

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS
 DATE: 6/29/15

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

599A



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
 JUN 29 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Items 478 and 479. Last assessed to: Juan Jose Pena and Benita S. Pena, husband and wife as joint tenants. District 4 [\$68,039] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:
 1. Approve the claims from Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Revocable Living Trust dated February 26, 2001 for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 611233012-7 and 611233013-8;
 (continued on page two)

BACKGROUND:
Summary

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 April 29, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2013. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 17, 2013 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.
 (continued on page two)

Don Kent
 Don Kent
 Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 68,039	\$ 0	\$ 68,039	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale				Budget Adjustment: N/A	
				For Fiscal Year: 15/16	

C.E.O. RECOMMENDATION: APPROVE
 BY: *Samuel Wong 7/13/15*
 Samuel Wong
 County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
 Nays: None
 Absent: None
 Date: July 21, 2015
 xc: Treasurer, Auditor

Kecia Harper-Ihem
 Clerk of the Board
 By: *Cecilia Gil*
 Deputy

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

Prev. Agn. Ref.: | District: 4 | Agenda Number:

9-54

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Items 478 and 479. Last assessed to: Juan Jose Pena and Benita S. Pena, husband and wife as joint tenants. District 4 [\$68,039] Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 29 2015

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RECOMMENDED MOTION:

2. Deny the claims from Ruben S. Bonilla, heir to the Estate of Benita S. Pena;
3. Deny the claims from Richard Pena, heir to the Estate of Benita S. Pena;
4. Deny the claims from Elizabeth Ann Vaughan, heir to the Estate of Benita S. Pena;
5. Authorize and direct the Auditor-Controller to issue a warrant to Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Trust dated February 26, 2001 in the amount of \$68,039.83, 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)

The Treasurer-Tax Collector has received ten claims for excess proceeds:

1. Claims from Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Revocable Living Trust dated February 26, 2001 based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.
2. Claims from Ruben S. Bonilla, heir to the Estate of Benita S. Pena based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.
3. Claims from Richard Pena, heir to the Estate of Benita S. Pena based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.
4. Claims from Elizabeth Ann Vaughan, heir to the Estate of Benita S. Pena based on a Corrected Trustee's Deed Upon Sale recorded February 1, 1999 as Instrument No. 039358, the Benita S. Pena Revocable Living Trust dated February 26, 2001, the death certificate of Juan Jose Pena, and the death certificate of Benita Soto Pena.

Pursuant to Section 4675 (a) & (f) of the California Revenue and Taxation Code, it is the recommendation of this office that Lemuel S. Bonilla and Rosa Linda Stern, Co-Successor Trustees of the Benita S. Pena Revocable Living Trust dated February 26, 2001 be awarded excess proceeds in the amount of \$68,039.83. The claim from Ruben S. Bonilla, heir to the Estate of Benita S. Pena be denied since the funds are being distributed to the Co-Successor Trustees of the estate. The claim from Richard Pena, heir to the Estate of Benita S. Pena be denied since the funds are being distributed to the Co-Successor Trustees of the estate. The claim from Elizabeth Ann Vaughan, heir to the Estate of Benita S. Pena be denied since the funds are being distributed to the Co-Successor Trustees 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.

BACKGROUND:

Summary (continued)

EP 196	Item 478	\$52,629.99
EP 196	Item 479	\$15,409.84
TOTAL		\$68,039.83

Impact on Citizens and Businesses

Excess proceeds are being released to the Co-Successor Trustees of the last assessee of the property.

ATTACHMENTS (if needed, in this order):

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Items 478 and 479. Last assessed to: Juan Jose Pena and Benita S. Pena, husband and wife as joint tenants. District 4 [\$68,039] Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 29 2015

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

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

RECEIVED
2014 MAY 13 AM 11:59
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$52,629.99 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 611233012-7; recorded on 12/6/1978. A copy of this document is attached here to. 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.

BIRTH CERT. NOT AVAILABLE

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants 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 08 day of MAY, 2014 at ORANGE, CA
County, State


Signature of Claimant

Signature of Claimant

Lemuel S. Bonilla
Print Name

Print Name

1247 E. PALM AVE.
Street Address

Street Address

ORANGE, CA 92866
City, State, Zip

City, State, Zip

(714) 538-4723
Phone Number

Phone Number

**THE
BENITA S. PENA
REVOCABLE LIVING TRUST**

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

**ARTICLE 1
THE NAME OF MY TRUST**

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

**ARTICLE 2
MY FAMILY**

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and
2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

3. JOHN PENA, whose birthdate is October 16, 1954, whose address is 51910 Avenida Navarro, La Quinta, California 92253; and

4. R. LINDA STERN, whose birthdate is June 21, 1957, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679; and

5. RICHARD PENA, whose birthdate is March 3, 1962, whose address is 21122 Briarwood, Trabuco Canyon, California 92679; and

6. ELIZABETH HAAS, whose birthdate is November 15, 1963, whose address is 49035 Serenata Court, La Quinta, California 92253.

All reference to my children in this agreement are to these children.

ARTICLE 3 **TRUSTEES**

3.1 Initial Trustee. I have retained the right to act as my own Trustee so long as I am physically and mentally capable.

3.2 Successor Trustee. When I become unable to serve as Trustee, by reason of death or incapacity, I appoint the following to act as Successor Co-Trustee:

1. LEMUEL BONILLA, whose address is 1247 E. Palm, Orange, California 92666; or

2. JOHN PENA, whose address is 51910 Avenida Navarro, La Quinta, California 92253; or

3. R. LINDA STERN, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679.

3.3 Trustees. References in the Trust to "Trustee or Trustees" shall include me or my Successor Trustees.

Where two or more individuals are appointed to serve as Successor Trustees, they shall serve together while both are able, qualified and willing to do so. If either shall become unable, unqualified or unwilling to serve, the other shall serve alone as Successor Trustee.

If, during the term of this Trust, any single Successor Trustee shall become unable, unqualified or unwilling to continue as a Trustee, the next appointed Successor Trustee(s) shall succeed to the office of Trustee.

The exercise by any Trustee of the discretionary powers herein granted with respect to the allocation or distribution of property or gifts and making adjustment with

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

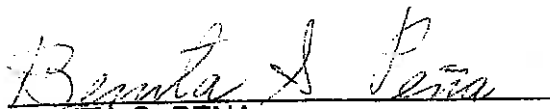
12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

Ratification and Execution by Settlor

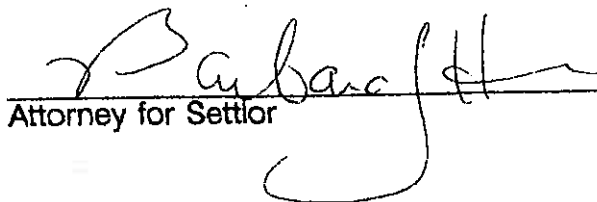
I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.



BENITA S. PENA
Settlor

APPROVED:




Attorney for Settlor

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;
2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and
3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.

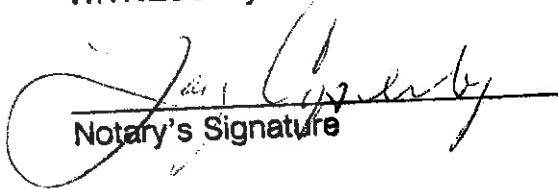


BENITA S. PENA
Trustee

STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE)

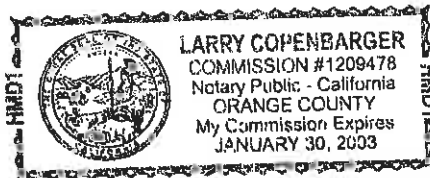
On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Notary's Signature

(Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271

CERTIFICATE OF DEATH

320133300944

1. NAME OF DECEDENT - FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
BENITA		SOTO		PENA	
4. AKA: ALSO KNOWN AS - Include all AKA (FIRST, MIDDLE, LAST)					
5. DATE OF BIRTH mm/dd/yyyy					
06/29/1923					
6. AGE Yrs					
89					
7. MARITAL STATUS: ID# (If This of Dec)					
WIDOWED					
8. DATE OF DEATH mm/dd/yyyy					
01/25/2013					
9. HOUR (24 Hour)					
1718					
10. EDUCATION - Highest Level (Degree)					
08					
11. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see work area on back)					
<input checked="" type="checkbox"/> YES MEXICAN AMERICAN					
12. DECEASED'S RACE - UP TO 3 races (they do listed (see work area on back)					
CAUCASIAN					
13. USUAL OCCUPATION - Type of work for most of life - DO NOT USE RETIRED					
OWNER					
14. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, food establishment, employer/agent, etc.)					
RESTAURANT					
15. YEARS IN OCCUPATION					
30					
16. DECEASED'S RESIDENCE (Street and number, or location)					
72926 GRAPEVINE					
17. CITY					
PALM DESERT					
18. COUNTY/PROVINCE					
RIVERSIDE					
19. ZIP CODE					
92260					
20. YRS. IN COUNTY					
65					
21. STATE/FOREIGN COUNTRY					
CA					
22. INFORMANT'S NAME, RELATIONSHIP					
RICHARD PENA, SON					
23. INFORMANT'S MAILING ADDRESS (Street and number, or full route number, city, county, state and zip)					
72926 GRAPEVINE, PALM DESERT, CA 92260					
24. NAME OF SURVIVING SPOUSE/STEP-FIRST					
25. MIDDLE					
26. LAST (BIRTH NAME)					
27. NAME OF FATHER/PARENT - FIRST					
28. MIDDLE					
29. LAST (BIRTH NAME)					
30. BIRTH STATE					
MEXICO					
31. NAME OF MOTHER/PARENT - FIRST					
32. MIDDLE					
33. LAST (BIRTH NAME)					
34. BIRTH STATE					
MEXICO					
35. DATE OF DEATH mm/dd/yyyy					
02/08/2013					
36. PLACE OF FINAL DISPOSITION					
COACHELLA VALLEY CEMETERY					
82925 AVENUE 52, COACHELLA, CA 92236					
37. TYPE OF DISPOSITION					
BU					
38. NAME OF FUNERAL ESTABLISHMENT					
FITZHENRY-WIEFELS					
39. LICENSE NUMBER					
FD205					
40. SIGNATURE OF LOCAL REGISTRAR					
CAMERON KAISER, MD					
41. DATE mm/dd/yyyy					
01/29/2013					
42. PLACE OF DEATH					
MANOR CARE - ODYSSEY					
43. IF HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> P <input type="checkbox"/> SNIP <input type="checkbox"/> DCU <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
44. IF OTHER THAN HOSPITAL, SPECIFY ONE					
100. CITY					
PALM DESERT					
101. COUNTY					
RIVERSIDE					
102. FACILITY ADDRESS OR LOCATION (Where found (e.g. 1000 Main St. or location)					
74350 COUNTRY CLUB DRIVE					
103. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
A) CARDIOPULMONARY ARREST					
B) SENILE DEMENTIA					
104. TIME (Specify if death reported to coroner)					
MINS					
105. PROPSYCHOFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
106. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
107. HUSBAND RETAINING CAUSE?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
108. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (ITEM 107)					
NONE					
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107? (If yes, list type of operation and date)					
NO					
110. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					
111. SIGNATURE AND TITLE OF CERTIFIER					
RUPINDER KAUR MANN M.D.					
112. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
RUPINDER KAUR MANN M.D.					
113. DATE mm/dd/yyyy					
01/29/2013					
114. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					
115. MANNER OF DEATH					
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
116. INJURED AT WORK?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK					
117. INJURY DATE mm/dd/yyyy					
118. HOUR (24 Hour)					
119. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)					
120. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
121. LOCATION OF INJURY (Street, apt. number, or location, and city, and zip)					
122. SIGNATURE OF CORONER / DEPUTY CORONER					
123. DATE mm/dd/yyyy					
124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
125. STATE REGISTRAR					
A B C D E					
126. FAX AUTH.#					
127. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS:

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

DATE ISSUED Feb 20, 2013

By: Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

FORM 100 (8-2012)

ANY ALTERATION OR REVISIONS VOID THIS CERTIFICATE



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

39633004456

STATE FILE NUMBER		USE SPACE FOR ONLY TWO ERRORS OR ALTERNATE		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JUAN		2. MIDDLE JOSE		3. LAST (FAMILY) PENA	
4. DATE OF BIRTH—M/M/DD/CCYY 06/04/1928		5. AGE YRS. 67	6. SEX M	7. DATE OF DEATH—M/M/DD/CCYY 05/10/1996	
8. STATE OF BIRTH MX.		11. MILITARY SERVICE <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS MARRIED	
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> MEXICAN/AMERICAN		16. USUAL EMPLOYER CITY OF INDIO	
17. OCCUPATION PARK SUPERVISOR		18. KIND OF BUSINESS MUNICIPAL GOVERNMENT		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 72-926 GRAPEVINE					
21. CITY PALM DESERT		22. COUNTY RIVERSIDE		25. STATE OR FOREIGN COUNTRY CA.	
26. NAME RELATIONSHIP BENITA PENA-WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 72-926 GRAPEVINE PALM DESERT, CA. 92260					
28. NAME OF SURVIVOR SPOUSE—FIRST BENITA		29. MIDDLE SOTO		30. LAST (MAIDEN NAME)	
31. NAME OF FATHER—FIRST TEODORO		32. MIDDLE PENA		34. BIRTH STATE MX.	
35. NAME OF MOTHER—FIRST ESTHER		36. MIDDLE AMAREL		38. BIRTH STATE MX.	
39. DATE M/M/DD/CCYY 05/17/1996		40. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.			
41. TYPE OF DISPOSITION BURIAL		43. SIGNATURE OF EMPLOYER <i>[Signature]</i>		48. MC NO.	
44. NAME OF FUNERAL DIRECTOR FITZHENRY FUNERAL HOME		45. LICENSE NO. FD-967		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/DD/CCYY 05/13/1996					
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> H. <input type="checkbox"/> SV/CP <input type="checkbox"/> DOA <input type="checkbox"/> COM. <input type="checkbox"/> HOME <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL	
104. STREET ADDRESS—STREET AND NUMBER OR LOCATION 39-000 BOB HOPE DR.		105. COUNTY RIVERSIDE		106. CITY RANCHO MIRAGE	
107. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) ACUTE RESPIRATORY ARREST		108. TIME INTERVAL BETWEEN ONSET AND DEATH IMMED.		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER:	
110. DUE TO (B) ACUTE ASPIRATION OF SECRETION		111. 6 HR.		110. ANATOMY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. DUE TO (C) DYSPHAGIA, SEVERE		113. 4 DAYS		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. DUE TO (D) MASSIVE CEREBROVASCULAR ACCIDENT		115. 5 DAYS			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 INSULIN DEPENDENT DIABETES MELLITUS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, GIVE TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST BEEN ALIVE M/M/DD/CCYY 06/10/1992 M/M/DD/CCYY 05/10/1996		115. SIGNATURE AND TITLE OF EMPLOYER <i>[Signature]</i>		116. LICENSE NO. G42098	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS & ZIP RICHARD G. BYRD, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA. 92270		118. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		119. PLACE OF BIRTH	
120. SIGNATURE OF CORONER OR DEPUTY-CORONER		121. DATE M/M/DD/CCYY		122. TYPED NAME, TITLE OF CORONER OR DEPUTY-CORONER	
123. LOCATION, STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE		124. DESCRIBE HOW INJURY OCCURRED (EVENTS, MACHINERY, VEHICLE IN INJURY)			
125. SIGNATURE OF CORONER OR DEPUTY-CORONER		126. DATE M/M/DD/CCYY		127. TYPED NAME, TITLE OF CORONER OR DEPUTY-CORONER	
STATE REGISTRAR		FAX AUTH #		CENSUS TRACT 45102	

1 OF 2



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

* 0-34358412 *

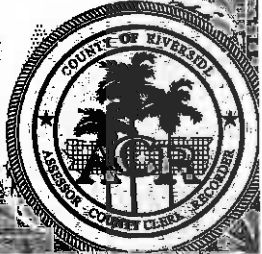
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED **FEB 1 2014**

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

Larry W. Ward
LARRY W. WARD

ASSESSOR-COUNTY CLERK-RECORDER
 RIVERSIDE COUNTY, CALIFORNIA



Order Number _____ Page Number 318-9790-3d

RECORDING REQUESTED BY

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

255974

Mr. and Mrs. Juan Jose Pena
72-926 Granada
Palm Desert, Ca. 92260

RECEIVED FOR RECORD

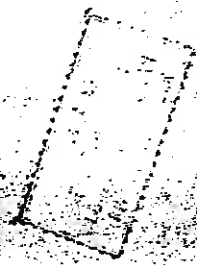
DEC 6 1978

AT 9:00 O'CLOCK A.M.
At Request of
TITLE INS. & TRUST CO.

Book 1978, Page 255974
Recorded in Office of
Riverside County, California

David S. Sigmund Recorder

FEE \$ _____



SPACE ABOVE THIS LINE FOR RECORDER'S USE

35

City of Indio
(City or "Unincorporated")

Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 82.50

computed on full value of property conveyed, or

computed on full value less value of liens or encumbrances remaining at time of sale, and

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

For a Valuable Consideration, the receipt of which is hereby acknowledged, hereby GRANT(S)

To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside, State of California, described as follows:

Block 4
Lots 13, 14 and 15 of Wilson's First Addition to Indio as per map on file- in Book 10 page 41 of Maps.

389555-JH

Date: November 7, 1978

STATE OF CALIFORNIA }
COUNTY OF Riverside } SS.

On November 9, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared

Ernest R. Duncan and Edna A. Duncan
Raymond M. White and
Merle E. White

_____ knows to me to be the person(s) whose name(s) subscribed to the within instrument and acknowledged that they executed the same. WITNESS my hand and official seal.

Signature Arvida Christman

Ernest R. Duncan

Ernest R. Duncan

Edna A. Duncan

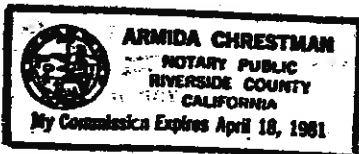
Edna A. Duncan

Raymond M. White

Raymond M. White

Merle E. White

Merle E. White



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

INQSITUS 72926 GRAPEVINE

PARC NO 628-094-004-3

August 8, 2001

ASMT NBR 628094004-3

TRA 018-006

SITUS 72926 GRAPEVINE ST PALM DESERT 92260

ASSESSEE PENA JUAN J

PENA BENITA S

ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

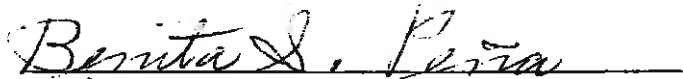
APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

Please provide me with a copy of the Grant Deed for each of the above noted properties, 72 926 Grapevine St, Palm Desert, Ca. and APN 611-233-012-7(lots 13 &14) & APN 661-233-013-8(lot 15) located in Indio, Ca..

I am enclosing a personal check for amount of \$40.00. Please let me know if it is insufficient. It is imperative that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260



Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

IDENTIFICATION CARD

No. A-349537



110-32
Application No. A6 170 191

ORIGINAL

Physical description of holder as of date of issuance of this certificate: Sex Male Date of birth October 1, 1914
Height 5 feet 6 inches weight 130 pounds color of eyes Brown color of hair Brown
Build Slender Single

I certify that the description above given is true and that the photograph appended hereto is a likeness of me.

Emmanuel Soto Bonilla
(Complete and true signature of holder)



Emmanuel Soto Bonilla

Place of birth Mexico * * * * * **EMMUEL SOTO BONILLA** * * * * *
Address 52-372 Emoplar Street, Coachella, California
Date of issue February 15, 1957

Issued at San Antonio, Texas **THIRTY-FIRST**
Date of expiration March **FIFTY-NINE**
Authority Section 571 of the Immigration and Naturalization Act, this certificate is issued to the holder of this certificate **FIFTY-NINE** and the said holder is a **THIRTY-FIRST** class alien.

IT IS A VIOLATION OF THE U. S. CODE (AND PRIVACY ACT) TO COPY, PRINT, PHOTOGRAPH, OR OTHERWISE ILLFULLY USE THIS IDENTIFICATION CARD.

COMMISSIONER
Richard J. Stinson

RECORDING REQUESTED BY &
WHEN RECORDED MAIL TO:

Law Offices of CHRISTOPHER D. KIERNAN
78-451 Highway 111
La Quinta CA 92253

039358 ✓
RECEIVED FOR RECORD
AT 8:00 AM

FEB - 1 1999 ✓

Recorder
Fees \$ 0

CORRECTED TRUSTEE'S DEED UPON SALE

The undersigned grantor declares:

1. The grantees herein were the foreclosing beneficiaries.
2. The amount of the unpaid debt together with cost was \$252,510.40.
3. The amount paid by the grantee of the trustee's sale was \$252,510.40.
4. The documentary transfer tax is NONE.
5. Said property is in the City of Indio, County of Riverside.

RONALD R. EASTON, herein called "trustee", is the duly substituted trustee pursuant to an instrument recorded June 28, 1998 as Instrument No. 178070, recorded in the Official Records of Riverside County, California, and does hereby grant and convey, without warranty, express or implied, to JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants, herein called "grantees", all of its right, title, and interest in and to that certain property situated in the City of Indio, County of Riverside, State of California, and described as follows:

Lots 13, 14, and 15 in Block 4 of Wilsons First Addition to Indio, County of Riverside as per map recorded in Book 10, Page 41 of Maps, in the office of the county Recorder of Riverside County.

Trustee states that:

This conveyance is made pursuant to the powers conferred upon the substituted trustee by that certain deed of trust dated August 23, 1984 and executed by FLORENCIO MENDEZ and PATRICIA MENDEZ, husband and wife, as trustor, and recorded December 6, 1984, in Book 1984 as Instrument No. 261093, Official Records of Riverside County, California, and after fulfillment of a condition specified in said deed of trust authorizing this conveyance.

Default occurred as set forth in a Notice of Default and Election to Sell which was recorded in the Office of the Recorder of said County.

All requirements of law regarding the mailing of copies of Notices of Default and related notices and the posting and publication of copies of the Notice of Sale have been complied with.

Said property was sold by said trustee at public auction on September 20, 1989 at the place named in the Notice of Sale in the County of Riverside, California, in which the property is situated. Grantee, being the highest bidder at such sale, became the purchaser of said property and paid therefor to said trustee in the amount bid, being \$252,510.40 in

COMMUNION

2 1 99

SECURITY UNION TITLE INS. CO.
MORTGAGE SERVICES DIVISION
5914 Newport Boulevard, Suite 200
Spokane, WA 99208

RIVERSIDE

lawful money of the United States, or by the satisfaction, pro tanto, of the obligations and secured by said deed of trust.

***NOTE:** This Corrected Trustee's Deed Upon Sale is being recorded to correct the two (2) errors in the original Trustee's Deed Upon Sale where the original Trustee erroneously stated the property was situate in Cathedral City. Mr. Easton is no longer in business and cannot be located to correct the errors himself. The property is, and always has been, located in the City of Indio and this Corrected Trustee's Deed Upon Sale corrects and amends only those two (2) errors.

Dated: January 22, 1999


CHRISTOPHER D. KIERNAN

STATE OF CALIFORNIA)
) ss.
COUNTY OF RIVERSIDE)

On January 22, 1999, before me, K. SMITH, a Notary Public in and for said County and State, personally appeared CHRISTOPHER D. KIERNAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged 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.

WITNESS my hand and official seal




K. SMITH, Notary Public

2000000000

2 1 99

NOTARY PUBLIC'S DIVISION
9014 Northwood Boulevard, Suite 200
Suite 200, Spring, CA 90670

RIVERSIDE

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 526,299.99 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. 255474; recorded on 12-6-1978. A copy of this document is attached here to. 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.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants 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 6 day of May, 2014 at Orange Co., CA
County, State

Rafaela Steen
Signature of Claimant

Signature of Claimant

Rosa Linda Steen
Print Name

Print Name

32215 Fall River Rd.
Street Address

Street Address

Trabuco Canyon, CA 92679
City, State, Zip

City, State, Zip

949-636-5690
Phone Number

Phone Number

INQSITUS 72926 GRAPEVINE

August 8, 2001

PARC NO 628094-004-3

ASMT NBR 628094004-3

TRA 018-006

SITUS 72926 GRAPEVINE ST PALM DESERT 92260

ASSESSEE PENA JUAN J

PENA BENITA S

ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

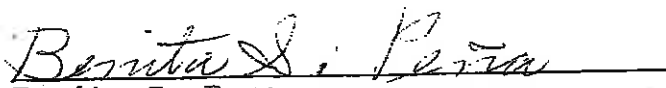
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I am enclosing a personal check for amount of \$40.00. Please let me know if it is insufficient. It is imperative that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260


Benita S. Pena

Ph. (760) 568 2229
(760) 564 4203

INQSITUS 72926 GRAPEVINE

August 8, 2001

PARC NO 628-094-004-3

ASMT NBR 628094004-3

TRA 018-006

SITUS 72926 GRAPEVINE ST PALM DESERT 92260

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BENITA S

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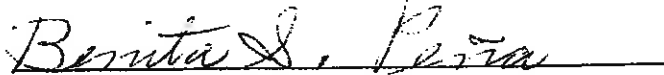
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Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

**THE
BENITA S. PENA
REVOCABLE LIVING TRUST**

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

**ARTICLE 1
THE NAME OF MY TRUST**

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

**ARTICLE 2
MY FAMILY**

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and
2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

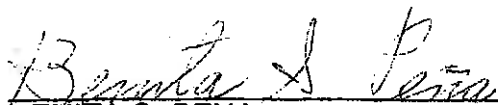
12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

Ratification and Execution by Settlor

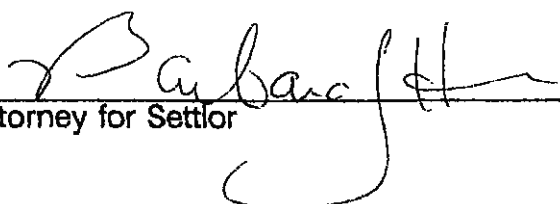
I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.



BENITA S. PENA
Settlor

APPROVED:



Attorney for Settlor

Order Number 318-9790 jd

RECORDING REQUESTED BY

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

Mr. and Mrs. Juan Jose Pena
72-926 Grapavina
Palm Desert, Ca. 92260

RECEIVED FOR RECORD

DEC 6 1978

AT 9:00 O'CLOCK A.M.

At request of

TITLE INS. & TRUST CO.

Book 1978, Page 255974

Recorded in CR 157, 15756

of Riverside County, California

Dwight D. Sullivan Recorder

FEB 1 1979

SPACE ABOVE THIS LINE FOR RECORDER'S USE

255974

City of Indio
(City or "Unincorporated")

Grant Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)

DOCUMENTARY TRANSFER TAX is \$ 82.50

computed on full value of property conveyed, or

computed on full value less value of liens or encumbrances remaining at time of sale, and

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389555-JH

Date: November 7, 1978

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COUNTY OF Riverside

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Ernest R. Duncan and Edna A. Duncan
Raymond M. White and
Merle E. White

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

Signature

Arvida Chrestman

Ernest R. Duncan

Ernest R. Duncan

Edna A. Duncan

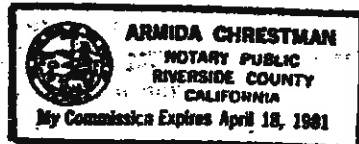
Edna A. Duncan

Raymond M. White

Raymond M. White

Merle E. White

Merle E. White



(This area for official notarial seal)

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(Name)

(Address - Number, Street, City, State, and Zip Code)

Order Number 318-9790 jd

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RECEIVED FOR RECORD

DEC 6 1978

AT 9:00 O'CLOCK A.M.

At Request of

TITLE INS. & TRUST CO.

Book 1978, Page 755978
Recorded in Office of
Riverside County, California

Dwight S. Johnson Recorder

FEE \$ 3

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City of Indio
(City or "Unincorporated")

Grant Deed

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Signature Arvida Chrestman

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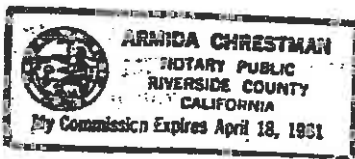
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(Name)

(Address - Number, Street, City, State, and Zip Code)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

STATE
 FILE
 NUMBER

CERTIFICATE OF LIVE BIRTH

LOCAL REGISTRATION
 DISTRICT AND **3311 3692**
 CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

THIS CHILD	1a. NAME OF CHILD—FIRST NAME Rosalinda		1b. MIDDLE NAME		1c. LAST NAME Pena	
	2. SEX Female	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH DAY YEAR June 21, 1957		4b. HOUR 8:08 A M
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Coachella Valley Hospital			5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) 45-280 King Street		
	5c. CITY OR TOWN Indio			5d. COUNTY Riverside		
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME Berita		6b. MIDDLE NAME		6c. LAST NAME Soto	
	8. AGE OF MOTHER AT TIME OF THIS BIRTH 31 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		7. COLOR OR RACE OF MOTHER Mexican		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION) 52-372 Empalm			11b. IF INSIDE CITY CORPORATE LIMITS <input type="checkbox"/> CHECK HERE		11c. IF OUTSIDE CITY CORPORATE LIMITS: <input type="checkbox"/> ON A FARM <input checked="" type="checkbox"/> NOT ON A FARM
	11c. CITY OR TOWN Coachella			11d. COUNTY Riverside		11e. STATE California
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME Juan		12b. MIDDLE NAME Jose		12c. LAST NAME Pena	
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 32 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		16a. PRESENT OR LAST OCCUPATION Laborer		16b. KIND OF INDUSTRY OR BUSINESS City of Indio
INFORMANT'S CERTIFICATION	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 June 24, 1957		
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.			18a. ADDRESS Aladdin Theatre Bldg.		
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT			20. LOCAL REGISTRAR—SIGNATURE <i>Conrad M. Stone - me</i>		21. DATE RECEIVED BY LOCAL REGISTRAR 7-11-57



* 034358402 *

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

DATE ISSUED **FEB 7 1964**

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

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

Larry W Ward
LARRY W WARD
 ASSESSOR-COUNTY CLERK-RECORDER
 RIVERSIDE COUNTY, CALIFORNIA



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271

CERTIFICATE OF DEATH

3201333000944

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/PARENT AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, and CORONER'S USE ONLY. Includes fields for name, date of birth, cause of death, and registrar information.

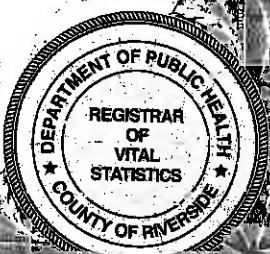
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

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

DATE ISSUED Feb 20, 2013

By: Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

39633004456

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY; NO ERASURES, WRITINGS OR ALTERATIONS 12/11 (REV. 7/93)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JUAN		2. MIDDLE JOSE		3. LAST (FAMILY) PENA	
4. DATE OF BIRTH—M/M/D/CCYY 06/06/1928		5. AGE YRS. 67		6. SEX M	
7. DATE OF DEATH—M/M/D/CCYY 05/10/1996		8. HOUR 1217			
9. STATE OF BIRTH MX.		10. SOCIAL SECURITY NO.		11. MARITAL STATUS MARRIED	
12. USUAL EMPLOYER CITY OF INDIRIO		13. EDUCATION—YEARS COMPLETED 6			
14. RACE CAUCASIAN		15. HISPANIC—OCCUPY <input checked="" type="checkbox"/> YES MEXICAN/AMERICAN <input type="checkbox"/> NO		16. USUAL EMPLOYER CITY OF INDIRIO	
17. OCCUPATION PARK SUPERVISOR		18. KIND OF BUSINESS MUNICIPAL GOVERNMENT		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 72-926 GRAPEVINE		21. CITY PALM DESERT		22. COUNTY RIVERSIDE	
23. ZIP CODE 92260		24. YRS. IN COUNTY 47		25. STATE OR FOREIGN COUNTRY CA.	
26. NAME, RELATIONSHIP BENITA PENA—WIFE		27. MAILING ADDRESS—STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP 72-926 GRAPEVINE PALM DESERT, CA. 92260			
28. NAME OF SURVIVING SPOUSE—FIRST BENITA		29. MIDDLE —		30. LAST (MAIDEN NAME) SOTO	
31. NAME OF FATHER—FIRST TEODORO		32. MIDDLE —		33. LAST PENA	
34. NAME OF MOTHER—FIRST ESTHER		35. MIDDLE —		36. LAST (MAIDEN) AMAREL	
37. DATE—M/M/D/CCYY 05/17/1996		38. PLACE OF FUNERAL DISPOSITION COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.			
39. TYPE OF DISPOSITION BURIAL		40. SIGNATURE OF BURIAL DIRECTOR <i>James H. [Signature]</i>		41. LICENSE NO. FD-967	
42. NAME OF FUNERAL DIRECTOR FITZHENRY FUNERAL HOME		43. LICENSE NO. FD-967		44. SIGNATURE OF LOCAL REGISTRAR <i>Hector A. [Signature]</i>	
45. DATE—M/M/D/CCYY 05/13/1996		46. SIGNATURE OF LOCAL REGISTRAR <i>Hector A. [Signature]</i>			
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. STREET ADDRESS—STREET AND NUMBER OR LOCATION 59-000 BOB HOPE DR.		103. COUNTY RIVERSIDE	
104. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A & B AND C) (A) ACUTE RESPIRATORY ARREST		105. TIME INTERVAL BETWEEN ONSET AND DEATH IMMED.		106. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. DUE TO (B) ACUTE ASPIRATION OF SECRETION		108. HOURS PERFORMED 6 HR.		109. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. DUE TO (C) DYSPHAGIA, SEVERE		110. DAYS 4 DAYS		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. DUE TO (D) MASSIVE CEREBROVASCULAR ACCIDENT		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 107 INSULIN DEPENDENT DIABETES MELLITUS		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST BEEN ALIVE M/M/D/CCYY M/M/D/CCYY 06/10/1992 05/10/1996		115. SIGNATURE OF CLERK OR CORONER <i>[Signature]</i>		116. SS NO. 6	
117. DATE—M/M/D/CCYY 05/10/1996		118. SIGNATURE OF ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP RICHARD C. BYRD, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA. 92270			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SHOULD NOT BE DETERMINED		120. HUNNY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE—M/M/D/CCYY 05/10/1996	
122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 72-926 GRAPEVINE PALM DESERT, CA. 92260		123. PLACE OF INJURY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		124. DESCRIBE, HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		126. DATE—M/M/D/CCYY 05/10/1996		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER LARRY W. WARD	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT 45102	

1 OF 2



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, Assessor-County Clerk-Recorder

DATE ISSUED **FEB 7 1997**

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

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



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 05 1996 077443

AFFIDAVIT TO AMEND A RECORD

32-350

39633004456 1

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LEGAL JURISDICTION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1	2	3
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
	JUAN	JOSE	RENA
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE
	M	05/10/1996	RANCHO MIRAGE
	7. COUNTY OF OCCURRENCE	RIVERSIDE	
8. FATHER'S NAME AS STATED ON ORIGINAL	9. MOTHER'S NAME AS STATED ON ORIGINAL		
TEODORO RENA	ESTHER AMAREL		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
10		

LIST ONE ITEM PER LINE

1 OF 2

2 OF 2

13. REASON FOR CORRECTION TO CORRECT THE RECORD.

AFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
	<i>[Signature]</i>	FUNERAL DIRECTOR	06/19/1996
USE BLACK INK ONLY	17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)	
	LEGAL	82-975 REGUA AVE. INDIO, CA. 92201	
	19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
	<i>[Signature]</i>	SECRETARY	06/19/1996
	22. AGE	23. ADDRESS (STREET, CITY, STATE, ZIP)	
	LEGAL	82-975 REGUA AVE. INDIO, CA. 92201	
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY	
	OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	07/30/1996	



034358414

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

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DATE ISSUED FEB 21 2016

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



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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$52,629.³⁹/₁₀₀ 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. 255974; recorded on 12/06/1978. A copy of this document is attached here to. 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.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants 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 06 day of June, 2014 at Riverside, CALIFORNIA
County, State


Signature of Claimant

Signature of Claimant

Ruben S. Bonilla
Print Name

Print Name

78-540 Via Melodia
Street Address

Street Address

LA Quinta, CA 92253
City, State, Zip

City, State, Zip

(760) 564-4203
Phone Number

Phone Number



Benita S. Pena

Benita S. Pena, 89, of Palm Desert, Calif., went home to be with the Lord on January 25, 2013. She was born June 29 1923 to Juan and Virginia Soto in Tamazula, Durango, Mexico. Benita moved to the U.S. in 1947 and has been a resident of the Coachella Valley for the last 66 years. She arrived on a Saturday and was working at Valley Date Garden by Monday. Benita went on to work at Florence Café and Francis Café, where she eventually became the Owner and Operator with her husband Juan Pena. She was dedicated, driven, and extremely passionate about her work. Upon retirement, it was important for Benita to serve her community as a Volunteer. She taught Spanish at local Senior Centers, and also served as a volunteer at Eisenhower Medical Center. Benita was honored on various occasions for being an Outstanding Volunteer and was known for always taking the stairs, never the elevator. Her faith was a large part of her life and she loved teaching Sunday school. She was a proud member of La Iglesia Apostolica (35 years) in Indio, Palm Desert Presbyterian Church (15 years), and United Methodist Church (5 years) in Indio. Benita was an amazing Daughter, Sister, Wife, Mother, Grandmother, and friend. She loved

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271

CERTIFICATE OF DEATH

3201333000944

Form containing personal data, usual residence, informant, spouse/parent information, funeral directory, place of death, cause of death, physician's certification, and coroner's use only sections.



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, Assessor-County Clerk-Recorder

DATE ISSUED

JUN 2 2014

Larry W Ward ASSESSOR-COUNTY CLERK-RECORDER RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on engraved border display card and signature of the Assessor-County Clerk-Recorder



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 051986 077443

CERTIFICATE OF DEATH

39633004456

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK OR BLUE INK FOR ENTRIES, HIGHLIGHTS OR ALTERATIONS 16-11 (REV. 7/93)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JUAN		2. MIDDLE JOSE		3. LAST (FAMILY) PENA	
4. DATE OF BIRTH MM/DD/YYYY 06/04/1928		5. AGE YRS. 67		6. SEX M	
7. DATE OF DEATH MM/DD/YYYY 05/10/1996		8. HOUR 1217			
9. STATE OF BIRTH MX.		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEAR COMPLETED 6			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES MEXICAN/AMERICAN		16. USUAL EMPLOYER CITY OF INDIO	
17. OCCUPATION PARK SUPERVISOR		18. KIND OF BUSINESS MUNICIPAL GOVERNMENT		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 72-926 GRAPEVINE		21. CITY PALM DESERT		22. COUNTY RIVERSIDE	
23. ZIP CODE 92260		24. YRS IN COUNTY 47		25. STATE OR FOREIGN COUNTRY CA.	
26. NAME, RELATIONSHIP BENITA PENA—WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 72-926 GRAPEVINE PALM DESERT, CA. 92260			
28. NAME OF SURVIVING SPOUSE—FIRST BENITA		29. MIDDLE SOTO		30. LAST (FAMILY) PENA	
31. NAME OF FATHER—FIRST TEODORO		32. MIDDLE PENA		33. BIRTH STATE MX.	
34. NAME OF MOTHER—FIRST ESTHER		35. MIDDLE AMAREL		36. BIRTH STATE MX.	
37. DATE MM/DD/YYYY 05/17/1996		38. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY, 82-925 AVE. #2 COACHELLA, CA.			
39. TYPE OF DISPOSITION BURIAL		40. NAME OF FUNERAL DIRECTOR FITZHENRY FUNERAL HOME		41. DATE MM/DD/YYYY 05/13/1996	
42. PLACE OF DEATH RIVERSIDE		43. STREET ADDRESS—STREET AND NUMBER OR LOCATION 39-000 BOB HOPE DR.		44. CITY RANCHO MIRAGE	
45. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. AND D.) ACUTE RESPIRATORY ARREST		46. TIME INTERVAL BETWEEN ONSET AND DEATH IMMED.		47. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
48. DUE TO: (A) ACUTE ASPIRATION OF SECRETION 6 HR.		49. DUE TO: (B) DYSPHAGIA, SEVERE 4 DAYS		50. DUE TO: (C) MASSIVE CEREBROVASCULAR ACCIDENT 5 DAYS	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 47 INSULIN DEPENDENT DIABETES MELLITUS		52. WAS OPERATION PERFORMED FOR A. B. OR C. IN ITEM 47? (YES OR NO) NO		53. DATE MM/DD/YYYY 05/10/1996	
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE MM/DD/YYYY 06/10/1992		55. TYPE, NATURE AND DATE OF OPERATION 6/4/69		56. DATE MM/DD/YYYY 05/10/1996	
57. TYPE, NATURE AND DATE OF OPERATION 6/4/69		58. TYPE, NATURE AND DATE OF OPERATION 6/4/69		59. DATE MM/DD/YYYY 05/10/1996	
60. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. 110. MANNER OF DEATH: <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		61. INJURY AT WORK? (YES OR NO) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		62. DATE MM/DD/YYYY 05/10/1996	
63. LOCATION, STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE 39-000 BOB HOPE DR. RANCHO MIRAGE, CA.		64. DATE MM/DD/YYYY 05/10/1996		65. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER RICHARD G. FLYNN, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA.	
66. STATE REGISTER 1 X 2		67. FAX #		68. CENSUS TRACT 45702	



* 034388694 *

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

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DATE ISSUED

JUN 0 5 2001

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

STATE FILE NUMBER 3 05 1996 077443

AFFIDAVIT TO AMEND A RECORD

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 396330044510

BIRTH DEATH FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRARS USE ONLY

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

1. NAME—FIRST (GIVEN) JUAN		2. MIDDLE JOSE		3. LAST (FAMILY) PENA	
4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 05/10/1996	6. CITY OF OCCURRENCE RANCHO MTRAGE		7. COUNTY OF OCCURRENCE RIVERSIDE	
8. FATHER'S NAME AS STATED ON ORIGINAL TEODORO PENA			9. MOTHER'S NAME AS STATED ON ORIGINAL ESTHER AZAREL		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
10	[REDACTED]	[REDACTED]

LIST ONE ITEM PER LINE
R1 case

INFORMATIONAL
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

REASON FOR CORRECTION 13. TO CORRECT THE RECORD.

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	17. SIGNATURE OF FIRST PERSON [REDACTED]		18. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR		19. DATE SIGNED—MM/DD/CCYY 06/19/1996	
	23. AGE LEGAL	24. ADDRESS (STREET, CITY, STATE, ZIP) 82-975 REQUA AVE. INDIO, CA. 92201				
USE BLACK INK ONLY	20. SIGNATURE OF SECOND PERSON [REDACTED]		21. TITLE/RELATIONSHIP TO PERSON IN PART I SECRETARY		22. DATE SIGNED—MM/DD/CCYY 06/19/1996	
	25. AGE LEGAL	26. ADDRESS (STREET, CITY, STATE, ZIP) 82-975 REQUA AVE. INDIO, CA. 92201				
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR [REDACTED]		25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 07/30/1996			

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

PS 2449 15-84 (REV. 2/91)

034388695*

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

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DATE ISSUED
JUL 0 2 1996

Larry Ward
LARRY W WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

**THE
BENITA S. PENA
REVOCABLE LIVING TRUST**

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

**ARTICLE 1
THE NAME OF MY TRUST**

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

**ARTICLE 2
MY FAMILY**

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and

2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

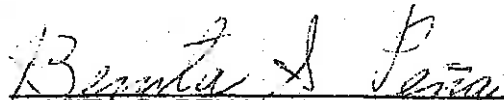
12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

Ratification and Execution by Settlor

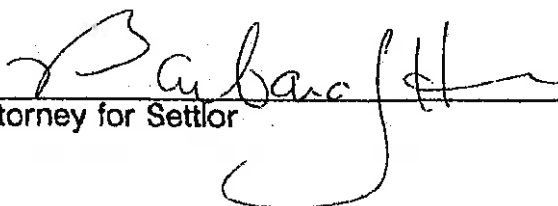
I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.



BENITA S. PENA
Settlor

APPROVED:



Attorney for Settlor

Order Number _____ Recd. Number 318-9790 jd

RECORDING REQUESTED BY

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

Mr. and Mrs. Juan Jose Pena
72-926 Grapevine
Palm Desert, Ca. 92260

RECEIVED FOR RECORD

DEC 6 1978

AT 9:00 O'CLOCK A.M.

At Request of

TITLE INS. & TRUST CO.

Book 1978, Page 255974

Recorded in Office of

Riverside County, California

[Signature]

REC'D

255974

SPACE ABOVE THIS LINE FOR RECORDER'S USE

City of Indio
(City or Unincorporated)

Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 82.50

computed on full value of property conveyed, or

computed on full value less value of liens or encumbrances remaining at time of sale, and

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

For a Valuable Consideration, the receipt of which is hereby acknowledged, hereby GRANT(s)

To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside, State of California, described as follows:
Block 4
Lots 13, 14 and 15 of Wilson's First Addition to Indio as per map on file in Book 10 page 41 of Maps.

389555-JH

Date: November 7, 1978

STATE OF CALIFORNIA

COUNTY OF Riverside

On November 9, 1978 before me, the under-

signed, a Notary Public in and for said State, personally appeared

Ernest R. Duncan and Edna A. Duncan

Raymond M. White and

Merle E. White

known to me

to be the person(s) whose name(s) subscribed to the within

instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

Signature Arinda Christman

Ernest R. Duncan

Ernest R. Duncan

Edna A. Duncan

Edna A. Duncan

Raymond M. White

Raymond M. White

Merle E. White

Merle E. White



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

INQSITUS 72926 GRAPEVINE

PARC NO 628-034-004-3

August 8, 2001

ASMT NBR 628094004-3

TRA 018-006

SITUS 72926 GRAPEVINE ST PALM DESERT 92260

ASSESSEE PENA JUAN J

PENA BENITA S

ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).


Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

Please provide me with a copy of the Grant Deed for each of the above noted properties, 72 926 Grapevine St, Palm Desert, Ca. and APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15) located in Indio, Ca..

I am enclosing a personal check for amount of \$40.00. Please let me know if it is insufficient. It is imperative that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260


Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;
2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and
3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.

Benita S. Pena

 BENITA S. PENA
 Trustee

STATE OF CALIFORNIA)
)
 COUNTY OF RIVERSIDE)

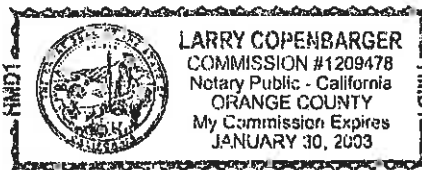
On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Larry Copenbarger

 Notary's Signature

(Seal)



RE-1

LEGEND: Insert N/A in the items below wh. are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME BONILLA, RUBEN SOTO		2. SERVICE NUMBER US		3. GRADE, RATE OR RANK SP4 E-4 (T)		4. DATE OF RANK (Day, Month, Year) 13 AUG 65	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS UNASGD			5. PLACE OF BIRTH (City and State or Country) NOGALES, MEXICO			6. DATE OF BIRTH 5 JAN 42	
	7. RACE NA	8. SEX MALE	9. COLOR HAIR BLACK	10. COLOR EYES BROWN	11. HEIGHT 70½	12. WEIGHT 190	13. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	14. MARITAL STATUS SINGLE
15. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED 14 YEARS (60SH)		16. MAJOR COURSE OR FIELD SOCIOLOGY						
TRANSFER OR DISCHARGE DATA	17. TYPE OF TRANSFER OR DISCHARGE TRFD TO USAR SEE ITEM # 18			18. STATION OR INSTALLATION AT WHICH EFFECTED US ARMY PERSONNEL CENTER OAKLAND CALIF				
	19. REASON AND AUTHORITY PAR 7 AR 635-205 SPN 411 O/S RET (RAD)						20. EFFECTIVE DATE 7 FEB 66	
	21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 336TH SIG DET (DEPOT) APO SF 96238 USARV			22. CHARACTER OF SERVICE HONORABLE		23. TYPE OF CERTIFICATE ISSUED NONE		
SELECTIVE SERVICE DATA	24. SELECTIVE SERVICE NUMBER 4 137 42 6		25. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE LB #137 RIVERSIDE, CALIFORNIA				26. DATE INDUCTED 18 FEB 64	
	27. DISTRICT OR AREA, COMMAND TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP / ANNUAL / US ARMY ADMIN CENTER, ST LOUIS, MO							
	28. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR 17 FEB 70		29. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER: NA			30. TERM OF SERVICE (Years) NA		31. DATE OF ENTRY DAY MONTH YEAR NA NA NA
SERVICE DATA	32. PRIOR REGULAR ENLISTMENTS NONE		33. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PVT E-1 (P)		34. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) LOS ANGELES, CALIFORNIA			
	35. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 82-751 SMOKE TREET INDIO (RIVERSIDE) CALIFORNIA		36. STATEMENT OF SERVICE					
	37. SPECIALTY NUMBER AND TITLE 76G.20 SIG SUP & PARTS SPEC		38. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER NA		39. CREDITABLE FOR BASIC PAY PURPOSES		40. YEARS MONTHS DAYS	
					(1) NET SERVICE THIS PERIOD		1 11 20	
					(2) OTHER SERVICE		0 0 0	
					(3) TOTAL (Line (1)+line (2))		1 11 20	
					b. TOTAL ACTIVE SERVICE		1 11 20	
				c. FOREIGN AND/OR SEA SERVICE USAR AC		0 4 3		
41. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED SHARPSHOOTER (RIFLE M-14) VIETNAM SERVICE MEDAL								
42. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE								
43. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED								
44. SCHOOL OR COURSE		45. DATES (From-To)		46. MAJOR COURSES		47. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED		
NONE		NA		NA		NONE		
VA DATA	48. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			49. AMOUNT OF ALLOTMENT NA		50. MONTH ALLOTMENT DISCONTINUED NA		
	51. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) NONE					52. VA CLAIM NUMBER NA		
AUTHENTICATION	53. REMARKS BLOOD GROUP- "A" SSAN-568 54 6307 LUMP-SUM PAYMENT MADE FOR 10 DAYS ACCRUED LEAVE SGLI- \$10,000 ITEM 3A: PFC E-3 (P) APTD 18 OCT 64							
	54. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) SEE 23				55. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Ruben Soto Bonilla</i>			
	56. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER L. L. SMITH, 2D LT, ARTY, ASST ADJ				57. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>L. L. Smith</i>			

G-3

DD

FORM NOV 55 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

UNION VERD SWEDEN SWITZERLAND

ORIGINAL DOCUMENTS UNIT



ORIGINAL DOCUMENTS UNIT

No. A-349536

Application No. 110-31
A6 170 196

ORIGINAL.

Description of physical characteristics of subject: Sex Male Date of birth January 5, 1912
Country of birth Mexico Complexion Dark Hair Brown Eyes Black
Height 5 feet 10 inches Weight 183 pounds Build Slender Scars Scar on forehead
Other marks Single

I certify that the description above given is true and that the photograph attached hereto is a likeness of me.

Ruben Soto Bonilla
 (Complete and true signature of holder)



Soto

Place known, 52-372 Emaline Street, Coachella, California
 Date of birth January 5, 1912
 Date of issue February 15, 1957

This certificate is issued to Ruben Soto Bonilla in accordance with Section 319 of the Immigration and Nationality Act, and is valid for a period of three years from the date of issue. It is subject to the provisions of the Act and the regulations thereunder.

First-nine Eighty-third
March and the year of issue Section 319 of the Immigration and Nationality Act Third-first
and the name of the Department of Justice

IT IS A VIOLATION OF THE U. S. CODE (AND PUNISHABLE AS SUCH) TO COPY, PRINT, PHOTOGRAPH, OR OTHERWISE ILLEGALLY USE THIS CERTIFICATE.

COMMISSIONER

Año de 1945



Vale \$1.00

Oficina del Registro Civil de NOGALES, SONORA MEXICO.

Municipalidad de NOGALES

En nombre de la Republica Mexicana y como Oficial del Registro Civil de este lugar hago saber a los que la presente vieren y certifico ser cierto que en el libro No. I del Registro que es a mi cargo, a la foja 13 como se encuentra sentada un acta del tenor siguiente: OFICINA DEL REGISTRO CIVIL EN NOGALES, SONORA MEXICO. Acta. No. 42 Nacimiento del niño RUBEN NEPHALI DIAZ BONILLA. En la ciudad de Nogales, Sonora a las doce horas del día 17 de Enero de mil novecientos cuarenta y dos ante la fé del C. Oficial del Registro Civil que suscribe, compareció el Señor Rubén Díaz Bonilla martinez de nacionalidad mexicana originaria de Cananea, Sonora y vecino de Nogales, Sonora con domicilio en Calle Libertad No. 350 de veinticuatro años de edad, de estado civil casado con ocupacion Ministro Protestante, y presento para su registro a un niño vivo que nació en esta ciudad a las ocho y cuarenta y cinco del día 5 de Enero de 1942 y a quien le pizo por nombre y apellido RUBEN NEPHALI DIAZ BONILLA. Es hijo legítimo del compareciente y de la Señora Benita Soto de Diaz Bonillas de nacionalidad mexicana originaria de Tamazula Durango, y vecina de Nogales, Sonora con domicilio en Calle Libertad. No. 350 de dieciocho años de edad, de ocupación su hogar. Con abuelos paternos del niño registrado Guadalupe Díaz Bonilla y la Señora Benedicta M. de Díaz Bonilla domiciliados en Calle Libertad No. 350. y abuelos maternos Juan Soto (finado) y la Sra. Virginia Vda de Soto domiciliada en Agua Prieta Sonora. Actuaron como testigos de este registro los Señores Macedonio Ruíz y Manuel Bernal L. ambos mayores de edad, el primero domiciliado en Calle Campillo No. 14 y el segundo domiciliado en Elias No. 61. quienes portestan ser cierta la declaración del compareciente sobre su nacionalidad. Leída la presente acta a l compareciente y testigos fueron conformes con su contenido y firmaron los que supieron hacerlo. Hoy fé.- El Oficial del Registro Civil José M. Retes.- Compareciente.- R. D. Bonillas.- Testigos: M. Ruíz.- Manuel Bernal López. "Rubricas"

Y a solicitud del interesado extendiendo la presente que es copia fielmente compulsada de su original la que CERTIFICO AUTORIZADO Y FIRMADO en la ciudad de Nogales, Sonora a los 19 días del mes de Septiembre de mil novecientos cuarenta y cinco. 1945.



El Oficio del Registro Civil.

José M. Retes
 José M. Retes.

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

RECEIVED
2014 MAR 12 AM 8:38
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

10 I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 52629.99 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. 255974; recorded on 12-6-1978. A copy of this document is attached here to. 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.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants 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 6th day of March, 2014 at Riverside, CA.
County, State

[Signature]
Signature of Claimant

Richardo Peña
Print Name

72926 Grapevine ST
Street Address

Palm Desert CA 92260
City, State, Zip

760-899-1998
Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

COUNTY OF RIVERSIDE

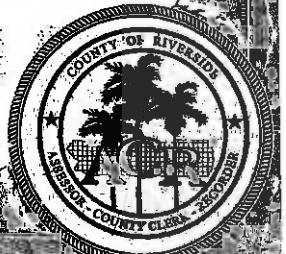
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

39633004456

STATE FILE NUMBER, DECEASED PERSONAL DATA, USUAL RESIDENCE, INFORMANT, EPUSOE AND PARENT INFORMATION, DISPOSITION, FUNERAL DIRECTOR AND LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, STATE REGISTRAR

1 of 2



034358409

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, Assessor-County Clerk-Recorder

DATE ISSUED FEB 21 2014

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

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

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3 05 1996 077443

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, OR ALTERATIONS

32-350 31633004486

STATE/LOCAL REGISTRAR USE ONLY

PART I INFORMATION TO LOCATE RECORD - TYPE OR PRINT IN BLACK INK ONLY

PART II STATEMENT OF CORRECTIONS - NO ERASURES, WHITEOUTS, OR ALTERATIONS

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR

REASON FOR CORRECTION

AFFIDAVIT AND SIGNATURES. We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.



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 Assessor-County Clerk-Recorder

DATE ISSUED FEB 21 2014

Larry W Ward ASSESSOR-COUNTY CLERK-RECORDER RIVERSIDE COUNTY CALIFORNIA



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271

CERTIFICATE OF DEATH

3201333000944

1. NAME OF DECEDENT - FIRST (Given) BENITA		2. MIDDLE SOTO		3. LAST (Family) PENA		LEGAL REGISTRATION NUMBER 3201333000944	
4. AKA - ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)							
5. DATE OF BIRTH mm/dd/yyyy 06/29/1923		6. AGE YRS 89		7. UNDER ONE YEAR Month Day 01/25/2013		8. UNDER 24 HOURS Hour Minute 1718	
9. BIRTH STATE/FOREIGN COUNTRY MEXICO		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/ Degree (See worksheet on back) 08		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input checked="" type="checkbox"/> YES MEXICAN AMERICAN		16. DECEDENT'S RACE - Use 1 to 5 races only (do listed race worksheet on back) NO CAUCASIAN		17. HOURS IN OCCUPATION 30	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) RESTAURANT				19. YEARS IN OCCUPATION 30			
20. DECEDENT'S RESIDENCE (Street and number, or rural -) 72926 GRAPEVINE							
21. CITY PALM DESERT		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92260		24. YEAR BORN IN COUNTRY 65	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP RICHARD PENA SON					
27. INFORMANT'S BUILDING, ADDRESS (Street and number, or rural -), city, or town, state and zip 72926 GRAPEVINE PALM DESERT, CA 92260							
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
31. NAME OF FATHER/PARENT - FIRST JUAN		32. MIDDLE		33. LAST SOTO		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER/PARENT - FIRST VIRGINIA		36. MIDDLE		37. FIRST (BIRTH) NAME FELIX		38. BIRTH STATE MEXICO	
39. DISPOSITION DATE mm/dd/yyyy 02/08/2013		40. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY 82925 AVENUE 52, COACHELLA, CA 92236					
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF FUNERAL HOME MARK RICE		43. LICENSE NUMBER FD2051		44. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
45. NAME OF FUNERAL ESTABLISHMENT FITZHENRY-WIEFELS		46. LICENSE NUMBER FD2051		47. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		48. LICENSE NUMBER 01/29/2013	
101. PLACE OF DEATH MANOR CARE - ODYSSEY							
102. COUNTY RIVERSIDE		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or address) 74350 COUNTRY CLUB DRIVE		104. IF HOSPITAL, SPECIFY ONLY <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DO <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other		105. CITY PALM DESERT	
107. CAUSE OF DEATH Enter the chain of events - Cause, failure, or complication - that directly caused death. DO NOT list terminal events such as cardiac arrest, respiratory arrest, or ventilator failure unless showing the etiology. DO NOT ABBREVIATE.							
IMMEDIATE CAUSE (Final cause of condition resulting in death) (A) CARDIOPULMONARY ARREST		108. DRAIN/REPORTED TO OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. SIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. SENILE DEMENTIA		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (RWFR 04-107) NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109 (If yes, list type of operation and site) NO							
114. IDENTIFY DATE TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE (BASED FROM THE CAUSES LISTED) Decedent: 11/07/2012 Decedent Last Seen Alive: 01/25/2013		115. SIGNATURE AND TITLE OF IDENTIFIER RUPINDER KAUR MANN, M.D.		116. LICENSE NUMBER 01/29/2013		117. DATE mm/dd/yyyy 01/29/2013	
(A) mm/dd/yyyy 11/07/2012		(B) mm/dd/yyyy 01/25/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RUPINDER KAUR MANN, M.D. 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED							
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or section, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
FAX AUTH.#		CENSUS TRACT		*010001802284074*			

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

CERTIFIED COPY OF VITAL RECORDS

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

Feb 20, 2013

DATE ISSUED

Dr. Cameron Kaiser, M.D. Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

FENCO (Rev) 10/12

ANY ALTERATION OR REVERSE SIDE VOIDS THIS CERTIFICATE



* 0 0 1 1 2 5 4 2 2 *



STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

STATE FILE NUMBER: **As per Accid. CORRECTION # 7230 JAB**
 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: **3211 1312**
 STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

THIS CHILD	1A. NAME OF CHILD - FIRST NAME Richard		1B. MIDDLE NAME - MARK		1C. LAST NAME Pena	
	2. SEX Male	3A. THIS BIRTH SINGLE TWIN OR TRIPLET? Single	3B. IS TWIN OR TRIPLET THIS CHILD BORN 1ST, 2ND, 3RD? -	4A. DATE OF BIRTH - MONTH DAY YEAR March 3, 1962		4B. HOUR 3:16 P M
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL Casita Hospital			5B. STREET ADDRESS (HOME STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) 82-485 Miles Avenue		
	5C. CITY OR TOWN Indio			5E. COUNTY Riverside		
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER - FIRST NAME Benita		6B. MIDDLE NAME -		6C. LAST NAME Soto	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 37 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		10. MAILING ADDRESS OF MOTHER - (IF DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION OF BIRTH) 82-751 Smoketree		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER - STREET ADDRESS (IN CITY OR TOWN) 82-751 Smoketree			11E. IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		11F. OUTSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM
	11C. CITY OR TOWN Indio			11G. COUNTY Riverside		11E. STATE California
FATHER OF CHILD	12A. NAME OF FATHER - FIRST NAME Juan		12B. MIDDLE NAME Jose		12C. LAST NAME Pena	
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 33 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		16A. PRESENT OR LAST OCCUPATION Maintenance		16E. KIND OF INDUSTRY OR BUSINESS City of Indio
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		17A. PARENT OR OTHER INFORMANT - SIGNATURE AND ADDRESS <i>Benita Soto Pena</i> INDIO, CALIFORNIA		17B. DATE SIGNED BY INFORMANT March 8, 1962	
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE		18A. PHYSICIAN - SIGNATURE AND ADDRESS <i>Joseph M. ...</i> M.D.		18B. ADDRESS Indio, California	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR'S SIGNATURE <i>...</i>		21. DATE RECEIVED BY LOCAL REGISTRAR MR 27 62	

10F2



034358405

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, Assessor-County Clerk-Recorder

DATE ISSUED

FEB 21 2011

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

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3311

AFFIDAVIT TO CORRECT A RECORD

62-054727

104

1332

BIRTH DEATH MARRIAGE

1a. FIRST NAME Richard		1b. MIDDLE NAME Mark		1c. LAST NAME Pena	
2. PLACE OF OCCURRENCE—CITY OR COUNTY Indio, Riverside			3. DATE OF EVENT March 3, 1962	4. DATE ORIGINAL FILED March 27, 1962	
5. NUMBER	6a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD Richard Pena			6b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE Richard Mark Pena	
7. To correct original birth certificate					
8. I, THE AFFIANT HAVING PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND RELATED AS Mother TO THE REGISTRANT NAMED IN ITEM 1 OF THIS DOCUMENT DO SOLEMNLY SWEAR THAT THE FACTS LISTED UNDER ITEM 6a. ABOVE WERE INCORRECTLY STATED AT THE TIME OF THE EVENT, AND TO MAKE THE ORIGINAL RECORD A TRUE STATEMENT OF THE FACTS AS THEY EXISTED AT THE TIME OF OCCURRENCE, THE AMENDMENTS LISTED UNDER ITEM 6b. ABOVE ARE NECESSARY					
SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 12th DAY OF July 19 62		SIGNATURE OF AFFIANT <i>[Signature]</i>		AGE OF AFFIANT 37	
SIGNATURE AND SEAL OF NOTARY PUBLIC <i>[Signature]</i>		ADDRESS OF AFFIANT—STREET ADDRESS 82-751 Smoke Tree, Indio, California			
NOTARY PUBLIC IN AND FOR THE COUNTY OF Riverside STATE OF Calif. MY COMMISSION EXPIRES July 5, 1965		ADDRESS OF AFFIANT—CITY AND STATE Indio, California			
9. I, THE AFFIANT HAVING PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND RELATED AS Father TO THE REGISTRANT NAMED IN ITEM 1 OF THIS DOCUMENT DO SOLEMNLY SWEAR THAT THE FACTS LISTED UNDER ITEM 6a. ABOVE WERE INCORRECTLY STATED AT THE TIME OF THE EVENT, AND TO MAKE THE ORIGINAL RECORD A TRUE STATEMENT OF THE FACTS AS THEY EXISTED AT THE TIME OF OCCURRENCE, THE AMENDMENTS LISTED UNDER ITEM 6b. ABOVE ARE NECESSARY					
SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 12th DAY OF July 19 62		SIGNATURE OF AFFIANT <i>[Signature]</i>		AGE OF AFFIANT 34	
SIGNATURE AND SEAL OF NOTARY PUBLIC <i>[Signature]</i>		ADDRESS OF AFFIANT—STREET ADDRESS 82-751 Smoke Tree			
NOTARY PUBLIC IN AND FOR THE COUNTY OF Riverside STATE OF Calif. MY COMMISSION EXPIRES July 5, 1965		ADDRESS OF AFFIANT—CITY AND STATE Indio, California			
10.					
DATE ACCEPTED AND FILED JUL 27 1962			STATE REGISTRAR MALCOLM H. MERRILL, M.D.		

REV. 4-1-60 FORM 8-8-62

DEPARTMENT OF PUBLIC HEALTH



034358407

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

DATE ISSUED

FEB 21 2011

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

TRACO (Rev) 8/73

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

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



Order Number Every Number 318-9790 3d

RECORDING REQUESTED BY

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

255974

Mr. and Mrs. Juan Jose Pena
72-926 Crapayina
Palm Desert, Ca. 92260

RECEIVED FOR RECORD

DEC 6 1978

AT 9:00 O'CLOCK A.M.
AT THE OFFICE OF
A TRUST CO.

Book 1978, Page 255974
Deposited in Office of
of Riverside County, California

David D. Sabin Recorder



SPACE ABOVE THIS LINE FOR RECORDER'S USE

City of Indio
(City or (unincorporated))

Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 82.50

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale, and

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

For a Valuable Consideration, the receipt of which is hereby acknowledged, hereby GRANT

To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside, State of California, described as follows:

Block #
Lots 13, 14 and 15 of Wilson's First Addition to Indio as per map on file- in Book 10
page 41 of Maps.

389555-JH

Date: November 7, 1978

STATE OF CALIFORNIA
COUNTY OF Riverside } ss.

On November 5, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared Ernest R. Duncan and Edna A. Duncan
Raymond M. White and
Merle E. White

Ernest R. Duncan
Ernest R. Duncan

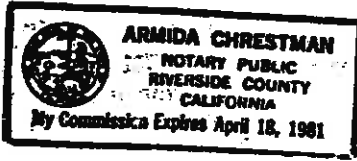
Edna A. Duncan
Edna A. Duncan

Raymond M. White Raymond M. White

Merle E. White Merle E. White

known to me to be the person(s) whose name(s) subscribed to the within instrument and acknowledged that they executed the same. WITNESS my hand and official seal.

Signature: Armida Chrestman



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

INQSITUS 72926 GRAPEVINE

PARC NO 628-094-004-3

August 8, 2001

ASMT NBR 628094004-3

TRA 018-006

SITUS 72926 GRAPEVINE ST PALM DESERT 92260

ASSESSEE PENA JUAN J

PENA BENITA S

ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft. .

~~APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).~~

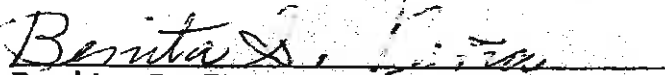
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

Please provide me with a copy of the Grant Deed for each of the above noted properties, 72 926 Grapevine St, Palm Desert, Ca. and APN 611-233-012-7(lots 13 &14) & APN 661-233-013-8(lot 15) located in Indio, Ca..

I am enclosing a personal check for amount of \$40.00. Please let me know if it is insufficient. It is imperative that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260


Benita S. Pena

Ph. (760) 568 2229

(760) 564 4203

**THE
BENITA S. PENA
REVOCABLE LIVING TRUST**

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

All references to "my trust" or "trust" in this agreement, unless otherwise stated, shall refer to this living trust agreement and the trusts created hereunder. All references to "Trustees" shall refer to my initial Trustee or my successors in Trust.

**ARTICLE 1
THE NAME OF MY TRUST**

For convenience, my living trust shall be known as:

THE BENITA S. PENA REVOCABLE LIVING TRUST

For purposes of beneficiary designations, transfers directly to my trust, and formal correspondence, my trust shall be referred to as:

BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

**ARTICLE 2
MY FAMILY**

I am not married at this time.

The names, birth dates and addresses of my children are:

1. LEMUEL BONILLA, whose birthdate is October 1, 1943, whose address is 1247 E. Palm, Orange, California 92666; and
2. RUBEN BONILLA, whose birthdate is January 5, 1942, whose address is 78-54 Via Melodia, La Quinta, California 92253; and

3. JOHN PENA, whose birthdate is October 16, 1954, whose address is 51910 Avenida Navarro, La Quinta, California 92253; and

4. R. LINDA STERN, whose birthdate is June 21, 1957, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679; and

5. RICHARD PENA, whose birthdate is March 3, 1962, whose address is 21122 Briarwood, Trabuco Canyon, California 92679; and

6. ELIZABETH HAAS, whose birthdate is November 15, 1963, whose address is 49035 Serenata Court, La Quinta, California 92253.

All reference to my children in this agreement are to these children.

ARTICLE 3 **TRUSTEES**

3.1 Initial Trustee. I have retained the right to act as my own Trustee so long as I am physically and mentally capable.

3.2 Successor Trustee. When I become unable to serve as Trustee, by reason of death or incapacity, I appoint the following to act as Successor Co-Trustee:

1. LEMUEL BONILLA, whose address is 1247 E. Palm, Orange, California 92666; or

2. JOHN PENA, whose address is 51910 Avenida Navarro, La Quinta, California 92253; or

3. R. LINDA STERN, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679.

3.3 Trustees. References in the Trust to "Trustee or Trustees" shall include me or my Successor Trustees.

Where two or more individuals are appointed to serve as Successor Trustees, they shall serve together while both are able, qualified and willing to do so. If either shall become unable, unqualified or unwilling to serve, the other shall serve alone as Successor Trustee.

If, during the term of this Trust, any single Successor Trustee shall become unable, unqualified or unwilling to continue as a Trustee, the next appointed Successor Trustee(s) shall succeed to the office of Trustee.

The exercise by any Trustee of the discretionary powers herein granted with respect to the allocation or distribution of property or gifts and making adjustment with

and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

f. Duplicate Originals. This agreement may be executed in several counterparts; each counterpart shall be considered a duplicate original agreement.

g. Severability. If any provision of this agreement is declared by a court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this agreement. The remaining provisions shall be fully severable, and this agreement shall be construed and enforced as if the invalid provision had never been included in this agreement.

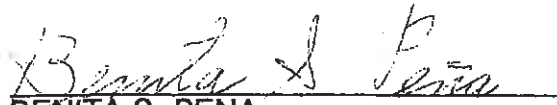
12.8 Interpretation of Trust. If a question arises regarding the interpretation of this Trust or any part thereof, my Trustee is authorized to accept and act upon the written opinion of Lloyd Copenbarger & Associates, the law firm who prepared the Trust. If the firm, or a successor, is no longer active, then the attorney for my Trustee shall be empowered to interpret the Trust. An attorney from whom an interpretation has been requested may consider any evidence which comes to the attorney's attention and which seem, in the attorney's opinion, to have a bearing upon the interpretation, whether or not such evidence is or would be admissible in court.

SIGNING

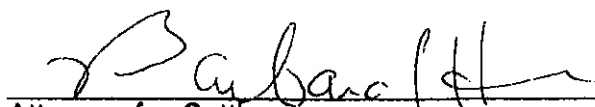
Ratification and Execution by Settlor

I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.


BENITA S. PENA
Settlor

APPROVED:


Attorney for Settlor

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;
2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and
3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.

Benita S. Pena

BENITA S. PENA
 Trustee

STATE OF CALIFORNIA)
)
 COUNTY OF RIVERSIDE)

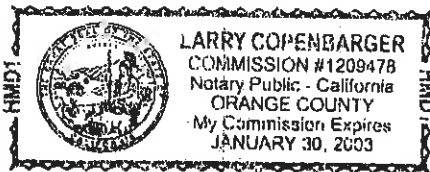
On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Larry Copenbarger

 Notary's Signature

(Seal)



County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900
(951) 955-3990 - Fax

E-mail: ttc@co.riverside.ca.us
www.countytreasurer.org



**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

Palm Springs Office
997 E Tahquitz Canyon Way, Suite A
Palm Springs, CA 92262

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

July 17, 2013

PENA, JUAN JOSE & BENITA S
C/O PENA, JUAN J
72926 GRAPEVINE ST
PALM DESERT, CA 92260

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 611233012-7 Item: 478

Situs Address:

Assessee: Pena, Juan Jose & Benita S

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3842.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Adrian Potenciano
Deputy

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

To: Don Kent, Treasurer-Tax Collector

2014 APR -7 PM 3:53

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 196 Item 478 Assessment No.: 611233012-7

Assessee: PENA, JUAN JOSE & BENITA S

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

1 We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 52629.99 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. 255974; recorded on 12-6-1978. A copy of this document is attached here to. 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.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants 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 31 day of March, 2014 at Riverside, Ca
County, State

Elizabeth Ann Vaughan
Signature of Claimant

Signature of Claimant

Elizabeth Ann Vaughan
Print Name

Print Name

5500 Calle Sonora
Street Address

Street Address

Yorba Linda, Ca 92887
City, State, Zip

City, State, Zip

714-777-5500
Phone Number

Phone Number

**THE
BENITA S. PENA
REVOCABLE LIVING TRUST**

My living trust agreement, dated February 26, 2001, is between BENITA S. PENA as Settlor and BENITA S. PENA as my initial Trustee.

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BENITA S. PENA as Trustee under THE BENITA S. PENA REVOCABLE LIVING TRUST, and any amendments thereto, dated February 26, 2001.

**ARTICLE 2
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I am not married at this time.

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and administration of the various trusts contained in this agreement shall be determined by reference to the laws of the state in which this trust is then currently being administered.

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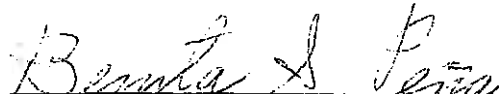
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SIGNING

Ratification and Execution by Settlor


I certify that I have read the foregoing Trust Agreement and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by my Trustee. I approve the Trust Agreement in all particulars and request that my Trustee execute it.

EXECUTED on February 26, 2001, in Riverside County, California.



BENITA S. PENA
Settlor

APPROVED:



Attorney for Settlor

Order Number 318-9790 jd

RECORDING REQUESTED BY

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

Mr. and Mrs. Juan Jose Pena
72-926 Grapevine
Palm Desert, Ca. 92260

RECEIVED FOR RECORD

DEC 6 1978

AT 9:00 O'CLOCK A.M.

AT REQUEST OF

TITLE INS. & TRUST CO.

Book 1978, Page 25507-1
Recorded in Civil Division
of Riverside County, California

Demetrius S. ...
Recorder

FEE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

City of Indio
(City or Unincorporated)

Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 82.50

computed on full value of property conveyed, or

computed on full value less value of liens or encumbrances remaining at time of sale, and

ERNEST R. DUNCAN and EDNA A. DUNCAN, husband and wife, and

RAYMOND M. WHITE and MERLE E. WHITE, husband and wife

For a Valuable Consideration, the receipt of which is hereby acknowledged, hereby GRANT(S)

To JUAN JOSE PENA and BENITA S. PENA, husband and wife as joint tenants

all that real property situated in the County of Riverside State of California, described as follows:

Lots 13, 14 and 15 ^{BLOCK 4} of Wilson's First Addition to Indio as per map on file- in Book 10 page 41 of Maps.

389555-JH

Date: November 7, 1978

STATE OF CALIFORNIA }
COUNTY OF Riverside } ss.

On November 7, 1978 before me, the undersigned, a Notary Public in and for said State, personally appeared Ernest R. Duncan and Edna A. Duncan
Raymond M. White and
Merle E. White

known to me to be the person(s) whose name(s) subscribed to the within instrument and acknowledged that they executed the same. WITNESS my hand and official seal.

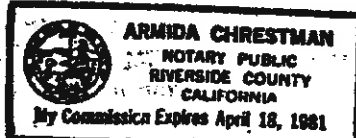
Signature: Armidia Chrestman

Ernest R. Duncan
Ernest R. Duncan

Edna A. Duncan
Edna A. Duncan

Raymond M. White
Raymond M. White

Merle E. White
Merle E. White



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

(Name)

(Address - Number, Street, City, State, and Zip Code)

INQSITUS 72926 GRAPEVINE

PARC NO 628-094-004-3

August 8, 2001

ASMT NBR 628094004-3

TRA 018-006

SITUS 72926 GRAPEVINE ST PALM DESERT 92260

ASSESSEE PENA JUAN J

PENA BENITA S

ID DATA LOT 4 BLK D3 MB 021/081 PALM DESERT UNIT 3

AND

Property located at the northwest corner of Fargo(100' frontage) and Hwy 111(150' frontage) consisting of apprx. 15,000 sq. ft.

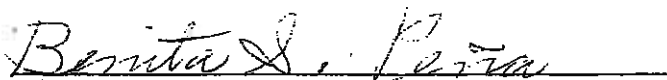
APN 611-233-012-7(lots 13 & 14) & APN 661-233-013-8(lot 15).
Recorded in Book 10, Page 41 of Riverside County Recorder's Map.

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I am enclosing a personal check for amount of \$40.00. Please let me know if it is insufficient. It is imperative that I receive the documents as soon as possible.

Please send it to:

Benita Pena
72 926 Grapevine St.
Palm Desert, Ca. 92260



Benita S. Pena
Ph. (760) 568 2229
(760) 564 4203

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

STATE FILE NUMBER		CERTIFICATE OF LIVE BIRTH		LOCAL REGISTRATION	
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		DISTRICT AND	CERTIFICATE NUMBER
					3311 6692
THIS CHILD	1A. NAME OF CHILD—FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME		
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, OR TRIPLET?	3B. IF TWIN OR TRIPLET, THIS CHILD, BORN 1ST, 2ND, 3RD?	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL		5B. STREET ADDRESS (ONE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS)		
	5C. CITY OR TOWN		5D. COUNTY		
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME	6B. MIDDLE NAME	6C. LAST NAME	7. COLOR OR RACE OF MOTHER	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE (FOR NOTIFICATION OF BIRTH)		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (IF IN CITY OR TOWN)		11B. IF INSIDE CORPORATE LIMITS		
	11C. CITY OR TOWN		11D. COUNTY		
FATHER OF CHILD	12A. NAME OF FATHER—FIRST NAME	12B. MIDDLE NAME	12C. LAST NAME	13. COLOR OR RACE OF FATHER	
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16A. PRESENT OR LAST OCCUPATION		16B. KIND OF INDUSTRY OR BUSINESS
INFORMANT'S CERTIFICATION	17A. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			17B. DATE SIGNED BY INFORMANT	
ATTENDANT'S CERTIFICATION	18A. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.			18B. ADDRESS	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. LOCAL REGISTRAR'S SIGNATURE		21. DATE RECEIVED BY LOCAL REGISTRAR	



* 034358403 *

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

DATE ISSUED

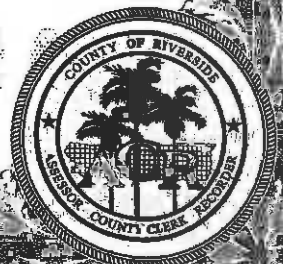
FEB 21 2014

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

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

TRC(C) 0016

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013017271

CERTIFICATE OF DEATH

3201933000944

STATE FILE NUMBER 3052013017271		CITY OF RIVERSIDE DEATH CERTIFICATE REGISTRATION ALTERNATIVE		LOCAL REGISTRATION NUMBER 3201933000944	
1. NAME OF DECEDENT - FIRST (Given) BENITA		2. MIDDLE SOTO		3. LAST (Family) PENA	
4. DATE OF BIRTH <i>mm/dd/yyyy</i> 06/29/1923					
5. AGE Yrs 89		6. IF UNDER 1 YEAR Months Days		7. HOURS (24 Hour) 1718	
8. BIRTH STATE/FOREIGN COUNTRY MEXICO		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRITAL STATUS/RCOP (at time of death) WIDOWED		13. DATE OF DEATH <i>mm/dd/yyyy</i> 01/25/2013		14. HOUR (24 Hour) 1718	
15. EDUCATION - Highest Level/Degree (See worksheet on back) DB		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN AMERICAN		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
18. US BIRTH OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		19. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) RESTAURANT		20. YEARS IN OCCUPATION 30	
21. DECEDENT'S RESIDENCE (Street and number, or location) 72926 GRAPEVINE					
22. CITY PALM DESERT		23. COUNTY/PROMISE RIVERSIDE		24. ZIP CODE 92260	
25. YEARS IN COUNTY 65		26. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S NAME, RELATIONSHIP RICHARD PENA, SON	
28. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, city or town, state and zip) 72926 GRAPEVINE, PALM DESERT, CA 92260					
29. NAME OF SURVIVING SPOUSE/SPOUSE - FIRST JUAN		30. MIDDLE SOTO		31. LAST (BIRTH) NAME FELIX	
32. NAME OF MOTHER/PARENT - FIRST VIRGINIA		33. MIDDLE -		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER/PARENT - FIRST VIRGINIA		36. MIDDLE -		37. LAST (BIRTH) NAME FELIX	
38. BIRTH STATE MEXICO		39. BIRTH STATE MEXICO		40. BIRTH STATE MEXICO	
41. DISPOSITION DATE <i>mm/dd/yyyy</i> 02/08/2013		42. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY 82925 AVENUE 52, COACHELLA, CA 92238			
43. TYPE OF DISPOSITION RU		44. SIGNATURE OF LOCAL REGISTRAR MARK RICE		45. LICENSE NUMBER 53	
46. NAME OF FUNERAL ESTABLISHMENT FITZHENRY-WIEFELS		47. LICENSE NUMBER FD2051		48. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
49. DATE <i>mm/dd/yyyy</i> 01/29/2013		50. PLACE OF DEATH MANOR CARE - ODYSSEY			
51. COUNTY RIVERSIDE		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 74350 COUNTRY CLUB DRIVE		53. CITY PALM DESERT	
54. CAUSE OF DEATH CARDIOPULMONARY ARREST					
55. IMMEDIATE CAUSE (Final change of condition leading to death) SENILE DEMENTIA					
56. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST SENILE DEMENTIA					
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
59. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED 11/07/2012		60. SIGNATURE AND TITLE OF CERTIFIER RUPINDER KAUR MANN, M.D.		61. LICENSE NUMBER 53	
62. I CERTIFY THAT THE SIGNATURE OF THE CERTIFIER IS THE SIGNATURE OF THE CERTIFIER 01/25/2013		63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RUPINDER KAUR MANN, M.D. 71777 SAN JACINTO DRIVE, RANCHO MIRAGE, CA 92270		64. DATE <i>mm/dd/yyyy</i> 01/29/2013	
65. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause Not to be Determined		66. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		67. INJURY DATE <i>mm/dd/yyyy</i> 01/25/2013	
68. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)					
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
70. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
71. SIGNATURE OF CORONER / DEPUTY CORONER		72. DATE <i>mm/dd/yyyy</i>		73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT	



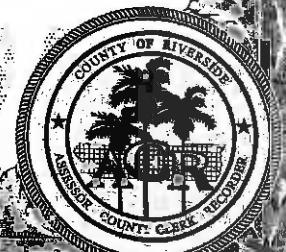
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DATE ISSUED **FEB 7 2014**

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ANY ALTERATION OR ERASURE VOID THE CERTIFICATE



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

39633004456

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASERS, WHITESOUTE OR ALTERNATIONS (SEE INSTRUCTIONS)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JUAN		2. MIDDLE JOSE		3. LAST (FAMILY) PENA	
4. DATE OF BIRTH M/M/DD/CCYY 06/04/1928		5. AGE YRS. 67		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 05/10/1996		8. HOUR 1217			
9. STATE OF BIRTH MX		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS MARRIED	
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEXICAN/AMERICAN		13. EDUCATION—YEARS COMPLETED 6	
17. OCCUPATION PARK SUPERVISOR		18. KIND OF BUSINESS MUNICIPAL GOVERNMENT		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 72-926 GRAPEVINE		21. CITY PALM DESERT		22. COUNTY RIVERSIDE	
23. ZIP CODE 92260		24. YRS IN COUNTY 47		25. STATE OR FOREIGN COUNTRY CA	
26. NAME RELATIONSHIP BENITA PENA—WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 72-926 GRAPEVINE PALM DESERT, CA. 92260			
28. NAME OF SURVIVING SPOUSE—FIRST BENITA		29. MIDDLE		30. LAST (MAIDEN NAME) SOTO	
31. NAME OF FATHER—FIRST TEODORO		32. MIDDLE		33. LAST PENA	
35. NAME OF MOTHER—FIRST ESTHER		36. MIDDLE		34. BIRTH STATE MX	
39. DATE M/M/DD/CCYY 05/17/1996		40. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY 82-925 AVE. 52 COACHELLA, CA.		38. BIRTH STATE MX	
41. TYPE OF DISPOSITION BURIAL		42. SIGNATURE OF DECEASED		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR FITZHENRY FUNERAL HOME		45. LICENSE NO. FD-967		46. SIGNATURE OF LOCAL REGISTRAR <i>Richard G. Byrd</i>	
47. DATE MAILED/CCYY 05/13/1996					
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> BR/OP <input type="checkbox"/> OO/		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV <input type="checkbox"/> HOSP <input type="checkbox"/> RES <input type="checkbox"/> OTHER	
104. STREET ADDRESS—STREET AND NUMBER OR LOCATION 39-000 BOB HOPE DR.		105. CITY RIVERSIDE		106. COUNTY RIVERSIDE	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) ACUTE RESPIRATORY ARREST		108. TIME INTERVAL BETWEEN ONSET AND DEATH IMMED.		109. PATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (B) ACUTE ASPIRATION OF SECRETION		108. TIME INTERVAL BETWEEN ONSET AND DEATH 6 HR.		109. PATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (C) DYSPHAGIA, SEVERE		108. TIME INTERVAL BETWEEN ONSET AND DEATH 4 DAYS		109. PATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (D) MASSIVE CEREBROVASCULAR ACCIDENT		108. TIME INTERVAL BETWEEN ONSET AND DEATH 5 DAYS		109. PATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 INSULIN DEPENDENT DIABETES MELLITUS					
111. WERE OPERATIONS PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? IF YES, LIST TYPE OF OPERATION AND DATE NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN DATE M/M/DD/CCYY 06/10/1992		115. SIGNATURE OF PHYSICIAN <i>Richard G. Byrd</i>		116. LICENSE NO. 92270	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS * RICHARD G. BYRD, M.D. 39000 BOB HOPE DR. RANCHO MIRAGE, CA.		118. DATE M/M/DD/CCYY 05/10/1996		119. PLACE OF INJURY RANCHO MIRAGE	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SHOULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 39-000 BOB HOPE DR. RIVERSIDE, CA. 92502		123. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER LARRY W. WARD		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Larry W. Ward</i>		126. DATE M/M/DD/CCYY FEB 21 2004		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER LARRY W. WARD	
STATE REGISTRAR		CENSUS TRACT 45702			

1 OF 2



* 034358411 *

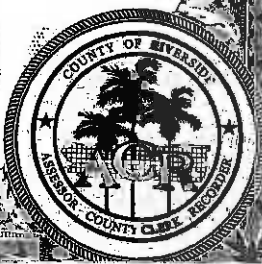
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DATE ISSUED FEB 21 2004

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

Larry W. Ward
LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY CALIFORNIA



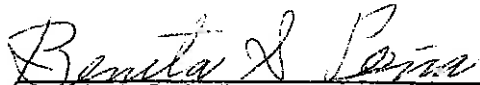
ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

Ratification and Execution by Trustee

I certify that:

1. I am named as Trustee in the foregoing Trust Agreement;
2. I have read the foregoing Trust Agreement and it correctly sets forth the terms and conditions under which my Trustee named in it shall hold, administer and distribute the Trust Estate described in it; and
3. I confirm, ratify, and approve such Trust Agreement.

EXECUTED on February 26, 2001, in Riverside County, California.



BENITA S. PENA
Trustee

STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE)

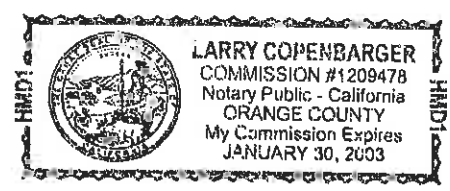
On February 26, 2001, before me, LARRY COPENBARGER, Notary Public, personally appeared BENITA S. PENA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Notary's Signature

(Seal)



3. JOHN PENA, whose birthdate is October 16, 1954, whose address is 51910 Avenida Navarro, La Quinta, California 92253; and

4. R. LINDA STERN, whose birthdate is June 21, 1957, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679; and

5. RICHARD PENA, whose birthdate is March 3, 1962, whose address is 21122 Briarwood, Trabuco Canyon, California 92679; and

6. ELIZABETH HAAS, whose birthdate is November 15, 1963, whose address is 49035 Serenata Court, La Quinta, California 92253.

All reference to my children in this agreement are to these children.

ARTICLE 3 **TRUSTEES**

3.1 Initial Trustee. I have retained the right to act as my own Trustee so long as I am physically and mentally capable.

3.2 Successor Trustee. When I become unable to serve as Trustee, by reason of death or incapacity, I appoint the following to act as Successor Co-Trustee:

1. LEMUEL BONILLA, whose address is 1247 E. Palm, Orange, California 92666; or

2. JOHN PENA, whose address is 51910 Avenida Navarro, La Quinta, California 92253; or

3. R. LINDA STERN, whose address is 32215 Fall River Road, Trabuco Canyon, California 92679.

3.3 Trustees. References in the Trust to "Trustee or Trustees" shall include me or my Successor Trustees.

Where two or more individuals are appointed to serve as Successor Trustees, they shall serve together while both are able, qualified and willing to do so. If either shall become unable, unqualified or unwilling to serve, the other shall serve alone as Successor Trustee.

If, during the term of this Trust, any single Successor Trustee shall become unable, unqualified or unwilling to continue as a Trustee, the next appointed Successor Trustee(s) shall succeed to the office of Trustee.

The exercise by any Trustee of the discretionary powers herein granted with respect to the allocation or distribution of property or gifts and making adjustment with

INSTRUCTIONS FOR FILING CLAIM

(See Claim Form on Reverse Side)

The California Revenue and Taxation Code, Section 4675, states in part (paraphrased):

For the purposes of this article, parties of interest and their order of priority are:

(a) First, lienholders of record prior to the recordation of the tax deed to the purchaser in the order of their priority; and

(b) Then, any person with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If you consider yourself to be a party of interest in the sale of tax-defaulted property as defined above, please fill out the reverse of this form stating how you have determined your status as a party of interest. If you need help in filling out the form, please contact our office by telephone at 951-955-3842, mail, or in person.

You must attach copies of documents to support your claim as follows:

1. In case (a), attach a copy of your trust deed or other evidence of lien or security interest, along with a statement under penalty of perjury setting forth the original amount of the lien or interest, the total amount of payments received reducing the original amount of the lien or interest, and the amount still due and payable as of the date of the sale of the tax defaulted property by the Tax Collector.

2. In case (b), attach copies of any other documents (e.g., deed, certified death certificate, will, court order, etc.) supporting your claim.

PLEASE NOTE: We cannot, by law, begin processing of claims until one year has passed from the date of the deed to the purchaser. In order to receive consideration by the Riverside County Board of Supervisors, claims must be filed **ON OR BEFORE THE EXPIRATION OF ONE YEAR** following the date of the recording of the deed to the purchaser. Please see the "Date Deed to Purchaser Recorded" appearing on the attached notice (Form 117-170). The Tax Collector will submit a recommendation to the County Board of Supervisors as to what disposition should be made on your claim. Following the Board's review, the claim will either be approved or denied. The Clerk of the Board of Supervisors will notify you of the action taken by the Board. Should the claim be approved, the Auditor-Controller will issue a County warrant in payment. By law, the Auditor-Controller cannot issue a warrant in payment of the approved claim until 90 days following the action taken by the Board.

MAIL COMPLETED FORMS TO:

Don Kent, Treasurer-Tax Collector
Post Office Box 12005
Riverside, CA 92502-2205

Attention: Excess Proceeds