

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

On 10/17/08
Date

before me,

Kaori M. Hunter, Notary Public
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

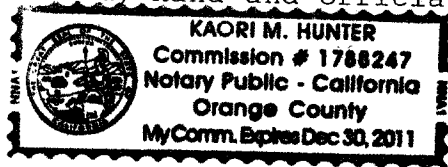
PHILIP A. RITMAN
Name(s) of Signer(s)

☐ (or proved to me on the basis of satisfactory evidence)

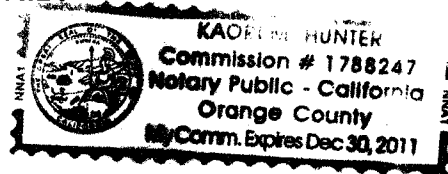
to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,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

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

WITNESS my hand and official seal.



Place Notary Seal Above



Signature

[Signature]
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's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. **PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.**

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to PHILIP A. PUTMAN 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 375-231-046 sold at public auction on March 13, 2006. I understand that the total of excess proceeds available for refund is \$ 11,000 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.

Lenora Peters
(Signature of Party of Interest/Assignor)

LENORA PETERS
(Name Printed)

2432 S. HALM AVE.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles

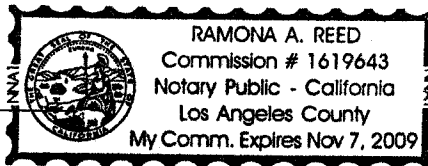
LOS ANGELES, CA 90034
(City/State/Zip)
(310) 838-5150
(Area Code/Telephone Number)

On October 16, 2008, before me, Ramona A. Reed, Notary Public personally appeared Lenora Peters, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Ramona A. Reed
(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.

Philip A. Putman
(Signature of Assignee)

PHILIP A. PUTMAN
(Name Printed)

3303 HARBOR BLVD., SUITE K-11
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Orange

COSTA MESA, CA 92626
(City/State/Zip)

On October 17, 08, before me, the undersigned, a Notary Public in and for said State, personally appeared Philip A. Putman, 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.

WITNESS my hand and official seal.

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

(Signature of Notary)

(This area for official seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange }

On 10/17/08 before me, Kaori M. Hunter: Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

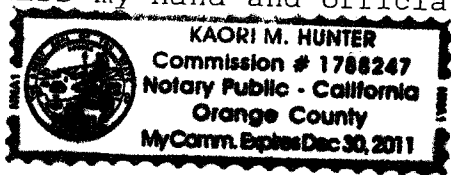
personally appeared Philip A. Putman
Name(s) of Signer(s)

☐ (or proved to me on the basis of satisfactory evidence)

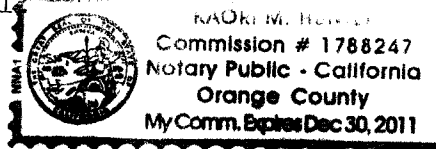
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I certify under PENALTY OF PERJURY under the laws of the State of the California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal Above



Signature Kaori M. Hunter
Signature of Notary Public

**OFFICES OF
PHILIP A. PUTMAN**
3303 Harbor Blvd., Suite K11
Costa Mesa, CA 92626
CSB 51368 DRE 654192

Toll free: 800 968-8339

(714) 848-5297

Fax 714 963-8035

July 31, 2008

Paul McDonnell
Riverside County Treasurer
Attn: Desiree Taylor
P.O. Box 12005
Riverside, CA 92502-2205

Via Certified Mail: 7001 0320 0005 1488 3693

RE: Excess Proceeds
Assessment No: 375-231-045, 375-231-046

Dear Ms. Taylor,

Enclosed are notarized assignment forms for Jahmal Peters as supporting documentation for our claims for the above referenced parcels. Thank you.

Sincerely,

Law Offices of Philip A. Putman

RECEIVED
08 AUG -4 AM 7:41
RIVERSIDE COUNTY
TREASURER/TAX COLLECTOR

Auction #116
R #869

RECORDING REQUESTED BY

LAND PARCEL LIQUIDATORS

AND WHEN RECORDED MAIL TO

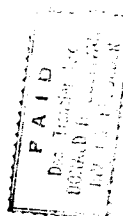
NAME **Mr. & Mrs. Harold Peters Jr.**
STREET ADDRESS **2432 S. Halm Ave.**
CITY & STATE **Los Angeles, CA 90034**

RECEIVED FOR RECORD
40 My Part 1's clock P.M.
At Request of
[Signature]
Book 1980, Page 31795

FEB 15 1980

Recorded in Official Records
of Riverside County, California

[Signature] Recorder
FEE \$ 3.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$ 2.20
☒ COMPUTED ON FULL VALUE OF PROPERTY CONVEYED.
OR COMPUTED ON FULL VALUE LESS LIENS AND
ENCUMBRANCES REMAINING AT TIME OF SALE.
[Signature] **Land Parcel Liquidators**
Signature of Declarant or Agent determining tax. Firm Name

APN 375-231-45
375-231-46

Corporation Grant Deed

THIS FORM FURNISHED BY STEWART WEST COAST TITLE CO

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
LAND PARCEL LIQUIDATORS, INC.

a corporation organized under the laws of the state of **California**

hereby GRANTS TO

HAROLD PETERS, JR. AND LENORA J. PETERS, husband and wife as joint tenants

the following described real property in the state of California, county of **Riverside**, City of **Lake Elsinore**,
Lot 1, Unit 15, Country Club Heights, Elsinore, as shown by Map on file in Book 14, page
94, **Riverside County Records**. EXCEPTING THEREFROM that portion described as follows:
Beginning at the most Northerly corner of Lot 1; thence Southwesterly along the Westerly
line of said lot a distance of 73 feet; thence Southeasterly in a direct line to a point
in the Easterly line of said lot, which point is distant Southwesterly 73 feet from the
most Easterly corner of said lot, said distance of 73 feet being measured along said
Easterly line; thence Northeasterly along said Easterly line 73 feet to the most Easterly
corner of said lot; thence Northwesterly along the Northeasterly line of said lot, 39
feet more or less, to THE POINT OF BEGINNING, said Northeasterly line being also the
Southerly line of Sky Line Drive.

SUBJECT TO: Covenants, conditions, restrictions, reservations, rights, rights of way,
and easements of record, if any.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and
this instrument to be executed by its..... President ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
thereunto duly authorized.

LAND PARCEL LIQUIDATORS, INC.
a California Corporation

Dated: **January 12, 1980**

STATE OF CALIFORNIA

County of **Los Angeles**

On **January 25, 1980**,
before me, the undersigned, a Notary Public in and for said State,
personally appeared **Tamara A. Steinsapir**
known to me to be the..... President, and

..... known to me to be the

~~XXXXXXXXXX~~

the Corporation that executed the within Instrument, known to
me to be the persons who executed the within Instrument, on the
behalf of the Corporation herein named, and acknowledged to me
that such Corporation executed the within Instrument pursuant
to its by-laws or a resolution of its board of directors.

WITNESS my hand and Official Seal

[Signature]
Barbara Koenekamp

Name (Typed or Printed)
Notary Public in and for said State

By *[Signature]* President
Tamara A. Steinsapir
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~



MAIL TAX

STATEMENTS TO:

Name

Address

Zip

END RECORDED DOCUMENT DONALD D. SULLIVAN, COUNTY RECORDER

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

210900
I.D. TAG NO.
05119
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

96-021513
State File Number

1. DECEDENT'S NAME

2. SEX

3. DATE OF DEATH (Month, Day, Year)

4. SOCIAL SECURITY NUMBER

5a. AGE Last Birthday (Years)

5b. Under 1 Year

5c. Under 1 Day

6. BIRTHPLACE (City and State or Foreign Country)

7. DATE OF BIRTH (Month, Day, Year)

8a. PLACE OF DEATH (Check only one)

8b. CITY, TOWN, OR LOCATION OF DEATH

8c. COUNTY OF DEATH

9. FACILITY NAME (If not institution, give street and number)

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

10b. KIND OF BUSINESS/INDUSTRY

11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify)

12. SPOUSE (If Married, Widowed, Divorced (Specify)

13a. RESIDENCE - STATE

13b. COUNTY

13c. CITY, TOWN OR LOCATION

13d. STREET AND NUMBER

14. INSIDE CITY LIMITS?

15. ZIP CODE

16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

17. RACE American Indian, Black, White, etc. (Specify)

18. DECEDENT'S EDUCATION (Specify only highest grade completed. Elementary/Secondary (0-12) College (14 or 5+)

19. FATHER - NAME first middle last

20. MOTHER - NAME first middle maiden

21a. METHOD OF DISPOSITION (Mausoleum, Burial, Cremation, Removal from State, Donation, Other (Specify))

21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

22. NAME, ADDRESS AND ZIP OF FACILITY

23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

24. LICENSE NUMBER (Of Licensee)

25. NAME, ADDRESS AND ZIP OF FACILITY

26. DATE FILED (Month, Day, Year)

27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO X NA

28. WAS GIFT MADE? YES NO X NA

29. TO BE COMPLETED BY CERTIFYING PHYSICIAN

29a. TIME OF DEATH

29b. WAS MEDICAL EXAMINER NOTIFIED?

29c. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature)

30. DATE SIGNED (Month, Day, Year)

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)

34. PART I (a) CAUSE OF DEATH

34. PART I (b) CAUSE OF DEATH

34. PART I (c) CAUSE OF DEATH

35. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I

36. MANNER OF DEATH

37. DATE OF INJURY (Month, Day, Year)

38. TIME OF INJURY

39. INJURY AT WORK?

40. DESCRIBE HOW INJURY OCCURRED

41. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)

42. LOCATION (Street and Number or Rural Route Number, City or Town, State)

43. Did tobacco use contribute to the death?

44. Did autopsy contribute to the death?

45. Did YES were findings consistent in determining cause of death?

46. Manner of Death

47. Date of Injury

48. Time of Injury

49. Injury at Work?

50. Describe how injury occurred

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1

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's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. **PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.**

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to _____ 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 375-231-046 sold at public auction on _____. I understand that the total of excess proceeds available for refund is \$ 1,100.00 and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

(Signature of Party of Interest/Assignor)

(Name Printed)

Jahmal Peters

(Address)

4448 Owens St. Apt 103

(City/State/Zip)

Corona, CA 92883

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

(Area Code/Telephone Number)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ 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.

(see Attachment)

WITNESS my hand and official seal.

(This area for official seal)

(Signature of Notary)

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

(Signature of Assignee)

(Name Printed)

PHILIP A. PUTMAN

(Address)

3303 Harbor Blvd., K-11
Costa Mesa, CA 92626

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

(City/State/Zip)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ 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.

(This area for official seal)

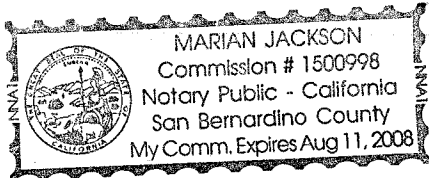
(Signature of Notary)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Bernardino

On May 27, 2008 before me, Marian Jackson (Notary Public)
Date Here Insert Name and Title of the Officer
personally appeared Jahmal Peters
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

Marian Jackson
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: Assignment of right to collect excess Proceeds
Document Date: May 27, 2008 Number of Pages: (1)

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Jahmal Peters

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

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

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

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

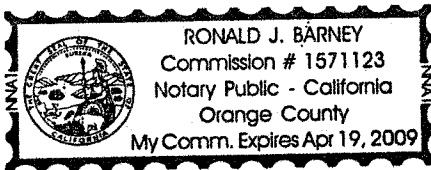
State of California

County of Orange

On 31 July 2008 before me, Ronald J. Barney, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Philip A. Rotman
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 Ronald J. Barney

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

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

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer's Name: _____

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☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

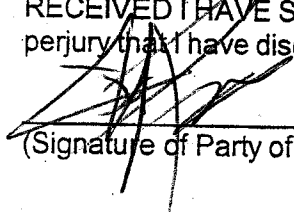
RIGHT THUMBPRINT
OF SIGNER

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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's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. **PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.**

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to _____ 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 375-231-045 sold at public auction on _____. I understand that the total of excess proceeds available for refund is \$ 11000. 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.


(Signature of Party of Interest/Assignor)

(Name Printed)

Jahmal Peters

(Address)

4448 Owens St. Apt 103
Corona, CA 92883

(City/State/Zip)

Corona, CA 92883

(Area Code/Telephone Number)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ 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.

(see Attachment)

(Signature of Notary)

(This area for official seal)

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


(Signature of Assignee)

(Name Printed)

PHILIP A. PUTMAN

(Address)

3303 Harbor Blvd., K-11
Costa Mesa, CA 92626

(City/State/Zip)

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

WITNESS my hand and official seal.

(Signature of Notary)

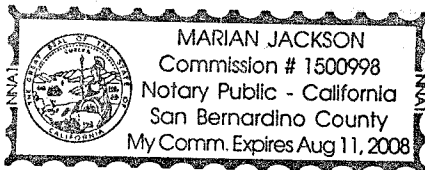
(This area for official seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Bernardino

On May 27, 2008 before me, Marian Jackson (Notary Public)
Date Here Insert Name and Title of the Officer
personally appeared Tahmal Peters
Name(s) of Signer(s)



Place Notary Seal Above

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 Marian Jackson
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Assignment of right to collect excess proceeds
Document Date: May 27, 2008 Number of Pages: 1
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Tahmal Peters
☒ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

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

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

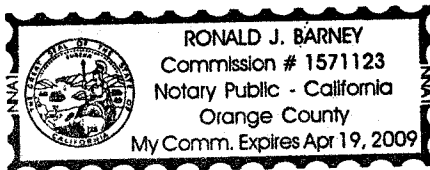
State of California

County of Orange

On 31 July 2008 before me, Ronald J. Barney, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Philip A. Petman
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

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: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

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OF SIGNER
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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's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. **PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.**

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to PHILIP A. PUTMAN 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 375-231-045 sold at public auction on March 13, 2006. I understand that the total of excess proceeds available for refund is \$ 11,000 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.

(Signature of Party of Interest/Assignor)

JAHMAL PETERS
(Name Printed)

4448 OWENS ST. APT 103
(Address)

STATE OF CALIFORNIA) ss.
COUNTY OF Riverside)

CORONA, CA 92883
(City/State/Zip)

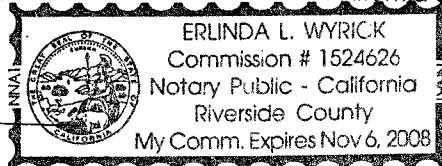
(Area Code/Telephone Number)

On October 16, 2008, before me Erlinda L. Wyrick, Notary Public, personally appeared JAHMAL PETERS, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

(Signature of Notary)



(This area for official seal)

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

(Signature of Assignee)

PHILIP A. PUTMAN
(Name Printed)

3303 HARBOR BLVD., SUITE K-11
(Address)

STATE OF CALIFORNIA) ss.
COUNTY OF Orange)

COSTA MESA, CA 92626
(City/State/Zip)

On October 17, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared PHILIP A. PUTMAN, 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.

WITNESS my hand and official seal.

(Signature of Notary)

(This area for official seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

On 10/17/08
Date

before me,

Kaori Hunter, Notary Public
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared PHILIP A. PITMAN

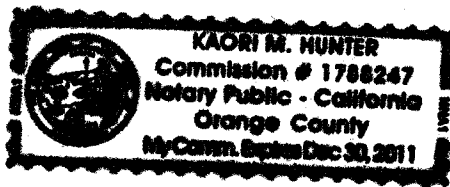
Name(s) of Signer(s)

☐ (or proved to me on the basis of satisfactory evidence)

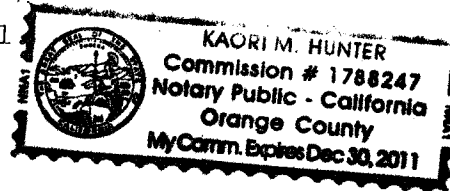
to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,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

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

WITNESS my hand and official seal



Place Notary Seal Above



Signature

[Signature]
Signature of Notary Public

**AFFIDAVIT
SECTION 13101 - PROBATE CODE**

Decedent's Name: HAROLD WASHINGTON PETERS, JR.
Date of Death: October 5, 1996
Place of Death: Portland, Oregon

I, JAHMAL PETERS hereby affirm or declare under penalty of perjury that the following is true and correct:

- 1) That I am the surviving child / son of the decedent.
- 2) That I am
☒ the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property, (OR)
☐ authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the Described property.
- 3) No other person has a right to the interest of the decedent in the Described property.
- 4) At least 40 days have elapsed since the death of the decedent, as shown in the certified copy of the decedent's death certificate attached to this affidavit or declaration.
- 5) No proceeding is now being or has been conducted in California for administration of the decedent's estate.
- 6) The gross value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand dollars
- 7) Described Property: 375-231-045 / 375-231-046

-OVER-

**

Affiant or Declarant: [Signature]

Signature

Address: 4448 Owens St 103

CORONA CA 92883

Date: 10/16/08

**

(This form must either be executed in the presence of a Deputy County Auditor and appropriate identification provided or must be executed in the presence of a notary public and appropriately acknowledged by the notary public.)

ACKNOWLEDGMENT

State of California

County of Riverside

On October 16, 2008 before me, Erlinda L. Wyrick, Notary Public

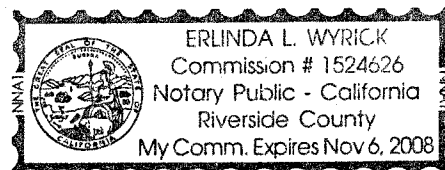
personally appeared JAHMAL PETERS
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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 [Signature]

(Seal)



Harper-Ihem, Kecia

From: Taylor, Desiree [DDTaylor@co.riverside.ca.us]
Sent: Monday, October 18, 2010 10:53 AM
To: Grant, Diana; Harper-Ihem, Kecia; Johnson, Karen
Cc: Hilliard, Sherry; Johnson, Melissa; Finley, Sandy
Subject: Delete Item 9.10 for Board of Supervisors 10/19/2010

Hello Ladies,

The Treasurer-Tax Collector's Office is requesting to have Item 9.10 deleted from the agenda for the October 19, 2010 Board hearing. 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 Sale Operations Unit

951-955-3842 (phone)

951-955-3990 (fax)

Mail Stop #1110

ddtaylor@co.riverside.ca.us

<http://www.countytreasurer.org>