

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS DATE: 6/23/16

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

182



**SUBMITTAL DATE:
 JUN 23 2016**

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 32. Last assessed to: Camilla Arce, an unmarried woman. District 1 [\$86,386]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Jaime Arce, heir to Camilla Arce, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 211232007-6;
- (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 February 4, 2014 public auction sale. The deed conveying title to the purchasers at the auction was recorded March 21, 2014. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on April 22, 2014 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	\$ 86,386	\$ 0	\$ 86,386	\$ 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: 16/17	

C.E.O. RECOMMENDATION:

APPROVE

BY: *Samuel Wong*
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Washington, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: July 12, 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: 1

Agenda Number:

9-9

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 32. Last assessed to: Camilla Arce, an unmarried woman. District 1 [\$86,386]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 23 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Jaime Arce in the amount of \$86,386.41, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

The Treasurer-Tax Collector has received one claim for excess proceeds:

1. Claim from Jaime Arce based on a Quitclaim Deed recorded March 17, 1997 as Instrument No. 088461, the Affidavit to Comply with California Probate Code 13100 dated October 16, 2015 and the death certificate of Camilla Maldonado Arce.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Jaime Arce be awarded excess proceeds in the amount of \$86,386.41. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Citizens and Businesses

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

ATTACHMENTS (if needed, in this order):

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

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 199 Item 32 Assessment No.: 211232007-6

Assessee: ARCE, CAMILLA

Situs: 4250 PARK AVE RIVERSIDE 92507

Date Sold: February 4, 2014

Date Deed to Purchaser Recorded: March 21, 2014

Final Date to Submit Claim: March 23, 2015

RECEIVED
2015 MAR 23 PM 4:39
RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 86,883.00 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 195161; 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.

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 23 day of MARCH, 2015 at _____
County, State

Jaime Arce
Signature of Claimant

Signature of Claimant

JAIME ARCE
Print Name

Print Name

433 W. 4th St.
Street Address

Street Address

Perris Cal. 92570
City, State, Zip

City, State, Zip

951 250 2232
Phone Number

Phone Number

NORTHERN COUNTIES TITLE
RECORDING REQUESTED BY

088461

RECEIVED FOR RECORD
AT 2:00 O'CLOCK

MAR 17 1997

Recorded in Official Records
of Riverside County, California
Recorder
Page 1

AND WHEN RECORDED MAIL TO

NAME Camilla Arce
ADDRESS 4250 Park Avenue
CITY Riverside, Ca. 92507
STATE & ZIP

MAIL TAX STATEMENTS TO

NAME
ADDRESS Same
CITY
STATE & ZIP

02833-85

SPACE ABOVE THIS LINE FOR REORDERER'S USE
A.P.N. 211-232-007-107 RA 009-005

QUITCLAIM DEED

The undersigned grantor(s) declare(s) that the documentary transfer tax is \$ Name Correction and is
 computed on the full value of the interest or property conveyed, or is
 computed on the full value less the value of liens or encumbrances remaining thereon at the time of sale. and
 Unincorporated area. City of _____

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Camilla Arce, an unmarried woman who acquired title as Camilla Vasquez, a Widow

hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to
Camilla Arce, an unmarried woman

the following described real property in the
county of Riverside, State of California:

The Southwesterly Rectangular 40 feet of Lots 7 and 8 in Block 10, Santa Fe Tract
as shown by map in file in Book 6 page 14 of Maps records of Riverside County

Dated: March 11, 1997

STATE OF CALIFORNIA
COUNTY OF _____ SS

On _____
before me, _____
Notary Public, personally appeared _____
personally known to me (or 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 own free 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.

Camilla Arce
Camilla Arce

WITNESS my hand and official seal this _____ day of _____, 1997.
Signature _____ (Seal)

NAME (TYPE OR PRINT)

Link (Date) No _____ Escrow or Loan No _____
MAIL TAX STATEMENTS AS DIRECTED ABOVE

00007-01

3 11 97

THIS MICROFILM COPYRIGHTED
1997 BY SECURITY UNION TITLE
INSURANCE COMPANY
MICROGRAPHICS DIVISION

RIVERSIDE

000007-00-

3 11 97

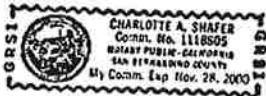
THIS MICROFILM COPYRIGHTED
1997 BY SECURITY UNION TITLE
INSURANCE COMPANY
MICROGRAPHICS DIVISION

RIVERSIDE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of San Bernardino
On 3-11-97 before me, Charlotte A. Shafer
Date Name and Title of Officer is a "Jane Doe Notary, Public"
personally appeared Camilla Arce
Name(s) of Signer(s)

personally known to me - OR - 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.

Charlotte A. Shafer
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

AFFIDAVIT

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):
2. [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.
3. [Name of decedent] died at Camilla Arce, while a resident of the City of Riverside, County of Riverside, California, on or about, 01/22 2006, leaving [a/no] will.
4. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred
7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]
4250 Park Ave Riverside 2 BR house and a 1 BR house in the back and a building next door that was a beauty salon for many yrs it sold on auction for 97,000 and the excess proceeds are of 86,136.00
8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]
Jaime Arce 344 W 4th St. Perris Ca 92570
I am her son
my age is 60 yrs 12-09-1955
11. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
12. [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it may incur because of the transfer, payment, or delivery to [me/us] of the property.
13. The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 10-16-15

Signature: Jaime Arce

Dated: _____

Signature: _____

Subscribed and sworn to me before this _____ day of _____, 20____

See Attached Certificate
Notary Public in and for said County and State

My Commission expires on: _____

AFFIDAVIT

To comply with California Probate Code §§13100-13115

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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

Subscribed and sworn to (or affirmed) before me
 on this 16th day of October, 2015,
 by _____
Date Month Year

(1) Jaime Arce

(and (2) _____),
Name(s) of Signer(s)



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

Signature Lonni Mullins
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit Document Date: October 16, 2015
 Number of Pages: 1 Signer(s) Other Than Named Above: none

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200633000711

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
CAMILLA		ARCE	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
MALDONADO		07/18/1923	
5. AGE Yrs.		6. SEX	
82		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
01/22/2006		2345 FND	
9. MARITAL STATUS (At Time of Death)		10. DECEDENT'S RACE (Up to 3 races may be listed)	
WIDOWED		WHITE	
11. EVER IN U.S. ARMED FORCES		12. EDUCATION - Highest Level/Degree (See worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		HS GRADUATE	
13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		14. DECEDENT'S RACE (Up to 3 races may be listed)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MEXICAN-AMERICAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
SEAMSTRESS		CLOTHING MANUFACTURER	
17. YEARS IN OCCUPATION		18. YEARS IN BUSINESS OR INDUSTRY	
30		30	
19. DECEDENT'S RESIDENCE (Street and number or location)			
4250 PARK AVENUE			
20. CITY		21. COUNTY/PROVINCE	
RIVERSIDE		RIVERSIDE	
22. ZIP CODE		23. YEARS IN COUNTY	
92505		80	
24. STATE/PROVINCE COUNTRY		25. STATE/PROVINCE COUNTRY	
CA		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
DARIO PAUL VASQUEZ, SON			
27. INFORMANT'S MAILING ADDRESS (Street and number or next door number, city or town, state, ZIP)			
279 BERNARD WAY, SAN BERNARDINO, CA 92404			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
-		-	
30. LAST (Maiden Name)		31. NAME OF FATHER - FIRST	
-		FRANCISCO	
32. MIDDLE		33. LAST	
-		MALDONADO	
34. BIRTH STATE		35. BIRTH STATE	
-		MEXICO	
36. NAME OF MOTHER - FIRST		37. LAST (Maiden)	
RUTH		TAPIA	
38. BIRTH STATE		39. BIRTH STATE	
-		MEXICO	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION	
02/01/2006		OLIVEWOOD MEMORIAL PARK	
42. TYPE OF DISPOSITION(S)		43. SIGNATURE OF LOCAL REGISTRAR	
BU		NOT EMBALMED	
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR	
PRESTON & SIMONS MORTUARY		GARY M FELDMAN, MD	
46. LICENSE NUMBER		47. DATE mm/dd/yyyy	
-		01/30/2006	
101. PLACE OF DEATH			
RESIDENCE			
102. COUNTY		103. IF HOSPITAL, SPECIFY ONE	
RIVERSIDE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/ LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		105. CITY	
4250 PARK AVENUE		RIVERSIDE	
106. CAUSE OF DEATH			
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal illness such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Onset and Death (AT)	
(A) CARDIOPULMONARY ARREST		MINS	
(B) HYPERTENSIVE CARDIOVASCULAR DISEASE		YEARS	
(C)		(D)	
(E)		(F)	
107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 106		108. DEATH REPORTED TO CORONER?	
DIABETES MELLITUS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		110. BIOPSY PERFORMED?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. IF FEMALE, PREGNANT IN LAST YEAR?		112. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
114. SIGNATURE AND TITLE OF CERTIFIER		115. LICENSE NUMBER	
Decedent Attended Since: Decedent Last Seen Alive:		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
Alan Weisfeldt		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
-		-	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
-			
123. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
-			
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
ALAN WESEFELDT		ALAN WESEFELDT, DEPUTY CORONER	
126. DATE mm/dd/yyyy		127. HOUR DATE mm/dd/yyyy	
01/26/2006		01/26/2006	
128. STATE REGISTRAR		129. FAX AUTH. #	
A B C D E		-	
130. CENSUS TRACT		131. BAR CODE	
-		*034465009*	



034465009

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 Assessor-County Clerk-Recorder.

Peter Aldana
PETER ALDANA
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED **MAR 23 2015**

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

16467

16467

Foreclosure No. _____

Reconveyance No. 14997

Order No. _____

Escrow or Loan No. 08314

RECORDING REQUESTED BY

Standard Mortgage Company, Inc.

When Recorded Mail To:

Camilla Arce
4250 Park Ave.
Riverside, CA 92507

RECEIVED FOR RECORD
AT 11:00 O'CLOCK A.M.

JAN 23 1986

Recorded in Official Records
of Riverside County, California
William E. Grant
RECORDER
Fees \$ _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

FULL RECONVEYANCE

FEDERAL SECURITY CORPORATION, Trustee, Successor Trustee or Substituted Trustee, under the Deed of Trust executed by Camilla Arce, a married woman, as her sole and separate property, who acquired title as Camilla Vasquez, a widow

Trustor, and recorded January 27, 1982 as Document No. 15951 in Book 1982, Page 15951, of Official Records in the Office of the County Recorder of Riverside County, California, having been requested in writing by the holder of the obligation secured by said Deed of Trust, to reconvey the estate granted to the Trustee under said Deed of Trust, does hereby reconvey to the person or persons legally entitled thereto, without warranty, all the estate, title and interest acquired by said Trustee under said Deed of Trust.

DESCRIPTION

The Southwesterly rectangular 40 feet of Lots 7 and 8, in Block 10, Santa Fe Tract, as shown by Map on file in Book 6 page 14 of Maps, records of said County.

IN WITNESS WHEREOF, said FEDERAL SECURITY CORPORATION, Trustee, Successor Trustee or Substituted Trustee, has caused its corporate name and seal to be hereto affixed by its vice president and secretary, thereunto duly authorized.

Dated: January 17, 1986

FEDERAL SECURITY CORPORATION

By Susan Dawson
Susan Dawson, Vice President

By Susan Zowarka
Susan Zowarka, Secretary

STATE OF CALIFORNIA
COUNTY OF San Bernardino } ss.

On January 17, 1986

before me, the undersigned, a Notary Public in and for said County and State, personally appeared Susan dawson

known to me to be the vice president, and Susan Zowarka

known to me to be the secretary of the corporation that executed the within instrument, and known to me to be the person S who executed the within instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.

WITNESS my hand and official seal.

(Seal) Mary Ann Meahan
Notary Public in and for said County and State
Mary Ann Meahan



(This area for official seal)

CERTIFICATE OF LIVE BIRTH

BOOK 3511 PAGE 200

REGISTRATION DISTRICT NO. 3600 RECISTRAR'S NUMBER **6032**

STATE		J A I I E		REGISTRATION DISTRICT NO.		3600		RECISTRAR'S NUMBER		6032	
1 CHILD'S FIRST NAME		J A I I E		2 SEX		Male		34 MARRIAGE STATUS (Before and Present)		Single	
34 COUNTY		San Bernardino		35 CITY OR TOWN		Loma Linda		36 DATE OF BIRTH—MONTH, DAY, YEAR		December 9, 1955 6:15 A.M.	
37 FULL NAME OF HOSPITAL OR INSTITUTION		Loma Linda Sanitarium and Hospital		38 ADDRESS OF BIRTH (If not same as present, give present address)		Loma Linda, California		39 COLOR OR RACE OF BIRTH		White	
40 STATE		California		41 COUNTY		Riverside		42 STREET OR RURAL ADDRESS		4250 Park Avenue	
43 MAIDEN NAME OF MOTHER—FIRST NAME		Camilla		44 AGE OF MOTHER AT TIME OF BIRTH		32		45 BIRTHPLACE (State or Foreign Country)		California	
46 NAME OF FATHER—FIRST NAME		Henry		47 LAST NAME		Savage		48 MAKING ADDRESS OF BIRTH—CITY, STATE AND COUNTRY		Maldonado, California	
49 AGE OF FATHER AT TIME OF BIRTH		35		50 BIRTHPLACE (State or Foreign Country)		Arizona		51 USUAL OCCUPATION		Welder	
52 SIGNATURE OF FATHER (If not present, state name of other informant)		<i>Henry Savage</i>		53 DATE SIGNED BY FATHER OR OTHER INFORMANT		Dec 12, 1955		54 COLOR OR RACE OF FATHER		White	
55 SIGNATURE OF MOTHER (If not present, state name of other informant)		<i>Camilla Maldonado</i>		56 DATE SIGNED BY MOTHER OR OTHER INFORMANT		Dec 12, 1955		57 COLOR OR RACE OF MOTHER		White	
58 SIGNATURE OF LOCAL REGISTRAR		<i>W. G. ...</i>		59 DATE RECEIVED BY LOCAL REGISTRAR		12-21-55		60 KIND OF BUSINESS OR INDUSTRY		Food Machinery	

1. I, the Registrar, certify that the above information was obtained from the records of the hospital or institution where the child was born, and that the child was born within the State of California.

2. I certify that the child was born within the State of California.

3. I certify that the child was born within the State of California.

4. I certify that the child was born within the State of California.

5. I certify that the child was born within the State of California.

6. I certify that the child was born within the State of California.

7. I certify that the child was born within the State of California.

8. I certify that the child was born within the State of California.

9. I certify that the child was born within the State of California.

10. I certify that the child was born within the State of California.

11. I certify that the child was born within the State of California.

12. I certify that the child was born within the State of California.

13. I certify that the child was born within the State of California.

14. I certify that the child was born within the State of California.

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18. I certify that the child was born within the State of California.

19. I certify that the child was born within the State of California.

20. I certify that the child was born within the State of California.

21. I certify that the child was born within the State of California.

22. I certify that the child was born within the State of California.

23. I certify that the child was born within the State of California.

24. I certify that the child was born within the State of California.

25. I certify that the child was born within the State of California.

26. I certify that the child was born within the State of California.

27. I certify that the child was born within the State of California.

28. I certify that the child was born within the State of California.

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County of San Bernardino

DIVISION OF VITAL RECORDS
172 WEST THIRD STREET, SAN BERNARDINO, CALIFORNIA 92415-0350

CERTIFICATE OF LIVE BIRTH

BOOK 3330 PAGE 200
REGISTRATION DISTRICT NO. 3600 REGISTRATION NUMBER 6032

STATE OF CALIFORNIA	CHILD'S FIRST NAME JAIHE		MIDDLE NAME		LAST NAME ARCE	
SEX Male	MARRITAL STATUS Single		DATE OF BIRTH—MONTH, DAY, YEAR December 2, 1955		AGE 6:11:5 A.	
PLACE OF BIRTH San Bernardino	CITY OR TOWN Lana Linda		COUNTY Lana Linda, California		<input checked="" type="checkbox"/> BIRTHPLACE OF BIRTH <input type="checkbox"/> BIRTHPLACE OF PARENTS	
HOSPITAL OR INSTITUTION Lana Linda Semitarkey and Hospital	CITY OR TOWN Lana Linda, California		COUNTY California		STREET OR RURAL ADDRESS 4250 Park Avenue	
MOTHER OF CHILD NAME Guerra	AGE OF MOTHER AT TIME OF BIRTH 32		BIRTHPLACE OF MOTHER California		COLOR OR RACE OF MOTHER White	
FATHER OF CHILD NAME Arce	AGE OF FATHER AT TIME OF BIRTH 35		BIRTHPLACE OF FATHER Arizona		COLOR OR RACE OF FATHER White	
REGISTRAR'S CERTIFICATION	SIGNATURE OF FATHER Henry M. Arce		OTHER INFORMATION M.D.		DATE SIGNED BY PARENT OR OTHER SIGNATORY Dec. 12, 1955	
REGISTRAR'S CERTIFICATION	SIGNATURE OF REGISTRAR M. F. Ornel		TITLE OF REGISTRAR M.D.		DATE OF BIRTH AS FILED BY REGISTRAR Riverside Calif	
REGISTRAR'S CERTIFICATION	DATE RECEIVED BY LOCAL REGISTRAR 12-21-55		SIGNATURE OF LOCAL REGISTRAR		DATE OF BIRTH AS FILED BY LOCAL REGISTRAR	

Handwritten signature
 COUNTY CLERK
 COUNTY OF SAN BERNARDINO
 COUNTY OFFICE, 172 WEST THIRD STREET

MAY 03 1989

