

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

118A



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
AUG 08 2012

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 185, Item 292.
Last assessed to: Maude Wyse, a widow.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Wendell L. Crawford, Sr., Administrator for the Estate of Maude Wyse, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 669395014-1;
- 2) Deny the claim from Mc Arvie Crawford;

BACKGROUND: (Continued on page two)

Don Kent, Treasurer-Tax Collector

**FINANCIAL
DATA**

Current F.Y. Total Cost:	\$ 49,702.09	In Current Year Budget:	NO
Current F.Y. Net County Cost:	\$ 0.00	Budget Adjustment:	N/A
Annual Net County Cost:	\$ 0.00	For Fiscal Year:	2012-13

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:

Karen L. Johnson

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Ashley 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 25, 2012
xc: Treasurer, Auditor

Kecia Harper-Ihem
Clerk of the Board
By:

Deputy

Prev. Agn. Ref.: _____ **District:** 4/5 **Agenda Number:** _____

9.31

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

FORM APPROVED COUNTY COUNSEL
BY:
DALE A. GARDNER
DATE: 8/18/12
Departmental Concurrence

Dep't Recomm.: ☐ Consent ☒ Policy
Per Exec. Ofc.: ☐ Consent ☒ Policy

BOARD OF SUPERVISORS

Form 11:

Page 2

(continued)

- 2) Authorize and direct the Auditor-Controller to issue a warrant to Wendell L. Crawford Sr., Administrator for the Estate of Maude Wyse in the amount of \$49,702.09, 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)

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 16, 2010 public auction sale. The deed conveying title to the purchasers at the auction was recorded April 26, 2010. 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 3, 2010, 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 two claims for excess proceeds:

- 1) Claim from Wendell L. Crawford Sr., Administrator for the Estate of Maude Wyse based on a Grant Deed recorded December 3, 1965 as Instrument No. 136069, a Grant Deed recorded December 20, 1973 as Instrument No. 163937, an Affidavit – Death of Spouse recorded March 12, 1980 as Instrument No. 47940, the death certificate of Maude Wyse and the Letters of Administration filed December 4, 2008.
- 2) Claim from Mc Arvie Crawford based on a list of relatives and the death certificate's of Maude Wyse and Ben Crawford.

Pursuant to Section 4675 (a) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that Wendell L. Crawford Sr., Administrator for the Estate of Maude Wyse be awarded excess proceeds in the amount of \$49,702.09. The claim from Mc Arvie Crawford be denied since the Administrator to the Estate of Maude Wyse is Wendell L. Crawford Sr. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC 185 Item 292 Assessment No.: 669395014-1

Assessee: WYSE, MAUDE

Situs: 431 AVENIDA CERCA PALM SPRINGS

Date Sold: March 16, 2010

Date Deed to Purchaser Recorded: April 26, 2010

Final Date to Submit Claim: April 26, 2011

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 49,702.09 from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), ☒ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Exhibit "A" Wendell L. Crawford's Letters of Administration
for the Estate of Maude Wyse
 Exhibit "B" Inventory and Appraisal for the Estate of Maude Wyse

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 1st day of April, 2011 at Riverside County, CA
 County, State

Wendell L. Crawford Sr.
 Signature of Claimant

 Signature of Claimant

Wendell L. Crawford Sr. c/o
 Print Name LAW Office of Lisa F. Collins Wilkins
2601 W. Martin Luther King Jr. Blvd
 Street Address

 Print Name

 Street Address

Los Angeles, CA 90008
 City, State, Zip

 City, State, Zip

323-290-6656
 Phone Number

 Phone Number

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): 323-290-6650 LISA F. COLLINS-WILLIAMS, ESQ. LAW OFFICE OF LISA F. COLLINS-WILLIAMS 2601 W. MARTIN LUTHER KING JR., BLVD. #B LOS ANGELES, CA 90008 ATTORNEY FOR (Name): WENDELL L. CRAWFORD, SR.		TELEPHONE AND FAX NOS.: 323-924-7129 <div style="text-align: center; border: 1px solid black; padding: 5px;"> FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE DEC 04 2008 <i>bx</i> </div>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-200 OASIS STREET MAILING ADDRESS: CITY AND ZIP CODE: INDIO, CA 92201 BRANCH NAME: INDIO SUPERIOR COURT		CASE NUMBER: <div style="font-size: 1.5em; font-family: cursive;">INP021626</div>	
ESTATE OF (Name): ESTATE OF MAUDE WYSE <div style="text-align: right;">DECEDENT</div>			
<div style="text-align: center;">LETTERS</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED </div> <div> <input checked="" type="checkbox"/> OF ADMINISTRATION <input type="checkbox"/> SPECIAL ADMINISTRATION </div> </div>			

LETTERS

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

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



Date: 12-4-08

Clerk, by

B. Saelys

 (DEPUTY)

LETTERS
 (Probate)

AFFIRMATION

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

I solemnly affirm that the institution will perform the duties of personal representative according to law.
 I make this affirmation for myself as an individual and on behalf of the institution as an officer.
 (Name and title):

WENDELL L. CRAWFORD, SR.

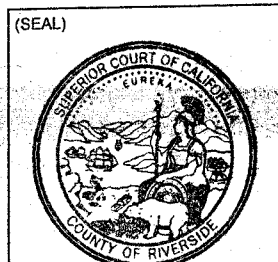
4. Executed on (date): 03-10-08
 at (place): PALM SPRINGS, California.

Wendell L. Crawford, Sr.

 (SIGNATURE)
 WENDELL L. CRAWFORD SR.

CERTIFICATION

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



Date: 12-4-08

Clerk, by

B. Saelys

 (DEPUTY)

Legal
 Solutions
 & Plus

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): LISA F. COLLINS-WILLIAMS LISA F. COLLINS-WILLIAMS, ESQ. (SBN 176655) LAW OFFICE OF LISA F. COLLINS-WILLIAMS 2601 W. MARTIN LUTHER KING JR., BLVD. #B LOS ANGELES, CA 90008 TELEPHONE NO.: 323-290-6650 FAX NO. (Optional): 323-924-7129 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PETITIONER, WENDELL L. CRAWFORD, SR.		FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE DEC 28 2009 C. Cardenas
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 3255 E. TAHQUITZ CANYON WAY MAILING ADDRESS: 46-200 OASIS STREET, INDIO CA 92201 CITY AND ZIP CODE: PALM SPRINGS, CA 92262 BRANCH NAME: DESERT BRANCH		
ESTATE OF (Name): MAUDE WYSE <input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR		
INVENTORY AND APPRAISAL <input type="checkbox"/> Partial No.: <input type="checkbox"/> Corrected <input checked="" type="checkbox"/> Final <input type="checkbox"/> Reappraisal for Sale <input type="checkbox"/> Supplemental <input type="checkbox"/> Property Tax Certificate		
		CASE NUMBER: INP021616 Date of Death of Decedent or of Appointment of Guardian or Conservator: 12-28-79

APPRAISALS

- | | | |
|--|-----------|---------------|
| 1. Total appraisal by representative, guardian, or conservator (Attachment 1): | \$ | |
| 2. Total appraisal by referee (Attachment 2): | \$ | 27,500 |
| TOTAL: | \$ | 27,500 |

DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR SMALL ESTATE CLAIMANT

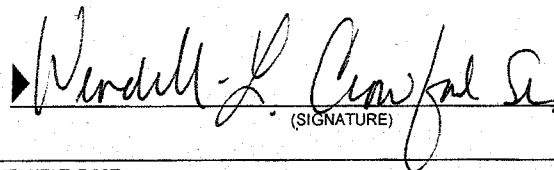
3. Attachments 1 and 2 together with all prior inventories filed contain a true statement of
☒ all ☐ a portion of the estate that has come to my knowledge or possession, including particularly all money and all just claims the estate has against me. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 1.
4. ☐ No probate referee is required ☒ by order of the court dated (specify): MAY 12, 2009
5. **Property tax certificate.** I certify that the requirements of Revenue and Taxation Code section 480
 a. ☐ are not applicable because the decedent owned no real property in California at the time of death.
 b. ☒ have been satisfied by the filing of a change of ownership statement with the county recorder or assessor of each county in California in which the decedent owned property at the time of death.

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

Date: NOVEMBER 30, 2009

WENDELL L. CRAWFORD, SR.

(TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)


 (SIGNATURE)

STATEMENT ABOUT THE BOND

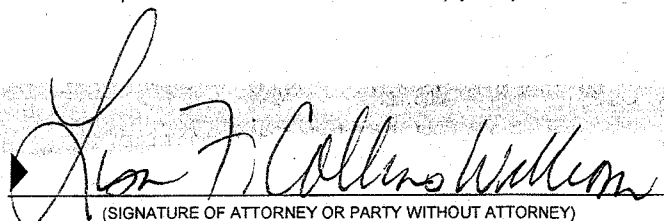
(Complete in all cases. Must be signed by attorney for fiduciary, or by fiduciary without an attorney.)

6. ☐ Bond is waived, or the sole fiduciary is a corporate fiduciary or an exempt government agency.
7. ☒ Bond filed in the amount of: \$ 20,000 ☒ Sufficient ☐ Insufficient
8. ☐ Receipts for: \$ have been filed with the court for deposits in a blocked account at (specify institution and location):

Date: NOVEMBER 30, 2009

LISA F. COLLINS-WILLIAMS

(TYPE OR PRINT NAME)


 (SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

ESTATE OF (Name): MAUDE WYSE		DE-160/GC-040
<input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR		CASE NUMBER: INP021616

DECLARATION OF PROBATE REFEREE

9. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 2.
 10. A true account of my commission and expenses actually and necessarily incurred pursuant to my appointment is:

Statutory commission: \$ 75.00

Expenses (specify): \$ 45.00

TOTAL: \$ 120.00

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

Date: 6/2/09

JOAN CAMPBELL FKA

JOAN SCOTT

(TYPE OR PRINT NAME)

Joan Campbell
 (SIGNATURE OF REFEREE)
 FKA Joan Scott

INSTRUCTIONS

(See Probate Code sections 2610-2616, 8801, 8804, 8852, 8905, 8960, 8961, and 8963 for additional instructions.)

1. See Probate Code section 8850 for items to be included in the inventory.
2. If the minor or conservatee is or has been during the guardianship or conservatorship confined in a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services, mail a copy to the director of the appropriate department in Sacramento. (Prob. Code, § 2611.)
3. The representative, guardian, conservator, or small estate claimant shall list on Attachment 1 and appraise as of the date of death of the decedent or the date of appointment of the guardian or conservator, at fair market value, moneys, currency, cash items, bank accounts and amounts on deposit with each financial institution (as defined in Probate Code section 40), and the proceeds of life and accident insurance policies and retirement plans payable upon death in lump sum amounts to the estate, except items whose fair market value is, in the opinion of the representative, an amount different from the ostensible value or specified amount.
4. The representative, guardian, conservator, or small estate claimant shall list in Attachment 2 all other assets of the estate which shall be appraised by the referee.
5. If joint tenancy and other assets are listed for appraisal purposes only and not as part of the probate estate, they must be separately listed on additional attachments and their value excluded from the total valuation of Attachments 1 and 2.
6. Each attachment should conform to the format approved by the Judicial Council. (See *Inventory and Appraisal Attachment* (form DE-161/GC-041) and Cal. Rules of Court, rules 2.100—2.110.)

ESTATE OF (Name): MAUDE WYSE

CASE NUMBER:

INP021626

INVENTORY AND APPRAISAL**ATTACHMENT NO: 1***(In decedents' estates, attachments must conform to Probate**Code section 8850(c) regarding community and separate property.)*

Page: 3 of 4 total pages.

*(Add pages as required.)*Item No.DescriptionAppraised value

1.

NONE

ESTATE OF (Name) MAUDE WYSE

CASE NUMBER:

INP021626

INVENTORY AND APPRAISAL

ATTACHMENT NO: 2

(In decedents' estates, attachments must conform to Probate

Code section 8850(c) regarding community and separate property.)

Page: 4 of: 4 total pages.

(Add pages as required.)

Item No.

Description

Appraised value

1. ONE

REAL PROPERTY LOCATED AT 431 W., AVENIDA CERCA,
PALM SPRINGS, CA 92262-0695

\$

APN: 669-395-014

\$27,500.00

LEGAL DESCRIPTION: LOT 227 OF DESERT HIGHLAND
ESTATES IN THE COUNTY OF RIVERSIDE, STATE OF
CALIFORNIA, AS SHOWN BY MAP ON FILE IN BOOK 24,
PAGES 53 AND 54 OF MAPS, RECORDS OF RIVERSIDE
COUNTY, CALIFORNIA

Probate Appraisal Worksheet

ESTATE: Wyse, Maude

SUBJECT ADDRESS: 431 W Avenida Cerca, Palm Springs, CA 92262

DATE OF DEATH: December 29, 1979

FILE #: 2959

Summary of Comparables:

Item	Subject	Comparable 1		Comparable 2		Comparable 3	
Address		63591 W Sunview Ave, Palm		751 W Rosa Parks Rd, Palm		21 Gladys Cir, Palm Springs, CA	
APN	669-395-014	669-383-007		669-355-001		669-357-011	
Sales Price			\$ 10,000		\$ 17,000		\$ 14,000
Date of Sale		7/1/1984	\$ (10,500)	12/1/1976	\$ 12,000	5/1/1976	\$ 11,500
Location	Suburban/Average	Similar	\$ -	Similar	\$ -	Similar	\$ -
Site Area	7405	7,405	\$ -	10,018	\$ (13,000)	10,018	\$ (13,000)
Age	1965	1964	\$ 1,000	1961	\$ 4,000	1960	\$ 5,000
Condition	Average	Similar	\$ -	Similar	\$ -	Similar	\$ -
Bed	3	2	\$ 10,000	3	\$ -	3	\$ -
Bath	2	1	\$ 7,500	1.75	\$ 2,000	1.75	\$ 2,000
Living Area	1216	1,205	\$ 500	1248	\$ (2,000)	1248	\$ (2,000)
Garage Parking	Yes	Yes	\$ -	Yes	\$ -	Yes	\$ -
Pool	Yes	No	\$ 10,000	No	\$ 10,000	No	\$ 10,000
N/A							
N/A							
Net Adjustment			\$ 18,500		\$ 13,000		\$ 13,500
Adjusted Sales Price			\$ 28,500		\$ 30,000		\$ 27,500

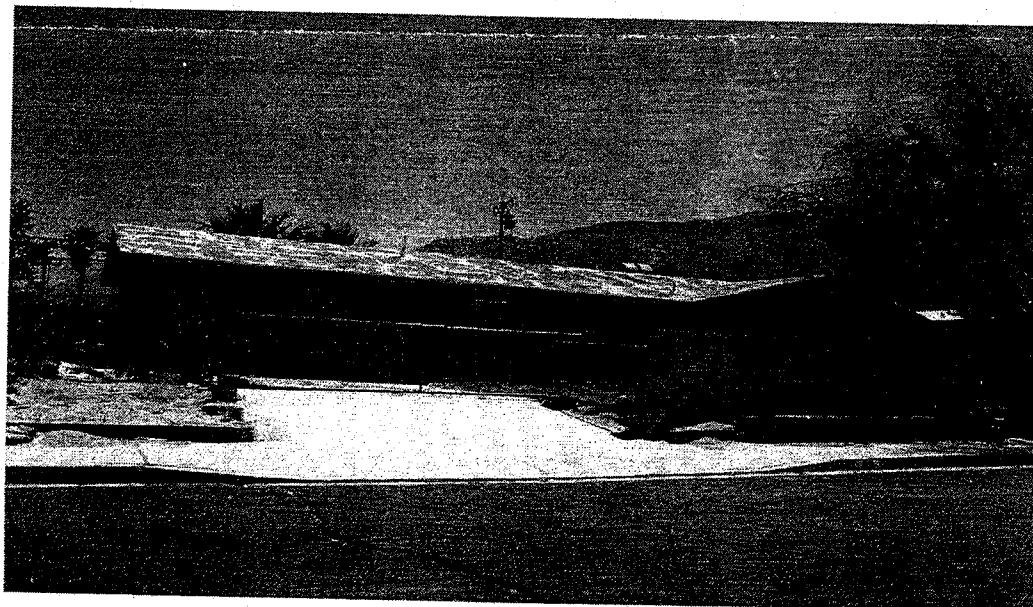
Comments on Sales Comparison Analysis:

These sales all reflect the market conditions as of the date of valuation. All comparables are in the immediate proximity of the subject in terms of sales date and location. They are the best data available and are adjusted for date of sale, site area, age and living area. Equal weight given to all three comparables in determining an opinion of value. I declare, under penalty of perjury, under the laws of the State of California, that I have personally compiled and or personally reviewed all documentation relating to this appraisal.

Reconciliation:

I ESTIMATE THE MARKET VALUE OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT,
 AS OF December 29, 1979 TO BE \$27,500.
 THE ESTATE'S 100% INTEREST IS ESTIMATED AT \$27,500.

SUBJECT PHOTO:



136069-7

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name ☒ Pearson, Scott & Company
 Street Address ☒ P.O. Box 1807
 City & State ☒ Indio, California

RECEIVED FOR RECORD

DEC 3 1965

AT 9:00 O'CLOCK A.M.

At Request of
 TITLE INS. & TRUST CO.
 Recorded in Official Records
 of Riverside County, California

W.D. Bishop

Fees ☒ Recorder

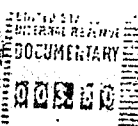
MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Name ☒ Maude Anderson
 Street Address ☒ 19790 Cooper Road
 City & State ☒ Palm Springs, California

AFFIX I.R.S. \$ 3.38

5028



Grant Deed

TO 485 C

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

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

MIRIAM H. ENDRES,

hereby GRANT(S) to

MAUDE ANDERSON, an unmarried woman,

the following described real property in the
County of Riverside

, State of California:

Lot 227 of DESERT HIGHLAND ESTATES, in the County of Riverside, State
 of California, as shown by Map on file in Book 24, pages 53 and 54 of
 Maps, records of Riverside County, California.

SUBJECT TO:

1. Second one-half of taxes for the fiscal year 1965-66.
2. Conditions, restrictions, reservations, easements, rights and rights
 of way of record, if any,

Dated November 1, 1965

Miriam H. Endres
 Miriam H. Endres

STATE OF CALIFORNIA

COUNTY OF Los Angeles

On November 5, 1965

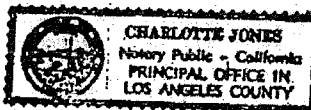
before me, the under-
 signed, a Notary Public in and for said State, personally appeared
 Miriam H. Endres

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

Signature

Charlotte Jones

Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. 258526

Escrow or Loan No. 6300

MAIL TAX STATEMENTS AS DIRECTED ABOVE.

End Recorded Document - W.D. Bishop, Clerk, Recorder

163937

Recording Requested By
and When Recorded Mail To:

REV. WALTER R. WYSE ✓
421 Avenida Cerca
Palm Springs, CA 92262

Mail Tax Statement To:

REV. WALTER R. WYSE ✓
421 Avenida Cerca
Palm Springs, CA 92262

RECEIVED FOR RECORD

DEC 20 1973

30 Min. Past 9 o'clock A.M.

At Request of

Grantee

Book 1973, Page

163937

Recorded in
Official Records
of Riverside County, California

W.D. Balogh Recorder

FEL 1-1-73

Consideration being less than
\$100.00 no revenue stamps
required

SPACE ABOVE THIS LINE FOR RECORDER'S USE

G R A N T D E E D

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

X MAUDE WYSE, who took title as MAUDE ANDERSEN, hereby grants to
WALTER R. WYSE and MAUDE WYSE, husband and wife, as community
property, the following described real property in the County
of Riverside, State of California:

Lot 227 of Desert Highland Estates, in the
County of Riverside, State of California,
as shown by Map on file in Book 24, Pages
53 and 54, of Maps, Records of Riverside
County, California.

SUBJECT TO: Conditions, Reservations,
Restrictions, Easements, Rights and Rights
of Way of Record, if any.

Dated: November 19, 1973.

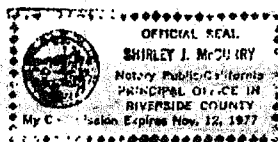
Maude Wyse
Maude Wyse, formerly
Maude Andersen

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) ss.

On November 19, 1973, before me, the undersigned, a Notary Public
in and for said State, personally appeared MAUDE WYSE, known to me to
be the person whose name is subscribed to the within Instrument and
acknowledged that she executed the same.

Witness my hand and official seal.

(Seal) Shirley J. McCurry
Notary Public in and for said State



END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

47940
Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:
MAUDE ANDERSON
P.O. BOX 14
PALM SPRINGS, CA.
92262

RECEIVED FOR RECORD
AT 11:00 O'CLOCK A.M.
MAR 12 1980
47940
Notary Public
Riverside County, California
FEE \$ 4.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE.

AFFIDAVIT - DEATH OF SPOUSE

STATE OF CALIFORNIA
COUNTY OF
RIVERSIDE

MAUDE ANDERSON

, being first duly sworn, deposes and says:

That ~~she~~ was validly married to WALTER R. WYSE. Immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property:

LOT 227 OF DESERT HIGHLAND ESTATES IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS SHOWN BY MAP ON FILE IN BOOK 24, PAGES 53 AND 54, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

That the affiant and the above-named decedent were married on JUNE 22, 1963 and affiant is the widow/ ~~widow~~ of decedent; and

That HE died on DEC. 23, 1979 as evidenced by a certified copy of the Certificate of Death attached hereto; and

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects, and belongings, and is certain that either

- 1) no will was executed or otherwise declared by the decedent, based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted; or
- 2) if a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source was also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code 202(b) or (c) in any probate proceedings in any court of competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of First American Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated MARCH 10, 1980 Maude Anderson

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State,

this 10th day of March 1980.

WITNESS my hand and official seal.

Signature Emily L. Sullivan



(This area for official notarial seal)

1149 (7/75)

CERTIFICATE OF DEATH STATE OF CALIFORNIA				3397	5289
1. NAME OF DECEDENT—FIRST		2. MIDDLE		3. LAST	
Walter		Richard		Wysa	
4. SEX		5. RACE		6. DATE OF BIRTH	
Male		Negro		February 29, 1900	
7. AGE		8. DATE OF DEATH		9. PLACE OF DEATH	
79		December 22, 1979		1750	
10. COUNTY OF DEATH		11. SOCIAL SECURITY NUMBER		12. MARITAL STATUS	
Texas		Jim Wyso / Texas		Married	
13. NAME OF DECEASED SPOUSE (IF DECEASED)		14. NAME OF DECEASED SPOUSE (IF DECEASED)		15. NAME OF DECEASED SPOUSE (IF DECEASED)	
Mary Unknown / Texas		Mary Unknown / Texas		Mary Unknown / Texas	
16. NAME OF DECEASED SPOUSE (IF DECEASED)		17. NAME OF DECEASED SPOUSE (IF DECEASED)		18. NAME OF DECEASED SPOUSE (IF DECEASED)	
Hauke Crawford		Hauke Crawford		Hauke Crawford	
19. NAME OF DECEASED SPOUSE (IF DECEASED)		20. NAME OF DECEASED SPOUSE (IF DECEASED)		21. NAME OF DECEASED SPOUSE (IF DECEASED)	
Religion		Religion		Religion	
22. DATE OF DEATH		23. DATE OF DEATH		24. DATE OF DEATH	
Palm Springs		Palm Springs		Palm Springs	
25. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		26. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		27. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Spouse		Spouse		Spouse	
28. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		29. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		30. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Same		Same		Same	
31. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		32. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		33. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
34. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		35. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		36. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
37. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		38. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		39. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
40. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		41. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		42. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
43. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		44. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		45. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
46. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		47. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		48. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
49. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		50. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		51. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
52. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		53. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		54. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
55. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		56. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		57. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
58. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		59. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		60. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
61. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		62. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		63. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
64. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		65. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		66. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
67. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		68. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		69. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
70. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		71. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		72. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
73. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		74. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		75. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
76. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		77. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		78. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
79. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		80. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		81. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
82. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		83. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		84. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
85. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		86. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		87. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
88. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		89. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		90. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
91. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		92. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		93. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
94. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		95. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		96. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
97. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		98. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		99. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	
100. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		101. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS		102. NAME AND ADDRESS OF INTERPRETER—RELIGIOUS	
Palm Springs		Palm Springs		Palm Springs	

RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

Date of Amendments, if any _____

I hereby certify that this is a true copy of a certificate DEC 28 1979

on file in the Riverside County Health Department, if the

certification is in red.

Donald L. Wheaton, M.D., N.P.H.
 Director of Health & Local Registrar



VS 4 12/79

END RECORDED DOCUMENT DONALD D. SULLIVAN, COUNTY RECORDER

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38836003555

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST

MAUDE

1B. MIDDLE

WYSE

1C. LAST

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

APRIL 27, 1988

1425

3. SEX

FEMALE

4. RACE/ETHNICITY

BLACK

5. SPANISH/HISPANIC NO

X

6. DATE OF BIRTH

SEPTEMBER 28, 1902

7. AGE

85

IF UNDER 1 YEAR MONTHS

DAYS

IF UNDER 24 HOURS HOURS

MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)

TEXAS

9. NAME AND BIRTHPLACE OF FATHER

BENJAMIN CRAWFORD - TEXAS

10. BIRTH NAME AND BIRTHPLACE OF MOTHER

MARY EVANS - TEXAS

11A. CITIZEN OF WHAT COUNTRY

USA

11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE

19 * * TO 19 * *

12. SOCIAL SECURITY NUMBER

WIDOWED

13. MARITAL STATUS

15. PRIMARY OCCUPATION

HOMEMAKER

16. NUMBER OF YEARS THIS OCCUPATION

YRS

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)

SELF

18. KIND OF INDUSTRY OR BUSINESS

HOME

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)

1774 MALLORY

19B.

0410

19C. CITY OR TOWN

SAN BERNARDINO

19D. COUNTY

SAN BERNARDINO

19E. STATE

CALIFORNIA

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

WILLIE CRAWFORD - BROTHER

21A. PLACE OF DEATH

RESIDENTS

21B. COUNTY

SAN BERNARDINO

1774 MALLORY

SAN BERNARDINO, CA 92405

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)

1774 MALLORY

21D. CITY OR TOWN

SAN BERNARDINO

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE

(A) Hypovolemia

DUE TO, OR AS A CONSEQUENCE OF

Hours

APPROXIMATE

24. WAS DEATH REPORTED TO J. MOTHER?

YES 88-4-1943TD

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(B) Dehydration

DUE TO, OR AS A CONSEQUENCE OF

Days

INTERVAL BETWEEN ONSET AND DEATH

25. WAS BIOPSY PERFORMED?

No

(C) Senile Dementia, Alzheimers type

Years

26. WAS AUTOPSY PERFORMED?

No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

Diverticulosis

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION

No

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

29. SPECIFY ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

1853

31. INJURY AT WORK

32A. DATE OF INJURY—MONTH, DAY, YEAR

32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

Brian McCormick, Coroner

35C. DATE SIGNED

May 3, 1988

36. DISPOSITION

BURIAL

MAY 4, 1988

37. NAME AND ADDRESS OF CEMETERY OR CREMATORY

PIONEER CEMETERY, SAN BERNARDINO, CA

38. EMBALMER'S LICENSE NUMBER AND SIGNATURE

2442 Frank Tillie

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)

40B. LICENSE NO.

F-780

41. LOCAL REGISTRAR—SIGNATURE

George K. Williams m D. gm

42. DATE ACCEPTED BY LOCAL REGISTRAR

MAY 03 1988

STATE REGISTRAR

A

B

C

D

E

F

V5-11 (1-85)



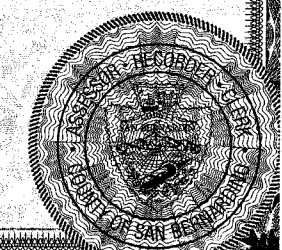
This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

Dennis Draeger
DENNIS DRAEGER
San Bernardino County Assessor-Recorder-Clerk

DATE ISSUED

MAY 01 2012

001774966



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



Law Office of
Lisa F. Collins-Williams
Attorney at Law

May 1, 2012

RECEIVED

2012 MAY -7 PM 4: 53

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Mr. Adrian Potenciano
County of Riverside
Treasurer & Tax Collector
4080 Lemon Street, 4th Floor
Riverside, CA 92501

Re: EXCESS PROCEEDS #292
Estate of Maude Wyse INP021626

Dear Mr. Potenciano:

Thank you for speaking with me, regarding the above referenced matter. This letter will memorialize our conversation in that you have informed me that the excess proceeds procedure has been completed and the only document that is missing is the decedent's death certificate.

Per your instructions, enclosed please find a certified copy of Maude Wyse's death certificate for your records and completion of the excess proceeds procedure. Mr. Potenciano, if you will please give me a call or email me to confirm receipt of this letter and certified death certificate and to advise when the estate should be expecting the funds, it would be appreciated.

If you will need any additional information please feel free to contact me at your earliest convenience at the below number.

Thank you in advance for your help in this matter.

Sincerely,

Lisa F. Collins-Williams
Attorney at Law.

Cc: client

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC 185 Item 292 Assessment No.: 669395014-1

Assessee: WYSE, MAUDE

Situs: 431 AVENIDA CERCA PALM SPRINGS

Date Sold: March 16, 2010

Date Deed to Purchaser Recorded: April 26, 2010

Final Date to Submit Claim: April 26, 2011

RECEIVED
2011 APR 18 AM 10:34
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ _____ from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), ☐ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

CLAIMANT IS GRAND NEPHEW OF MAUDE WYSE. HE IS THE SON OF BEN CRAWFORD, MAUDE WYSE'S BROTHER. MAUDE WYSE HAD NO ISSUE. CLAIMANT IS CLAIMING FOR HIMSELF, AND HIS SIBLINGS THE CHILDREN OF BEN CRAWFORD. DOCUMENTATION IS ATTACHED.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 18th day of APRIL, 2011 at RIVERSIDE, CALIFORNIA
County, State

McArvie Crawford
Signature of Claimant

Signature of Claimant

MC ARVIE CRAWFORD
Print Name

Print Name

368 BON AIR DR
Street Address

Street Address

PALM SPRINGS CA 92262
City, State, Zip

City, State, Zip

760-325-1028
Phone Number

Phone Number

Name and Relationship

Age Residence or mailing address

Mr. Mc Arvie Crawford (Brother)	78 368 W Bon Air, Palm Springs, CA 92262
Mrs. Reva Joy Dawson (Sister)	307 S. Walnut, Paul Valley, OK 73075
Mr. Johnny B. Crawford (Brother)	5307 Tidewater, Houston, TX 77045
Ms Betty Pellum Crawford (Sister)	6202 Grey Oaks Dr., Houston, TX 77050
Mr. Abdullah Salaam (Brother)	C/O Global Discoveries Ltd, PO BOX 1747, Modesto, CA 95353
Ms May K Crawford (Sister)	C/O Global Discoveries Ltd, PO BOX 1747, Modesto, CA 95353
Estate of Samuel Crawford (Brother)	560 Rosa Parks, Palm Springs, CA 92262
Estate of Jerrel Dean Smith (Sister)	C/O Robert L. Smith, 1407 Crescent St, Carthage, TX 75633
Estate of Jerrel Dean Smith (Sister)	C/O Bernice Smith, 105 County Road No. 277, Carthage, TX 75633-6541
Estate of Jerrel Dean Smith (Sister)	C/O Grayling Smith, PO BOX 12570, Longview, TX 75607-2570
Estate of Jerrel Dean Smith (Sister)	C/O Carl Smith, 18002 Sycamore St., Hesperia, CA 92345
Estate of Jerrel Dean Smith (Sister)	C/O Jimmie E. Smith, 1009 Valencia St., Unit A, Costa Mesa, CA 92626
Estate of Jerrel Dean Smith (Sister)	C/O Henry Smith, Coalinga State Hospital, PO BOX 5000, Coalinga, CA 93210
Estate of OB Crawford (Brother)	
Estate of Bill Crawford (Brother)	
Estate of Roy Crawford (Brother)	
Estate of Charley Lawrence (Brother)	No Issue

1/12 total

1822 FERN ST, NEW ORLEANS
504-231-7396

STATE OF CALIFORNIA

CERTIFICATE OF VITAL RECORD

County of San Bernardino Auditor/Controller-Recorder, County Clerk www.sbcounty.gov/aec

CERTIFICATE OF DEATH STATE OF CALIFORNIA

38836003555

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
MAUDE		APRIL 27, 1988	
1B. MIDDLE		2B. HOUR	
WYSE		1425	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
FEMALE	BLACK	NO	SEPTEMBER 28, 1902
7. AGE		8. DATE OF BIRTH	
85 YEARS		SEPTEMBER 28, 1902	
9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
BENJAMIN CRAWFORD - TEXAS		MARY EVANS - TEXAS	
11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
USA		[REDACTED]	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME	
WIDOWED			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	
HOMEMAKER		YRS	
17. EMPLOYED IF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS	
SELF		HOME	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
1774 MALLORY		SAN BERNARDINO	
19C. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
SAN BERNARDINO		WILLIE CRAWFORD - BROTHER	
21A. PLACE OF DEATH		21B. COUNTY	
RESIDENTS		SAN BERNARDINO	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
1774 MALLORY		SAN BERNARDINO	
22. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		23. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
A. Hypovolemia		No	
B. Dehydration		No	
C. Senile Dementia, Alzheimers type		No	
24. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		25. DATE SIGNED	
Diverticulosis		May 3, 1988	
26A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE MADE AN INQUIRY—INVESTIGATION		26B. CORONER—SIGNATURE AND DEGREE OR TITLE	
[REDACTED]		Brian McCormick, Coroner	
26C. DATE SIGNED		26D. PHYSICIAN'S LICENSE NUMBER	
May 3, 1988		[REDACTED]	
27. SPECIFY ACCIDENT, SUICIDE, ETC.		28. PLACE OF INJURY	
[REDACTED]		[REDACTED]	
29. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		30. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
[REDACTED]		[REDACTED]	
31. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE MADE AN INQUIRY—INVESTIGATION		32. CORONER—SIGNATURE AND DEGREE OR TITLE	
[REDACTED]		Brian McCormick, Coroner	
33. DATE SIGNED		33. DATE SIGNED	
May 3, 1988		May 3, 1988	
34. DISPOSITION		35. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		PIONEER CEMETERY, SAN BERNARDINO, CA	
36. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		37. LICENSE NO.	
TILLIES MEMORIAL CHAPEL		F-780	
38. STATE REGISTRAR		39. DATE ACCEPTED BY LOCAL REGISTRAR	
[REDACTED]		MAY 03 1988	

This is a true and correct reproduction of the document officially registered with the Office of the Auditor/Controller-Recorder, County of San Bernardino.

DATE ISSUED

Larry Walker

LARRY WALKER
Auditor/Controller-Recorder, County Clerk
San Bernardino County, California

This copy is a true and correct reproduction of the document officially registered with the Office of the Auditor/Controller-Recorder, County of San Bernardino.



001320624



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

394366

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

39033006657

14 NAME OF DECEDENT—First Initial		15 MIDDLE		16 LAST (FAMILY)		17 DATE OF DEATH—MO. DAY, YR.		18 SEX	
Ben		Crawford		Crawford		October 6, 1990		M	
19 RACE		20 MARRIAGE—Specify		21 DATE OF BIRTH—MO. DAY, YR.		22 AGE IN YEARS		23 UNDER 1 YEAR	
Black		[X] YES [] NO		Aug. 12, 1910		80		MONTHS DAYS HOURS MINUTES	
24 STATE OF BIRTH		25 CITIZEN OF WHAT COUNTRY		107 FULL NAME OF FATHER		108 STATE OF BIRTH		110 FULL MARRIED NAME OF MOTHER	
TX		U.S.A.		Ben Crawford		TX		Unknown	
112 MILITARY SERVICE		113 SOCIAL SECURITY NO.		114 MARITAL STATUS		115 NAME OF SURVIVING SPOUSE (if wife, enter maiden name)		116 STATE OF DEATH	
[] YES [X] NONE		[] YES [X] NONE		Widowed		None		TX	
117 USUAL OCCUPATION		118 USUAL KIND OF BUSINESS OR INDUSTRY		119 USUAL EMPLOYER		120 YEARS IN OCCUPATION		121 EDUCATION—YEARS COMPLETED	
Laborer		Construction		Self-Employed		60		6	
122 RESIDENCE—STREET AND NUMBER OR LOCATION		123 CITY		124 ZIP CODE		125 NAME RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF DECEASED		126 NAME RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF DECEASED	
19790 Cooper Road		North Palm Springs		92258		Abdullah Salaam - Son		533 North Sunrise Way	
127 PLACE OF DEATH		128 IF HOSPITAL, SPECIFY NAME OF HOSPITAL		129 COUNTY		130 CITY		131 ZIP CODE	
Desert Hospital		IP		Riverside		Palm Springs, CA		92262	
132 STREET ADDRESS—STREET AND NUMBER OR LOCATION		133 CITY		134 STATE		135 ZIP CODE		136 NAME RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF DECEASED	
1150 North Indian Avenue		Palm Springs		CA		92262		Abdullah Salaam - Son	
21 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22 WAS DEATH REPORTED TO CORONER?		23 WAS DEATH REPORTED TO CORONER?		24 WAS DEATH REPORTED TO CORONER?		25 WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (A) Respiratory Arrest		[X] YES [] NO		[X] YES [] NO		[X] YES [] NO		[X] YES [] NO	
DUE TO (B) Massive Cerebral Infarction		[X] YES [] NO		[X] YES [] NO		[X] YES [] NO		[X] YES [] NO	
DUE TO (C)		[X] YES [] NO		[X] YES [] NO		[X] YES [] NO		[X] YES [] NO	
26 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		27 DATE OF DEATH REPORTED TO CORONER		28 DATE OF DEATH REPORTED TO CORONER		29 DATE OF DEATH REPORTED TO CORONER		30 DATE OF DEATH REPORTED TO CORONER	
None		10/8/90		10/8/90		10/8/90		10/8/90	
31 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		32 SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		33 SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		34 SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		35 SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	
27A. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH DAY YEAR		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED		27E. DATE SIGNED	
1/1988 10/5/90		W. Richard Wierfreund, M.D., 555 Tachewah Dr., 2W, 107		67869		10/8/90		10/8/90	
36 HANDED DEATH—SIGNED BY ATTENDING PHYSICIAN, NURSE, OR OTHER PERSON WHOSE NAME AND ADDRESS ARE STATED IN 37		37 PLACE OF DEATH		38 HANDED AT WORK		39 DATE OF BIRTH		40 HOUR	
38A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		38B. LICENSE NO.		38C. SIGNATURE OF FUNERAL DIRECTOR		38D. DATE OF BIRTH		38E. HOUR	
Wieland & Son, Palm Springs		836		[Signature]		10/8/90		10/8/90	
39A. DISPOSITION		39B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		39C. DATE		39D. SIGNATURE OF ENBALMER		39E. LICENSE NUMBER	
Burial		Desert Memorial Park, 6992nd East Ramon Rd., Cathedral City, CA		10/12/90		[Signature]		7659	
40 STATE OF BIRTH		41 DATE OF BIRTH		42 SIGNATURE OF REGISTRAR		43 DATE OF BIRTH		44 HOUR	
TX		10/8/90		[Signature]		10/8/90		10/8/90	

153713

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA
COUNTY OF RIVERSIDE
DATE ISSUED OCT 24 1990

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health

Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

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



IN LOVING MEMORY
OF
BEN CRAWFORD



Born: August 12, 1910
Died: October 7, 1990
SERVICE

FRIDAY OCTOBER 12, 1990 11:00 A.M.

FIRST BAPTIST CHURCH
588 LAS VEGAS ROAD
PALM SPRINGS, CALIFORNIA, 92262
REV. JEFF ROLLINS SR. PASTOR

OBITUARY

Mr. Ben Crawford was born to Ben Crawford Sr. and Mary Evans in Carthage, Texas on August 12, 1910. His early schooling was in Carthage, Texas. He united with a church at an early age in Warner Grove, Texas. He moved to California in 1940. He was employed for fifty years as a construction laborer.

He united with First Baptist Church and served there until his death. He was actively involved with Brotherhood.

He leaves to mourn eight sons; Abdullah Salaam, Nick, Sam and McArvie Crawford all of Palm Springs, Charles Lawrence and Johnnie Crawford, both of Texas, Bill Crawford of Fontana, and Roy Crawford of Thermal; four daughters Reva Joy of Oklahoma, Betty Pellum of Texas, Geraldine Smith of San Bernardino and Mae Crawford of Palm Springs; two brothers Willie Crawford and Floyd Crawford; thirty-six grandchildren and forty-nine great grandchildren.

ORDER OF SERVICE

Processional.....Sweet By and By
Scriptures.....Old and New Testament
Minister
Prayer.....Minister
Song.....Old Ship of Zion
Brotherhood
Acknowledgment of Cards, Telegrams & Flowers
.....Bro. Howard Lucas
Solo.....Sis. Robbie Miller
Obituary.....Bro. Lorenzo Thomas
Song.....Home Over the Mountain
Brotherhood
Resolution of the Church....Bro. Joe George Goree
Eulogy.....Rev. Jeff Rollins Sr.
Review of Remains.....Soft Music
Recessional.....

(1) PLACE OF BIRTH

County of

City

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

District No.

Register No.

60029

75

(2) FULL NAME OF CHILD

(3) SEX OF CHILD

(8) FULL NAME

(9) RESIDENCE
Post Office Address

(10) COLOR

(12) BIRTHPLACE

(13) OCCUPATION

(20) NUMBER OF CHILDREN BORN
TO THIS MOTHER, INCLUDING PRESENT BIRTH

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at stillborn at

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child is one that neither breathes nor shows other evidence after birth.

Give name added from a supplemental

Report

J.W. Sharp

(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes No

(6) LEGITIMATE DATE OF BIRTH

(7) DATE OF BIRTH

(11) FULL MAIDEN NAME

(15) RESIDENCE
Post Office Address

(16) COLOR

(18) BIRTHPLACE

(19) OCCUPATION

(21) NUMBER OF CHILDREN
OF THIS MOTHER NOW LIVING

(23) FILLED

(25) REGISTERED

(26) REGISTERED

(27) REGISTERED

(28) REGISTERED

(29) REGISTERED

(30) REGISTERED

(31) REGISTERED

(32) REGISTERED

(33) REGISTERED

(34) REGISTERED

(35) REGISTERED

(36) REGISTERED

(37) REGISTERED

(38) REGISTERED

(39) REGISTERED

(40) REGISTERED

(41) REGISTERED

(42) REGISTERED

(43) REGISTERED

(44) REGISTERED

(45) REGISTERED

STATE OF TEXAS
COUNTY OF TRAVIS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT PHOTOGRAPHIC
COPY OF THE ORIGINAL CERTIFICATE FILED IN THE BUREAU OF VITAL
STATISTICS, TEXAS DEPARTMENT OF HEALTH RESOURCES, AUSTIN, TEXAS.

ISSUED

STATE REGISTRAR