

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRAMOS
 DATE 8/12/15

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

262A



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:

AUG 12 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 182, Item 121 Last assessed to: Luther Branham. District 1 [\$3,380]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 373255016-8;

(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 March 16, 2009 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 05, 2009. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 4, 2009, 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	\$ 3,380	\$ 0	\$ 3,380	\$ 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 9/10/15*
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Benoit and Ashley
 Nays: None
 Absent: Washington
 Date: September 22, 2015
 xc: Treasurer

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

Prev. Agn. Ref.: | District: 1 | Agenda Number:

9-1

A-30 Positions Added
 4/5 Vote Change Order

Departmental Concurrence

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 182, Item 121. Last assessed to: Luther Branham. District 1 [\$3,380]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 12 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham in the amount of \$3,380.43, 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 one claim for excess proceeds:

1. Claim from Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham based on an Authorization for Agent to Collect Excess Proceeds dated April 18, 2009, a Grant Deed recorded February 10, 1960 as Instrument No. 11737, a Declaration Pursuant to Probate 13100 and the death certificate for Luther Humphrey Branham.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Nationwide Asset Recovery Services, agent for Luther H. Branham, heir to the Estate of Luther Branham be awarded excess proceeds in the amount of \$3,380.43. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Citizens and Businesses

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

ATTACHMENTS (if needed, in this order):

A copy of the Excess Proceeds Claim form and supporting documentation are attached.



NATIONWIDE ASSET RECOVERY LLC.

www.nationwideassetrecovery.com

17100 Bear Valley Rd. B-201
Victorville, CA 92395

Phone: (760) 963-9434

Fax: (760) 243-1539

Toll Free FAX: (877) 541-6920

August 17, 2009

Riverside Treasurer-Tax Collector
Attn: Excess Proceeds Department
PO Box 12005
Riverside, CA 92502-2205

182
TC179 ITEM 121

RE: Excess Proceeds Claim for Luther H. Branham and Nationwide Asset Recovery Services,

AP# 373-255-016-8

To Whom It May Concern:

This Office represents Luther H. Branham and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on March 16, 2009. Please contact this office if additional information is required in the processing of their claim.

Please return original documents (if any) to our client. Thank you.

Sincerely,

Randall D. Witte
Claim Manager

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

To: Paul McDonnell, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC: TC 182 Item: 121 Assessment No.: 373-255-016-8

Assessee(s): Luther Branham

Situs: None

Date Sold: March 16, 2009

Date Deed to Purchaser Recorded: 5/5/2009

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$3,910.00 (approx.) 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. Book 2632 - pg. 256 recorded on Feb. 10, 1960. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Owner by Deed

Documents Attached: Copy of the Deed and ID

If the property is held in Joint Tenancy, the tax sale 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 18 day of April, 2009 at Iberia Louisiana
County, State
PARISH

Luther H Branham
Signature of Claimant

Luther H. Branham

905 Sydney St.
New Iberia, LA 70560

(337) 365-6569

AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the applicant's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I(we), the undersigned, do hereby make **NATIONWIDE ASSET RECOVERY SERVICES** my(our) agent to apply for and collect the excess proceeds which you are holding and to which I(we) am(are) entitled from the sale of assessment number **373-255-016-8** sold at public auction on **March 16, 2009**. I(we) understand that I(we) AM(ARE) NOT SELLING MY(OUR) RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my(our) convenience.

I(we) also understand that the total amount of excess proceeds available for refund is \$3,910.00 (approx.), and that I(we) have a right to file a claim for this refund on my(our) own, without the help of an agent. For valuable consideration received my(our) agent is appointed to act on my(our) behalf.

Luther H. Branham
Luther H. Branham

STATE OF Louisiana)
~~PARISH~~ OF Iberia)

905 Sydney St.
New Iberia, LA 70560
(337) 365-6569

On April 18th, 2009, before me, Myra L. Bryant, personally appeared Luther H. Branham who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and Official Seal

Myra L. Bryant #011446
(Signature of Notary)

I, the undersigned, certify under penalty of perjury that I have disclosed to the above party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHTS TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

Randall D. Witte
(Signature of Agent)

Randall D. Witte
NATIONWIDE ASSET RECOVERY SERVICES
17100 Bear Valley Rd. B-201
Victorville, CA 92395

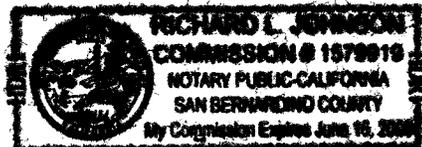
STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO)

On 5/28/2009, before me, Richard L. Johnson, Notary Public, personally appeared, Randall D. Witte, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and Official Seal

[Signature]
(Signature of Notary)



BOOK 2632 PAGE 256

11737

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

Luther Branham
441 Methodist
1516 E 56 St.

RECEIVED FOR RECORD

FEB 10 1960

30 AM
30 AM

BOOK 2632 PAGE 256

John A. [Signature]

[Signature]

SPACE ABOVE THIS LINE FOR RECORDS USE

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

GRANT DEED

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

I, Harriett Branham, an unmarried woman, do hereby
GRANT to Luther Branham, for the sum of \$20.00

the real property in the Elsinore Fresh Water Tract, County of Riverside
State of California, described as:

Lot 73, Elsinore Fresh Water Tract,
Map 40, Book 58

Dated: February 10, 1960

STATE OF CALIFORNIA
COUNTY OF _____

On Wednesday, February 10, 1960

before me, the undersigned, a Notary Public in and for said
County and State, personally appeared Miss Harriett
Branham and Luther Branham

Harriett Branham

Luther Branham

Order No. _____

Escrow or Loan No. _____

11737

[Signature]



NATIONWIDE ASSET RECOVERY SERVICES

17100 Bear Valley Rd. B-201
Victorville, CA 92395

Phone: (760) 963-9434
Fax: (760) 243-1539
Toll Free FAX: (877) 541-6920

August 20, 2014

Riverside Treasurer-Tax Collector
Attn: Shawana (Excess Proceeds Department)
PO Box 12005
Riverside, CA 92502-2205

RECEIVED
2014 AUG 25 AM 8:34
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

RE: Excess Proceeds Claim for Luther H. Branham and Nationwide Asset Recovery Services,

AP# 373-255-016-8

To Whom It May Concern:

As per our phone conversation, please find enclosed the following additional documents for Luther H. Branham and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on March 16, 2009:

- Certified Copy of Luther H. Branham sr. Death Certificate

Please contact this office if additional information is required in the processing of their claim.

P.S. Please return the Original Document to this Office.

Sincerely,

Richard L. Johnson, esq.
Attorney for Nationwide Asset Recovery Services

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS _____ LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT—FIRST (GIVEN) Luther			2. MIDDLE Humphrey			3. LAST (FAMILY) Branham					
4. DATE OF BIRTH M/M/DD/C.C.Y.Y. 01/05/1921			5. AGE YRS. 79			6. SEX M		7. DATE OF DEATH M/M/DD/C.C.Y.Y. 08/28/2000		8. HOUR 1406	
9. STATE OF BIRTH KY			11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE BLACK			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER U.S. GOVERNMENT					
17. OCCUPATION MAIL CARRIER			18. KIND OF BUSINESS POSTAL SERVICE			19. YEARS IN OCCUPATION 35					
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 421 EAST 135th STREET											
21. CITY LOS ANGELES			22. COUNTY LOS ANGELES			23. ZIP CODE 90061		24. YRS IN COUNTY 35		25. STATE OR FOREIGN COUNTRY CALIFORNIA	
26. NAME, RELATIONSHIP BETINA MILLS—DAUGHTER			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1509 ANDERSON STREET, NEW IBERIA, LA 70560								
28. NAME OF SURVIVING SPOUSE—FIRST WANDA			29. MIDDLE -			30. LAST (MAIDEN NAME) CAREY					
31. NAME OF FATHER—FIRST UNKNOWN			32. MIDDLE -			33. LAST UNKNOWN			34. BIRTH STATE UNKNOWN		
35. NAME OF MOTHER—FIRST UNKNOWN			36. MIDDLE -			37. LAST (MAIDEN) UNKNOWN			38. BIRTH STATE UNKNOWN		
39. DATE M/M/DD/C.C.Y.Y. 09/08/2000			40. PLACE OF FINAL DISPOSITION PARK LAWN MEM. PARK, 6555 E. GAGE AVE., COMMERCE, CA								
41. TYPE OF DISPOSITION(S) BURIAL			42. SIGNATURE OF EMBALMER <i>J. Jaeger I. Baines</i>					43. LICENSE NO.			
44. NAME OF FUNERAL DIRECTOR SIMPSON FAMILY MORTUARY			45. SIGNATURE OF LOCAL REGISTRAR <i>Mark Simon</i>					47. DATE M/M/DD/C.C.Y.Y. 09/07/2000			
101. PLACE OF DEATH Kaiser Foundation Hospital			102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER			104. COUNTY Los Angeles		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 25825 S Vermont Avenue			106. CITY Harbor City								
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)											
IMMEDIATE CAUSE (A) Chronic Lymphocytic Leukemia						TIME INTERVAL BETWEEN ONSET AND DEATH Years		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REVERSAL NUMBER			
DUE TO (B)								109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C)								110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)								111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None											
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 M/M/DD/C.C.Y.Y. 10/08/1974 DECEDENT LAST SEEN ALIVE M/M/DD/C.C.Y.Y. 08/28/2000			115. SIGNATURE AND TITLE OF CERTIFIER <i>J. Simon</i>			116. LICENSE NO.		117. DATE M/M/DD/C.C.Y.Y. 08/31/2000			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP J. Simon, MD 25825 S Vermont Ave; Harbor City, CA 90710											
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"/> COULD NOT BE DETERMINED			120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			121. INJURY DATE M/M/DD/C.C.Y.Y.		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)											
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)											
126. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE M/M/DD/C.C.Y.Y.			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
STATE REGISTRAR											

580027518

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED **SEP 07 2000**

Director of Health Services and Registrar

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



March 12, 2015

Nationwide Asset Recovery Services
C/O Randall D. Witte
17100 Bear Valley Rd. B-201
Victoville, CA 92395

Re: APN: 373255016-8
TC 182, Item 121
Date of Sale: March 16, 2009

Dear Sir/Madam:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

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

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 (if there is no trust or will)
- Notarized Statement of different/misspelled name
- Notarized Statement Giving Rights to Collect/Claim on behalf of
- Certified Death Certificates for
- Copy of Will or Trust of Luther H. Branham Sr.
- Copy of Marriage Certificate for
- Original Note/Payment Book
- Updated Statement of Monies Owed (as of dated of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other -

If you should have any question

Sincerely,

Shawana Green

Shawana Green
Tax Sales Operation
(951) 955-3947
(951) 955-3990 Fax

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nationwide Asset Recovery Services
C/O Randall D. Witte
17100 Bear Valley Rd. B-201
Victoville, CA 92395

2. Article Number
(Transfer from service label)

EP 182-121

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) Yes No

Kayla Center

C. Date of Delivery

3/13/15

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

7003 2260 0004 1559 3579

10233-02-M-15

Domestic Return Receipt

May 13, 2015

Nationwide Asset Recovery Services
C/O Randall D. Witte
17100 Bear Valley Rd., B-201
Victorville, CA 92395

Re: APN: 373255016-8
TC 182, Item 121
Date of Sale: March 16, 2015

To Whom It May Concern:

This office is in receipt of your c
documentation you have provide

Please submit the necessary p
document(s) listed below may

- Notarized Affidavit for C
Personal Property under C PS Form 3811, August 2001
Probate Code 13100 (if th
Will)
- Notarized Statement of
different/misspelled
- Notarized Statement Giving Authorization to
claim on behalf of
- Certified Death Certificate for
- Copy of Will of Trust of Luther H. Branham
Sr.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nationwide Asset Recovery Services
C/O Randall D. Witte
17100 Bear Valley Rd., B-201
Victorville, CA 92395

2. Article Number
(Transfer from service label)

EP 192-121

Final Notice

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/>
B. Received by (Printed Name) <u>Kayla Centner</u>	C. Date of L <u>5/15/15</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7003 2260 0004 1548 9452

Domestic Return Receipt

102595-02-M-154

(as of date of this sale)

- Articles of Incorporation (if applicable
Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other --

If your documentation is not received within 30 days (June 15, 2015), your claim will be denied.

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

Sincerely,

Jennifer Pazicni
Tax Sale Operations Unit
(951) 955-3336
(951) 955-3990 Fax



NATIONWIDE ASSET RECOVERY SERVICES

17100 Bear Valley Rd. B-201
Victorville, CA 92395

RECEIVED

Phone: (760) 963-9434
Fax: (760) 243-1539
Toll Free FAX: (877) 541-6920

2015 MAY 19 AM 8:30

**RIVERSIDE COUNTY
TREAS-TAX COLLECTOR**

May 16, 2015

Riverside Treasurer-Tax Collector
Attn: Excess Proceeds Department
PO Box 12005
Riverside, CA 92502-2205

RE: Excess Proceeds Claim for Luther H. Branham and Nationwide Asset Recovery Services,

AP# 373-255-016-8

To Whom It May Concern:

As per your request, please find enclosed the following additional outstanding documents for Luther H. Branham and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on March 16, 2009:

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- Copies of Wanda Carey Branham and Betina Branham Mills Death Certificates

Please contact this office if additional information is required in the processing of their claim.

Sincerely,

Richard L. Johnson, esq.
Attorney for Nationwide Asset Recovery Services

JON CHRISTENSEN
ASSISTANT TREASURER-TAX COLLECTOR

DEBBIE BASHE
INFORMATION TECHNOLOGY OFFICER

GIOVANE PIZANO
INVESTMENT MANAGER

KIEU NGO
FISCAL MANAGER



DON KENT
TREASURER

GARY COTTERILL
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MATT JENNINGS
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MELISSA JOHNSON
CHIEF DEPUTY TREASURER-TAX COLLECTOR

ADRIANNA GOMEZ
ADMINISTRATIVE SERVICES MANAGER I

May 13, 2015

Nationwide Asset Recovery Services
C/O Randall D. Witte
17100 Bear Valley Rd., B-201
Victorville, CA 92395

Final Notice

Re: APN: 373255016-8
TC 182, Item 121
Date of Sale: March 16, 2009

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 (if there is no Trust or Will) | <input type="checkbox"/> Copy of Marriage Certificate for |
| <input type="checkbox"/> Notarized Statement of different/misspelled | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement Giving Authorization to claim on behalf of | <input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale) |
| <input type="checkbox"/> Certified Death Certificate for | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input checked="" type="checkbox"/> Copy of Will of Trust of Luther H. Branham Sr. | <input type="checkbox"/> Court Order Appointing Administrator |
| | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input type="checkbox"/> Other - |

If your documentation is not received within 30 days (June 15, 2015), your claim will be denied.

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

Sincerely,

Jennifer Pazicni
Tax Sale Operations Unit
(951) 955-3336
(951) 955-3990 Fax

RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

4080 LEMON STREET, 4TH FLOOR ★ P.O. BOX 12005 ★ RIVERSIDE, CALIFORNIA 92502
WWW.RIVERSIDETAXINFO.COM ★ (951) 955-3900 ★ 1 (877) 748-2689 ★ FAX (951) 955-3923

DECLARATION PURSUANT TO PROBATE CODE 13100

I, **Luther H. Branham**, hereby declare the decedent, **Luther Humphrey Branham (aka Luther Branham)**, my father, died on 8/28/2000 in **Harbor City, Los Angeles County, State of California**. **Wanda Carey Branham**, died on 3/02/2001 in **Torrance, Los Angeles County, State of California**. My sister, **Betina Branham Mills (aka Betina Mills)**, died on 8/12/2012 in **New Iberia, Iberia County, State of Louisiana**.

More than 40 days have elapsed since the death of the decedent. No proceeding is now being or has been conducted in California for administration of the decedent's estate. The current gross fair market value of the decedent's real and personal property in California did not exceed one hundred thousand dollars (\$100,000) at the time of death.

The property of the decedent to be paid is excess proceeds in the approximate amount of \$3,910.00 from March 16, 2009 sale of tax defaulted property, Assessor Parcel # 373-255-016-8, item #121 being held by the Riverside County Tax Collector office.

The declarant, Luther H. Branham, son of the decedent, is the successor of the decedent to the decedent's interest to the described property. No other person has a superior interest in the described property.

The declarant requests that the described property be paid to the declarant. The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Luther H. Branham
Luther H. Branham

5-12-15
Date

State of LOUISIANA)

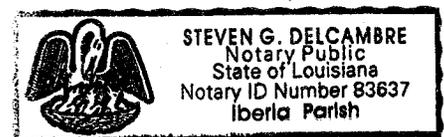
County of Iberia)

On May 12, 2015, before me, Steven G. Delcambre personally appeared **Luther H. Branham** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and Official Seal

Steven G. Delcambre
Notary Signature



COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Wanda		2. MIDDLE Carey		3. LAST (FAMILY) Branham			
4. DATE OF BIRTH M/M/D/D/C/C/Y 08/14/1923		5. AGE YRS 77		6. SEX Female		7. DATE OF DEATH M/M/D/D/C/C/Y 03/02/2001	
8. HOUR 1915		9. STATE OF BIRTH California		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Widowed	
10. YEARS COMPLETED 12		14. RACE Black		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 50			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 421 EAST 135th STREET							
21. CITY Los Angeles		22. COUNTY Los Angeles		23. ZIP CODE 90061		25. STATE OR FOREIGN COUNTRY California	
24. YRS IN COUNTY 35		26. NAME, RELATIONSHIP Betina Mills—Daughter					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1509 Anderson Street New Iberia, LA 70560							
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
31. NAME OF FATHER—FIRST Thomas		32. MIDDLE -		33. LAST Carey		34. BIRTH STATE LA	
35. NAME OF MOTHER—FIRST Madelyn		36. MIDDLE -		37. LAST (MAIDEN) Unknown		38. BIRTH STATE LA	
39. DATE M/M/D/D/C/C/Y 03/14/2001		40. PLACE OF FINAL DISPOSITION PARK LAWN MEMORIAL PARK 6555 EAST GAGE AVENUE COMMERCE, CA.					
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>Joseph I. Haines</i>				43. LICENSE NO	
44. NAME OF FUNERAL DIRECTOR Simpson Family Mortuary		45. LICENSE NO		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Simon</i>		47. DATE M/M/D/D/C/C/Y 03/14/2001	
101. PLACE OF DEATH Sunnyside Rehab Center		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 22617 South Vermont Avenue		106. CITY Torrance					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (A) Cerebrovascular Accident		Days		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) Cerebrovascular Disease		Years		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Diabetes Mellitus; Hypertension; Seizure Disorder							
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 M/M/D/D/C/C/Y 05/07/1997 02/28/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Francis E. Hagedorn MD</i>		116. LICENSE NO.		117. DATE M/M/D/D/C/C/Y 03/05/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP P. Hayes-Reams, MD 25825 S Vermont Ave; Harbor City, CA 90710							
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"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/C/Y		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/D/C/C/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

580030469

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Mark Simon 228 MAR 14 2001

Director of Health Services and Registrar

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



STATE OF LOUISIANA

CERTIFICATION OF DEATH

BIRTH NUMBER: **2726581**

STATE FILE NUMBER: 2012-026-00377

THIS RECORD IS VALID FOR DEATH ONLY

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		DATE OF BIRTH	DATE OF DEATH	TIME OF DEATH	
	MILLS, BETINA BRANHAM		09/23/1951	09/12/2012	02:15 AM	
	PLACE OF BIRTH - (CITY, STATE, COUNTRY)		SEX	CITY NUMBER	AGE	
	NEW IBERIA, LA UNITED STATES		FEMALE		61 YEARS	
PERSONAL	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):					
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)			WITHIN CITY LIMITS?	PARISH/COUNTY	
	1509 ANDERSON STREET, NEW IBERIA, LA 70560 UNITED STATES			YES	IBERIA	
	EVER IN U.S. ARMED FORCES?		OCCUPATION	INDUSTRY OF OCCUPATION		
	NO		TRANSPORTATION SPECIALIST	SMILE COMMUNITY ACTION		
	MARITAL STATUS			NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX)		
	MARRIED			MILLS, STANLEY SR		
	FATHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		FATHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)			
	BRANHAM, LUTHER SR		PODUCAH, KY UNITED STATES			
	MOTHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		MOTHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)			
ISAAC, FRANCIS		NEW IBERIA, LA UNITED STATES				
INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		RELATIONSHIP TO DECEDENT	INFORMANT'S ADDRESS			
MILLS, STANLEY SR		HUSBAND	1509 ANDERSON STREET, NEW IBERIA, LA 70560 UNITED STATES			
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE						
OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO						
RACE: BLACK OR AFRICAN AMERICAN						
DEATH INFO	PLACE OF DEATH		FACILITY NAME			
	EMERGENCY ROOM/OUTPATIENT		DAUTERIVE HOSPITAL			
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)			PARISH/COUNTY		
800 N. LEWIS ST., NEW IBERIA, LA 705630000 UNITED STATES			IBERIA			
DISPOSITION	METHOD OF DISPOSITION		PLACE OF DISPOSITION			
	BURIAL		ST. EDWARD CATHOLIC CHURCH CEMETERY			
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY)			DATE OF DISPOSITION		
NEW IBERIA, LA UNITED STATES			08/18/2012			
FUNERAL FACILITY	FUNERAL FACILITY NAME		ADDRESS OF FUNERAL FACILITY			
	FLETCHER FUNERAL HOME - NEW IBERIA		609 W. ADMIRAL DOYLE DR., NEW IBERIA, LA 70560 UNITED STATES			
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX)		LICENSE NUMBER	CORONER NOTIFIED?		
	BUTLER JR, JOHN			Y		
SIGNATURE OF FUNERAL DIRECTOR		DATE				
MEDICAL INFO	MANNER OF DEATH		NATURAL			
	IF FEMALE?		NOT PREGNANT WITHIN THE PAST YEAR			
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		UNKNOWN			
CAUSE OF DEATH	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL: Onset to Death	
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)		a. CARDIAC ARRHYTHMIA		UNK	
	Sequentially list conditions, if any, leading to the cause listed on line a				b. ATHEROSCLEROTIC HEART DISEASE	UNK
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				c.	
					d.	
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
INJURY INFORMATION	WAS AN AUTOPSY PERFORMED?		FINDINGS USED IN DETERMINING CAUSE?			
	NO		NOT APPLICABLE			
	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY:	
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				PARISH/COUNTY	
	DESCRIBE HOW INJURY OCCURRED					
CERTIFIER	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.					
	SIGNATURE OF CERTIFIER:		DATE		8/20/2012	
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)		DITCH, CARL MICHAEL			
	CERTIFIER TITLE: CORONER					
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)					
	2316 E. MAIN ST., NEW IBERIA, LA 70560 UNITED STATES					
REGISTRAR	BURIAL TRANSIT PERMIT		PARISH OF ISSUE	DATE OF ISSUE	DATE FILED WITH REGISTRAR	
	3740		ORLEANS	08/13/2012	8/22/2012	
	SIGNATURE OF REGISTRAR		DARLENE W. SMITH			

SEP 19 2012



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Darlene W. Smith
STATE REGISTRAR

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nationwide Asset Recovery Services
 C/O Randall D. Witte
 17100 Bear Valley Rd., B-201
 Victorville, CA 92395

2. Article Number
 (Transfer from service label)

7003 2260 0004 1548 9711

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Royla Centner

C. Date of Delivery

6/18/15

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

June 16, 2015

Nationwide Asset Recovery Services
 C/O Randall D. Witte
 17100 Bear Valley Rd., B-201
 Victorville, CA 92395

EP182121

Re: APN: 373255016-8
 TC 182 Item 121
 Date of Sale: March 16, 2009

PS Form 3811, July 2013

Domestic Return Receipt

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

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

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- Notarized Statement of different/misspelled
- Notarized Statement Giving Authorization to claim on behalf of
- Certified Death Certificate for Wanda Branham and Betina Branham Mills**
- Copy of Birth Certificates for
- Copy of Marriage Certificate for

- Original Note/Payment Book
- Updated Statement of Monies Owed (as of dated of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other – Did Wanda Branham have any children? If so, how many and what are their names?**

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

Sincerely,

Jennifer Pazicni
 Tax Sale Operations Unit
 (951) 955-3336
 (951) 955-3990 Fax

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nationwide Asset Recovery Services
 C/O Randall D. Witte
 17100 Bear Valley Rd., B-201
 Victorville, CA 92395

July 1, 2015

Nationwide Asset Recovery Serv
 C/O Randall D. Witte
 17100 Bear Valley Rd., B-201
 Victorville, CA 92395

EP102-121

2. Article Number
 (Transfer from service label)

7003 2260 0004 1548 9865

PS Form 3811, July 2013

Domestic Return Receipt

Re: APN: 373255016-8
 TC 182 Item 121
 Date of Sale: March 16, 2009

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This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

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- ___ Notarized Statement of different/misspelled
- ___ Notarized Statement Giving Authorization to claim on behalf of
- X **Original Certified Death Certificate for Wanda Branham and Betina Branham Mills**
- X **Certified Birth Certificate for Luther Branham Jr.**

- ___ Copy of Marriage Certificate for
- ___ Original Note/Payment Book
- ___ Updated Statement of Monies Owed (as of dated of tax sale)
- ___ Articles of Incorporation (if applicable Statement by Domestic Stock)
- ___ Court Order Appointing Administrator
- ___ Deed (Quitclaim/Grant etc...)
- X **Other – Did Wanda Branham have any children? If so, how many and what are their names?**

If your documentation is not received within 10 days (July 13, 2015), your claim will be denied.

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

Sincerely,

Jennifer Pazicni
 Tax Sale Operations Unit
 (951) 955-3336
 (951) 955-3990 Fax

COMPLETE THIS SECTION ON DELIVERY

A. Signature <u>[Signature]</u>		<input type="checkbox"/> Agent
B. Received By (Printed Name) <u>[Signature]</u>		<input type="checkbox"/> Address
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

C. Date of Delivery
07-3-15

UNIT

July 1, 2015

Final Notice

Nationwide Asset Recovery Services
C/O Randall D. Witte
17100 Bear Valley Rd., B-201
Victorville, CA 92395

Re: APN: 373255016-8
TC 182 Item 121
Date of Sale: March 16, 2009

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

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- Certified Birth Certificate for Luther Branham Jr.**

- Copy of Marriage Certificate for
- Original Note/Payment Book
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- Deed (Quitclaim/Grant etc...)
- Other – Did Wanda Branham have any children? If so, how many and what are their names?**

If your documentation is not received within 10 days (July 13, 2015), your claim will be denied.

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

Sincerely,

Jennifer Pazienci
Tax Sale Operations Unit
(951) 955-3336
(951) 955-3990 Fax

Fletcher Funeral Home

Betina Claire Mills

(June 28, 1951 - August 12, 2012)

New Iberia, LA

Betina C. Mills

A Mass of Christian Burial will be celebrated for Mrs. Betina Claire Mills, 61 at 1:30 p.m. on Saturday August 18, 2012 at St. Edward Catholic Church, New Iberia, LA with Rev. Msgr. Ronald Broussard celebrant. She will await the resurrection at St. Edward Catholic Church Cemetery.



A gathering of family and friends will be on Saturday at the Funeral Home 7 a.m. – 1:00 p.m. Rosary recited at 11:00 a.m.

A native and residence of New Iberia, LA Betina passed on Sunday August 12, 2012 at Dauterive Hospital. She was a member of St. Edward Catholic Church; a 1969 graduate of Jonas Henderson High School; she was employed at SMILE Transportation of over 20 years; she worked at Morton Salt for many years and also worked at St. Edward Church Fair. Betina was also a member of the VFW Ladies Auxiliary Post 12065 and was a former member of Our Lady of Victor Court 63 Ladies Auxiliary of the Knights of Peter Claver.

She leaves to cherish her memory and in God's care her loving husband, Stanley Mills, Sr. of New Iberia, LA; one daughter, Quanita F. Mills of New Iberia, LA; one step son, Stanley Mills, Jr. (Na'Keitha) of Plattenville, LA; three step-daughters, Trina Rodrigue (Ronald), Tiffany Mills and McKinzie Mills all of Bell Rose, LA; three brothers, Luther Branham, Jr., of New Iberia, LA, Errol Pollard (Tyra) of Baton Rouge, LA, and Tommy Pollard of New Iberia, LA; one step brother, Arthur Pollard, Jr. of Beaumont, TX; two sisters, Eartha Faye Powell and Cheryl Pollard both of New Iberia, LA; two special friends, Lisa Vital and Jackie Mouton; eleven step-grandchildren, godchildren, Micalyn Tauriac, Reba Mouton, Fashion Harvey and Marshay Blanchard and a host of nieces, nephews, other relatives and friends.

She now joins in glory with her parents, Francis Isaac Pollard, Luther H. Branham, Sr., and her step-father, Arthur Pollard, Sr., her step-mother, Wanda Branham and her sister-in-law, Jean H. Branham.

Active pallbearers will be, Chadrick Powell, Francis Williams, Joseph Walker, Jr., Marquie Isaac, Fabian Johnson and Jeremy Conner.

Honorary pallbearers will be, Stanley Mills, Jr., Luther H. Branham, Jr., Errol Pollard, Tommy Pollard, Hayward Mills, Jr., Roynell Mills, Darwin

Mills, Carlin Mills, Rueben Mills, Shane Michael Isaac, Sr., Derrick Isaac and Carol Washington.

Final arrangements entrusted to Fletcher Funeral Home, 609 W. Admiral Doyle Drive, New Iberia, LA. Condolences may be expressed at www.fletcherfuneralhomes.org.

[Back](#)

SECTION 6400-6414

6400. Any part of the estate of a decedent not effectively disposed of by will passes to the decedent's heirs as prescribed in this part.

6401. (a) As to community property, the intestate share of the surviving spouse is the one-half of the community property that belongs to the decedent under Section 100.

(b) As to quasi-community property, the intestate share of the surviving spouse is the one-half of the quasi-community property that belongs to the decedent under Section 101.

(c) As to separate property, the intestate share of the surviving spouse is as follows:

(1) The entire intestate estate if the decedent did not leave any surviving issue, parent, brother, sister, or issue of a deceased brother or sister.

(2) One-half of the intestate estate in the following cases:

(A) Where the decedent leaves only one child or the issue of one deceased child.

(B) Where the decedent leaves no issue, but leaves a parent or parents or their issue or the issue of either of them.

(3) One-third of the intestate estate in the following cases:

(A) Where the decedent leaves more than one child.

(B) Where the decedent leaves one child and the issue of one or more deceased children.

(C) Where the decedent leaves issue of two or more deceased children.

Business Entity Detail

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed through Tuesday, July 21, 2015. Please refer to Processing Times for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity.

Entity Name:	NATIONWIDE ASSET RECOVERY L.L.C.
Entity Number:	200629010188
Date Filed:	10/12/2006
Status:	CANCELED
Jurisdiction:	CALIFORNIA
Entity Address:	17100 BEAR VALLEY RD B-201
Entity City, State, Zip:	VICTORVILLE CA 92395
Agent for Service of Process:	RANDALL D WITTE
Agent Address:	17100 BEAR VALLEY RD B-201
Agent City, State, Zip:	VICTORVILLE CA 92395

* Indicates the information is not contained in the California Secretary of State's database.

* **Note:** If the agent for service of process is a corporation, the address of the agent may be requested by ordering a status report.

- For information on checking or reserving a name, refer to Name Availability.
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to Information Requests.
- For help with searching an entity name, refer to Search Tips.
- For descriptions of the various fields and status types, refer to Field Descriptions and Status Definitions.

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