

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRAMOS DATE 4/13/16

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

747
A



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:
APR 13 2016

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 197, Item 127. Last assessed to: James D. Tielens. District 3 [\$47,950] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 446251047-7;

(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 August 20, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded October 2, 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 October 30, 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	\$ 47,950	\$ 0	\$ 47,950	\$ 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
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, 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: May 24, 2016
xc: Treasurer

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

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

Prev. Agn. Ref.: _____ District: 3 Agenda Number: _____

9-11

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 197, Item 127. Last assessed to:

James D. Tielens. District 3 [\$47,950] Fund 65595 Excess Proceeds from Tax Sale.

DATE: APR 13 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Approve the claim from Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 446251047-7;
3. Deny the claim from Robert Weekes, agent for James R. Tielens, heir to the Estate of James D. Tielens;
4. Deny the claim from Global Discoveries, Ltd., assignee for Jason Tielens, heir to the Estate of James D. Tielens;
5. Authorize and direct the Auditor-Controller to issue warrants to Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens in the amount of \$23,975.49 and Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens in the amount of \$23,975.48, 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 four claims for excess proceeds:

1. Claim from Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens based on an Assignment of Right to Collect Excess Proceeds dated September 26, 2014, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit for Collection of Personal Property and a death certificate for James Dean Tielens.
2. Claim from Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens based on an Authorization for Agent to Collect Excess Proceeds dated September 4, 2013, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit for Collection of Personal Property and a death certificate for James Dean Tielens.
3. Claim from Robert Weekes, agent for James R. Tielens, heir to the Estate of James D. Tielens based on a Contingency Agreement dated September 26, 2013, an Authorization for Agent to Collect Excess Proceeds dated October 4, 2014, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit under California Probate Code Section 13101, a death certificate for James Dean Tielens and a Claim Withdrawal dated December 30, 2015.
4. Claim from Global Discoveries, Ltd., assignee for Jason Tielens, heir to the Estate of James D. Tielens based on an Assignment of Right to Collect Excess Proceeds dated September 21, 2014, a Judgment on Waiver of Accounting recorded June 23, 2009 as Instrument No. 2009-0318990, an Affidavit for Collection of Personal Property, a death certificate for James Dean Tielens and a Claim Withdrawal dated January 5, 2016.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for James R. Tielens, heir to the Estate of James D. Tielens be awarded excess proceeds in the amount of \$23,975.49 and Robert Weekes, agent for Jason D. Tielens, heir to the Estate of James D. Tielens be awarded excess proceeds in the amount of \$23,975.48. The claim from Robert Weekes, agent for James R. Tielens, heir to the Estate of James D. Tielens be denied since they withdrew their claim December 30, 2015. The claim from Global Discoveries, Ltd., assignee for Jason Tielens, heir to the Estate of James D. Tielens be denied since they withdrew their claim January 5, 2016. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Citizens and Businesses

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

ATTACHMENTS (if needed, in this order):

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

CLAIM SUMMARY

Date: September 29, 2014
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 446251047-7
Last Assessee: TIELENS JAMES D
Sale Date: 8/15/2013
TC: TC 197
Item Number: 317 187
Deadline: 10/2/2014

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. Explanation of Events
2. Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens granting above property 100% interest to James D. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
3. Certified Certificate of Death for James D. Tielens
4. Original Probate Affidavit for the Estate of James D. Tielens signed by Two Heirs/Successors; James R. Tielens and Jason Tielens.
5. Certified Certificate of Birth for James R. Tielens
6. Original Billing Statement referencing the 566 E. Johnston Ave Hemet, CA 92543 address; which is one and the same address as the above referenced parcel.
7. Declaration of one and The Same Person
8. Assignment of Rights To Collect Excess Proceeds signed by James R. Tielens, as heir to the Estate of James D. Tielens
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: James R. Tielens

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

- One warrant in the amount of \$23,975.49 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to jed@gd-ltd.com.

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

Certified Tracking Number: 7014-0510-0001-4046-2250

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to

apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7, Tax Sale Number TC 197, Item 317 sold at public auction on 8/15/2013. I understand that the total of excess proceeds available for refund is \$ 47,950.97+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM

FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

[Signature] 9/26/14
(Signature of Party of Interest/Assignor) (Date)

James R. Tielens, as heir to the Estate of James D. Tielens
(Name Printed)

Tax ID/SS# _____

29290 Girard
(Address)

Hemet Ca 92544
(City/State/Zip)

95-287-8976
(Area Code/Telephone Number)

STATE OF CALIFORNIA)
COUNTY OF Riverside) ss.

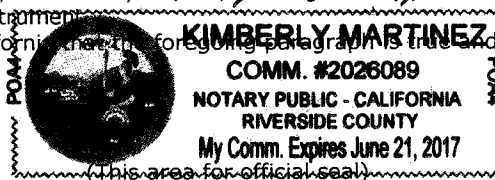
On 09/26/2014, before me Kimberly Martinez, Notary Public personally appeared James R. Tielens Who proved to me on

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

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

WITNESS my hand and official seal

[Signature]
(Signature of Notary)



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

[Signature]
(Signature of Assignee)

Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS# _____

Global Discoveries Ltd.
(Address)

STATE OF CALIFORNIA)
COUNTY OF Stanislaus) ss.

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

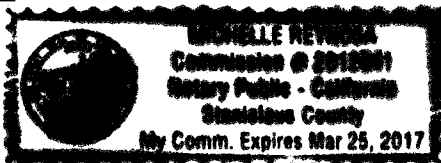
On 9-30-2014, before me Michelle Reynosa, Notary Public personally appeared ***Jed Byerly*** who proved to

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

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

WITNESS my hand and official seal

[Signature]
(Signature of Notary)



(This area for official seal)

Explanation of Events

**For Property: 566 JOHNSTON AVE E HEMET, CA 92543
(446251047-7)**

- James D. Tielens was the record owner of the above property Per Judgment on Waiver for the Estate of Maurice A. Tielens Recorded on June 23, 2009.

- James D. Tielens died on May 26, 2013. He died with No Surviving Spouse, No Last Will and Testament nor was his Estate ever probated in the State of California.

- James D. Tielens left two biological children; James Robert Tielens and Jason Dean Tielens.

******Therefore, due to the above James Robert Tielens and Jason Dean Tielens are both entitled to collect 50% and/or \$23,975.48+- of the excess proceeds available for the above referenced property. ******

DOC # 2009-0318990
06/23/2009 08:00A Fee:24.00
Page 1 of 6

Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:

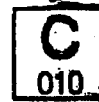
JAMES T. YBARRONDO

WHEN RECORDED RETURN TO:

JAMES T. YBARRONDO
901 E. Morton Place, Suite 1
Hemet, California 92543

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY	
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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM	
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25



JUDGMENT ON WAIVER OF ACCOUNTING

APR 10 2009

JUN 3 2009

1 JAMES T. YBARRONDO, ESQ.
2 ATTORNEY AT LAW
3 901 EAST MORTON PLACE, SUITE 1
4 HEMET, CALIFORNIA 92543
5 (951) 925-6666

(Bar No: 58706)

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 02 2009

6 ATTORNEYS FOR: Executor

K. Gutknecht K6

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 IN AND FOR THE COUNTY OF RIVERSIDE

9		
10		
11	Estate of) CASE NO. HEP000663
12	MAURICE A. TIELENS,) JUDGMENT ON WAIVER
13	Decedent.) OF ACCOUNTING, ALLOWING
14) STATUTORY FEES AND FOR
) FINAL DISTRIBUTION

15 JAMES D. TIELENS, as Executor of the Will of MAURICE A.
16 TIELENS, deceased, having heretofore filed his waiver of account
17 and petition for final distribution, and the petition being
18 regularly scheduled for hearing on 4/2, 2009, the Court
19 finds:

20 Due notice of the hearing of the petition has been
21 regularly given as required by law.

22 All the allegations of the petition are true.

23 MAURICE A. TIELENS died testate on December 2, 2006, in
24 the City of Hemet, County of Riverside, State of California, being
25 at the time of his death a resident thereof.

26 On February 6, 2007, JAMES D. TIELENS was appointed
27 Executor of the decedent's Will. He qualified as the Executor on
28 that date, and ever since has been and now is the Executor of the

JW?

Judgment/ Waiver

1 decedent's Will.

2 The time for filing or presenting claims has expired and
3 the estate now is in a condition to be closed.

4 All debts of the decedent and of the estate and all
5 expenses of administration thereof, except closing expenses and
6 attorneys' fees, have been paid.

7 All personal property taxes due and payable by this
8 estate have been paid.

9 No federal estate tax return has been made or filed for
10 this estate for the reason that the estate was not sufficient to
11 require such a return, and no federal estate tax is due.

12 No California state or federal income taxes are due or
13 payable by this estate.

14 The estimated expenses of closing this estate, including
15 the reserve for payment of any tax deficiency which may be assessed
16 against the estate, are \$1,000.00, and the Executor should be
17 authorized to withhold that sum from distribution.

18 The Executor should be directed to pay to his attorneys,
19 LAW OFFICES OF JAMES T. YBARRONDO, the sum hereafter specified as
20 their statutory fee for their services rendered in the
21 administration of this estate.

22 All the assets of the estate are the separate property of
23 the decedent.

24 Distribution should be ordered as prayed for.

25 IT IS ORDERED AND ADJUDGED that:

26 1. The administration of the estate is brought to a
27 close without the requirement of an accounting.

28 2. All the acts and transactions of the Executor

Judgment/ Waiver

2

1 relating to the matters set forth in the petition are ratified,
2 confirmed, and approved.

3 3. The Executor is authorized and directed to retain the
4 sum of \$1,000.00 from distribution at this time to defray closing
5 expenses and as a reserve for any tax deficiency which may
6 hereafter be determined to be due, and any unexpended portion of
7 said reserve is hereby distributed as set forth in paragraph 5
8 below.

9 4. The Executor is directed to pay to his attorneys, LAW
10 OFFICES OF JAMES T. YBARRONDO, the sum of ~~\$9,011.13~~ ^{\$9,630.02} as their
11 statutory fees for their services rendered in the administration of
12 this estate.

13 5. The estate in the possession of the Executor
14 remaining for distribution, after the payments and withholding
15 herein ordered in Paragraphs 3 and 4 above, consists of cash and
16 other assets and is distributed as follows:

17 TO JAMES D. TIELENS:

18 Cassini Promissory Note \$ 30,277.04
19 Secured by property located at:
31812 Highway 74, Hemet

20 Home and Real Property located at:
21 566 East Johnston Avenue
Hemet, CA 92543

22 Legally described as:
23 Lot 3 in Block 195 if the Lands of the
24 Hemet Land Company, as shown by Map on
25 file in Book 1 Page 14 of Maps, Riverside
26 County Records: Excepting therefrom the
27 Westerly 208.7 feet of the North half of
28 said Lot 3; also excepting therefrom that
portion of said Lot 3 described as
follows: Beginning at the Southwest
corner; thence North on the West line of
said Lot 3, 330 feet to the Northwest
corner of the South half of said Lot 3;
thence East on the North line of the South
half of Lot 3, 233 feet; thence South,
parallel with the West line of Lot 3, 97

Judgment/ Waiver

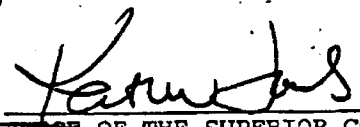
3

1 feet; thence West, parallel with the South
 2 line of Lot 3, 66 feet; thence South,
 3 parallel with the West line of Lot 3, 233
 4 feet to the South line of Lot 3; thence
 5 West, on the South line of Lot 3, 167 feet
 6 to the point of beginning; Also excepting
 7 therefrom an undivided one-half interest
 8 in all oil, gas, petroleum, naptha and
 9 other hydrocarbon substances and minerals
 10 in, upon or beneath the property herein
 11 described, together with right of entry
 12 and all other rights appurtenant thereto
 13 and rights of way and easements necessary
 14 to develop and remove same; also excepting
 15 therefrom any portion thereof included on
 16 Buena Vista Street and Johnston Avenue.

	290,000.00
10 Household furniture and furnishings	2,000.00 ✓
11 1987 Chevrolet Suburban VIN#1GKER16KXHF514591	2,450.00 ✓
13 1990 Chevrolet VIN#2GCHC39N7L1200148	3,175.00 ✓
15 1989 Chevrolet Suburban VIN#1GNR26N9KF185255	3,000.00 ✓
17 Cash Residue	<u>104.56</u> \$331,006.60

19 6. Any other property of the estate not now known or
 20 discovered which may belong to the estate, or in which the decedent
 21 or the estate may have any interest, shall be distributed as set
 22 forth above in paragraph 3.

23 DATED: 6/2/09

24 
 25 _____
 26 JUDGE OF THE SUPERIOR COURT
 27 Commissioner
 28

Judgment/ Waiver

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 446251047-7

Tax Sale Number: TC 197

Item Number: 317

Date of Sale: 8/15/2013

The undersigned claimant, Global Discoveries, Ltd., claims \$23,975.49+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

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

Executed this 30th day of September, 2014 at Modesto, California.

By: Jed Byerly
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID #
P.O. Box 1748
Modesto, CA 95353-1748

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

County of Stanislaus

On 9-30-2014 before me, Michelle Reynolds, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature of Notary Public Michelle Reynolds
(seal)
MICHELLE REYNOLDS
Commission # 2012041
Notary Public - California
Stanislaus County
My Comm. Expires Mar 25, 2017

MICHELLE REYNOLDS
Commission # 2012041
Notary Public - California
Stanislaus County
My Comm. Expires Mar 25, 2017

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052013105744

CERTIFICATE OF DEATH

3201333006035

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VC-1 (REV. 3/09)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE DEAN		3. LAST (Family) TIELENS	
4. DATE OF BIRTH mm/dd/yyyy 11/18/1955		5. AGE Yrs. Mths. Ds. 57		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP* (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 05/26/2013		8. HOUR (24 HOUR) 1115	
13. EDUCATION - Highest Level (Degree) (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MOTORCYCLE BUILDER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 566 EAST JOHNSTON AVENUE					
21. CITY HEMET		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92543	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JASON TIELENS, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 29290 GIRARD STREET, HEMET, CA 92544		
28. NAME OF SURVIVING SPOUSE/SROP* - FIRST MIDDLE LAST (Birth Year) [REDACTED]					
31. NAME OF FATHER/PARENT - FIRST MIDDLE LAST MAURICE ADRIAN TIELENS		32. NAME OF MOTHER/PARENT - FIRST MIDDLE LAST MARY MARGARET SHUMACHER		34. BIRTH STATE KS	
35. DISPOSITION DATE/TIME 06/04/2013		40. PLACE OF FINAL DISPOSITION (RESIDENCE OF JASON TIELENS) 29290 GIRARD STREET, HEMET, CA 92544		37. DATE mm/dd/yyyy 06/03/2013	
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EVALUATOR [REDACTED]		43. LICENSE NUMBER [REDACTED]	
44. NAME OF FUNERAL HOME (BUSINESS) MCWANE FAMILY FUNERAL HOME		45. LICENSE NUMBER [REDACTED]		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> IN/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 EAST DEVONSHIRE AVENUE		106. CITY HEMET	
107. CAUSE OF DEATH Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) PULMONARY THROMBOEMBOLISM (B) DEEP VEIN THROMBOSIS		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. INTERVAL BETWEEN REPORT AND DEATH DAYS 2013-04964	
110. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. ALTOPIXY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
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: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER, 117. DATE mm/dd/yyyy [REDACTED]	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <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 checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) [REDACTED]	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]					
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy 05/31/2013		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
[REDACTED]		[REDACTED]		[REDACTED]	

INFORMATIONAL,
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY



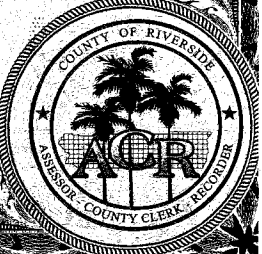
CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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 **SEP 17 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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. James D. Tielens died on 05/26/2013 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$47,950.97 +/-, generated from Assessor's Parcel Number(s) 446251047-7, sold at the Riverside County, California, public auction of tax-defaulted property held on 8/15/2013.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

James R. Tielens
Jason Tielens

7. The undersigned (please check which box(s) applies):

- Is successor(s) of the decedent to the decedent's interest in the described property, or
- Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

9/21/14

(DATE)
9/26/14

(DATE)

(DATE)

(DATE)

(DATE)

Jason Tielens


Printed Name
James Tielens


Printed Name

Printed Name

Printed Name

Printed Name



signature


signature

signature

signature

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

104 - 82-268073

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

33 007291

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST JAMES	1B. MIDDLE ROBERT	1C. LAST TIELENS
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
PLACE OF BIRTH	4A. DATE OF BIRTH—MONTH, DAY, YEAR AUGUST 26, 1982		4B. HOUR—(24 HOUR CLOCK TIME) 1421
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY PARKVIEW COMMUNITY HOSPITAL		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 3865 JACKSON STREET
	5C. CITY OR TOWN RIVERSIDE		5D. COUNTY RIVERSIDE
FATHER OF CHILD	6A. NAME OF FATHER—FIRST JAMES	6B. MIDDLE DEAN	6C. LAST TIELENS
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST BRENDA	9B. MIDDLE DAWN	9C. LAST BIRTH NAME KURZ
PARENT'S CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		2. RELATIONSHIP TO CHILD MOTHER
	12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>[Redacted]</i>		12C. DATE SIGNED 8-26-82
ATTENDANT'S CERTIFICATION	1. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		4. LICENSE NUMBER C 33273
	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE, DEGREE OR TITLE <i>[Redacted]</i>		13C. DATE SIGNED 8-26-82
LOCAL REGISTRAR	14. TYPED NAME AND ADDRESS C.W. TODD, JR., M.D. 3838 SHERMAN DRIVE, RIVERSIDE, CA		17. DATE ACCEPTED FOR REGISTRATION SEP 09 1982
	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE <i>[Redacted]</i>	

INFORMATIONAL DOCUMENT
NOT A VALID IDENTIFICATION DOCUMENT



* 034415364 *

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 **SEP 18 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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CQI Medical Billing
P.O. Box 10609
Burbank, CA 91510-0609



RETURN SERVICE REQUESTED

Billing Phone: 800-545-6667
Billing Fax: 818-526-0258
Web Address: www.newportdiagnostic center.com

IF PAYING BY VISA, MASTERCARD OR AMERICAN EXPRESS, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMER. EXP.
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
06/26/2013	\$154.00	

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. **SHOW AMOUNT PAID HERE \$**

MAKE CHECKS PAYABLE / REMIT TO:

Stmnt ID#: 352248686

53427-2493

JAMES TIELENS
566 E JOHNSTON AVE
HEMET CA 92543-7199

Newport Diagnostic Center
ATTN: PAYMENTS
1605 AVOCADO AVE
NEWPORT BEACH CA 92660-7725



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

PLACE OF SVC: LOMA LINDA UNIV MED CTR MUR ER ATTENDING: KIM, DAVID

DATE	DESCRIPTION	EXAM	DX CODE	CHARGES	PAYMENTS	ADJUSTMTS	BALANCE
04/09/12	XR Knee 3V	7356226715.96		25.00	.00	.00	25.00
04/09/12	CT Lower Ext w/o	7370026715.96		129.00	.00	.00	129.00
TOTALS				154.00	.00	.00	154.00
				***Current patient responsibility:			154.00

FOR CREDIT CARD PAYMENT OR INQUIRIES, CALL (800) 545 - 6667.

To pay your bill online visit: www.myzpay.com/NDC

PAY THIS AMOUNT
154.00

ACCOUNT:
PATIENT: JAMES TIELENS

PLACE OF SVC: LOMA LINDA UNIV MED CTR MUR ER

Newport Diagnostic Center
1605 AVOCADO AVE
NEWPORT BEACH CA 92660-7725

Office Hours: 8:00 AM - 5:00 PM Monday - Friday
Tax ID: 33-0460785

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION




DECLARATION
OF ONE AND THE SAME PERSON(S)

I, James R. Tielens, as heir to the Estate of James D. Tielens, do hereby declare:

1. I am over the age of 18 and a resident of Hemet, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as James R. Tielens, James Robert Tielens and James Tielens.
3. I am a biological son to James D. Tielens who is one and the same person as James Dean Tielens and James Tielens.
4. James Tielens is also one and the same person who is noted on the referenced Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
5. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 446251047-7.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 26 day of 09, 2014, at menifee ca


James R. Tielens, as heir to the Estate of James D. Tielens

State of California
County of Riverside

IURAT

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

26 day of 09, 2014, by

Date James R. Tielens
Month Year

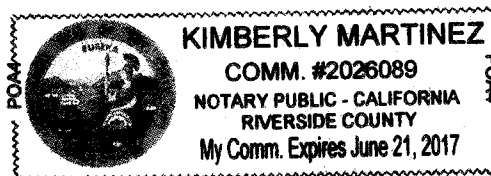
Name of Signer

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

Signature Kimberly Martinez
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 18780-188229



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 197 Item 127 Assessment No.: 446251047-7

Assessee: TIELENS, JAMES D

Situs: 566 E JOHNSTON AVE HEMET 92543

Date Sold: August 20, 2013

Date Deed to Purchaser Recorded: October 2, 2013

Final Date to Submit Claim: October 2, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$56,65
\$ or \$48,44 from the sale of the above mentioned real property. I/We were the lienholder(s),
 property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County
Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto.
I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached
hereto each item of documentation supporting the claim submitted.

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

attach to preceding paperwork submitted:
letter from Sack Rosendin, LLP (Dana Sack)
death certificate for James D. Tielen
agent authorization form - Jason Tielen / Robert Weekes

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 1st day of October, 2014 at Los Angeles County, CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Robert Weekes
Print Name

Print Name

5270 W 64th St.
Street Address

Street Address

Inglewood, CA 90302
City, State, Zip

City, State, Zip

520-440-8296
Phone Number

Phone Number

c/o Dana Sack, Attorney At Law
Sack Rosendin, LLP
One Kaiser Plaza, Ste. 340
Oakland, CA 94612
510-286-2200

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make Robert Weekes my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7 Item: 127 sold at public auction on August 15, 2013. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 48,447 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Jason D Tielens
(Signature of Party of Interest)

Jason D Tielens
(Name Printed)

29290 Girard
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Riverside

Hemet CA 92544
(City/State/Zip)

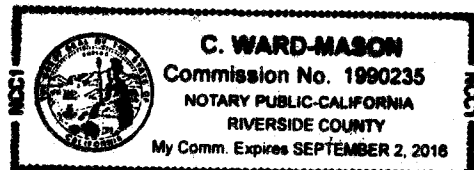
951-216-0480
(Area Code/Telephone Number)

On September 4, 2013, before me, C. Ward-Mason, notary public personally appeared Jason D Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Captal Ward-Mason
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the 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 RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

Robert Weekes
(Signature of Agent)

Robert Weekes, President, Wealth Trackers Inc.
(Name Printed)

5270 W 64th St.
(Address)

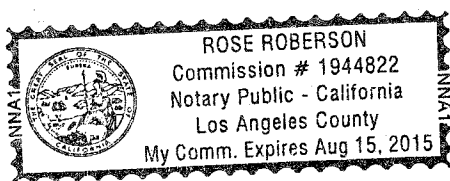
STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles

Inglewood, CA 90302
(City/State/Zip)

On Sept 15, 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared ROBERT WEEKES, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Rose Roberson
(Signature of Notary)



DOC # 2009-0318990 ✓
 ✓06/23/2009 08:00A Fee:24.00
 Page 1 of 6
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:

JAMES T. YBARRONDO

WHEN RECORDED RETURN TO:

JAMES T. YBARRONDO
 901 E. Morton Place, Suite 1
 Hemet, California 92543

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
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JUDGMENT ON WAIVER OF ACCOUNTING ✓ 25

C
010

APR 10 2009

JUN 3 2009

1 JAMES T. YBARRONDO, ESQ.
2 ATTORNEY AT LAW
3 901 EAST MORTON PLACE, SUITE 1
4 HEMET, CALIFORNIA 92543
5 (951) 925-6666

(Bar No: 58706)

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 02 2009

K. Gutknecht K6

5 ATTORNEYS FOR: Executor

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 IN AND FOR THE COUNTY OF RIVERSIDE

11 Estate of)
12 MAURICE A. TIELENS,)
13 Decedent.)
14

CASE NO. HEP000663 ✓
JUDGMENT ON WAIVER
OF ACCOUNTING, ALLOWING
STATUTORY FEES AND FOR
FINAL DISTRIBUTION

15 JAMES D. TIELENS, as Executor of the Will of MAURICE A.
16 TIELENS, deceased, having heretofore filed his waiver of account
17 and petition for final distribution, and the petition being
18 regularly scheduled for hearing on 4/2, 2009, the Court
19 finds:

20 Due notice of the hearing of the petition has been
21 regularly given as required by law.

22 All the allegations of the petition are true.
23 MAURICE A. TIELENS died testate on December 2, 2006, in
24 the City of Hemet, County of Riverside, State of California, being
25 at the time of his death a resident thereof.

26 On February 6, 2007, JAMES D. TIELENS was appointed
27 Executor of the decedent's Will. He qualified as the Executor on
28 that date, and ever since has been and now is the Executor of the

Handwritten initials

Judgment/ Waiver

1 decedent's Will.

2 The time for filing or presenting claims has expired and
3 the estate now is in a condition to be closed.

4 All debts of the decedent and of the estate and all
5 expenses of administration thereof, except closing expenses and
6 attorneys' fees, have been paid.

7 All personal property taxes due and payable by this
8 estate have been paid.

9 No federal estate tax return has been made or filed for
10 this estate for the reason that the estate was not sufficient to
11 require such a return, and no federal estate tax is due.

12 No California state or federal income taxes are due or
13 payable by this estate.

14 The estimated expenses of closing this estate, including
15 the reserve for payment of any tax deficiency which may be assessed
16 against the estate, are \$1,000.00, and the Executor should be
17 authorized to withhold that sum from distribution.

18 The Executor should be directed to pay to his attorneys,
19 LAW OFFICES OF JAMES T. YBARRONDO, the sum hereafter specified as
20 their statutory fee for their services rendered in the
21 administration of this estate.

22 All the assets of the estate are the separate property of
23 the decedent.

24 Distribution should be ordered as prayed for.

25 IT IS ORDERED AND ADJUDGED that:

26 1. The administration of the estate is brought to a
27 close without the requirement of an accounting.

28 2. All the acts and transactions of the Executor

Judgment/ Waiver

2

1 relating to the matters set forth in the petition are ratified,
2 confirmed, and approved.

3 3. The Executor is authorized and directed to retain the
4 sum of \$1,000.00 from distribution at this time to defray closing
5 expenses and as a reserve for any tax deficiency which may
6 hereafter be determined to be due, and any unexpended portion of
7 said reserve is hereby distributed as set forth in paragraph 5
8 below.

9 4. The Executor is directed to pay to his attorneys, LAW
10 OFFICES OF JAMES T. YBARRONDO, the sum of ~~\$9,011.13~~^{\$9,630.02} as their
11 statutory fees for their services rendered in the administration of
12 this estate.

13 5. The estate in the possession of the Executor
14 remaining for distribution, after the payments and withholding
15 herein ordered in Paragraphs 3 and 4 above, consists of cash and
16 other assets and is distributed as follows:

17 TO JAMES D. TIELENS:

18 Cassini Promissory Note
19 Secured by property located at:
31812 Highway 74, Hemet ✓

\$ 30,277.04

20 Home and Real Property located at:
21 566 East Johnston Avenue
Hemet, CA 92543

22 Legally described as:
23 Lot 3 in Block 195 of the Lands of the
24 Hemet Land Company, as shown by Map on
25 file in Book 1 Page 14 of Maps, Riverside
26 County Records: Excepting therefrom the
27 Westerly 208.7 feet of the North half of
28 said Lot 3; also excepting therefrom that
portion of said Lot 3 described as
follows: Beginning at the Southwest
corner; thence North on the West line of
said Lot 3, 330 feet to the Northwest
corner of the South half of said Lot 3;
thence East on the North line of the South
half of Lot 3, 233 feet; thence South,
parallel with the West line of Lot 3, 97

Judgment/ Waiver

3

1	feet; thence West, parallel with the South	
2	line of Lot 3, 66 feet; thence South,	
3	parallel with the West line of Lot 3, 233	
4	feet to the South line of Lot 3; thence	
5	West, on the South line of Lot 3, 167 feet	
6	to the point of beginning; Also excepting	
7	therefrom an undivided one-half interest	
8	in all oil, gas, petroleum, naptha and	
9	other hydrocarbon substances and minerals	
	in, upon or beneath the property herein	
	described, together with right of entry	
	and all other rights appurtenant thereto	
	and rights of way and easements necessary	
	to develop and remove same; also excepting	
	therefrom any portion thereof included on	
	Buena Vista Street and Johnston Avenue.	290,000.00
10	Household furniture and furnishings	2,000.00
11	1987 Chevrolet Suburban	2,450.00
12	VIN#1GKER16KXHF514591	
13	1990 Chevrolet	3,175.00
14	VIN#2GCHC39N7L1200148	
15	1989 Chevrolet Suburban	3,000.00
16	VIN#1GNR26N9KF185255	
17	Cash Residue	<u>104.56</u>
		\$331,006.60

18

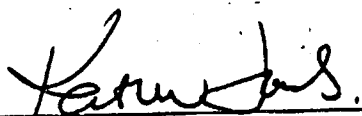
19 6. Any other property of the estate not now known or

20 discovered which may belong to the estate, or in which the decedent

21 or the estate may have any interest, shall be distributed as set

22 forth above in paragraph 3.

23 DATED: 6/2/09

24 

25 _____
 26 JUDGE OF THE SUPERIOR COURT
 27 Commissioner

28 Judgment/ Waiver

This must be in red to be a
"CERTIFIED COPY"

Each document to which this certificate is attached
is certified to be a full, true and correct copy of the
original on file and of record in my office.

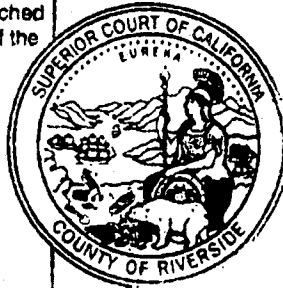
Superior Court of California
County of Riverside

By

Mary J. Martinez
DEPUTY

Dated:

10/16/09



Certification must be in red to be a
"CERTIFIED COPY"

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

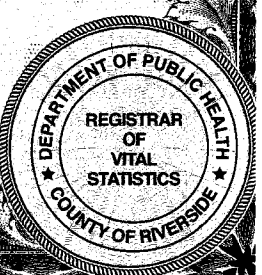
COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052013105744

CERTIFICATE OF DEATH

3201333006035

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE DEAN	
3. LAST (Family) TIELENS		AKA, ALSO KNOWN AS - (Include full AKA (FIRST, MIDDLE, LAST))	
4. DATE OF BIRTH mm/dd/ccyy 11/18/1955		5. AGE Yrs. 57	
6. SEX M		7. DATE OF DEATH mm/dd/ccyy 05/26/2013	
8. HOUR (24 Hours) 1115		9. BIRTH STATE/FOREIGN COUNTRY CA	
10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED	
12. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MOTORCYCLE BUILDER		15. DECEDENT'S RACE - Up to 3 races may be listed (see Worksheet on back) CAUCASIAN	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION		17. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 566 EAST JOHNSTON AVENUE			
21. CITY HEMET		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92543		24. YEARS IN COUNTY 50	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JASON TIELENS, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 29290 GIRARD STREET, HEMET, CA 92544			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MAURICE		29. MIDDLE ADRIAN	
30. LAST (BIRTH NAME) TIELENS		31. BIRTH STATE CA	
32. NAME OF FATHER/PARENT - FIRST MAURICE		33. MIDDLE ADRIAN	
34. LAST (BIRTH NAME) TIELENS		35. BIRTH STATE CA	
36. NAME OF MOTHER/PARENT - FIRST MARY		37. MIDDLE MARGARET	
38. LAST (BIRTH NAME) SHUMACHER		39. BIRTH STATE KS	
39. DISPOSITION DATE mm/dd/ccyy 06/04/2013		40. PLACE OF FINAL DISPOSITION RESIDENCE OF JASON TIELENS 29290 GIRARD STREET, HEMET, CA 92544	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MCWANE FAMILY FUNERAL HOME	
45. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		46. DATE mm/dd/ccyy 06/03/2013	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 EAST DEVONSHIRE AVENUE	
106. CITY HEMET		107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) PULMONARY THROMBOEMBOLIA (B) DEEP VEIN THROMBOSIS	
108. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		109. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
110. DEATH REPORTED TO DOPOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS			
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
116. SIGNATURE AND TITLE OF CERTIFIER RACHEL BAKER		117. LICENSE NUMBER 50	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RACHEL BAKER, DEPUTY CORONER		119. DATE mm/dd/ccyy 05/31/2013	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
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 location, and city, and zip)			
126. SIGNATURE OF DRONER / DEPUTY CORONER RACHEL BAKER		127. DATE mm/dd/ccyy 05/31/2013	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER		129. FAX AUTH.#	
130. CENSUS TRACT		131. STATE REGISTRAR	



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 **Jun 18, 2013**

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

* 0 0 1 1 5 8 8 6 5 *

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

PNC CO (Rev) 01/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

- 1. James D. Tielens died on 05/26/2013 in the County of Riverside, State of California;
- 2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
- 3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
- 4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
- 5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$47,950.97 +/-, generated from Assessor's Parcel Number(s) 446251047-7, sold at the Riverside County, California, public auction of tax-defaulted property held on 8/15/2013.

- 6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

James R. Tielens
Jason Tielens

- 7. The undersigned (please check which box(s) applies):

- Is successor(s) of the decedent to the decedent's interest in the described property, or
- Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

- 8. No other person has a superior right to the interest of the decedent in the described property;
- 9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

9/21/14

(DATE)

9/26/14

(DATE)

(DATE)

(DATE)

(DATE)

Jason Tielens

Printed Name


James Tielens

Printed Name

Printed Name

Printed Name

Printed Name



signature

signature

signature

signature

(Attach Additional Sheet if Necessary)
Page 1 of 2

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

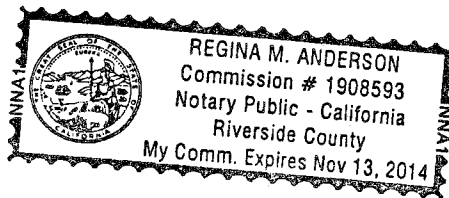
On 9/27/14 before me, Regina M. Anderson, Notary Public, Personally appeared
(Date) (Here insert name and title of the officer)

Jason Tielen, who proved to me on
(Name of Signer(s))

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

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

WITNESS my hand and official seal.



Signature Regina M. Anderson (Seal)

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 09/26/2014 before me, Kimberly Martinez, Notary Public, Personally appeared

(Date) James R Tielens (Here insert name and title of the officer)

, who proved to me on

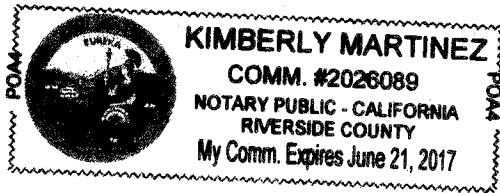
(Name of Signer(s))

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

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

WITNESS my hand and official seal.

Signature Kimberly Martinez (Seal)



POWER OF ATTORNEY
(Limited)

I, Jason D Tielens, hereby appoint Robert Weekes, President, Wealth Trackers Inc. as my true and lawful attorney and in my name and stead, and for my use and benefit to collect and process unclaimed funds held for me by Riverside County or other jurisdictions if applicable.

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers authorized hereby, as fully to all intents and purposes as the Grantor might or could do if personally present.

This Power of Attorney will cease six (6) months from date hereof.

Dated this 4th day of September, 2013.

Jason D Tielens
Signed, Jason D. Tielens (Principal)

09/04/2013
Date

Robert Weekes
Signed, Robert Weekes (Attorney-In-Fact)

9-4-2013
Date

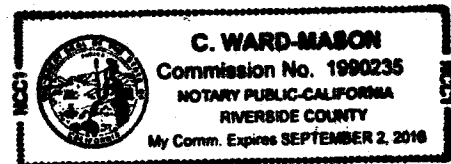
State of California)
: ss.
County of Riverside)

On September 4, 2013, before me, C. Ward-Mason, Notary Public, personally appeared JASON D Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Captal Ward-Mason
(Signature of Notary)



JOANNE ROSENDIN
DANA SACK

CHRISTOPHER J. DYAS
BARBARA A. NASH, OF COUNSEL

SACK ROSENDIN, LLP

ATTORNEYS AT LAW
THE ORDWAY
ONE KAISER PLAZA, SUITE 340
OAKLAND, CALIFORNIA 94612

TELEPHONE: (510) 286-2200
FACSIMILE: (510) 286-8887
WEBSITE: www.sackrosendin.com

September 26, 2014

Don Kent, Riverside County Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502-2205
Fax: 951- 955-3923
Email: ttc@co.riverside.ca.us

Re: Riverside Assessment No. 446351047-7 Item: 127, 566 East Johnston Avenue, Hemet
Claim to Excess Proceeds from Tax Sale

Dear Treasurer Kent:

My law firm and I have been engaged by Robert Weekes to assist him in collecting the Excess Proceeds from the Tax Sale of the home at 566 East Johnston Avenue in Hemet, on behalf of the heirs of the owner at the time of the sale. Attached are a copy of the Death Certificate for James Dean Tielens and your office's Authorization to Collect form signed by the son named on the Death Certificate. Mr. Weekes, Jason Tielens and I will be distributing the Excess Proceeds to all of James Tielens' children in equal shares.

Should you require any additional information or documents, please call me or email me at ds@sackrosendin.com.

Very truly yours,


Dana Sack

Attachments

cc: Mr. Robert Weekes

Jason D. Tielens
40854 Gibbel Rd
Hemet, CA 92544
Phone: 951-216-0480

October 3, 2014

Office of the Treasurer-Tax Collector
Riverside County, California
P.O. Box 12005
Riverside, CA 92502-2205

To Whom It May Concern:

I, Jason Dean Tielens, hereby revoke my assignment, agent authorization, Power of Attorney, collection agreement, and all other documents associated with Global Discoveries, Ltd. for my excess proceeds claim from county public auction dated August 15, 2013 (Assessment No. 446251047-7 Item 127). I have already named Wealth Trackers, Inc. as my agent for collection of excess proceeds as of September of last year, and was unaware that Global Discoveries was a different company. I was misled into signing paperwork with them when I was already under contract with Wealth Trackers.

I wish to terminate my arrangement with Global Discoveries and proceed with my original agent Wealth Trackers under the care of Dana Sack, Attorney At Law. Please continue your correspondence with him and him only.

Sincerely,

Jason Dean Tielens
Jason Dean Tielens

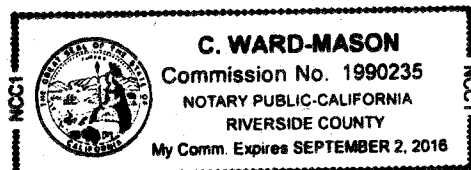
State of California)
: ss.
County of Riverside)

On Oct 3, 2014, before me, C. Ward-Mason, Notary Public, personally appeared JASON DEAN TIELENS, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Cyril Ward-Mason
(Signature of Notary)



POWER OF ATTORNEY
(Limited)

I, Jason D Tielens, hereby appoint Robert Weekes, President, Wealth Trackers Inc. as my true and lawful attorney and in my name and stead, and for my use and benefit to collect and process unclaimed funds held for me by Riverside County, CA.

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers authorized hereby, as fully to all intents and purposes as the Grantor might or could do if personally present.

This Power of Attorney will cease twelve (12) months from date hereof.

Dated this 3rd day of October, 2014.

Jason D Tielens
Signed, Jason D. Tielens (Principal)

10-3-14
Date

[Signature]
Signed, Robert Weekes (Attorney-In-Fact)

10-3-14
Date

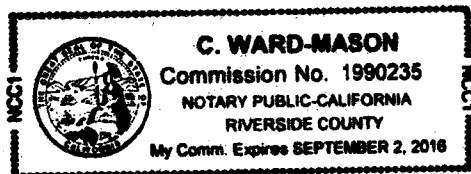
State of California)
: ss.
County of Riverside)

On Oct 3, 2014, before me, C. Ward-Mason, Notary Public, personally appeared Jason D. Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Captel Ward-Mason
(Signature of Notary)



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 197 Item 127 Assessment No.: 446251047-7

Assessee: TIELENS, JAMES D

Situs: 566 E JOHNSTON AVE HEMET 92543

Date Sold: August 20, 2013

Date Deed to Purchaser Recorded: October 2, 2013

Final Date to Submit Claim: October 2, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$56,65
\$ or \$48,447 from the sale of the above mentioned real property. I/We were the lienholder(s),
 property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County
Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto.
I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached
hereto each item of documentation supporting the claim submitted.

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

attach to preceding paperwork submitted:
letter from Sack Rosendin, LLP (Dana Sack)
death certificate for James D. Tielen
agent authorization form - Jason Tielen/Robert Weekes

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 1st day of October, 2014 at Los Angeles County, CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Robert Weekes
Print Name

Print Name

5270 W 64th St.
Street Address

Street Address

Inglewood, CA 90302
City, State, Zip

City, State, Zip

520-440-8296
Phone Number

Phone Number

c/o Dana Sack, Attorney At Law
Sack Rosendin, LLP
One Kaiser Plaza, Ste. 340
Oakland, CA 94612
510-286-2200

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make Robert Weekes my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7 Item: 127 sold at public auction on August 15, 2013. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 48,447 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

[Signature]
(Signature of Party of Interest)

James R Tielens
(Name Printed)

29290 Girard St
(Address)

Hemet ca
(City/State/Zip)

92544 - 951-925-9450
(Area Code/Telephone Number)

STATE OF CALIFORNIA RR)ss.
COUNTY OF Riverside Orange

On October 4, 2014, before me, Rebecca L Ruben, notary Public, personally appeared James R. Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.
[Signature]
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the 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 RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

[Signature]
(Signature of Agent)

Robert Weekes, President, Wealth Trackers Inc.
(Name Printed)

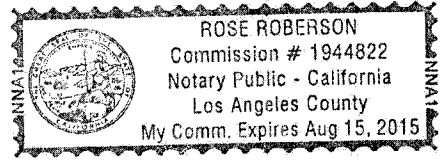
5270 W 64th St.
(Address)

Inglewood, CA 90302
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles

On 12/10/2014, before me, the undersigned, a Notary Public in and for said State, personally appeared ROBERT WEEKES, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
[Signature]
(Signature of Notary)



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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make Robert Weekes my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7 Item: 127 sold at public auction on August 15, 2013. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 48,447 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

[Signature]
(Signature of Party of Interest)

James R Tielens
(Name Printed)

29290 Girard st
(Address)

Hemet ca
(City/State/Zip)

92544 - 951-925-9450
(Area Code/Telephone Number)

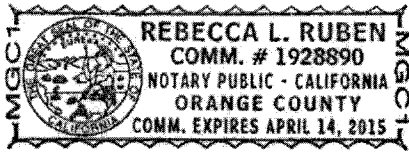
STATE OF CALIFORNIA RLR)ss.
COUNTY OF Riverside Orange

On October 4, 2014, before me, Rebecca L Ruben, notary Public, personally appeared James R. Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the 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 RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

(Signature of Agent)

Robert Weekes, President, Wealth Trackers Inc.
(Name Printed)

5270 W 64th St.
(Address)

Inglewood, CA 90302
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF Los Angeles

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary)

CLAIM WITHDRAWAL

The undersigned party(ies) of interest, Robert Weeks., hereby withdraw my claim to the excess proceeds that are the result of property(ies) sold on 8/15/2013 at the Riverside County, California, public auction of tax defaulted property, described as follows: Riverside County Assessor's Parcel Number(s): 446251047-7. I am withdrawing my claim filed on behalf of James R. Tielens. My claim filed on behalf of Jason Tielens shall not be affected by this claim withdrawal.

Therefore, the undersigned does hereby authorize and instruct the Riverside County Treasurer-Tax Collector to return to Robert Weeks. the full and complete claim package that we are now requesting to be withdrawn.

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

Executed this 30 day of December, 2015 at Inglewood, California.

By: [Signature]
Robert Weeks
5270 W. 64th St.
Inglewood, CA 90302

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CALIFORNIA)

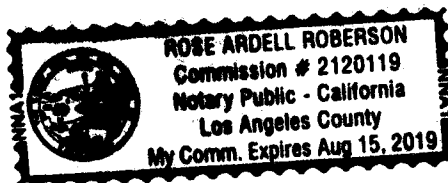
County of Los Angeles)

On 12/30/2015 before me, Rose Ardel Roberson, Notary Public personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.
[Signature] (seal)
Signature of Notary Public



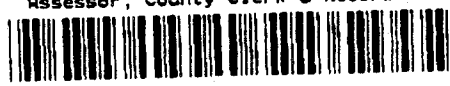
DOC # 2009-0318990 ✓
 ✓06/23/2009 08:00A Fee:24.00
 Page 1 of 6
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder

RECORDING REQUESTED BY:

JAMES T. YBARRONDO

WHEN RECORDED RETURN TO:

JAMES T. YBARRONDO
 901 E. Morton Place, Suite 1
 Hemet, California 92543



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JUDGMENT ON WAIVER OF ACCOUNTING ✓

25



APR 10 2009

JUN 3 2009

1 JAMES T. YBARRONDO, ESQ.
2 ATTORNEY AT LAW
3 901 EAST MORTON PLACE, SUITE 1
4 HEMET, CALIFORNIA 92543
5 (951) 925-6666

(Bar No: 58706)

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 02 2009

K. Gutknecht KG

6 ATTORNEYS FOR: Executor

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 IN AND FOR THE COUNTY OF RIVERSIDE
9

10
11 Estate of

12 MAURICE A. TIELENS,

13 Decedent.
14

CASE NO. HEP000663 ✓

JUDGMENT ON WAIVER
OF ACCOUNTING, ALLOWING
STATUTORY FEES AND FOR
FINAL DISTRIBUTION

15 JAMES D. TIELENS, as Executor of the Will of MAURICE A.
16 TIELENS, deceased, having heretofore filed his waiver of account
17 and petition for final distribution, and the petition being
18 regularly scheduled for hearing on 4/2, 2009, the Court
19 finds:

20 Due notice of the hearing of the petition has been
21 regularly given as required by law.

22 All the allegations of the petition are true.

23 MAURICE A. TIELENS died testate on December 2, 2006, in
24 the City of Hemet, County of Riverside, State of California, being
25 at the time of his death a resident thereof.

26 On February 6, 2007, JAMES D. TIELENS was appointed
27 Executor of the decedent's Will. He qualified as the Executor on
28 that date, and ever since has been and now is the Executor of the

Judgment/ Waiver

1

1 decedent's Will.

2 The time for filing or presenting claims has expired and
3 the estate now is in a condition to be closed.

4 All debts of the decedent and of the estate and all
5 expenses of administration thereof, except closing expenses and
6 attorneys' fees, have been paid.

7 All personal property taxes due and payable by this
8 estate have been paid.

9 No federal estate tax return has been made or filed for
10 this estate for the reason that the estate was not sufficient to
11 require such a return, and no federal estate tax is due.

12 No California state or federal income taxes are due or
13 payable by this estate.

14 The estimated expenses of closing this estate, including
15 the reserve for payment of any tax deficiency which may be assessed
16 against the estate, are \$1,000.00, and the Executor should be
17 authorized to withhold that sum from distribution.

18 The Executor should be directed to pay to his attorneys,
19 LAW OFFICES OF JAMES T. YBARRONDO, the sum hereafter specified as
20 their statutory fee for their services rendered in the
21 administration of this estate.

22 All the assets of the estate are the separate property of
23 the decedent.

24 Distribution should be ordered as prayed for.

25 IT IS ORDERED AND ADJUDGED that:

26 1. The administration of the estate is brought to a
27 close without the requirement of an accounting.

28 2. All the acts and transactions of the Executor

Judgment/ Waiver

2

1 relating to the matters set forth in the petition are ratified,
2 confirmed, and approved.

3 3. The Executor is authorized and directed to retain the
4 sum of \$1,000.00 from distribution at this time to defray closing
5 expenses and as a reserve for any tax deficiency which may
6 hereafter be determined to be due, and any unexpended portion of
7 said reserve is hereby distributed as set forth in paragraph 5
8 below.

9 4. The Executor is directed to pay to his attorneys, LAW
10 OFFICES OF JAMES T. YBARRONDO, the sum of ~~\$9,011.13~~ ^{\$9,630.00} as their
11 statutory fees for their services rendered in the administration of
12 this estate.

13 5. The estate in the possession of the Executor
14 remaining for distribution, after the payments and withholding
15 herein ordered in Paragraphs 3 and 4 above, consists of cash and
16 other assets and is distributed as follows:

17 TO JAMES D. TIELENS:

\$ 30,277.04

18 Cassini Promissory Note
19 Secured by property located at:
 31812 Highway 74, Hemet ✓

20 Home and Real Property located at:
21 *566 East Johnston Avenue
 Hemet, CA 92543

22 Legally described as:
23 Lot 3 in Block 195 if the Lands of the
24 Hemet Land Company, as shown by Map on
25 file in Book 1 Page 14 of Maps, Riverside
26 County Records: Excepting therefrom the
27 Westerly 208.7 feet of the North half of
28 said Lot 3; also excepting therefrom that
 portion of said Lot 3 described as
 follows: Beginning at the Southwest
 corner; thence North on the West line of
 said Lot 3, 330 feet to the Northwest
 corner of the South half of said Lot 3;
 thence East on the North line of the South
 half of Lot 3, 233 feet; thence South,
 parallel with the West line of Lot 3, 97

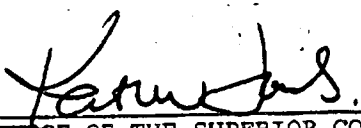
Judgment/ Waiver

3

1	feet; thence West, parallel with the South	
2	line of Lot 3, 66 feet; thence South,	
3	parallel with the West line of Lot 3, 233	
4	feet to the South line of Lot 3; thence	
5	West, on the South line of Lot 3, 167 feet	
6	to the point of beginning; Also excepting	
7	therefrom an undivided one-half interest	
8	in all oil, gas, petroleum, naptha and	
9	other hydrocarbon substances and minerals	
	in, upon or beneath the property herein	
	described, together with right of entry	
	and all other rights appurtenant thereto	
	and rights of way and easements necessary	
	to develop and remove same; also excepting	
	therefrom any portion thereof included on	
	Buena Vista Street and Johnston Avenue.	290,000.00
10	Household furniture and furnishings	2,000.00
11	1987 Chevrolet Suburban	
12	VIN#1GKER16KXHF514591	2,450.00
13	1990 Chevrolet	
14	VIN#2GCHC39N7L1200148	3,175.00
15	1989 Chevrolet Suburban	
16	VIN#1GNGR26N9KF185255	3,000.00
17	Cash Residue	<u>104.56</u>
		\$331,006.60

19 6. Any other property of the estate not now known or
20 discovered which may belong to the estate, or in which the decedent
21 or the estate may have any interest, shall be distributed as set
22 forth above in paragraph 3.

23 DATED: 6/26/09

24 
25 _____
26 JUDGE OF THE SUPERIOR COURT
27 Commissioner
28

Judgment/ Waiver

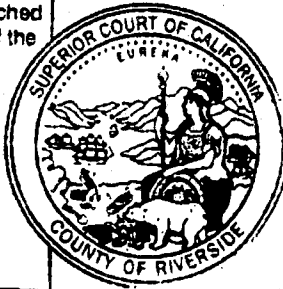
This must be in red to be a
"CERTIFIED COPY"

Each document to which this certificate is attached
is certified to be a full, true and correct copy of the
original on file and of record in my office.

Superior Court of California
County of Riverside

By Mary Martinez
DEPUTY

Dated: 6/16/09



Certification must be in red to be a
"CERTIFIED COPY"

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052013105744

CERTIFICATE OF DEATH

3201333006035

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE DEAN		3. LAST (Family) TIELENS	
AKA, ALSO KNOWN AS - (include full AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH: mm/dd/yyyy 11/18/1955		5. AGE Yrs. 57		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY: CA		12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED		7. DATE OF DEATH: mm/dd/yyyy 05/26/2013	
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MOTORCYCLE BUILDER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 566 EAST JOHNSTON AVENUE					
21. CITY HEMET		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92543	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JASON TIELENS, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 29290 GIRARD STREET, HEMET, CA 92544		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST MAURICE		32. MIDDLE ADRIAN		33. LAST TIELENS	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST MARY		36. MIDDLE MARGARET	
37. LAST (BIRTH NAME) SHUMACHER		38. BIRTH STATE KS			
39. DISPOSITION DATE: mm/dd/yyyy 06/04/2013		40. PLACE OF FINAL DISPOSITION RESIDENCE OF JASON TIELENS 29290 GIRARD STREET, HEMET, CA 92544			
41. TYPE OF DISPOSITION: CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER: -	
44. NAME OF FUNERAL ESTABLISHMENT MCWANE FAMILY FUNERAL HOME		45. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		46. DATE: mm/dd/yyyy 06/03/2013	
101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/ICU <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and Number, or location) 1117 EAST DEVONSHIRE AVENUE		106. CITY HEMET	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PULMONARY THROMBOEMBOLI		Time Interval Between Onset and Death: (A) DAYS 2013-04964		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. (B) DEEP VEIN THROMBOSIS		(B) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C)		(C) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(D) DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, 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 Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER: CAMERON KAISER, MD		116. LICENSE NUMBER: _____ 117. DATE: mm/dd/yyyy 06/03/2013	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		121. INJURY DATE: mm/dd/yyyy 122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, woods/area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER RACHEL BAKER		127. DATE: mm/dd/yyyy 05/31/2013		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RACHEL BAKER, DEPUTY CORONER	

STATE REGISTRAR A B C D E **05/31/2013** FAX AUTH.# CENSUS TRACT

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

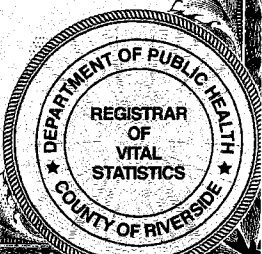
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

* 0 0 1 1 5 8 8 6 5 *

DATE ISSUED **Jun 18, 2013**

Cameron Kaiser
 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.



CONTINGENCY AGREEMENT

This Agreement is made by and between James R. Tielens,
(hereafter referred to as CLIENT) and Wealth Trackers, Inc.,
(hereafter referred to as COMPANY).

1. RECITALS: This agreement is made with reference to the following facts and circumstances.

- a) COMPANY is in the business of processing claims for unclaimed funds it has located.
- b) CLIENT is eligible to claim funds of approximately \$48,000.

2. PERFORMANCE:

- a) COMPANY will pay all costs and perform all reasonable duties necessary to obtain the funds for CLIENT.
- b) COMPANY agrees to provide all forms and documents required to process the claim. CLIENT agrees to provide additional documentation as necessary when available.
- c) CLIENT authorizes COMPANY to act as their exclusive agent to process the claim and disburse funds to CLIENT in a timely manner (within 30 days after receipt of funds).
- d) COMPANY agrees to mail CLIENT copies of all documents upon receipt.
- e) Both parties agree to cooperate fully with all reasonable requests from the other in performance of this Agreement.

3. COMPENSATION:

- a) *CLIENT and COMPANY agree that this Agreement is contingent upon CLIENT actually receiving CLIENT'S share of the funds. In the event the claim is not paid out, all parties are released of their duties and obligations under this Agreement and CLIENT will have no obligation whatsoever to compensate COMPANY. CLIENT is aware of their right to file a claim on their own without assistance provided by COMPANY. CLIENT agrees that contingency fee listed below is reasonable.*
- b) CLIENT and COMPANY agree to a 40 % contingency fee. CLIENT will not pay COMPANY any fee on any amount that is not due to CLIENT or that must be shared or paid out to another party.
- c) CLIENT is not required to pay any of COMPANY's expenses. All expenses will be paid by COMPANY and will come out of COMPANY's fee.
- d) For clarification, COMPANY is ONLY entitled to 40 % of the funds that are actually collected and CLIENT is entitled to 60 % of funds collected.

4. MISCELLANEOUS PROVISIONS:

- a) *Counterparts and Facsimile Transmission* - This Agreement may be signed in

counterparts. A signed copy received by fax or email shall be deemed an original.

- b) *Governing Law, Venue, and Relief* - This Agreement shall be governed under the laws of the State of California. In the event a dispute arises by either party, the venue shall be in Los Angeles County, California. The prevailing party shall be entitled to reasonable attorney's fees and other relief awarded by the Court.
- c) *Binding* - This Agreement is binding upon all heirs, successors in interest, and assigns.

Dated this 26th day of September, 20 13.

[Signature]
 Authorized Signature for Company
 Wealth Trackers, Inc.
 5270 W 64th St
 Inglewood, CA 90302
 520-440-8296

Dated this 26 day of September, 20 13.

James R Tielens
Print Client's Name

702-465-8963
Phone

[Signature]
Client's Signature

[Blank]
Fax

[Blank]
Print Client's Name

1221 S. 15th street
Address

[Blank]
Client's Signature

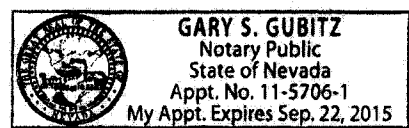
Las Vegas NV 89104
City State Zip

On 26 September 2013, before me, GARY S. GUBITZ, Notary Public, personally appeared JAMES R. TIELENS, 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 (s) the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



CONTINGENCY AGREEMENT

This Agreement is made by and between James R. Tielens,
(hereafter referred to as CLIENT) and Wealth Trackers, Inc.,
(hereafter referred to as COMPANY).

1. RECITALS: This agreement is made with reference to the following facts and circumstances.

- a) COMPANY is in the business of processing claims for unclaimed funds it has located.
- b) CLIENT is eligible to claim funds of approximately \$24,000.

2. PERFORMANCE:

- a) COMPANY will pay all costs and perform all reasonable duties necessary to obtain the funds for CLIENT.
- b) COMPANY agrees to provide all forms and documents required to process the claim. CLIENT agrees to provide additional documentation as necessary when available.
- c) CLIENT authorizes COMPANY to act as their exclusive agent to process the claim and disburse funds to CLIENT in a timely manner (within 30 days after receipt of funds).
- d) COMPANY agrees to mail CLIENT copies of all documents upon receipt.
- e) Both parties agree to cooperate fully with all reasonable requests from the other in performance of this Agreement.

3. COMPENSATION:

- a) *CLIENT and COMPANY agree that this Agreement is contingent upon CLIENT actually receiving CLIENT'S share of the funds. In the event the claim is not paid out, all parties are released of their duties and obligations under this Agreement and CLIENT will have no obligation whatsoever to compensate COMPANY. CLIENT is aware of their right to file a claim on their own without assistance provided by COMPANY. CLIENT agrees that contingency fee listed below is reasonable.*
- b) CLIENT and COMPANY agree to a 30 % contingency fee. CLIENT will not pay COMPANY any fee on any amount that is not due to CLIENT or that must be shared or paid out to another party.
- c) CLIENT is not required to pay any of COMPANY's expenses. All expenses will be paid by COMPANY and will come out of COMPANY's fee.
- d) For clarification, COMPANY is ONLY entitled to 30 % of the funds that are actually collected and CLIENT is entitled to 70 % of funds collected.

4. MISCELLANEOUS PROVISIONS:

- a) *Counterparts and Facsimile Transmission* - This Agreement may be signed in

counterparts. A signed copy received by fax or email shall be deemed an original.

- b) *Governing Law, Venue, and Relief* – This Agreement shall be governed under the laws of the State of California. In the event a dispute arises by either party, the venue shall be in Los Angeles County, California. The prevailing party shall be entitled to reasonable attorney's fees and other relief awarded by the Court.
- c) *Binding* – This Agreement is binding upon all heirs, successors in interest, and assigns.

Dated this 4th day of October, 20 14.

 Authorized Signature for Company
 Wealth Trackers, Inc.
 5270 W 64th St
 Inglewood, CA 90302
 520-440-8296

Dated this 4 day of October, 20 14.

James R Tielens
Print Client's Name

951-287-8976
Phone

[Signature]
Client's Signature

Fax

Print Client's Name

29290 Girard St.
Address

Client's Signature

Hemet CA 92544
City State Zip

State of California County of Orange

On October 4, 2014, before me, Rebecca L. Ruben, Notary Public, personally appeared James R. Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



POWER OF ATTORNEY
(Limited)

I, James R Tielens, hereby appoint Robert Weekes, President, Wealth Trackers Inc. as my true and lawful attorney and in my name and stead, and for my use and benefit to collect and process unclaimed funds held for me by Riverside County or other jurisdictions if applicable.

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers authorized hereby, as fully to all intents and purposes as the Grantor might or could do if personally present.

This Power of Attorney will cease six (6) months from date hereof.

Dated this 26th day of September, 20 13.

[Signature] 26-9-13
Signed, James R. Tielens (Principal) Date

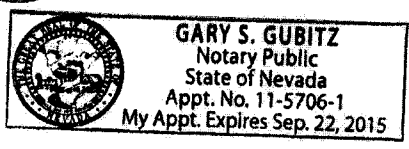
[Signature] 9-26-13
Signed, Robert Weekes (Attorney-In-Fact) Date

State of NEVADA)
~~California~~)
County of CLARK) : ss.
~~Riverside~~)

On 26 SEPTEMBER 2013, before me, GARY S. GUBITZ, Notary Public, personally appeared JAMES R. TIELENS, 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/het/their authorized capacity(ies), and that by his/het/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.
[Signature]
(Signature of Notary)



POWER OF ATTORNEY
(Limited)

I, James R Tielens, hereby appoint Robert Weekes, President, Wealth Trackers Inc. as my true and lawful attorney and in my name and stead, and for my use and benefit to collect and process unclaimed funds held for me by Riverside County or other jurisdictions if applicable.

Giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the execution of the powers authorized hereby, as fully to all intents and purposes as the Grantor might or could do if personally present.

This Power of Attorney will cease twelve (12) months from date hereof.

Dated this 4th day of October, 20 14.

[Signature]
Signed, James R. Tielens (Principal)

10-4-14
Date

Signed, Robert Weekes (Attorney-In-Fact)

Date

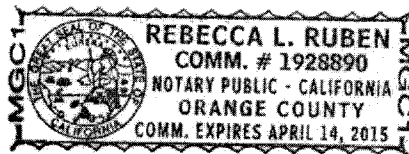
State of California
County of Orange : ss.
~~Riverside~~

On October 4, 2014, before me, Rebecca L. Ruben, Notary Public personally appeared James R. Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



James R. Tielens
15123 Brookhurst St. Apt. 186
Westminster, CA 92683
Phone: 951-218-7092

October 4, 2014

Office of the Treasurer-Tax Collector
Riverside County, California
P.O. Box 12005
Riverside, CA 92502-2205

To Whom It May Concern:

I, James R Tielens, hereby revoke my assignment, agent authorization, Power of Attorney, collection agreement, and all other documents associated with Global Discoveries, Ltd. for my excess proceeds claim from county public auction dated August 15, 2013 (Assessment No. 446251047-7 Item 127). I have already named Wealth Trackers, Inc. as my agent for collection of excess proceeds as of September of last year, and was unaware that Global Discoveries was a different company. I was misled into signing paperwork with them when I was already under contract with Wealth Trackers.

I wish to terminate my arrangement with Global Discoveries and proceed with my original agent Wealth Trackers under the care of Dana Sack, Attorney At Law. Please continue your correspondence with him and him only.

Sincerely,

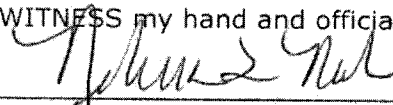


James Robert Tielens

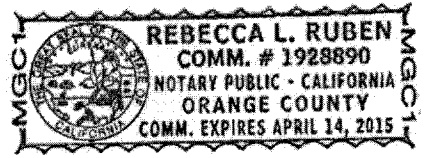
State of California)
County of Orange : ss.
~~Riverside~~

On October 4, 2014, before me, Rebecca L. Ruben, personally appeared James Robert Tielens, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.


(Signature of Notary)



AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION 13101

The undersigned state(s) as follows:

James Dean Tielens (name of decedent) died on
May 26, 2013, in the County of Riverside, State of California and:

1. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - a) No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - b) The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code §13050, does not exceed \$150,000.
4. An Inventory and Appraisalment of the real property in the decedent's estate is attached, or
 There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code §13100 (attach additional sheets if necessary):

Riverside County Excess proceeds TC 197 Item 127 (APN: 446251047-7)

6. The successor(s) of the decedent, as defined in Probate Code §13006, is/are:
Jason Dean Tielens and James Robert Tielens (sons)
7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
 The undersigned is/are authorized under California Probate Code §13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered or transferred to the undersigned.

I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct (attach additional sheets if necessary).

Date	Printed name	Signature
<u>7-14-2015</u>	<u>Jason D Tielens</u>	<u>[Signature]</u>
<u>7-20-2015</u>	<u>James R Tielens</u>	<u>[Signature]</u>

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisalment (Probate Form DE-160, DE-161).
2. Have this affidavit notarized.

**Please See Attached
California Notarial
Certificate**

HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H.R.S 502-41(6)

State of Hawaii }
County of Hawaii } ss.

On this 20th day of July, 2015, in the 3rd Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

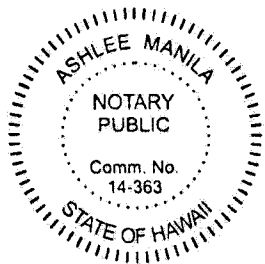
before me personally appeared James R. Tielens (.) ~~and~~
Name of Signer 1

_____ (.) to me personally known or proved
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say
that such person(s) executed the foregoing instrument identified or described as
Affidavit Under California Probate as the free act and deed of such person(s),
Type of Document

and if applicable, in the capacity shown having been duly authorized to execute such instrument
in such capacity. The foregoing instrument is dated undated and
Date of Document

contained 1 pages at the time of this acknowledgment/certification.
No. of Pages



Ashlee Manila
Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires: 10-12-2018

[Signature]
Signature of Notary Public

Place Notary Seal or Stamp Above

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside

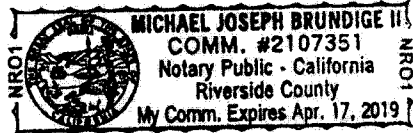
On July 14th, 2019 before me, Michael Joseph Brundige II
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



CLAIM SUMMARY

Date: September 29, 2014

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 446251047-7

Last Assessee: TIELENS JAMES D

Sale Date: 8/15/2013

TC: TC 197

Item Number: 317 127

Deadline: 10/2/2014

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. Explanation of Events
2. Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens granting above property 100% interest to James D. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
3. Certificate of Death for James D. Tielens (Certified Copy of DC in the claim package for James R. Tielens).
4. Probate Affidavit for the Estate of James D. Tielens signed by Two Heirs/Successors; James R. Tielens and Jason Tielens. (Original in the claim package for James R. Tielens).
5. Certified Certificate of Birth for Jason Tielens
6. Original Notice of Action referencing the 566 E. Johnston Ave Hemet, CA 92543 address; which is one and the same address as the above referenced parcel.
7. Declaration of one and The Same Person
8. Assignment of Rights To Collect Excess Proceeds signed by Jason Tielens, as heir to the Estate of James D. Tielens
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Jason Tielens

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

- One warrant in the amount of \$23,975.48 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to jed@gd-ltd.com.

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

Certified Tracking Number: 7014-0510-0001-4046-2250

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 446251047-7, Tax Sale Number TC 197, Item 317 sold at public auction on 8/15/2013. I understand that the total of excess proceeds available for refund is \$ 47,950.97+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM

FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

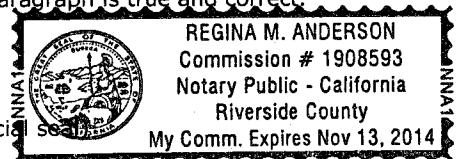
Jason Tielens
(Signature of Party of Interest/Assignor) (Date)
Tax ID/SS# _____

Jason Tielens, as heir to the Estate of James D. Tielens
(Name Printed)
40854 Gibbel Road
(Address)
Hemet, CA 92544
(City/State/Zip)
951-0216-0480
(Area Code/Telephone Number)

STATE OF CALIFORNIA)
COUNTY OF Riverside) ss.

On 9/21/14, before me Regina M. Anderson, notary public personally appeared Jason Tielens Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Regina M. Anderson
(Signature of Notary)



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

Jed Byerly
(Signature of Assignee) Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS# _____
Global Discoveries Ltd.
(Address)
STATE OF CALIFORNIA) ss. P.O. Box 1748
COUNTY OF Stanislaus) Modesto, CA 95353-1748
(City/State/Zip)

On 9-30-2014, before me Michelle Reynosa, Notary Public personally appeared ***Jed Byerly*** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Michelle Reynosa
(Signature of Notary)



(This area for official seal)

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 446251047-7

Tax Sale Number: TC 197

Item Number: 317

Date of Sale: 8/15/2013

The undersigned claimant, Global Discoveries, Ltd., claims \$23,975.48+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

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

Executed this 30th day of September 2014 at Modesto, California.

By: [Signature]
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID #
P.O. Box 1748
Modesto, CA 95353-1748

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

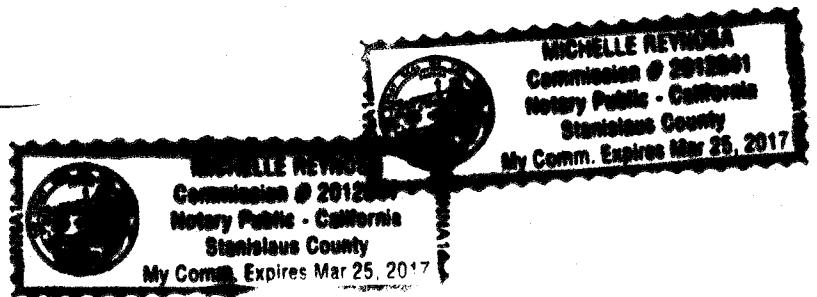
County of Stanislaus

On 9-30-2014 before me, Michelle Reynosa, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.
[Signature]
Signature of Notary Public (seal)



December 1, 2015

VIA CERTIFIED MAIL

Riverside County Treasurer-Tax Collector
Attn: Jennifer Pazicni
4080 Lemon Street
4th Floor
Riverside, CA 92501

RE: Parcel #446251047-7 TC 197 Item #317 127

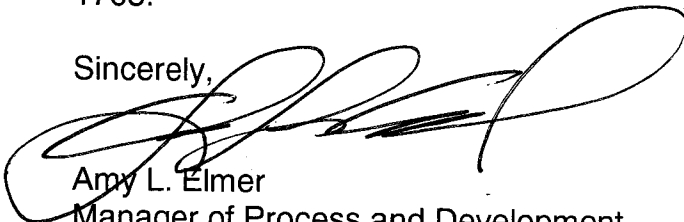
Dear Ms. Pazicni:

Global Discoveries, Ltd has worked directly with the competing claimant, Robert Weeks, who filed a claim on behalf of James R. Tielens and Jason Tielens. In an effort to save the county time and resources Global and Mr. Weeks have come to an agreement that Mr. Weeks will withdraw his claim on behalf of James R. Tielens and Global Discoveries, Ltd will withdraw their claim on behalf of Jason Tielens.

In light of the above, Global Discoveries, Ltd will now have a claim in place for James R. Tielens and Robert Weeks will have a claim in place for Jason Tielens. Enclosed you will find Global Discoveries, Ltd withdrawal of our claim on behalf of Jason Tielens and a withdrawal from Robert Weeks' claim on behalf of James R. Tielens.

We would like to take this time to thank you in advance for your assistance with this matter. If there is anything further that you may need, please contact me at (209) 593-3917 or (800) 710-1703.

Sincerely,



Amy L. Elmer
Manager of Process and Development

Cc: Client File

Mr. Robert Weeks

CLAIM WITHDRAWAL

The undersigned party(ies) of interest, Global Discoveries Ltd., hereby withdraw my claim to the excess proceeds that are the result of property(ies) sold on 8/15/2013 at the Riverside County, California, public auction of tax defaulted property, described as follows: Riverside County Assessor's Parcel Number(s): 446251047-7. Global is withdrawing our claim filed on behalf of Jason. Tielens. Our claim filed on behalf of James R. Tielens shall not be affected by this claim withdrawal.

Therefore, the undersigned does hereby authorize and instruct the Riverside County Treasurer-Tax Collector to return to Global Discoveries Ltd. the full and complete claim package that we are now requesting to be withdrawn.

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

Executed this 5TH day of January, 2016 at Modesto, California.

By: [Signature]
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID #
P.O. Box 1748
Modesto, CA 95353-1748

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Stanislaus

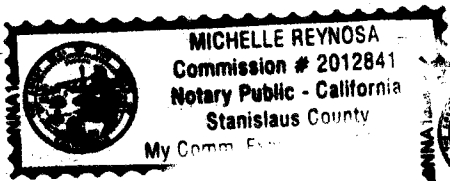
On 01-05-2016 before me, Michelle Reynosa, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

[Signature] (seal)
Signature of Notary Public



Explanation of Events

**For Property: 566 JOHNSTON AVE E HEMET, CA 92543
(446251047-7)**

- James D. Tielens was the record owner of the above property Per Judgment on Waiver for the Estate of Maurice A. Tielens Recorded on June 23, 2009.

- James D. Tielens died on May 26, 2013. He died with No Surviving Spouse, No Last Will and Testament nor was his Estate ever probated in the State of California.

- James D. Tielens left two biological children; James Robert Tielens and Jason Dean Tielens.

******Therefore, due to the above James Robert Tielens and Jason Dean Tielens are both entitled to collect 50% and/or \$23,975.48+- of the excess proceeds available for the above referenced property. ******

DOC # 2009-0318990
 06/23/2009 08:00A Fee:24.00
 Page 1 of 6
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:

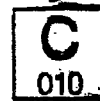
JAMES T. YBARRONDO

WHEN RECORDED RETURN TO:

JAMES T. YBARRONDO
 901 E. Morton Place, Suite 1
 Hemet, California 92543

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JUDGMENT ON WAIVER OF ACCOUNTING

Public Record

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013105744

CERTIFICATE OF DEATH

3201333006035

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 3/06)

STATE FILE NUMBER: 3052013105744 LOCAL REGISTRATION NUMBER: 3201333006035

1. NAME OF DECEDENT-- FIRST (Given): JAMES
2. MIDDLE: DEAN
3. LAST (Family): TIELENS

4. DATE OF BIRTH: 11/18/1955
5. AGE Yrs: 57
6. SEX: M

7. DATE OF DEATH: 05/26/2013
8. HOUR (24 Hours): 1115

9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: [REDACTED]
11. EVER IN U.S. ARMED FORCES? YES [] NO [X] UNK []
12. MARITAL STATUS/GRDP* (at Time of Death): DIVORCED
13. EDUCATION-- Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) YES [] NO [X]
16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back): CAUCASIAN

17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED: MOTORCYCLE BUILDER
18. YEARS IN OCCUPATION: 30
19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): TRANSPORTATION

20. DECEDENT'S RESIDENCE (Street and number, or location): 566 EAST JOHNSTON AVENUE
21. CITY: HEMET
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92543
24. YEARS IN COUNTY: 50
25. STATE/FOREIGN COUNTRY: CA

26. INFORMANT'S NAME, RELATIONSHIP: JASON TIELENS, SON
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 29290 GIRARD STREET, HEMET, CA 92544

28. NAME OF SURVIVING SPOUSE/SRDP--FIRST: [REDACTED]
29. MIDDLE: [REDACTED]
30. LAST (Birth Name): [REDACTED]

31. NAME OF FATHER/PARENT--FIRST: MAURICE
32. MIDDLE: ADRIAN
33. LAST (Birth Name): TIELENS
34. BIRTH STATE: CA

35. NAME OF MOTHER/PARENT--FIRST: MARY
36. MIDDLE: MARGARET
37. LAST (Birth Name): SHUMACHER
38. BIRTH STATE: KS

39. DISPOSITION DATE (mm/dd/yyyy): 06/04/2013
40. PLACE OF FINAL DISPOSITION (RESIDENCE OF DECEASED): 29290 GIRARD STREET, HEMET, CA 92544

41. TYPE OF DISPOSITION: CR/RFS
42. SIGNATURE OF EMBALMER: [REDACTED]
43. LICENSE NUMBER: [REDACTED]
44. NAME OF FUNERAL ESTABLISHMENT: MCWANE FAMILY FUNERAL HOME
45. LICENSE NUMBER: [REDACTED]
46. SIGNATURE OF LOCAL REGISTRAR: [REDACTED]
47. DATE (mm/dd/yyyy): 06/03/2013

101. PLACE OF DEATH: HEMET VALLEY MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: IP [] ER/OP [X] DCA []
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Hospice [] Assisted Home/LTC [] Decedent's Home [] Other []
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 1117 EAST DEVONSHIRE AVENUE
106. CITY: HEMET

107. CAUSE OF DEATH: Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE.
(A) IMMEDIATE CAUSE: PULMONARY THROMBOEMBOLI
(B) DEEP VEIN THROMBOSIS
(C) UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST: MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES MELLITUS

108. DEATH REPORTED TO CORONER? (A) YES [X] NO []
109. DEATH REPORTED TO CORONER? (B) YES [] NO [X]
110. BIOPSY PERFORMED? (C) YES [] NO [X]
111. AUTOPSY PERFORMED? (D) YES [] NO [X]
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: MORBID OBESITY, HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, 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.
115. SIGNATURE AND TITLE OF CERTIFIER: [REDACTED]
116. LICENSE NUMBER: [REDACTED]
117. DATE (mm/dd/yyyy): [REDACTED]

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: [REDACTED]

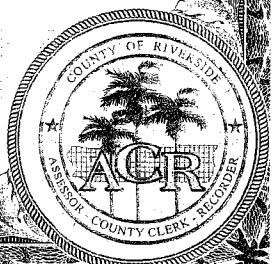
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
120. INJURED AT WORK? YES [] NO [X] UNK []
121. INJURY DATE (mm/dd/yyyy): [REDACTED]
122. HOUR (24 Hours): [REDACTED]

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): [REDACTED]
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): [REDACTED]
125. LOCATION OF INJURY (Street and number, or location, and city, and zip): [REDACTED]

126. SIGNATURE OF CORONER / DEPUTY CORONER: [REDACTED]
127. DATE (mm/dd/yyyy): 05/31/2013
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: RACHEL BAKER, DEPUTY CORONER

STATE REGISTRAR: A [] B [] C [] D [] E []
FAX AUTH.#: [REDACTED]
CENSUS TRACT: [REDACTED]

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



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

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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. James D. Tielens died on 05/26/2013 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$47,950.97 +-, generated from Assessor's Parcel Number(s) 446251047-7, sold at the Riverside County, California, public auction of tax-defaulted property held on 8/15/2013.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

James R. Tielens
Jason Tielens

7. The undersigned (please check which box(s) applies):

- Is successor(s) of the decedent to the decedent's interest in the described property, or
- Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

9/26/14

(DATE)

9/26/14

(DATE)

(DATE)

(DATE)

(DATE)

Jason Tielens

Printed Name


James Tielens

Printed Name

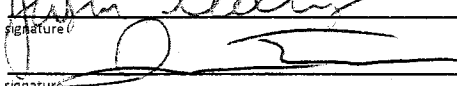
Printed Name

Printed Name

Printed Name



signature



signature

signature

signature

signature

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

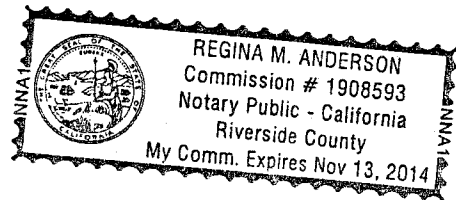
On 9/27/14 before me, Regina M. Anderson, Notary Public, Personally appeared
(Date) (Here insert name and title of the officer)

Jason Tielens, who proved to me on
(Name of Signer(s))

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

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

WITNESS my hand and official seal.



Signature Regina M. Anderson (Seal)

CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Riverside

On 09/26/2014 before me, Kimberly Martinez, Notary Public, Personally appeared

(Date) James R Tielens (Here insert name and title of the officer)

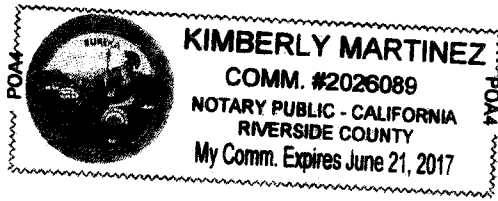
_____, who proved to me on

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

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

WITNESS my hand and official seal.

Signature Kimberly Martinez (Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

104 - 84-40881 **CERTIFICATE OF LIVE BIRTH** 33 011685
STATE BIRTH CERTIFICATE NUMBER STATE OF CALIFORNIA LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST JASON	1B. MIDDLE DEAN	1C. LAST TIELENS
	2. SEX Male	3A. THIS BIRTH, SINGLE, TWIN, 3B. IF MULTIPLE, THIS CHILD, 1ST, 2ND, ETC. Single	4A. DATE OF BIRTH—MONTH, DAY, YEAR Dec 5, 1984
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY Hemet Valley Hospital	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 1116 E. Latham	4B. HOUR—(24 HOUR CLOCK TIME) 1119
	5C. CITY OR TOWN Hemet	5D. COUNTY Riverside	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST James	6B. MIDDLE Dean	6C. LAST Tielens
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST Brenda	9B. MIDDLE Dawn	9C. LAST (BIRTH NAME) Kurz
PARENT'S CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>[Signature]</i>	12B. RELATIONSHIP TO CHILD MOTHER
			112C. DATE SIGNED 12-6-84
ATTENDANT'S CERTIFICATION	1. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>[Signature]</i>	13B. LICENSE NUMBER C 28428
	14.	13C. TYPED NAME AND ADDRESS Robert V. Tate M.D. 1600 E. Florida Ave #103 Hemet	113C. DATE SIGNED 12/13/84
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>	17. DATE ACCEPTED FOR REGISTRATION DEC 27 1984

INFORMATIONAL DOCUMENT

TO ESTABLISH IDENTIFICATION




 * 0 3 4 4 1 5 3 6 5 *

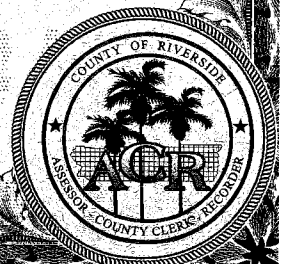
CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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 SEP 18 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





NOTICE OF ACTION

Worker Name: Christi Andre
Worker ID:
Worker Phone Number: (951) 791-3673
Notice Date: 05/12/2012
Case Name: Jason Tielens
Case Number:
Office Hours: Mon. - Thur. 7:00 AM - 5:30 PM Closed Fri.
TDD - For Hearing Impaired: (800) 952-8349

Jason Tielens
566 E JOHNSTON AVE
HEMET, CA 92543-7199

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of 05/31/2012, the County is stopping your:

- Cash Aid
 CalFresh

Here's why:

As of the 11th of this month, the County has not received your quarterly report (QR 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid.

CalFresh Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the quarterly report, the County will help you to do so. Please contact the County and ask for help.

YOU MUST RETURN THE QR 7 IF YOU WANT TO CONTINUE TO GET CalWORKs CASH AID.

You and your family may still continue to get Medi-Cal if your cash aid stops and:

- you have earnings from a job, a business you started or a pay raise.
- you have started to receive or had an increase in child/spousal support payments.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep using your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22; CalFresh: 63-103(n), 63-508.6.



DECLARATION
OF ONE AND THE SAME PERSON(S)

I, Jason Tielens, as heir to the Estate of James D. Tielens, do hereby declare:

1. I am over the age of 18 and a resident of Hemet, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as Jason Dean Tielens, Jason D. Tielens and Jason Tielens.
3. I am a biological son to James D. Tielens who is one and the same person as James Dean Tielens and James Tielens.
4. James Tielens is also one and the same person who is noted on the referenced Judgment on Waiver of Accounting for the Estate of Maurice A. Tielens as Document Number: 2009-0318990, Recorded in Riverside County on 06/23/2009.
5. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 446251047-7.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21st day of Sept., 2014, at Hemet, California

x Jason Tielens
Jason Tielens, as heir to the Estate of James D. Tielens

State of California
County of Riverside

JURAT

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

21st day of Sept., 2014, by
Date Month Year

Jason Tielens
Name of Signer

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

Signature Regina M. Anderson
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 18780-188987

