CALIFORNIA)ss.
COUNTY OF SAN BERNARDINO)

Phone:

On MARCH 15, 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared Harold Horwitz who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

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

WITNESS my hand and official seal.
Julie C Gamboa
(Signature of Notary)



(This area for official seal)

[REDACTED]

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 Harold Horwitz 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 654030009-1, Tax Sale Number TC177, Item 262 sold at public auction on 3/12/2007. I understand that the total of excess proceeds available for refund is \$ 22,615.74+/-, 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.

Howard Levinson
(Signature of Party of Interest/Assignor) (Date)

Howard Levinson, as Heir to The Estate of Paul J. Levinson, who was Heir to The Estate of Yetta Norinsky
(Name Printed)

✓ Tax ID/SS# [REDACTED]

1912 Prairie Square #317
(Address)

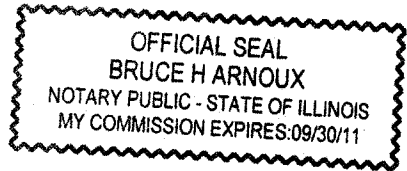
Schaumburg, IL 60173
(City/State/Zip)

STATE OF ~~CALIFORNIA~~ ILLINOIS)ss.
COUNTY OF COOK)

(847)303-1631
(Area Code/Telephone Number)

On 12-15-08, before me, the undersigned, a Notary Public in and for said State, personally appeared HOWARD LEVINSON known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
Bruce H Arno
(Signature of Notary)



(This area for official seal)

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

✓ Harold Horwitz
(Signature of Assignee)

Harold Horwitz
(Name Printed)

✓ Tax ID/SS# 552-23-6475

9335 Mesa Verde Drive Apt. B
(Address)

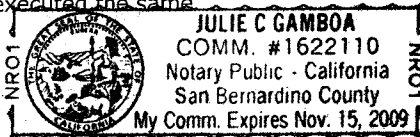
STATE OF CALIFORNIA)ss.
COUNTY OF SAN BERNARDINO)

Montclair, CA 91763
(City/State/Zip)

Phone:

On MARCH 15, 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared Harold Horwitz 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.
Julie C Gamboa
(Signature of Notary)



(This area for official seal)

[REDACTED]

CLAIM SUMMARY
Supplemental Information for Judith Marx

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 654030009-1
Last Assessee: NORINSKY YETTA
Sale Date: 3/12/2007
Tax Sale Number: TC177
Item Number: 262
Default Number: 2001-654030009-0000
Deadline Date: 5/3/2008

Dear Treasurer/Tax Collector:

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

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

1. Explanation of Facts
2. Death Certificate for Yetta Levinson, aka Yetta Norinsky
3. Marriage certificate for Yetta Levinson and Hyman Norinsky
4. Probate affidavit signed by all three heirs; decedent: Yetta Norinsky aka Yetta Levinson
5. Death Certificate for Lillian Blier, daughter of Yetta Norinsky
6. Probate affidavit: Decedent—Lillian Blier; Heirs—Judith Marx and Edward Blier
7. Declaration of Facts
8. Birth Certificate for Judith Marx
9. Marriage Certificate: Judith Blier becomes Judith Marx
10. Assignment of Excess Proceeds: Judith Marx assigns her rights to Harold Horwitz

CLAIM SUMMARY
Supplemental Information for Edward Blier

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 654030009-1
Last Assessee: NORINSKY YETTA
Sale Date: 3/12/2007
Tax Sale Number: TC177
Item Number: 262
Default Number: 2001-654030009-0000
Deadline Date: 5/3/2008

Dear Treasurer/Tax Collector:

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

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

1. Explanation of Facts
2. Death Certificate for Yetta Levinson, aka Yetta Norinsky
3. Marriage certificate for Yetta Levinson and Hyman Norinsky
4. Probate affidavit signed by all three heirs; decedent: Yetta Norinsky aka Yetta Levinson
5. Death Certificate for Lillian Blier, daughter of Yetta Norinsky
6. Probate affidavit: Decedent—Lillian Blier; Heirs—Judith Marx and Edward Blier
7. Declaration of Facts
8. Birth Certificate for Edward Blier
9. Assignment of Excess Proceeds: Edward Blier assigns his rights to Harold Horwitz

CLAIM SUMMARY
Supplemental Information for Howard Levinson

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 654030009-1
Last Assessee: NORINSKY YETTA
Sale Date: 3/12/2007
Tax Sale Number: TC177
Item Number: 262
Default Number: 2001-654030009-0000
Deadline Date: 5/3/2008

Dear Treasurer/Tax Collector:

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

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

1. Explanation of Facts
2. Death Certificate for Yetta Levinson, aka Yetta Norinsky
3. Marriage certificate for Yetta Levinson and Hyman Norinsky
4. Probate affidavit signed by all three heirs; decedent: Yetta Norinsky aka Yetta Levinson
5. Death Certificate for Paul J. Levinson, son of Yetta Norinsky
6. Probate affidavit: Decedent—Paul J. Levinson; Heir—Howard Levinson
7. Declaration of Facts
8. Birth Certificate for Howard Levinson
9. Assignment of Excess Proceeds: Howard Levinson assigns his rights to Harold Horwitz



Ph: 209-593-3900 or 800-370-0372 | Fx: 209-549-9299 | Info@gd-ltd.com

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

March 20, 2009

VIA CERTIFIED MAIL

RECEIVED
2009 MAR 20 PM 12:39
RIVERSIDE COUNTY
TREASURER & TAX COLLECTOR

Desiree Taylor
Treasurer & Tax Collector
RIVERSIDE COUNTY
4080 Lemon St. 4th Floor
Riverside, CA 92502

APN: 654030009-1
TC177 Item 262

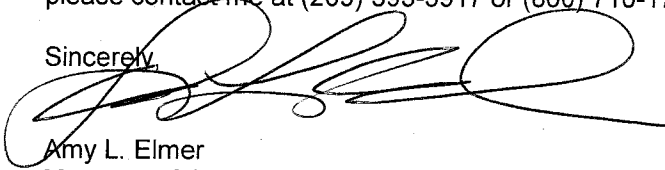
Dear Ms. Taylor:

Per our phone conversation of August 20, 2008, please find enclosed documentation to support our claim for the above referenced parcel. In summary, There are three qualified heirs to the estate of Yetta Norinsky who are assigning their rights to Harold A. Horwitz, who's claim was mailed to your office May 1, 2008. For the sake of clarity I have prepared a separate packet for each of the following heirs:

- *Judith Marx*
- *Edward Blier*
- *Howard Levinson*

The enclosed information should assist in perfecting our claim. If there is anything further that you may need, please contact me at (209) 593-3917 or (800) 710-1703. Thank you for your time and patience.

Sincerely,



Amy L. Elmer
Manager of Claims Processing

Enclosures

8545/lh Certified Receipt # 70072560000174844014



Taylor, Desiree

From: Taylor, Desiree
Sent: Wednesday, March 31, 2010 10:43 AM
To: 'amy.elmer@gd-ltd.com'; 'linda.hunnel@gd-ltd.com'
Subject: EP177 Item262

Hello Ladies,

I am going to need the following documentation to complete your claim:

1. Birth Certificate of Lillian Bleir (Levinson)
2. Certified Death Certificate of Lillian Bleir
3. Birth Certificate of Paul Levinson
4. Certified Death Certificate of Paul Levinson

All documentation should be received no later than May 3, 2010. If you have any questions please contact me at the number listed below.

Thank you,

Desiree D. Taylor

County of Riverside Treasurer-Tax Collector

Tax Enforcement Unit

951-955-3842 (phone)

951-955-3990 (fax)

Mail Stop #1110

ddtaylor@co.riverside.ca.us

<http://www.countytreasurer.org>

Taylor, Desiree

From: Taylor, Desiree
Sent: Monday, May 03, 2010 7:57 AM
To: 'Cindy.Shephard@gd-ltd.com'
Subject: RE: EP177 Item262 - Yette Norinsky

Cindy,

Yes that would be fine, the new deadline is June 3, 2010.

Thank you,

Desiree' D. Taylor
County of Riverside
Treasurer-Tax Collector

(951) 955-3842

-----Original Message-----

From: Cindy.Shephard@gd-ltd.com [mailto:Cindy.Shephard@gd-ltd.com]
Sent: Thursday, April 29, 2010 3:08 PM
To: Taylor, Desiree
Subject: EP177 Item262 - Yette Norinsky

Hello Again!

Need another 30 day extension. Still waiting on out of state documents.
Please Confirm.

Thank you!
Cindy

From: Linda Hunnel
Sent: Thursday, April 01, 2010 2:25 PM
To: Cindy Shephard
Subject: FW: EP177 Item262

From: Taylor, Desiree [mailto:DDTaylor@co.riverside.ca.us]
Sent: Wednesday, March 31, 2010 10:43 AM
To: Amy Elmer; Linda Hunnel
Subject: EP177 Item262

Hello Ladies,

I am going to need the following documentation to complete your claim:

1. Birth Certificate of Lillian Bleir (Levinson)
2. Certified Death Certificate of Lillian Bleir
3. Birth Certificate of Paul Levinson

4. Certified Death Certificate of Paul Levinson

All documentation should be received no later than May 3, 2010. If you have any questions please contact me at the number listed below.

Thank you,

Desiree D. Taylor

County of Riverside Treasurer-Tax Collector Tax Enforcement Unit

951-955-3842 (phone)

951-955-3990 (fax)

Mail Stop #1110

ddtaylor@co.riverside.ca.us<blocked::mailto:>

<http://www.countytreasurer.org><blocked::http://www.countytreasurer.org/>



May 11, 2010

VIA CERTIFIED MAIL

RECEIVED
2010 MAY 17 PM 3:02
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

Desiree Taylor
Treasurer & Tax Collector
RIVERSIDE COUNTY
4080 Lemon St. 4th Floor
Riverside, CA 92502

APN: 654030009-1
TC177 Item 262

Dear Ms. Taylor:

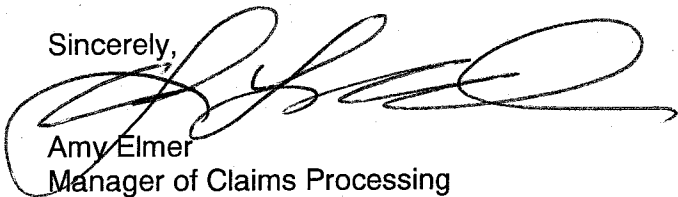
Per your request, enclosed, please find the following documentation to support our claim for the above referenced parcel:

- *Certified Birth Certificate of Lillian Bleier (Levinson)*
- *Certified Death Certificate of Lillian Bleier*
- *Birth Certificate of Paul Levinson*
- *Certified Death Certificate of Paul Levinson*

Please note that Lillian Bleier's (Levinson) Birth Certificate names her mother, Yetta Horwitz, as Henrietta Horwitz. Henrietta Horwitz is the one and the same person as Yetta Horwitz named on Paul Levinson's Birth Certificate, as the mother.

The enclosed information should assist in perfecting our claim. If there is anything further that you may need, please contact me at (209) 593-3917 or (800) 710-1703. Thank you for your time and patience.

Sincerely,



Amy Elmer
Manager of Claims Processing

Enclosure

8545/cs

Certified Receipt # 7009 3410 0001 7917 6838



STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

May 5, 2010

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

DECEASED

David D. Orr
COUNTY CLERK

2202
1. PLACE OF BIRTH

Registration
Dist. No.
Primary
Dist. No.

STATE OF ILLINOIS
State Board of Health - Bureau of Vital Statistics
HEALTH DEPARTMENT'S
RECORD

CERTIFICATE OF BIRTH CITY OF CHICAGO

Registered No. 2202

County of Cook

City of CHICAGO

† No. Robert Burns Hoop St.; Ward

2. FULL NAME OF CHILD Lillian Irene Lenson

If child is not yet named, make supplemental report, as directed.

3. Sex of Child F

4. Twin, triplets, or other? (To be answered only in event of plural births)

Number in order of birth

5. Date of birth Jan 19 1916

(Month) (Day) (Year)

6. FULL NAME FATHER Hyman Lenson

12. FULL MAIDEN NAME MOTHER Henrietta Hurwitz

7. RESIDENCE Hazelcrest, Ill

13. RESIDENCE Hazelcrest, Ill

8. COLOR W 9. AGE AT LAST BIRTHDAY 26 Years

14. COLOR W 15. AGE AT LAST BIRTHDAY 26 Years

10. BIRTHPLACE (State or Country) Russia

16. BIRTHPLACE (State or Country) Russia

11. OCCUPATION Shipping Clerk

17. OCCUPATION Housewife

18. Number of children born to this mother, including present birth 1

19. Number of children of this mother now living 1

20. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at M., on the date above stated.

* When there was no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12 of vital statistics law.

21. (Signature) O. W. Katz M. D. Midwife

Address 1363 So. Harding Ave Telephone

22. Give name added from a supplemental report, 19

23. Filed APR 21 1916 Registrar

Registrar

† If birth occurred in hospital or institution, give its name instead of street and number.

STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND
STATE OF MICHIGAN

1733

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3078796



TYPEPRINT
IN
PERMANENT
BLOCK

NAME OF DECEASED
For use by physician or institution

PARENTS
INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

1. DECEDENT'S NAME (First, Middle, Last) Lillian Bleier		2. DATE OF BIRTH (Month, Day, Year) January 19, 1916		3. SEX Female		4. DATE OF DEATH (Month, Day, Year) July 17, 2008	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKAs if any) Lillian Levinson				6a. AGE - Last Birthday (Years) 92		6b. UNDER 1 YEAR MONTHS DAYS	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) 24005 W. 13 Mile, #33		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH 48025 Bingham Farms		7c. COUNTY OF DEATH Oakland			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Oakland		8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE West Bloomfield		8d. STREET AND NUMBER (include Apt. No. if applicable) 4689 Wendrick Drive	
9. BIRTHPLACE (City and State or Country) Chicago, Illinois		10. SOCIAL SECURITY NUMBER [REDACTED]		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? 2 Years College			
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe. Lithuanian/Latvian		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no) No	
15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		16. KIND OF BUSINESS OR INDUSTRY Home		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)	
19. FATHER'S NAME (First, Middle, Last) Hyman Levinson				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Yetta Horwitz			
21a. INFORMANT'S NAME (Type/Print) Judy Marx		21b. RELATIONSHIP TO DECEDENT Daughter		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 4689 Wendrick Drive, West Bloomfield, MI 48323			
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory or other location) Shalom Memorial Park		23b. LOCATION - City or Village, State Arlington Heights, Illinois			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE 		25. LICENSE NUMBER (of Licensee) 6797		26. NAME AND ADDRESS OF FUNERAL FACILITY The Ira Kaufman Chapel, Inc. 18325 W 9 Mile, Southfield, Michigan 48075			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the (cause) and manner stated. Signature and Title 		27b. DATE SIGNED (Mo., Day, Yr.) 7/18/08		27c. LICENSE NUMBER 15101010694		28. ACTUAL OR PRESUMED TIME OF DEATH 8:46 AM	
29. MEDICAL EXAMINER CONTACTED? (Yes or No) Yes		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Dwelling		31. IF HOSPITAL: Inpatient, Outpatient, Emergency Room, DDA (Specify)			
32. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 08-2504		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Keith Tobias D.O. 28701 Plymouth Livonia MI 48150				35a. REGISTRAR'S SIGNATURE 			
				35b. DATE FILED (Month, Day, Year) JUL 22 2008			
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.							Approximate Interval Between Onset and Death
a. <u>Alzheimer's type Dementia</u> DUE TO (OR AS A CONSEQUENCE OF)							years
b. <u>Atherosclerotic Cardiovascular Disease</u> DUE TO (OR AS A CONSEQUENCE OF)							years
c. _____ DUE TO (OR AS A CONSEQUENCE OF)							
d. _____ DUE TO (OR AS A CONSEQUENCE OF)							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
37. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY M		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No., City, Village or Twp., State	

14-308469

WARNING:
ANY REPRODUCTION IS PROHIBITED BY LAW.
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND EMBOSSED SEAL OF COUNTY OF OAKLAND.
NOT VALID IF PHOTOCOPIED.

I, RUTH JOHNSON, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.



APR 12 2010
DATE

By:
RUTH JOHNSON
Oakland County Clerk and Register of Deeds

Deputy Clerk



H. D. V. 186a. 40M. 7-9 500

1. PLACE OF BIRTH

County of **COOK**
City of **CHICAGO**

Registration Dist. No. **3104**
Primary Dist. No. _____

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
Division of Vital Statistics

Certificate of Birth

HEALTH DEPARTMENT'S RECORD
CITY OF CHICAGO

Registered No. **1727**

2. FULL NAME OF CHILD: **Paul Jr Levinson** *Mt Sinai Hospital* St. _____ Ward _____

3. Sex of Child **Male** 4. Twin, triplets, or other? _____ Number in order of birth _____ 5. Date of birth **Jan 27 1920** (Month) (Day) (Year)

FATHER
6. FULL NAME **Hyman Levinson**
7. RESIDENCE **Hazelcrest Ill**
8. COLOR **White** 9. AGE AT LAST BIRTHDAY **30** Years
10. BIRTHPLACE (State or Country) **Russia**
11. OCCUPATION **Merchant**

MOTHER
12. FULL MAIDEN NAME **Yetta Korewitz**
13. RESIDENCE **Hazelcrest Ill**
14. COLOR **White** 15. AGE AT LAST BIRTHDAY **30** Years
16. BIRTHPLACE (State or Country) **Russia**
17. OCCUPATION **Housewife**

18. Number of children born to this mother, including present birth **2** 19. Number of children of this mother now living **2**

20. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at **9:35 A.M.** on the date above stated.

* When there was no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12 of vital statistics law.

21. (Signature) **Henry Shacoff** M. D. Midwife
(Physician or Midwife)

22. Give name added from a supplemental report _____, 19____

Address **Mt Sinai Hosp** Telephone **Law 67**

23. Filed **FEB 3 1920**, 19____ Registrar

† If birth occurred in hospital or institution, give its name instead of street and number.

OFFICE of VITAL STATISTICS

CERTIFIED COPY

99 133511

LOCAL FILE NO. CERTIFICATE OF DEATH FLORIDA

1 DECEDENT'S NAME FIRST: Paul MIDDLE: LAST: Levinson		2 SEX Male	
3 DATE OF DEATH (Month, Day, Year) October 25, 1999		4 SOCIAL SECURITY NUMBER [REDACTED]	
5a AGE - Last Birthday (years) 79		5b UNDER 1 YEAR Months: Days: Hours: Minutes:	
6 DATE OF BIRTH (Month, Day, Year) January 22, 1920		7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	
8a PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> ERI/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> - Nursing Home <input type="checkbox"/> - Residence <input type="checkbox"/> - Other (Specify)		8b WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
9a FACILITY NAME (If not residence, give street and number) Westside Regional Medical Center		9b CITY, TOWN, OR LOCATION OF DEATH Plantation	
9c COUNTY OF DEATH Broward		10 DECEDENT'S USUAL OCCUPATION Distributor & Manufacturer	
10b KIND OF BUSINESS/INDUSTRY Hardware		11 MARITAL STATUS - Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> (Specify)	
12 SURVIVING SPOUSE (If wife, give maiden name) None		13a RESIDENCE - STATE Florida	
13b COUNTY Broward		13c CITY, TOWN, OR LOCATION Gaston	
13d STREET AND NUMBER 548 Village Lake Drive		14 INSIDE CITY LIMITS? (Yes or No) Yes	
14a ZIP CODE 33326		14b WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican Puerto Rican, etc.) No	
15 RACE - American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input checked="" type="checkbox"/> Other (Specify) White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) College 4+3 - 2	
17 FATHER'S NAME (First, Middle, Surname) Hyman Levinson		18 BROTHER'S NAME (First, Middle, Surname) Yetta Horwitz	
19a INFORMANT'S NAME (Type Print) Howard Levinson		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1912 Prairie Square #317, Schaumburg, Illinois 60173	
20a METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematorium, or other facility) Westlawn Cemetery	
20c LOCATION - City or Town, State Chicago, Illinois		21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Anthony V. Longoria	
21a LICENSE NUMBER (of Licensee) 3466		21b NAME AND ADDRESS OF FACILITY Menorah Chapels 6800 West Oakland Park Blvd. Sunrise, Florida 33313	
22a On the basis of information given to me, I certify that death occurred at the time, date and place and due to the causes as stated. Signature and Title: Nina Pearlmutter DATE SIGNED (MO, Day, Yr): 10/27/99		22b On the basis of examination either made by me or on the basis of information given to me, I certify that death occurred at the time, date and place and due to the causes as stated. Signature and Title: [Signature] DATE SIGNED (MO, Day, Yr): [Date] HOUR OF DEATH: 9:35 AM	
23 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Nina Pearlmutter, MD, 15814 West State Road 84, Ft. Lauderdale, Florida 33326		24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)	
25a SIGNATURE - SIGNATURE AND DATE [Signature] 10/27/99		25b LOCAL REGISTRAR - SIGNATURE [Signature]	
25c DATE REGISTERED NOV. 5 1999			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meade Grijj, State Registrar

Date Issued: APR 09 2010

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



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CERTIFICATION OF VITAL RECORD



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