

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

429A



**FROM:** Don Kent, Treasurer/Tax Collector

**SUBMITTAL DATE:**  
**JUL 21 2014**

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 185, Item 93.

Last assessed to: Madge Chapman, an unmarried woman. District 1/1 [\$37,588] Fund 65595 Excess Proceeds from Tax Sale.

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., assignee for Terry Sheetz AKA Terry Lee Sheetz, executor to the Estate of Madge Chapman, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 370200038-7;

(continued on page two)

**BACKGROUND:**

**Summary**

(continued on page two)

Don Kent  
Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
<b>COST</b>	\$ 37,588	\$ 0	\$ 37,588	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0	

**SOURCE OF FUNDS:** Fund 65595 Excess Proceeds from Tax Sale

**Budget Adjustment:** N/A

**For Fiscal Year:** 14/15

**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 Jeffries and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Stone and Ashley  
Nays: None  
Absent: Benoit  
Date: September 23, 2014  
xc: Treasurer, Auditor

Kecia Harper-Ihem  
Clerk of the Board  
By:   
Deputy

**Prev. Agn. Ref.:**

**District:** 1/1

**Agenda Number:**

**9-10**

FORM APPROVED COUNTY COUNSEL  
BY: Dale A. Gardner 7/21/14  
DATE: 7/21/14  
Dale A. Gardner  
Departmental Concurrence

☐ A-30 ☐ Positions Added ☐ Change Order  
☐ 4/5 Vote

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

## **FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 185, Item 93.**

Last assessed to: Madge Chapman, an unmarried woman. District 1/1 [\$37,588] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:**

**PAGE:** Page 2 of 2

### **RECOMMENDED MOTION:**

2. Deny the claim from Rhonda Stechnij AKA Rhonda Bartz, heir to the Estate of Madge Chapman;
3. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Terry Sheetz AKA Terry Lee Sheetz, executor to the Estate of Madge Chapman, in the amount of \$37,588.59 no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

### **BACKGROUND:**

#### **Summary (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 Global Discoveries, Ltd., assignee for Terry Sheetz AKA Terry Lee Sheetz, executor to the Estate of Madge Chapman based on an Assignment of Right to Collect Excess Proceeds dated January 4, 2011, a Grant Deed recorded September 27, 1976 as Instrument No. 143926, the Last Will and Testament of Madge Chapman dated September 19, 1984, an Affidavit under California Probate Code Section 13101 and the death certificate of Madge Magdalene Chapman.
2. Claim from Rhonda Stechnij AKA Rhonda Bartz, heir to the Estate of Madge Chapman based on a Grant Deed recorded September 27, 1976 as Instrument No. 143926, the Last Will and Testament of Madge Chapman dated September 19, 1984 and the death certificate of Madge Magdalene Chapman.

Pursuant to Section 4675 (a) & (b) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for Terry Sheetz AKA Terry Lee Sheetz, executor to the Estate of Madge Chapman be awarded excess proceeds in the amount of \$37,588.59. The claim from Rhonda Stechnij AKA Rhonda Bartz, heir to the estate of Madge Chapman be denied since the funds are being distributed to the executor of the estate. 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.

#### **Impact on Citizens and Businesses**

Excess proceeds are being released the last assessee of the property.

### **ATTACHMENTS (if needed, in this order):**

Copies of Excess Proceeds Claim forms and supporting documentation are attached.

**CLAIM SUMMARY**

Date: February 11, 2011

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 370200038-7

Last Assessee: CHAPMAN MADGE

Sale Date: 3/16/2010

TC: TC185

Item Number: 93

Deadline: 4/26/2011

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 Madge Chapman, as Document #143926, Recorded in Riverside County on 9/27/1976.
2. Notice of Power to Sell Tax-Defaulted Property verifying Madge Chapman as the Last Assessee.
3. Certified Copy of the Death Certificate for Madge Chapman
4. Probate Affidavit signed by Terry Sheetz – Son of Madge Chapman
5. Certified Copy of the Death Certificate for Linda G. Bartz – Daughter Madge Chapman who predeceased her mother Madge Chapman
6. Birth Certificate for Terry Sheetz
7. Declaration of One and Same Person signed by Terry Sheetz
8. Assignment of Rights To Collect Excess Proceeds signed by Terry Sheetz, as Heir to the Estate of Madge Chapman
9. Claim form(s) signed by Global Discoveries
10. Photo ID and Medicare Card for Assignor: Terry Sheetz

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

- One warrant in the amount of \$18,794.29 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](mailto:jed@globaldiscoveries.com).

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

**Certified Tracking Number: 7009 3410 0001 7918 0606**

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

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 370200038-7

Tax Sale Number: TC185

Item Number: 93

Date of Sale: 3/16/2010

The undersigned claimant, Global Discoveries, Ltd., claims \$18,794.29+/- 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 14<sup>th</sup> day of February, 2011 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 2-14-2011 before me, Michelle Reynosa, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

[Signature] (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 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 370200038-7, Tax Sale Number TC185, Item 93 sold at public auction on 3/16/2010. I understand that the total of excess proceeds available for refund is \$ 37,588.59+/-, 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]  
(Signature of Party of Interest/Assignor) (Date) 1-4-11

Tax ID/SS# [Redacted]

Terry Sheetz, as Heir to the Estate of Madge Chapman  
(Name Printed)

36553 Pine Valley Court  
(Address)

Palmdale, CA 93552-6009  
(City/State/Zip)

STATE OF CALIFORNIA )  
COUNTY OF Los Angeles ) ss.

661-209-8827  
(Area Code/Telephone Number)

On 1/4/2011, before me, the undersigned, a Notary Public in and for said State, personally appeared Terry Sheetz Who proved 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 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)



(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]  
(Signature of Assignee)

Jed Byerly, Chief Operating Officer  
(Name Printed)

Tax ID/SS# 77-0558969

Global Discoveries, Ltd.  
(Address)

STATE OF CALIFORNIA )  
COUNTY OF Stanislaus ) ss.

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

Phone: (209) 593-3913

On 2-14-2011, before me, the undersigned, a Notary Public in and for said State, personally appeared \*\*\*Jed Byerly\*\*\* who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]  
(Signature of Notary)



(This area for official seal)

117-174 (3/85) (Ret-Perm)  
GD Number: 13410-157376

[REDACTED]

143926

## RECORDING REQUESTED BY

STEWART TITLE CO.

AND WHEN RECORDED MAIL TO

NAME: Motion Pictures  
 ADDRESS: 11111 Hollywood Blvd.  
 CITY & STATE: Los Angeles, Calif. 90028

RECEIVED FOR RECORD  
SEP 27 1976

MAIL TAX STATEMENTS TO

NAME:  
 ADDRESS:  
 CITY & STATE:

SPACE ABOVE THIS LINE FOR RECORD'S USE

Documentary transfer tax \$ 7.70  
☒ Computed on full value of property conveyed, or  
☐ Computed on full value less liens & encumbrances  
 remaining thereon at time of sale.

Signature of declarant or agent determining tax - firm name  
☒ Unincorporated area City of

Page No. 14-3373

The Order No. 15447

## Grant Deed

THIS FORM FURNISHED BY STEWART TITLE COMPANY OF RIVERSIDE COUNTY

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

John Gary Jones and Beulah Ann Jones, husband and wife

hereby GRANT to

Beulah Ann Jones, an unmarried woman

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

## PARCEL 1

That portion of Lot 46 in Block "D" of Elsinore, as shown by map on file in Book 6 page 296 of Maps, Records of San Diego County, California, described as follows: being the Southwesterly 65 feet of the Northwesterly 458 feet of said Lot 46, the 458 feet thereof being parallel to the Southeasterly line of said Lot the Southwesterly line being parallel with Grand Avenue, said 141 feet and 423 feet being measured along Southwesterly line of Grand Avenue and said Northwesterly 458 feet being measured Southwesterly line of Grand Avenue 80 feet wide.

## PARCEL 2

A non-exclusive easement for ingress and egress and roads over that portion of Lot 46 in description as lying 30 feet on either side of Northwesterly line of Southeasterly 423 feet of said Lot 46 and 423 feet being measured along Southwesterly of Grand Avenue and said Northwesterly being parallel to the Southeasterly line of said Lot 46.

EXCEPTING therefrom that portion lying within Parcel 1 described above.

## PARCEL 1:

That portion of Lot 46 in Block "D" of ELSINORE, as shown by Map on file in Book 6, page 296 of Maps, Records of San Diego County, California, described as follows:

The Southwesterly 65 feet of the Northeastly 458 feet of the Northwesterly 141.00 feet, of the Southeastly 423 feet of said Lot 46; the sidelines thereof being parallel to the Southeastly line of said Lot; the Southwesterly line being parallel with Grand Avenue; said 141.00 feet and said 423 feet being measured along the Southwesterly line of Grand Avenue, and said Northeastly 458 feet being measured from the Southwesterly line of Grand Avenue, 80 feet wide.

## PARCEL 2:

A non-exclusive easement for ingress and egress and roads over that portion of Lot 46 Block "D" of ELSINORE, as shown by Map on file in Book 6, page 296 of Maps, Records of San Diego County, California, described as lying 30.00 feet on either side of the Northwesterly line of the Southeastly 423.00 feet of said Lot 46; said 423 feet being measured along the Southwesterly line of Grand Avenue and said Northwesterly line being parallel to the Southeastly line of said Lot 46.

EXCEPTING therefrom that portion lying within Parcel 1 above described.

143926

143926

Dated August 17, 1976

STATE OF CALIFORNIA

COUNTY OF CHICO

SS.

On AUGUST 21, 1976 before me, the undersigned, a Notary Public in and for said County and State, personally appeared

John Gary Hause  
Pamela Ann Hause

Known to me to be the persons whose names subscribed to the within instrument and acknowledged that they executed the same.

Signature of Notary

Name (Typed or Printed) of Notary

X John Gary Hause  
John Gary Hause

X Pamela Ann Hause  
Pamela Ann Hause

FOR NOTARY SEAL OR STAMP

USE TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER



# Last Will and Testament

OF

MADGE CHAPMAN

## DECLARATION

I, Madge Chapman, a resident of Riverside County in the state of California, hereby declare this document, consisting of five (5) pages to be my Last Will and Testament and hereby expressly revoke all Wills and Codicils previously made by me.

### I. TESTATRIX' FAMILY

1. Spouse. I was last married to Charles Faust. He is now deceased. None of his heirs have any claim to my estate.

2. Children. I have one child now living whose name is Terry Lee Sheetz, whose birthdate is June 18, 1943.

3. Other Issue. I have one deceased child. All references herein to "my child" or "children" shall include any child hereafter adopted by me as well as those described in Section I.2. herein.

4. Other Heirs. Except as otherwise specifically provided in this Will, I have intentionally and with full knowledge omitted to provide for my heirs. I have specifically omitted any heirs or relations of any previously dissolved marriage.

### II. EXECUTOR

1. Appointment. I hereby appoint Terry Sheetz as the sole Executor of this Will. In the event that he is unable or unwilling to act or to continue to act as Executor, then I hereby appoint Marlene L. Sheetz as alternate or successor as the case requires. In the event that she is unable or unwilling to act or to continue to act, I appoint Ronald Bartz as alternate or successor as the case requires.



2. Bond. No bond shall be required of any Executor appointed in this Will.

3. Powers. The Executor shall have all powers, rights, obligations and immunities in compliance with the Laws of the State of California unless otherwise provided expressly in this Will.

4. Real Property. I hereby authorize the Executor to sell with or without notice, at either public or private sale, any property, real or personal, belonging to my estate, subject only to such confirmation of court as may be required by law. The Executor shall also have the power to borrow money on behalf of my estate by deed, mortgage, pledge or otherwise.

5. Personal Property. The Executor shall have the power to invest and reinvest any surplus moneys in my estate in any kind of property, real or personal, and any kind of investment which men of prudence and discretion would acquire for their own account, exercising the judgement and care which men of prudence and intelligence exercise in their own affairs considering probable income as well as safety of their capital.

6. Limited Liability. The Executor of this Will shall not be held personally liable for any loss or damage in connection with the administration of my estate, except in the case of willful misconduct or gross negligence.

### III. SPECIFIC BEQUESTS

1. General Personal Property. I hereby give all my tangible articles of personal nature, including but not limited to, household furniture and furnishings, jewelry, clothing, art objects, bank and savings accounts, and other personal tangible articles that I may own at the time of my death to my son, Terry L. Sheetz.

2. Predeceased Son. In the event that my son, Terry Sheetz, has predeceased me but leaves issue surviving, the share of my estate as described in Section III.1. herein shall go to his living issue in near equal share as the Executor shall determine.

3. Specific Bequests. The following specific items shall not be included in Section III.1. contained herein. I hereby specifically give and direct the Executor to tender or transfer to the following named persons, the specific items as indicated below:

PERSON	ITEM
Rhonda Marie Bartz	Pearl & Diamond Ring and Ceramic Dog
Melissa Gayle Sheetz	Topaz Ring and 1921 Silver Dollar Necklace
Megan Lee Sheetz	Gold & Enamel Inlaid Ring, White Coral Ring, Jade Cross, Amethyst Ring & Bracelet, and all other Silver Jewelry

#### IV. RESIDUARY ESTATE

1. Residue. I hereby devise and bequeathe all of the rest and residue of my estate, including all real and personal property wherever situated, that I may own at the time of my death to my son Terry L. Sheetz and my granddaughter Rhonda Bartz in equal shares.

2. Predeceased Son. In the event that my son has predeceased me but leaves issue surviving, the residue of my estate that would otherwise go to him, as provided in Section IV.1. herein, shall instead go to his living issue in near equal shares as the Executor shall determine. If said issue are minors, Marlene Sheetz shall receive and take care of their portions of my estate, until they reach their majority. During the time period, if any, that Marlene Sheetz is in the care of their portion of my estate, she may use or apply it to their benefit when she deems it necessary or proper.

#### V. GENERAL PROVISIONS

1. Will Contest. If any beneficiary under this Will in any manner directly or indirectly contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting person or persons under this Will is hereby revoked and shall be dis-



posed of in the same manner provided herein as if that contesting person had predeceased me.

2. Distributions in Cash or Kind. Upon any distribution of the property of my estate, the Executor, in his discretion, may divide and distribute such property in kind, may divide and distribute undivided interest in such property, or may sell all or any part of the property of the estate and divide and distribute in cash, or partly in cash and partly in kind. The decision of the Executor shall be binding on all beneficiaries, their heirs and assigns.

3. Divisibility. If any part of this Will is held to be invalid or inoperative, I direct that such voidness, invalidity or inoperativeness shall not affect any other part of this Will and that the remainder of this Will shall be carried in effect as though such part had not been contained herein.

4. Taxes. I direct that all inheritance, estate or other taxes, if any, or probate costs, if any, attributable to my estate, shall be paid by my Executor out of the residue of my estate, without adjustment or pro-ration among any of the beneficiaries.

5. Grammatics. As used in this Will, the masculine, feminine or neuter gender, and the singular or plural shall each be deemed to include the others whenever the context so indicates.

SIGNATURE

With full knowledge and understanding of all provisions contained herein and absent any fraud, duress, or menace, I, MADGE CHAPMAN, hereby declare this to be my Will and subscribe my name on this 19th day of September, 1984, before these witnesses.

  
MADGE CHAPMAN

ATTESTATION

The Testatrix, MADGE CHAPMAN, declared to us the above document consisting of five (5) pages, including this page containing our signatures, to be her Will. Each of us observed the signing by the Testatrix and we now sign at the request of and in the presence of the Testatrix and each other as witnesses.

Executed on this 19th day of September, 1984  
at Lake Elsinore, Ca.

Albert Adams residing at 19733 Grand Ave  
Name Lake Elsinore Ca 92530

Emme M. M. Adams residing at 19733 Grand Ave  
Name Lake Elsinore Ca 92530

**AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101**

The undersigned state(s) as follows:

Madge Chapman (name of decedent) died on

April 1, 2005 (date), in the County of Riverside 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:

Parcel Number: 370200038

Property Address: 19737 ARBOLADA LN LAKE ELSINORE

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:  
Terry sheetz, son (is entitled to collect 50% and/or \$18,794.29+-)
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 <u>1-4-11</u>	Printed name <u>Terry SHEETZ</u>	Signature <u>Terry Sheetz</u>
<u>1-4-11</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 Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

On 1/4/2011 before me, Molly Richardson Notary Public

personally appeared

Terry Sheetz  
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.



Place Notary Seal Above

Signature

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: Affidavit under CA probate code

Document Date: \_\_\_\_\_ Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: Terry Sheetz

- ☒ 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

# COUNTY OF RIVERSIDE

## RIVERSIDE, CALIFORNIA CERTIFICATE OF DEATH

3052005014281

3200533003445

STATE FILE NUMBER 3052005014281		LOCAL REGISTRATION NUMBER 3200533003445	
1. NAME OF DECEASED - FIRST (Given)		3. LAST (Family)	
MADGE		CHAPMAN	
2. MIDDLE MAGDALENE		4. DATE OF BIRTH (month/day/year)	
		09/18/1921	
5. AGE (Years)		6. SEX	
83		F	
7. DATE OF DEATH (month/day/year)		8. HOUR (24 Hours)	
04/01/2005		0533	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IL			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)		14. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
SELF EMPLOYED		WHITE	
15. USUAL OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)		16. YEAR IN OCCUPATION	
INTERIOR DESIGNING		25	
17. DECEASED'S RESIDENCE (Street and number or locality)			
24100 MONROE AVENUE			
18. CITY		19. COUNTY	
MURRIETA		RIVERSIDE	
20. DECEASED'S NAME, RELATIONSHIP			
TERRY SHEETZ, SON			
21. NAME OF SURVIVING SPOUSE - First			
-			
22. NAME OF FATHER - First		23. NAME OF MOTHER - First	
CHARLIE		DORATHA	
24. NAME OF FATHER - Middle		25. NAME OF MOTHER - Middle	
CHAPMAN		MILTON	
26. DATE OF DEATH		27. PLACE OF DEATH	
04/12/2005		CR/SEA	
28. NAME OF FUNERAL ESTABLISHMENT		29. DATE OF BURIAL	
NEPTUNE SOCIETY RIVERSIDE, CA		04/12/2005	
30. PLACE OF DEATH		31. IF NON-RESIDENT, SPECIFY ONE	
COUNTRY VILLA		<input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
32. COUNTY		33. CITY	
RIVERSIDE		MURRIETA	
34. STREET ADDRESS OR LOCATION WHERE FOUND (Street and number or locality)		35. CITY	
24100 MONROE AVENUE		MURRIETA	
36. CAUSE OF DEATH			
PARKINSON'S DISEASE			
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
38. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 117? (If yes, list type of operation and date)			
NO			
39. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF STATED		40. SIGNATURE AND TITLE OF DECEASED	
11/20/2003 03/31/2005		MICHAEL CURLEY, M.D.	
41. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER		42. LICENSE NUMBER	
39755 MURRIETA HOT SPRINGS ROAD MURRIETA, CA 92562		A45008	
43. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF STATED		44. INJURED AT WORK?	
YES NO UNK		YES NO UNK	
45. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		46. INJURY DATE (month/day/year)	
47. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		48. HOUR (24 Hours)	
49. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		50. NAME, TITLE OF CORONER/DEPUTY CORONER	
51. SIGNATURE OF CORONER/DEPUTY CORONER		52. DATE (month/day/year)	
		04/12/2005	
53. SIGNATURE OF CORONER/DEPUTY CORONER		54. DATE (month/day/year)	
		04/12/2005	



034028928

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

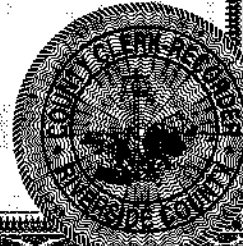
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED

MAR 22 2010

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

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





DECLARATION  
OF ONE AND THE SAME PERSON

I, Terry Sheetz, as Heir to the Estate of Madge Chapman, do hereby declare:

1. I am over the age of 18 and a resident of Palmdale, CA. 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. I am one and the same person as Terry L. Sheetz, Terry Lce Sheetz and Terry Sheetz.
3. I am one and the same person who is named as the son and informant on the certified Certificate of Death for Madge Magdalene Chapman as Local Registration Number: 3200533003445.
4. Madge Magdalene Chapman is one and the same person as Madge M. Chapman and Madge Chapman who is one and the same person who was named as the Grantee on the referenced Grant Deed as Document Number: 143926, Recorded in Riverside County on 09/27/1976.
5. I am one and the same person who assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 370200038-7, on 1-4-2011.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 4 day of JAN 2011, at Palmdale CA

x   
Terry Sheetz, as Heir to the Estate of Madge Chapman

JURAT

State of CALIFORNIA

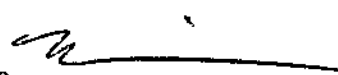
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this

4 day of JAN, 20 11, by  
Date Month Year  
TERRY SHEETZ  
Name of Signer



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
Signature  
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 13410-157376

**DMV CALIFORNIA DMV**

**DRIVER LICENSE**

EXPIRES 06-18-15

CLASS: C



TERRY LEE SHEETZ  
36553 PINE VALLEY CT  
PALMDALE CA 93552

SEX: M HAIR: BAL  
HT: 6-02 WT: 170

EYES: BLU  
DOB: 06-18-43

*Terry Sheetz*

08/31/2010 690 20 FD/15

**MEDICARE**



**HEALTH INSURANCE**

**1-800-MEDICARE (1-800-633-4227)**

NAME OF BENEFICIARY

**TERRY L SHEETZ**

MEDICARE CLAIM NUMBER

[REDACTED]

SEX

**MALE**

IS ENTITLED TO

EFFECTIVE DATE

**HOSPITAL (PART A)  
BENEFITS ONLY**

**06-01-2008**

SIGN  
HERE

→ *Terry Sheetz*

[REDACTED]

[REDACTED]

**MARION COUNTY HEALTH DEPARTMENT**  
DIVISION OF HEALTH & HOSPITAL CORP.  
3838 NORTH RURAL ST., INDIANAPOLIS, IN 46205

*This Certifies,* THAT ACCORDING TO THE RECORDS OF THE HEALTH DEPARTMENT.....

NAME TERRY LEE SHEETZ SEX: M

WAS BORN IN MARION COUNTY INDIANA; ON JUNE 18 YEAR 1943

CHILD OF GEORGE C. and MADGE SHEETZ

BIRTHPLACE OF FATHER INDIANA

BIRTHPLACE OF MOTHER ILLINOIS

RECORD WAS FILED 07/01/1943

CERTIFICATE NUMBER OR  
VOLUME AND PAGE 004431  
V53 P421

DATE ISSUED 01/27/2011

S. JOHNSON

CLERK



MARION COUNTY  
HEALTH DEPARTMENT  
*making a difference*

**FM00216882**

*Virginia A. Carney*

M.D.



2216882

**WARNING:**

ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO-COPIED.

STATE OF INDIANA

# COUNTY OF ORANGE

## CLERK-RECORDER

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

3000 00817

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>Linda</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>January 24, 1982</b>	
1B. MIDDLE <b>Gay</b>		2B. HOUR <b>0600</b>	
3. SEX <b>Female</b>		7. AGE <b>36</b>	
4. RACE <b>Cauc</b>		8. DATE OF BIRTH <b>April 23, 1945</b>	
5. ETHNICITY		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Madge Chapman IL</b>	
6. NAME AND BIRTHPLACE OF FATHER <b>George Sheetz IN</b>		11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Ronald D. Bartz</b>	
7. CITIZEN OF WHAT COUNTRY <b>USA</b>		12. MARITAL STATUS <b>Married</b>	
8. PRIMARY OCCUPATION <b>Housewife</b>		13. KIND OF INDUSTRY OR BUSINESS <b>Homemaker</b>	
9. NUMBER OF YEARS THIS OCCUPATION <b>Adult</b>		14. CITY OR TOWN <b>Orange</b>	
10. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self-Employed</b>		15. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Ronald D. Bartz Husband</b>	
11. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1671 Gynkhana Street</b>		16. COUNTY <b>Orange</b>	
12. STATE <b>CA</b>		17. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Ronald D. Bartz Husband</b>	
13. PLACE OF DEATH <b>Western Medical Center</b>		18. CITY OF TOWN <b>Orange, CA</b>	
14. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1001 Tustin Avenue</b>		19. CITY OF TOWN <b>Santa Ana</b>	
20. DEATH WAS CAUSED BY: (A) <b>Carcinoma of Breast with local</b> (B) <b>Recurrent and Lung &amp; Liver</b> (C) <b>Metastasis</b>		21. WAS DEATH REPORTED TO CORONER? <b>NO</b>	
22. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		23. WAS DEATH REPORTED TO CORONER? <b>YES</b>	
24. WAS DEATH REPORTED TO CORONER? <b>NO</b>		25. WAS DEATH REPORTED TO CORONER? <b>NO</b>	
26. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>G.S. Rana M.D.</b>		27. DATE SIGNED <b>1/25/82</b>	
28. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Medical Oncologist, 2220 E. Fruit #110, Santa Ana, CA 92705</b>		29. PHYSICIAN'S LICENSE NUMBER <b>A29749</b>	
30. SPECIFY ACCIDENT, SUICIDE, ETC.		31. PLACE OF INJURY	
32. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		35. CORONER—SIGNATURE AND DEGREE OR TITLE	
36. DISPOSITION <b>Burial</b>		37. DATE—MONTH, DAY, YEAR <b>Jan. 27, 1982</b>	
38. NAME AND ADDRESS OF CEMETERY OR CREMATOR <b>Sunnyside Memorial Park 4725 Cherry Avenue</b>		39. EMBLIMER'S LICENSE NUMBER AND SIGNATURE <b>4079 Gerald A. Ehlers</b>	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Sunnyside Mortuary 1151 Long Beach</b>		41. LOCAL REGISTRAR'S SIGNATURE <b>JAN 26 1982</b>	
42. LOCAL REGISTRAR'S SIGNATURE		43. DATE ACCEPTED BY LOCAL REGISTRAR	
44. LOCAL REGISTRAR'S SIGNATURE		45. DATE ACCEPTED BY LOCAL REGISTRAR	

VS-11 (10-78)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF ORANGE

DATE ISSUED **MAR 24 2010** *Tor Dally*

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

TOM DALY  
CLERK-RECORDER  
ORANGE COUNTY, CALIFORNIA

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

ABN (REV 5/09)



\* 1 0 0 6 6 2 0 1 C \*



031250

[REDACTED]

TREASURER-TAX COLLECTOR  
STOP 1110

DON KENT  
TAX COLLECTOR  
4080 LEMON ST - 4TH FLOOR  
RIVERSIDE, CALIFORNIA 92501

DOC # 2009-0477285

09/15/2009 08:00A Fee:NC

Page 1 of 1

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
T:							CTY	UNI	

02251 SOUTHWEST EDITION

### NOTICE OF POWER TO SELL TAX-DEFAULTED PROPERTY

JUNE 30, 2004

Which, pursuant to law was declared to be Tax-Defaulted on

for the nonpayment of delinquent taxes in the amount of

for the fiscal year 2003-2004, Default Number

\$86.32

2004-370200038-0000

Notice is hereby given by the Tax Collector of RIVERSIDE County that pursuant to Revenue and Taxation Code §3691 the property described herein is subject to sale for nonpayment of taxes and will be sold unless the amount required to redeem the property is paid to the Tax Collector of said County before sale. The real property subject to this notice is assessed to:

CHAPMAN, MADGE

and is situated in said county, State of California, described as follows:

370200038-7

Assessor's Parcel Number

THAT PORTION OF LOT 46 IN BLOCK "D" OF ELSINORE, AS SHOWN BY MAP ON FILE IN BOOK 6, PAGE 296 OF MAPS, RECORDS OF SAN DIEGO COUNTY, CALIFORNIA, DESCRIBED AS FOLLOWS:  
THE SOUTHWESTERLY 65 FEET OF THE NORTHEASTERLY 458 FEET OF THE NORTHWESTERLY 141 FEET, OF THE SOUTHEASTERLY 423 FEET OF SAID LOT 46; THE SIDELINES THEREOF BEING PARALLEL TO THE SOUTHEASTERLY LINE OF SAID LOT; THE SOUTHWESTERLY LINE BEING PARALLEL WITH GRAND AVENUE; SAID 141 FEET AND SAID 423 FEET BEING MEASURED ALONG THE SOUTHWESTERLY LINE OF GRAND AVENUE, AND SAID NORTHEASTERLY 458 FEET BEING MEASURED FROM THE SOUTHWESTERLY LINE OF GRAND AVENUE, 80 FEET WIDE.

State of California Executed on  
RIVERSIDE County JULY 1, 2009

By

Tax Collector

On SEP 10 2009

before me, Larry W. Ward, Assessor, Clerk-Recorder, personally appeared Don Kent, Treasurer and Tax Collector for Riverside County, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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.  
Larry W. Ward, Assessor, Clerk Recorder

By

Deputy

Seal



§§3691, 3691.1, 3691.2 R&T Code

TDL 7-01 (1-98)

BEST COPY

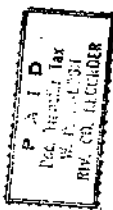
143926

RECORDING REQUESTED BY

STEWART TITLE CO.

AND WHEN RECORDED MAIL TO

NAME Madge Chapman  
ADDRESS 3019 Ladora Street  
CITY & STATE Long Beach, California 90808



RECEIVED FOR RECORD  
SEP 27 1975

5 Min. Post  
At Recorder of  
Riverside County, California

STEWART TITLE CO.  
Book 1976 Page 143926  
Recorded in official records  
of Riverside County, California

W.H. Dwyer  
REC 1

MAIL TAX STATEMENTS TO

NAME  
ADDRESS ADDRESS ABOVE  
CITY & STATE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$ 7.70  
☒ Computed on full value of property conveyed, or  
☐ Computed on full value less liens & encumbrances  
remaining thereon at time of sale.

Signature of declarant or agent determining tax - firm name  
☒ Unincorporated area City of

Exposition No. 14-3872

File Order No. 15447

## Grant Deed

THIS FORM FURNISHED BY STEWART TITLE COMPANY OF RIVERSIDE COUNTY

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

John Gary House and Pamela Ann House, husband and wife

hereby GRANT(S) to

Madge Chapman, an unmarried woman

the following described real property in the unincorporated area in the  
county of Riverside state of California:

### PARCEL 1

That portion of Lot 46 in Block "D" of Elsinore, as shown by map on file in Book 6 page 296 of Maps, Records of San Diego County, California, described as follows: being the Southwesterly 65 feet of the Northwesterly 458 feet of said Lot 46, the side lines thereof being parallel to the Southeasterly line of said lot the Southwesterly line being parallel with Grand Avenue, said 141 feet and 423 feet being measured along Southwesterly line of Grand Avenue and said Northeastly 458 feet being measured Southwesterly line of Grand Avenue 80 feet wide.

### PARCEL 2

A non-exclusive easement for ingress and egress and roads over that portion of Lot 46 in description as lying 30 feet on either side of Northwesterly line of Southeasterly 423 feet of said Lot 46 and 423 feet being measured along Southwesterly of Grand Avenue and said Northwesterly being parallel to the Southeasterly line of said Lot 46.

EXCEPTING therefrom that portion lying within Parcel 1 described above.

### PARCEL 1:

That portion of Lot 46 in Block "D" of ELSINORE, as shown by Map on file in Book 6, page 296 of Maps, Records of San Diego County, California, described as follows:

The Southwesterly 65 feet of the Northeastly 458 feet of the Northwesterly 141.00 feet, of the Southeasterly 423 feet of said Lot 46; the sidelines thereof being parallel to the Southeasterly line of said Lot; the Southwesterly line being parallel with Grand Avenue; said 141.00 feet and said 423 feet being measured along the Southwesterly line of Grand Avenue, and said Northeastly 458 feet being measured from the Southwesterly line of Grand Avenue, 80 feet wide.

### PARCEL 2:

A non-exclusive easement for ingress and egress and roads over that portion of Lot 46 Block "D" of ELSINORE, as shown by Map on file in Book 6, page 296 of Maps, Records of San Diego County, California, described as lying 30.00 feet on either side of the Northwesterly line of the Southeasterly 423.00 feet of said Lot 46; said 423 feet being measured along the Southwesterly line of Grand Avenue and said Northwesterly line being parallel to the Southeasterly line of said Lot 46.

EXCEPTING therefrom that portion lying within Parcel 1 above described.

143926



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 93 Assessment No.: 370200038-7

Assessee: CHAPMAN, MADGE

Situs: 19737 ARBOLADA LN LAKE ELSINORE

Date Sold: March 16, 2010

Date Deed to Purchaser Recorded: April 26, 2010

Final Date to Submit Claim: April 26, 2011

RECEIVED  
2010 SEP 16 PM 2:51  
RIVERSIDE COUNTY  
TREAS - TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$112,400.00 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. 143926; recorded on Sept 27, 1976. 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.

I am a half property owner as stated in my Grandmothers will, attached is my Grandmother will, Grant Deed my Birth Cert - my Grandmothers Death Cert, my mother Birth Cert and my mothers Death Cert and my Grand mothers will.

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 9 day of Sept 2010 at Williamson - Texas  
County, State

Signature of Claimant

Signature of Claimant

Print Name

Print Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

STATE OF: Texas

COUNTY OF: Williamson

This instrument was acknowledged before me on Sept 9, 2010 by  
Rhonda M. Stechniy.

Patricia L. Melton  
Notary Public's Signature



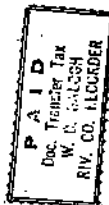
143926

RECORDING REQUESTED BY

STEWART TITLE CO.

AND WHEN RECORDED MAIL TO

NAME Madge Chapman  
 ADDRESS 3919 Ladoga Street  
 CITY & STATE Long Beach, California 90808



RECEIVED FOR RECORD  
 SEP 27 1976

Min. Paid 2.00  
 At Record of

STEWART TITLE CO.  
 143926  
 Recorded in Official Records  
 of Riverside County, California

W. W. Dwyer  
 Recorder

FEE

MAIL TAX STATEMENTS TO

NAME  
 ADDRESS ADDRESS ABOVE  
 CITY & STATE

SPACE ABOVE THIS LINE FOR RECORD'S USE

Documentary transfer tax \$ 7.70  
☒ Computed on full value of property conveyed, or  
☐ Computed on full value less liens & encumbrances  
 remaining thereon at time of sale.

Signature of declarant or agent determining ☒ firm name  
☒ Unincorporated area City of

E-trow No. 14-3872

Title Order No. 15447

## Grant Deed

THIS FORM FURNISHED BY STEWART TITLE COMPANY OF RIVERSIDE COUNTY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
 John Gary Hause and Pamela Ann Hause, husband and wife

hereby GRANT(S) to

Madge Chapman, an unmarried woman

the following described real property in the unincorporated area in the  
 county of Riverside, state of California:

PARCEL 1

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PARCEL 2

A non-exclusive easement for ingress and egress and roads over that portion of Lot 46 in description as lying 30 feet on either side of Northwesterly line of Southeasterly 423 feet of said Lot 46 and 423 feet being measured along Southwesterly of Grand Avenue and said Northwesterly being parallel to the Southeasterly line of said Lot 46.

EXCEPTING therefrom that portion lying within Parcel 1 described above.

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That portion of Lot 46 in Block "D" of ELSINORE, as shown by Map on file in Book 6, page 296 of Maps, Records of San Diego County, California, described as follows:

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PARCEL 2:

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EXCEPTING therefrom that portion lying within Parcel 1 above described.

143926

143926

Dated August 17, 1976

STATE OF CALIFORNIA

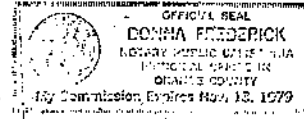
COUNTY OF Orange } SS.On August 26, 1976 before me, the undersigned, a Notary Public in and for said County and State, personally appeared:John Gary House  
Pamela Ann Houseknown to me  
to be the person S whose name T subscribed to the within  
instrument and acknowledged that they executed the same.

Signature of Notary

Name (Typed or Printed) of Notary

X John Gary House  
John Gary HouseX Pamela Ann House  
Pamela Ann House

FOR NOTARY SEAL OR STAMP



FORM 72-13

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

# Last Will and Testament

OF

MADGE CHAPMAN

## DECLARATION

I, Madge Chapman, a resident of Riverside County in the state of California, hereby declare this document, consisting of five ( 5) pages to be my Last Will and Testament and hereby expressly revoke all Wills and Codicils previously made by me.

### I. TESTATRIX' FAMILY

1. Spouse. I was last married to Charles Faust. He is now deceased. None of his heirs have any claim to my estate.
2. Children. I have one child now living whose name is Terry Lee Sheetz, whose birthdate is June 18, 1943.
3. Other Issue. I have one deceased child. All references herein to "my child" or "children" shall include any child hereafter adopted by me as well as those described in Section I.2. herein.
4. Other Heirs. Except as otherwise specifically provided in this Will, I have intentionally and with full knowledge omitted to provide for my heirs. I have specifically omitted any heirs or relations of any previously dissolved marriage.

### II. EXECUTOR

1. Appointment. I hereby appoint Terry Sheetz as the sole Executor of this Will. In the event that he is unable or unwilling to act or to continue to act as Executor, then I hereby appoint Marlene L. Sheetz as alternate or successor as the case requires. In the event that she is unable or unwilling to act or to continue to act, I appoint Ronald Bartz as alternate or successor as the case requires.



2. Bond. No bond shall be required of any Executor appointed in this Will.

3. Powers. The Executor shall have all powers, rights, obligations and immunities in compliance with the Laws of the State of California unless otherwise provided expressly in this Will.

4. Real Property. I hereby authorize the Executor to sell with or without notice, at either public or private sale, any property, real or personal, belonging to my estate, subject only to such confirmation of court as may be required by law. The Executor shall also have the power to borrow money on behalf of my estate by deed, mortgage, pledge or otherwise.

5. Personal Property. The Executor shall have the power to invest and reinvest any surplus moneys in my estate in any kind of property, real or personal, and any kind of investment which men of prudence and discretion would acquire for their own account, exercising the judgement and care which men of prudence and intelligence exercise in their own affairs considering probable income as well as safety of their capital.

6. Limited Liability. The Executor of this Will shall not be held personally liable for any loss or damage in connection with the administration of my estate, except in the case of willful misconduct or gross negligence.

### III. SPECIFIC BEQUESTS

1. General Personal Property. I hereby give all my tangible articles of personal nature, including but not limited to, household furniture and furnishings, jewelry, clothing, art objects, bank and savings accounts, and other personal tangible articles that I may own at the time of my death to my son, Terry L. Sheetz.

2. Predeceased Son. In the event that my son, Terry Sheetz, has predeceased me but leaves issue surviving, the share of my estate as described in Section III.1. herein shall go to his living issue in near equal share as the Executor shall determine.



3. Specific Bequests. The following specific items shall not be included in Section III.1. contained herein. I hereby specifically give and direct the Executor to tender or transfer to the following named persons, the specific items as indicated below:

PERSON	ITEM
Rhonda Marie Bartz	Pearl & Diamond Ring and Ceramic Dog
Melissa Gayle Sheetz	Topaz Ring and 1921 Silver Dollar Necklace
Megan Lee Sheetz	Gold & Enamel Inlaid Ring, White Coral Ring, Jade Cross, Amethyst Ring & Bracelet, and all other Silver Jewelry

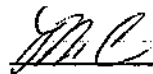
#### IV. RESIDUARY ESTATE

1. Residue. I hereby devise and bequeathe all of the rest and residue of my estate, including all real and personal property wherever situated, that I may own at the time of my death to my son Terry L. Sheetz and my granddaughter Rhonda Bartz in equal shares.

2. Predeceased Son. In the event that my son has predeceased me but leaves issue surviving, the residue of my estate that would otherwise go to him, as provided in Section IV.1. herein, shall instead go to his living issue in near equal shares as the Executor shall determine. If said issue are minors, Marlene Sheetz shall receive and take care of their portions of my estate, until they reach their majority. During the time period, if any, that Marlene Sheetz is in the care of their portion of my estate, she may use or apply it to their benefit when she deems it necessary or proper.

#### V. GENERAL PROVISIONS

1. Will Contest. If any beneficiary under this Will in any manner directly or indirectly contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting person or persons under this Will is hereby revoked and shall be dis-



posed of in the same manner provided herein as if that contesting person had predeceased me.

2. Distributions in Cash or Kind. Upon any distribution of the property of my estate, the Executor, in his discretion, may divide and distribute such property in kind, may divide and distribute undivided interest in such property, or may sell all or any part of the property of the estate and divide and distribute in cash, or partly in cash and partly in kind. The decision of the Executor shall be binding on all beneficiaries, their heirs and assigns.

3. Divisibility. If any part of this Will is held to be invalid or inoperative, I direct that such voidness, invalidity or inoperativeness shall not affect any other part of this Will and that the remainder of this Will shall be carried in effect as though such part had not been contained herein.

4. Taxes. I direct that all inheritance, estate or other taxes, if any, or probate costs, if any, attributable to my estate, shall be paid by my Executor out of the residue of my estate, without adjustment or pro-ration among any of the beneficiaries.

5. Grammatics. As used in this Will, the masculine, feminine or neuter gender, and the singular or plural shall each be deemed to include the others whenever the context so indicates.

SIGNATURE

With full knowledge and understanding of all provisions contained herein and absent any fraud, duress, or menace, I, MADGE CHAPMAN, hereby declare this to be my Will and subscribe my name on this 19th day of September, 1984, before these witnesses.

  
MADGE CHAPMAN



ATTESTATION

The Testatrix, MADGE CHAPMAN, declared to us the above document consisting of five (5) pages, including this page containing our signatures, to be her Will. Each of us observed the signing by the Testatrix and we now sign at the request of and in the presence of the Testatrix and each other as witnesses.

Executed on this 19th day of September, 1984  
at State of Tennessee, Ca.

Albert Adams residing at 19733 Grand Ave  
Name State of Tennessee Ca 92330

Ernie M. D. Smith residing at 19733 Grand Ave  
Name State of Tennessee Ca 92330

# CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE RIVERSIDE, CALIFORNIA

### CERTIFICATE OF DEATH

3200533003445

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
MADGE		CHAPMAN	
2. MIDDLE		4. DATE OF BIRTH (month/day/year)	
MAGDALENE		09/18/1921	
5. AGE (Years)		6. SEX	
83		F	
7. BIRTH STATE/FOREIGN COUNTRY		8. DATE OF DEATH (month/day/year)	
IL		04/01/2005	
9. EDUCATION — Highest (month/year)		10. MARRITAL STATUS (at time of death)	
HS GRADUATE		WIDOWED	
11. WAS DECEDENT SPANISH/Spanish/LATINO? (if yes, see worksheet on back)		12. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
YES		WHITE	
13. USUAL OCCUPATION — Type of work for most of life, DO NOT USE RETIRED		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
SELF EMPLOYED		INTERIOR DESIGNING	
15. DECEDENT'S RESIDENCE (Street and number or location)		16. YEARS IN OCCUPATION	
24100 MONROE AVENUE		25	
17. CITY		18. STATE/FOREIGN COUNTRY	
MURRIETA		CA	
19. INFORMANT'S NAME, RELATIONSHIP		20. INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
TERRY SHEETZ, SON		36553 PINE VALLEY COURT PALMDALE, CA 93552	
21. NAME OF SURVIVING SPOUSE — FIRST		22. MIDDLE	
-		-	
23. NAME OF FATHER — FIRST		24. MIDDLE	
CHARLIE		-	
25. NAME OF MOTHER — FIRST		26. MIDDLE	
DORATHA		-	
27. LAST (Family)		28. BIRTH STATE	
HUDSON		IL	
29. DISPOSITION DATE (month/day/year)		30. PLACE OF FINAL DISPOSITION	
04/12/2005		AT SEA OFF THE COAST OF SAN DIEGO COUNTY	
31. TYPE OF DISPOSITION		32. SIGNATURE OF EMBALMER	
CR/SEA		NOT EMBALMED	
33. NAME OF FUNERAL ESTABLISHMENT		34. LICENSE NUMBER	
NEPTUNE SOCIETY-RIVERSIDE, CA		FD 1307	
35. SIGNATURE OF LOCAL REGISTRAR		36. DATE (month/day/year)	
GARY M FELDMAN, MD		04/12/2005	
37. PLACE OF DEATH		38. IF HOSPITAL, SPECIFY ONE	
COUNTRY VILLA		X Hospital	
39. COUNTY		40. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RIVERSIDE		X Nursing Home	
41. FACILITY ADDRESS OR LOCATION (Where found) (Street and number or location)		42. CITY	
24100 MONROE AVENUE		MURRIETA	
43. CAUSE OF DEATH		44. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		YES	
PARKINSON'S DISEASE		18 MONS 2005-2070	
45. SEQUELAE (If any, leading to cause in final cause)		46. BODY PERFORMED?	
-		YES	
47. CAUSE (Disease or injury that induced the events resulting in death) LAST		48. AUTOPSY PERFORMED?	
-		YES	
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101		49. USED IN DETERMINING CAUSE?	
NONE		YES	
50. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		51. IF FEMALE, PROMENT IN LAST YEAR?	
NO		YES	
52. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		53. SIGNATURE AND TITLE OF CERTIFIER	
54. SIGNATURE AND TITLE OF CERTIFIER		55. LICENSE NUMBER	
Michael Curley, M.D.		A45008	
56. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		57. DATE (month/day/year)	
39755 MURRIETA HOT SPRINGS ROAD MURRIETA, CA 92562		04/08/2005	
58. I CERTIFY THAT MY OPINION BEING STATED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		59. INJURED AT WORK?	
60. SIGNATURE OF CORONER / DEPUTY CORONER		YES	
61. DATE (month/day/year)		62. INJURY DATE (month/day/year)	
03/31/2005		12. HOUR (24 hours)	
63. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		64. SIGNATURE OF CORONER / DEPUTY CORONER	
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341. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		342. SIGNATURE OF CORONER / DEPUTY CORONER	
343. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		344. SIGNATURE OF CORONER / DEPUTY CORONER	
345. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		346. SIGNATURE OF CORONER / DEPUTY CORONER	
347. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		348. SIGNATURE OF CORONER / DEPUTY CORONER	
349. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		350. SIGNATURE OF CORONER / DEPUTY CORONER	
351. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		352. SIGNATURE OF CORONER / DEPUTY CORONER	
353. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		354. SIGNATURE OF CORONER / DEPUTY CORONER	
355. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		356. SIGNATURE OF CORONER / DEPUTY CORONER	
357. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		358. SIGNATURE OF CORONER / DEPUTY CORONER	
359. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		360. SIGNATURE OF CORONER / DEPUTY CORONER	
361. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		362. SIGNATURE OF CORONER / DEPUTY CORONER	
363. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		364. SIGNATURE OF CORONER / DEPUTY CORONER	
365. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		366. SIGNATURE OF CORONER / DEPUTY CORONER	
367. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		368. SIGNATURE OF CORONER / DEPUTY CORONER	
369. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		370. SIGNATURE OF CORONER / DEPUTY CORONER	
371. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		372. SIGNATURE OF CORONER / DEPUTY CORONER	
373. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		374. SIGNATURE OF CORONER / DEPUTY CORONER	
375. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		37	

[REDACTED]

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FILED MAY 19 1967 RAY E LEE COUNTY RECORDER

STATE FILE NUMBER		<b>CERTIFICATE OF LIVE BIRTH</b> STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
<b>THIS CHILD</b>	1A. NAME OF CHILD—FIRST NAME <b>RHONDA</b>		1B. MIDDLE NAME <b>MARIE</b>		1C. LAST NAME <b>BARTZ</b>		
	2. SEX <b>FEMALE</b>	3A. THIS BIRTH SINGLE, TWIN, OR TRIPLE? <b>SINGLE</b>	3B. IF TWIN OR TRIPLE, THIS CHILD BORN 1ST, 2ND, 3RD?		4A. DATE OF BIRTH—MONTH, DAY, YEAR <b>APRIL 22, 1967</b>		
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH—NAME OF HOSPITAL <b>MEMORIAL HOSPITAL</b>		5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>2801 ATLANTIC AVENUE</b>				
	5C. CITY OR TOWN <b>LONG BEACH</b>		5D. COUNTY <b>LOS ANGELES</b>				
<b>MOTHER OF CHILD</b>	6A. MAIDEN NAME OF MOTHER—FIRST NAME <b>LINDA</b>		6B. MIDDLE NAME <b>GAY</b>		6C. LAST NAME <b>SHEETZ</b>		7. COLOR OR RACE OF MOTHER <b>WHITE</b>
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>22</b> YEARS		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>CALIFORNIA</b>		10. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH)		
<b>USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)</b>	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (IF STREET, GIVE STREET ADDRESS) <b>4144 MONOGRAM AVENUE</b>		11B. IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		11C. IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		
	11C. CITY OR TOWN <b>LAKEWOOD</b>		11D. COUNTY <b>LOS ANGELES</b>		11E. STATE <b>CALIFORNIA</b>		
<b>5710 FATHER OF CHILD</b>	12A. NAME OF FATHER—FIRST NAME <b>RONALD</b>		12B. MIDDLE NAME <b>DEMPEY</b>		12C. LAST NAME <b>BARTZ</b>		13. COLOR OR RACE OF FATHER <b>WHITE</b>
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>25</b> YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>OREGON</b>		16A. PRESENT OR LAST OCCUPATION <b>SALESMAN</b>		16B. KIND OF INDUSTRY OR BUSINESS <b>L.B. PAINT CORP.</b>
<b>INFORMANT'S CERTIFICATION</b>	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17A. DATE SIGNED BY INFORMANT <i>Linda B. Bartz</i> <b>APRIL 24, 1967</b>			17B. ADDRESS <b>5220 CLARK AVENUE</b>	
<b>ATTENDANT'S CERTIFICATION</b>	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		18A. LOCAL REGISTRAR'S SIGNATURE <i>Norman J. Johnson</i>			18B. DATE RECEIVED BY LOCAL REGISTRAR <b>APR 26 1967</b>	
<b>REGISTRAR'S CERTIFICATION</b>	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR'S SIGNATURE <i>Shirley Redwood</i>				

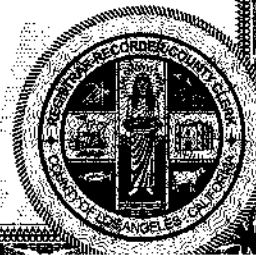
This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Dean C. Logan*  
DEAN C. LOGAN  
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.) 07-69

**JUL 2 2 2010**



# CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

B **9037** FILED **MAY 11 1945** NAME **B. BEATTY**, County Recorder  
DISTRICT NO. **1903** REGISTRAR'S NO. **2547**

1. FULL NAME OF CHILD <b>LINDA GAY SHEETZ</b>		MAIDEN SURNAME OF MOTHER <b>CHAPMAN</b>	
2. PLACE OF BIRTH: (A) COUNTY <b>Los Angeles</b> (B) CITY OR TOWN <b>Long Beach</b> (C) NAME OF HOSPITAL OR INSTITUTION <b>Cottage Maternity Hospital</b> (D) MOTHER'S STAY BEFORE DELIVERY: <b>6 hrs</b> IN THIS COMMUNITY <b>4 mos</b>		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: (B) STATE <b>California</b> YEARS MONTHS DAYS (C) COUNTY <b>Los Angeles</b> YEARS MONTHS DAYS (D) CITY OR TOWN <b>Long Beach</b> YEARS MONTHS DAYS (E) STREET AND NUMBER <b>1521 Silva</b>	
4. SEX <b>female</b>	5. TWIN OR TRIPLET <b>IF SO—BORN</b> 1ST 2D 3D	6. NUMBER OF MONTHS OF PREGNANCY <b>9</b>	7. DATE OF BIRTH <b>April 23 1945</b> MONTH BY NAME DAY YEAR
FATHER OF CHILD		MOTHER OF CHILD	
8. FULL NAME <b>George Curtis Sheetz</b>		15. FULL MAIDEN NAME <b>Madge Chapman</b>	
9. COLOR OR RACE <b>white</b>		16. COLOR OR RACE <b>white</b>	
10. AGE AT TIME OF THIS BIRTH <b>27</b> YEARS		17. AGE AT TIME OF THIS BIRTH <b>23</b> YEARS	
11. LENGTH OF RESIDENCE IN CALIFORNIA <b>4</b> YEARS MONTHS DAYS		18. BIRTHPLACE <b>Illinois</b>	
12. BIRTHPLACE <b>Indiana</b>		19. USUAL OCCUPATION <b>Housewife</b>	
13. USUAL OCCUPATION <b>Machinist</b>		20. INDUSTRY OR BUSINESS <b>Own Home</b>	
14. INDUSTRY OR BUSINESS <b>Shipyards</b>		21. CHILDREN BORN TO THIS MOTHER: (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? <b>1</b> (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <b>0</b> (C) HOW MANY CHILDREN WERE BORN DEAD? <b>0</b>	
22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: <b>1521 Silva</b> <b>Long Beach, California</b>			
23. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <b>1:10 P</b> M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <b>Madge Sheetz</b> RELATED TO THIS CHILD AS <b>mother</b>			
24. DATE RECEIVED BY LOCAL REGISTRAR <b>Apr 27 45</b>		ATTENDANT'S OWN SIGNATURE <b>R. L. Buffum</b>	
25. REGISTRAR'S SIGNATURE <b>Harrison Eilers M. D.</b>		M.D., MIDWIFE OR OTHER <b>M. D.</b> DATE SIGNED <b>4-25-45</b>	
26. GIVEN NAME ADDED <b>DATE BY REGISTRAR</b>		ADDRESS <b>Long Beach</b>	
27. (A) PREGNANCY, COMPLICATIONS OF: <b>none</b>		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <b>no</b> DESCRIBE:	
(B) LABOR, COMPLICATIONS OF: <b>none</b>		BIRTH INJURY? <b>no</b> DESCRIBE:	
(C) WAS THERE AN OPERATION FOR DELIVERY? <b>no</b> STATE ALL OPERATIONS:		(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <b>yes</b>	
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? <b>yes</b> IF YES, STATE DRUG <b>AgNo3</b>		IF SO, AT WHAT PERIOD OF GESTATION? <b>5</b> MOS. IF NOT, WHY NOT?	

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

## CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE  
BUREAU OF THE CENSUS

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

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

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

JUL 28 2010



# COUNTY OF ORANGE

## CLERK-RECORDER

### CERTIFICATE OF DEATH

#### STATE OF CALIFORNIA

3000 00817

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>Linda</b>		1B. MIDDLE <b>Gay</b>	
1C. LAST <b>Bartz</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>January 24, 1982</b>	
2B. HOUR <b>0600</b>			
3. SEX <b>Female</b>		4. RACE <b>Cauc</b>	
5. ETHNICITY		6. DATE OF BIRTH <b>April 23, 1945</b>	
7. AGE <b>36</b>		8. YEARS <b>36</b>	
9. MONTHS <b>11</b>		10. DAYS <b>11</b>	
11. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>CA</b>		12. NAME AND BIRTHPLACE OF FATHER <b>George Sheetz IN</b>	
13. CITIZEN OF WHAT COUNTRY <b>USA</b>		14. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
15. PRIMARY OCCUPATION <b>Housewife</b>		16. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self-Employed</b>	
17. NAME AND BIRTHPLACE OF MOTHER <b>Madge Chapman IL</b>		18. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Ronald D. Bartz</b>	
19. KIND OF INDUSTRY OR BUSINESS <b>Homemaker</b>		20. CITY OR TOWN <b>Orange</b>	
21. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1671 Gynkhana Street</b>		22. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Ronald D. Bartz Husband</b>	
23. COUNTY <b>Orange</b>		24. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>1671 Gynkhana Street Orange, CA</b>	
25. PLACE OF DEATH <b>Western Medical Center</b>		26. CITY OR TOWN <b>Santa Ana</b>	
27. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1001 Tustin Avenue</b>		28. STATE <b>CA</b>	
29. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>(A) Carcinoma Breast with local</b> <b>(B) Recurrence and lung &amp; liver</b> <b>(C) Metastasis</b>		30. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>	
31. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		32. WAS DEATH REPORTED TO CORONER? <b>NO</b>	
33. TYPE OF OPERATION <b>Mastectomy</b>		34. DATE <b>1979</b>	
35. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <b>E.S. Rana M.D.</b>		36. DATE SIGNED <b>1/25/82</b>	
37. PHYSICIAN'S LICENSE NUMBER <b>A29749</b>		38. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Medical Oncologist, 2220 E. Fruit #119, Santa Ana, CA 92705</b>	
39. SPECIFY ACCIDENT, SUICIDE, ETC.		40. PLACE OF INJURY	
41. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		42. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
43. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW (INQUEST INVESTIGATION)		44. CORONER'S SIGNATURE AND DEGREE OR TITLE	
45. DATE SIGNED		46. CHALMERS' LICENSE NUMBER AND SIGNATURE <b>4079 Harold R. Ehlers</b>	
47. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Sunnyside Mortuary Fl151 Long Beach</b>		48. LOCAL REGISTRATION DISTRICT <b>Long Beach, CA</b>	
49. STATE REGISTRAR <b>A. B. C. D. E. F.</b>		50. DATE <b>JAN 26 1982</b>	

VS-11 (10-78)

079003

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF ORANGE

DATE ISSUED

JUL 20 2010

Tom Daly  
TOM DALY  
CLERK-RECORDER  
ORANGE COUNTY, CALIFORNIA

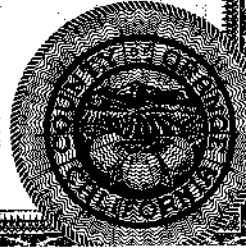
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

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

ABN (REV 5/09)



\* 1 0 1 0 1 8 2 0 C \*



[REDACTED]

RAY ADASHA AND N. NEISSANI  
216 S. REXFORD DR #301  
BEVERLY HILLS, CA 90212

DOC # 2010-0189583

04/26/2010 08:00A Fee:25.00

Page 1 of 1 Doc T Tax Paid

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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SMF FEE					T:		CTY	UNI	028

25-

TRA 065-134

Doc. Trans. Tax - computed on full value of property conveyed \$ 44.00

Don Kent, Tax Collector

Signature of Declarant



### TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY

On which the legally levied taxes were a lien for Fiscal Year 2003-2004

and for nonpayment were duly declared to be in default 2004-370200038-0000

Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and  
RAY ADASHA AND N. NEISSANI, JOINT TENANTS

("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing  
before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real  
property described herein which the SELLER sold to the PURCHASER at a public auction held on MARCH 16, 2010  
pursuant to a statutory power of sale in accordance with the provisions of Division 1, Part 6,  
Chapter 7, Revenue and Taxation Code, for the sum of \$40,000.00

NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real  
property situated in said county, State of California, last assessed to  
CHAPMAN, MADGE, described as follows:

370200038-7

Assessor's Parcel Number

UNINCORPORATED

THAT PORTION OF LOT 46 IN BLOCK "D" OF ELSINORE, AS SHOWN BY MAP ON FILE IN BOOK 6, PAGE 296 OF MAPS,  
RECORDS OF SAN DIEGO COUNTY, CALIFORNIA, DESCRIBED AS FOLLOWS:  
THE SOUTHWESTERLY 65 FEET OF THE NORTHEASTERLY 458 FEET OF THE NORTHWESTERLY 141 FEET, OF THE  
SOUTHEASTERLY 423 FEET OF SAID LOT 46; THE SIDELINES THEREOF BEING PARALLEL TO THE SOUTHEASTERLY LINE OF  
SAID LOT; THE SOUTHWESTERLY LINE BEING PARALLEL WITH GRAND AVENUE; SAID 141 FEET AND SAID 423 FEET BEING  
MEASURED ALONG THE SOUTHWESTERLY LINE OF GRAND AVENUE, AND SAID NORTHEASTERLY 458 FEET BEING  
MEASURED FROM THE SOUTHWESTERLY LINE OF GRAND AVENUE, 80 FEET WIDE.

State of California  
County of Riverside

Executed on  
MARCH 16, 2010

By

Tax Collector

On April 20, 2010, before me, Larry W. Ward, Assessor, Clerk-Recorder, personally appeared Don Kent, Treasurer and Tax Collector for  
Riverside County, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and  
acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity  
upon behalf of which the person 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.

Larry W. Ward, Assessor, Clerk Recorder

By: [Signature] Seal  
Deputy





JON CHRISTENSEN  
ASSISTANT TREASURER-TAX COLLECTOR  
  
SUE BAUER  
SR. CHIEF DEPUTY TREASURER-TAX COLLECTOR  
  
DEBBIE BASHE  
INFORMATION TECHNOLOGY OFFICER II  
  
GIOVANE PIZANO  
INVESTMENT MANAGER



DON KENT  
TREASURER

GARY COTTERILL  
CHIEF DEPUTY TREASURER-TAX COLLECTOR  
  
MATT JENNINGS  
CHIEF DEPUTY TREASURER-TAX COLLECTOR  
  
MELISSA JOHNSON  
CHIEF DEPUTY TREASURER-TAX COLLECTOR  
  
ADRIANNA GOMEZ  
ADMINISTRATIVE SERVICES MANAGER I

July 31, 2013

Rhonda Stechnij  
103 Ryan Cv  
Huno, TX 78634-5059

RE: APN 370200038-7

Dear Rhonda Stechnij:

This office is in receipt of your claim for excess proceeds. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.**

- |   |   |
|---|---|
| <input type="checkbox"/> Notarized Claim                    | <input type="checkbox"/> Notarized Affidavit for Collection of          |
| <input type="checkbox"/> Copy of Payment for                | Personal Property under California                                      |
| <input type="checkbox"/> Deed (Quitclaim/Grant etc...)      | Probate Code 13100  |
| <input type="checkbox"/> Articles of Incorporation          | <input type="checkbox"/> Copy of Trust/Will (Complete) for              |
| ( & Statement of Domestic Stock)                            | Certified Death Certificate's for                                       |
| <input type="checkbox"/> Notarized Statement Giving Rights  | <input checked="" type="checkbox"/> <b>Copy of Marriage Certificate</b> |
| to Collect/Claim on behalf of West Coast                    | <input type="checkbox"/> Court Order Appointing Administrator           |
| Turf  | <input type="checkbox"/> Other - Our office needs individual claims     |
| <input type="checkbox"/> Notarized Assignment of Right Form | for each year   |
| <input type="checkbox"/> Notarized Agent to Collect Form    |   |

**Please return the requested documents above within 30 days from the date of this letter.**

If you should have any questions, please contact me at the number listed below.

Sincerely,

*Adrian Potenciano*

Adrian Potenciano  
Tax Sale Operations  
(951) 955-3842  
(951) 955-3990 Fax

RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

\*\*\*\*\*  
4080 LEMON STREET, 4TH FLOOR \* P.O. BOX 12005 \* RIVERSIDE, CALIFORNIA 92502  
WWW.RIVERSIDETAXINFO.COM \* (951) 955-3900 \* T (677) 748-2689 \* FAX (951) 955-3923



THIS INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL  
ON FILE IN THIS OFFICE

ATTEST: JUN 06 1991

GARY L. GRANVILLE

County Clerk and Clerk of the  
Superior Court of the State of California  
Inland for the County of Orange

BY Stephen C. [Signature] DEPUTY

# LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

5-91-30-003573

075126

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

LICENSE NUMBER

an HUSBAND PERSONAL DATA	1A. NAME OF HUSBAND—First (Given) <b>Adrian</b>	1B. MIDDLE <b>Warner</b>	1C. LAST (FAMILY) <b>Stechnij</b>	2. DATE OF BIRTH—Month, Day, Year <b>FEB 5, 1965</b>
	3. STATE OF BIRTH <b>Arizona</b>	4. NUMBER OF PREVIOUS MARRIAGES <b>0</b>	5A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	5B. DATE—Month, Day, Year
	6A. USUAL OCCUPATION <b>Material Analyst</b>	6B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Computer</b>	7. EDUCATION—YEARS COMPLETED <b>12</b>	
	8A. FULL NAME OF FATHER <b>Josef Sigmond Stechnij</b>	8B. STATE OF BIRTH <b>Arizona</b>	8A. FULL MAIDEN NAME OF MOTHER <b>Susan Eliane Scarberry</b>	8B. STATE OF BIRTH <b>Ohio</b>
WIFE PERSONAL DATA	10A. NAME OF WIFE—First (Given) <b>Rhonda</b>	10B. MIDDLE <b>Marie</b>	10C. CURRENT LAST (FAMILY) <b>Bartz</b>	10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C
	11. DATE OF BIRTH—Month, Day, Year <b>APR 22, 1967</b>	12. STATE OF BIRTH <b>California</b>	13. NUMBER OF PREVIOUS MARRIAGES <b>0</b>	14A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT
	15A. USUAL OCCUPATION <b>Service Clerk</b>	15B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	16. EDUCATION—YEARS COMPLETED <b>13</b>	
	17A. FULL NAME OF FATHER <b>Ronald D. Bartz</b>	17B. STATE OF BIRTH <b>Oregon</b>	18A. FULL MAIDEN NAME OF MOTHER <b>Linda Gay Sheetz</b>	18B. STATE OF BIRTH <b>Illinois</b>
RESIDENCE OF HUSBAND AND WIFE	19A. RESIDENCE—Street and Number <b>21622 Marguerite Pkwy #121</b>	19B. CITY <b>Mission Viejo</b>	19C. ZIP CODE <b>92692</b>	19D. COUNTY—Outside California, Enter State <b>Orange</b>
	20A. MAILING ADDRESS—If Different	20B. CITY	20C. ZIP CODE	20D. COUNTY—Outside California, Enter State
AFFIDAVIT	We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marriage exists to the issuance of a license to marry to us, and hereby apply for a license and			
	21. SIGNATURE OF HUSBAND <u>[Signature]</u>		22. SIGNATURE OF WIFE <u>[Signature]</u>	

I the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the parties and the parties to be married due to the inability of one or both of the parties to be married to personally appear. The affidavit contains the reason for inability to appear in accordance with Section 4213.1, Civil Code.

23A. SIGNATURE AND TITLE OF ISSUING CLERK  
[Signature] Deputy

23B. COUNTY OF ISSUE  
**Orange**

23C. MAILING ADDRESS AND ZIP CODE  
**Orange P.O. Box 838, Santa Ana, Ca. 92702**

23D. ISSUE DATE—Month Day Year  
**MAY 9, 1991**

23E. LICENSE EXPIRES AFTER—Month Day Year  
**AUG 7, 1991**

24A. AFFIX NOTARY SEAL (If Applicable)

24B. SUBSCRIBED AND SWORN TO BEFORE ME ON  
MONTH DAY YEAR  
SIGNATURE OF NOTARY  
Typed Name of Notary

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California. ON <u>May</u> <u>25</u> DAY 19 <u>91</u> AT <u>Santa Ana</u> CITY OR TOWN <u>Orange</u> COUNTY <u>California</u>	26A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <u>[Signature]</u>	26B. RELIGIOUS DENOMINATION OF CLERGY <b>NAZARENE</b>
	NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.	26C. NAME OF PERSON SOLEMNIZING MARRIAGE TYPE OR PRINT <b>Rev. Klesley Williams</b>	26D. OFFICIAL TITLE <b>MINISTER/PASTOR</b>
		26E. MAILING ADDRESS (Include City and State) <b>1500 E. 17th St. Santa Ana CA 92701</b>	26F. ZIP CODE
	COUNTY	27A. SIGNATURE OF COUNTY CLERK <b>GARY L. GRANVILLE</b>	27B. SIGNATURE OF DEPUTY CLERK (If Applicable) <u>[Signature]</u> DEPUTY

**NO. 12-0943-F425**

**IN THE MATTER OF  
THE MARRIAGE OF**

**RHONDA MARIE STECHNIJ  
AND  
ADRIAN WARNER STECHNIJ**

**AND IN THE INTEREST OF  
TANNER STECHNIJ AND SAGE  
STECHNIJ, CHILDREN**

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**IN THE DISTRICT COURT**

**425<sup>TH</sup> JUDICIAL DISTRICT**

**WILLIAMSON COUNTY, TEXAS**

**AGREED FINAL DECREE OF DIVORCE**

On July 12, 2012 the Court heard this case.

*Appearances*

Petitioner, Rhonda Marie Stechnij, did not appear in person but has agreed to the terms of this order as evidenced by the signature of Petitioner and her attorney of record, Laura Roth, below.

Respondent, Adrian Warner Stechnij, appeared in person and through attorney of record, Zachary J. Brandl, and announced ready for trial.

*Record*

The record of testimony was duly reported by the court reporter for the 425th Judicial District Court.

*Jurisdiction and Domicile*

The Court finds that the pleadings of Petitioner are in due form and contain all the allegations, information, and prerequisites required by law. The Court, after receiving evidence, finds that it has jurisdiction of this case and of all the parties and that at least sixty days have elapsed since the date the suit was filed.