

FORM APPROVED COUNTY COUNSEL
BY: *GREGORY P. PRIAMOS*
DATE: *7/25/16*

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

720
(2055)



**SUBMITTAL DATE:
AUG 25 2016**

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 93. Last assessed to: Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants. District 1 [\$57,060]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., assignee for Michael Woods, heir to the Estate of Mary Jenkins, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 318190026-4;

(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 May 5, 2015 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 18, 2015. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 22, 2015, 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

Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 57,060	\$ 0	\$ 57,060	\$ 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: *Stephanie Persi*
Stephanie Persi

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Ashley 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: September 27, 2016
 xc: Treasurer, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: *[Signature]*
Deputy

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

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

9-7

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 93. Last assessed to: Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants. District 1 [\$57,060]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 25 2016

PAGE: Page 2 of 3

RECOMMENDED MOTION:

2. Approve the claim from Global Discoveries, Ltd., assignee for Deborah Kay Williams, heir to the Estate of Mary Jenkins, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 318190026-4;
3. Approve the claim from Global Discoveries, Ltd., assignee for Renee Anderson, heir to the Estate of Mary Jenkins, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 318190026-4;
4. Approve the claim from Global Discoveries, Ltd., assignee for Donald Ray Jenkins, Jr., heir to the Estate of Mary Jenkins, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 318190026-4;
5. Approve the claim from Global Discoveries, Ltd., assignee for Gloria Jenkins, heir to the Estate of Mary Jenkins, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 318190026-4;
6. Authorize and direct the Auditor-Controller to issue warrants to Global Discoveries, Ltd., assignee for Michael Woods, heir to the Estate of Mary Jenkins in the amount of \$11,412.13, Global Discoveries, Ltd., assignee for Deborah Kay Williams, heir to the Estate of Mary Jenkins in the amount of \$11,412.13, Global Discoveries, Ltd., assignee for Renee Anderson, heir to the Estate of Mary Jenkins in the amount of \$11,412.13, Global Discoveries, Ltd., assignee for Donald Ray Jenkins, Jr., heir to the Estate of Mary Jenkins in the amount of \$11,412.13 and Global Discoveries, Ltd., assignee for Gloria Jenkins, heir to the Estate of Mary Jenkins in the amount of \$11,412.13, 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;
7. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$11,412.13 to the county general fund pursuant to Revenue and Taxation Code Section 4674.

BACKGROUND:

Summary (continued)

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code 4676 (c). The Treasurer-Tax Collector's Office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

- Examined title reports to notify all parties of interest attached to the parcel.
- Researched all last assessee's through the County's Property Tax System for any additional addresses.
- Used Accurant (people finder) to notify any new addresses that may be listed for our last assessees.
- Advertised in newspapers for three consecutive weeks in the Desert Sun, Palo Verde Valley Times and the Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
- Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4675.

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on June 18, 2015.

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 93. Last assessed to: Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants. District 1 [\$57,060]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 25 2016
PAGE: Page 3 of 3

BACKGROUND:

Summary (continued)

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

1. Claim from Global Discoveries, Ltd., assignee for Michael Woods, heir to the Estate of Mary Jenkins based on an Assignment of Right to Collect Excess Proceeds dated May 19, 2016, Corporation Grant Deed recorded March 27, 1975 as Instrument No. 34695, an Affidavit for Collection of Personal Property, Probate Code Section 13100-13116 dated May 19, 2016 and death certificates for Donald Ray Jenkins and Mary Jenkins.
2. Claim from Global Discoveries, Ltd., assignee for Deborah Kay Williams, heir to the Estate of Mary Jenkins based on an Assignment of Right to Collect Excess Proceeds dated May 17, 2016, Corporation Grant Deed recorded March 27, 1975 as Instrument No. 34695, an Affidavit for Collection of Personal Property, Probate Code Section 13100-13116 dated May 17, 2016 and death certificates for Donald Ray Jenkins and Mary Jenkins.
3. Claim from Global Discoveries, Ltd., assignee for Renee Anderson, heir to the Estate of Mary Jenkins based on an Assignment of Right to Collect Excess Proceeds dated May 19, 2016, Corporation Grant Deed recorded March 27, 1975 as Instrument No. 34695, an Affidavit for Collection of Personal Property, Probate Code Section 13100-13116 dated May 19, 2016 and death certificates for Donald Ray Jenkins and Mary Jenkins.
4. Claim from Global Discoveries, Ltd., assignee for Donald Ray Jenkins, Jr., heir to the Estate of Mary Jenkins based on an Assignment of Right to Collect Excess Proceeds dated June 3, 2016, Corporation Grant Deed recorded March 27, 1975 as Instrument No. 34695, an Affidavit for Collection of Personal Property, Probate Code Section 13100-13116 dated June 3, 2016 and death certificates for Donald Ray Jenkins and Mary Jenkins.
5. Claim from Global Discoveries, Ltd., assignee for Gloria Jenkins, heir to the Estate of Mary Jenkins based on an Assignment of Right to Collect Excess Proceeds dated April 28, 2016, Corporation Grant Deed recorded March 27, 1975 as Instrument No. 34695, an Affidavit for Collection of Personal Property, Probate Code Section 13100-13116 dated April 28, 2016 and death certificates for Donald Ray Jenkins and Mary Jenkins.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for Michael Woods, heir to the Estate of Mary Jenkins be awarded excess proceeds in the amount of \$11,412.13, Global Discoveries, Ltd., assignee for Deborah Kay Williams, heir to the Estate of Mary Jenkins be awarded excess proceeds in the amount of \$11,412.13, Global Discoveries, Ltd., assignee for Renee Anderson, heir to the Estate of Mary Jenkins be awarded excess proceeds in the amount of \$11,412.13, Global Discoveries, Ltd., assignee for Donald Ray Jenkins, Jr., heir to the Estate of Mary Jenkins be awarded excess proceeds in the amount of \$11,412.13 and Global Discoveries, Ltd., assignee for Gloria Jenkins, heir to the Estate of Mary Jenkins be awarded excess proceeds in the amount of \$11,412.13. Since there are no other claimants for Harry Jenkin's portion of excess proceeds, the unclaimed excess proceeds in the amount of \$11,412.13 will be transferred to the county general fund. 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 and transferred to the county general fund.

ATTACHMENTS (if needed, in this order):

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

CLAIM SUMMARY

Date: June 8, 2016
To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 318190026-4
Last Assessee: JENKINS DONALD R & MARY
Sale Date: 4/30/2015
TC: TC 203
Item Number: 93
Deadline: 6/18/2016

RECEIVED
2016 JUN 20 PM12:43
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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. Grant Deed granting interest to Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants as Documents Number: 34695, recorded on 3/27/1975 in Riverside County, CA.
3. Copy of Certificate of Death for Donald Ray Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**)
4. Copy of Certificate of Death for Mary Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**) – **Please Note: Mary's maiden name is noted as Woods on her Certificate of Death**
5. Copy of Probate Affidavit for the Estate of Mary Jenkins – **Please Note: Original Probate Affidavit in Claim Package for Deborah Kay Williams**
6. Certificate of Birth for Michael Woods showing Mary Woods as his mother.
7. Affidavit
8. Assignment of Rights To Collect Excess Proceeds signed by Michael Woods as heir to the Estate of Mary Jenkins
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Michael Woods

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

- One warrant in the amount of \$11,412.13 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: 7015-0640-0002-1922-1367

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



Palm Desert Office
38-686 El Cerrito Road
Palm Desert, CA 92211

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

**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

July 22, 2015

DONALD R. JENKINS & MARY JENKINS
19809 CARROL STREET
PERRIS, CA 92570

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 318190026-4 Item: 93
Situs Address: 19808 Carroll St Perris 92570
Assessee: Jenkins, Donald R & Mary
Date Sold: May 5, 2015
Date Deed to Purchaser Recorded: June 18, 2015
Final Date to Submit Claim: June 20, 2016

Dear Sir or Madame:

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

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3336.

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

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

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Jennifer Pazicni
Deputy

EXPLANATION OF EVENTS:

Property: 318190026-4

- ❖ Donald R. Jenkins and Mary Jenkins were the last record owners of the above property as husband and wife, Joint Tenants per the Grant Deed recorded on 3/27/1975.
- ❖ Donald R. Jenkins passed away on 08/10/1996, leaving Mary Jenkins as the surviving Joint Tenant for the above referenced property.
- ❖ Mary Jenkins passed away on 11/7/1996. She died with no surviving spouse and left NO Last Will & Testament; nor was her Estate ever probated in the State of California.
- ❖ Mary Jenkins left SIX surviving biological children; Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson, Donald Ray Jenkins Jr. and Harry Jenkins.

All above named Heirs are each entitled to collect 16.66% and/or \$11,412.13+- of the Excess Proceeds for above property.

****We are claiming the excess proceeds on behalf of Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson and Donald Ray Jenkins Jr. ONLY according to their proportional interest.****

34695

RECORDING REQUESTED BY

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

NAME: Donald L. Jenkins and Mary Jenkins
STREET ADDRESS: 19809 Carrol Street
CITY, STATE, ZIP: Perris, California 92370

PAID
Doc. Transfer Tax
W. D. BALOGH
RY. CO. RECORDER

RECEIVED FOR RECORD

MAR 27 1975

AT 9:00 O'CLOCK A.M.
ON THE 27th DAY OF MARCH 1975
CHIEF CLERK OF REC. CO.

Book 1975, Page 34695

Recorded in Official Records
of Riverside County, California

W.D. Balogh Recorder

FEB 1 3

Title Order No. _____ Escrow No. R 2013

This space for Recorder's use

Corporation Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S) DOCUMENTARY TRANSFER TAX is \$ 7.70
 computed on full value of property conveyed, or
 computed on full value less value of liens or encumbrances remaining at time of sale, and
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

THE BANK OF CALIFORNIA, N. A.

a California Corporation hereby GRANT(S) to

DONALD R. JENKINS AND MARY JENKINS
Husband and Wife as Joint Tenants

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

The Southerly 150 feet of the West half of Parcel 77 of GLEN VALLEY
TRACT NO. 3, as shown on record of Survey, on file in Book 15, page 36
Records of Survey, Riverside County, California.

20353-10

Dated January 23, 1975

THE BANK OF CALIFORNIA, N. A.

STATE OF CALIFORNIA }
COUNTY OF San Bernardino } ss.

On February 5, 1975 before me,
the undersigned, a Notary Public in and for said County and State,
personally appeared L. R. Tallman
known to me to be the Trust Officer

BY: [Signature]
L. R. Tallman
Trust Officer

Trust Officer [Signature]
Secretary of the corporation that executed the
within instrument, and acknowledged to me that such corporation
executed the within instrument pursuant to its by-laws or a resolution
of its board of directors.

Signature: [Signature]
Gloria T. Forget
Name (Typed or Printed)
Notary Public in and for said County and State



(Space above for official notarial seal)

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

Name _____ Street Address _____ City & State _____

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 9/95

1. NAME OF DECEASED (a) FIRST DONALD			(b) MIDDLE RAY			(c) LAST JENKINS			(d) MAIDEN			2. SEX MALE			3. DATE OF DEATH AUGUST 10, 1996		
4. DATE OF BIRTH OCT. 17, 1931				5. AGE (IN YEARS) 64		IF UNDER 1 YR. MO. DAYS HOURS MIN.		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) HOUSTON, TEXAS									
8. RACE BLACK			9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)			10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (9-12) COLLEGE (13-18, 17+) 10th					
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED			13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MARY WOODS			14a. DECEASED'S USUAL OCCUPATION TRUCKER			14b. KIND OF BUSINESS OR INDUSTRY TRUCKING CO.								
15a. RESIDENCE STREET ADDRESS 3801 BEAUMONT AVE.									15b. CITY OR TOWN LIBERTY								
15c. COUNTY LIBERTY			15d. STATE TEXAS			15e. ZIP CODE 77575			15f. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
16. FATHER'S NAME GEORGE JENKINS						17. MOTHER'S MAIDEN NAME MATILDA MALLET											
18. PLACE OF DEATH (CHECK ONLY ONE)																	
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)																	
19. COUNTY OF DEATH HARRIS				20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) HOUSTON				21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) VETERANS HOSPITAL									
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Mary Jenkins</i> - WIFE						23. MAILING ADDRESS OF INFORMANT 3801 BEAUMONT AVE. LIBERTY, TX 77575											
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)			25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORIUM OR OTHER PLACE) AMES CATHOLIC			25b. LOCATION (CITY, STATE) AMES, TEXAS			25c. NAME & ADDRESS OF FUNERAL HOME WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TEXAS 77575								
			27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Theris A. Gohl #9466</i>			28. DATE OF DISPOSITION 8-17-96											
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE																	
31. SIGNATURE & TITLE OF CERTIFIER <i>Arnold Bernard Gorin</i>						32. DATE SIGNED MO. 8 DAY 30 YEAR 96			33. TIME OF DEATH 1:33 A. M.								
34. PRINTED NAME & ADDRESS OF CERTIFIER ARNOLD BERNARD GORIN M.D. VETERANS AFFAIRS MEDICAL CENTER 2002 HOLCOMBE BLVD HOUSTON, TEXAS 77030																	
35. PART 1: ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PSEUDOMONAS PNEUMONIA DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. LARYNGEAL CARCINOMA DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. _____																	
PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)																	
36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN			39. WAS DECEASED PREGNANT? AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK											
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			41a. DATE OF INJURY		41b. TIME OF INJURY M.		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)								
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)																	
41f. DESCRIBE HOW INJURY OCCURRED																	
42a. REGISTRAR FILE NO. 02-11925			42b. DATE RECEIVED BY LOCAL REGISTRAR September 5, 1996			42c. SIGNATURE OF LOCAL REGISTRAR <i>R.W. Hanks</i>											

2608810

CERTIFIED COPY OF VITAL RECORDS

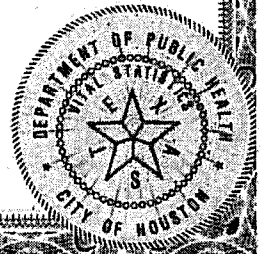
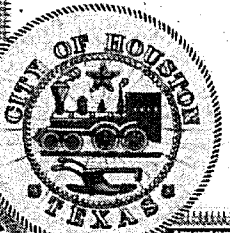
STATE OF TEXAS
COUNTY OF HARRIS

DATE ISSUED **SEP 05 1996**

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R.W. Hanks
R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST		(d) MAIDEN		2. SEX	3. DATE OF DEATH
MARY		JENKINS		WOODS	FEMALE
4. DATE OF BIRTH	5. AGE (IN YEARS)	6. IF UNDER 1 YR. MO. DAYS	7. IF UNDER 1 DAY HOURS MIN.	8. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	
2-19-31	65			COLUMBIA MISSOURI	
9. RACE	10. WAS THE DECEDENT OF HISPANIC ORIGIN?	11. IF YES, SPECIFY (MEDICAL, CLINICAL, FURTO, RICAL, ETC.)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	13. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELCA OR SECONDARY (9-12) COLLEGE (13-16, 17+)	
BLACK	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12th	
14. MARRIAGE STATUS	15. SURVIVING SPOUSE OF WIFE, GIVE MAIDEN NAME	16. DECEDENT'S USUAL OCCUPATION	17. KIND OF BUSINESS OR INDUSTRY		
<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		DOMESTIC	HOMES		
18. RESIDENCE STREET ADDRESS			19. CITY OR TOWN		
3801 OLD BEAUMONT RD.			LIBERTY		
20. COUNTY	21. STATE	22. ZIP CODE	23. INSIDE CITY LIMITS		
LIBERTY	TEXAS	77575	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
24. FATHER'S NAME		25. MOTHER'S MAIDEN NAME			
HARRY WOODS		SALLY EDWARDS			
26. PLACE OF DEATH (CHECK ONLY ONE)					
HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)					
27. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		28. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)			
LIBERTY		3801 OLD BEAUMONT RD.			
29. INFORMANT - SIGNATURE & RELATIONSHIP			30. MAILING ADDRESS OF INFORMANT		
<i>Steve Williams - daughter</i>			3801 OLD BEAUMONT LIBERTY, TX 77575		
31. METHOD OF DISPOSITION		32. PLACE OF DISPOSITION (NAME OF CEMETERY, CHURCH OR OTHER PLACE)		33. NAME & ADDRESS OF FUNERAL HOME	
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		AMES CATHOLIC CEMETERY AMES, TEXAS		WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TX 77575	
34. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		35. DATE OF DISPOSITION		36. SIGNATURE OF LOCAL REGISTRAR	
TRINA A. GOUDEAU		11-15-96		Virginia McNeel	
37. CERTIFIER					
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.					
<input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.					
<input type="checkbox"/> JUSTICE OF THE PEACE					
38. SIGNATURE & TITLE OF CERTIFIER			39. DATE SIGNED		40. TIME OF DEATH
<i>Gary B. Weiss MD</i>			12 19 96		7:10 A.M.
41. PRINTED NAME & ADDRESS OF CERTIFIER					
GARY B. WEISS MD; 400 Medical Center Blvd #111; Webster TX 77598					
42. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Adenocarcinoma of the lung			Approximate Interval Between Onset and Death
		DUE TO (OR AS A LIKELY CONSEQUENCE OF):			33 months
b. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
c. DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., diabetes, stroke, etc.)		43. AUTOPSY?		44. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
45. DID TOBACCO USE CONTRIBUTE TO DEATH?		46. DID ALCOHOL USE CONTRIBUTE TO DEATH?		47. WAS DECEDENT PREGNANT?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
48. NUMBER OF DEATH		49. DATE OF INJURY		50. TIME OF INJURY	
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
51. REGISTER FILE NO.		52. DATE RECEIVED BY LOCAL REGISTRAR		53. SIGNATURE OF LOCAL REGISTRAR	
03-153-1996		January 2, 1997		Virginia McNeel	

Texas Department of Health - Bureau of Vital Statistics
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1999)
VS-112 REV. 9/95

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code. Issued: January 03, 1997

Virginia McNeel, Local Registrar
Virginia McNeel
By: Marilyn M. Lee, Deputy Registrar

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Mary Jenkins died on 11/07/1996 in the County of Liberty, State of Texas;
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 \$68,472.78 , generated from Assessor's Parcel Number(s) 318190026-4, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/30/2015.

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

Gloria Jenkins
Deborah Kay Williams
Rene Anderson
Michael Woods
Donald Ray Jenkins
Harry Jenkins

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.

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

4-28-16
(DATE)

Gloria Jenkins
Printed Name

Gloria Jenkins
signature

5/17/16
(DATE)

Deborah Kay Williams
Printed Name

Deborah Kay Williams
signature

05/19/16
(DATE)

Rene Anderson
Printed Name

Rene Anderson
signature

05/19/16
(DATE)

Michael Woods
Printed Name

Michael Woods
signature

6/3/16
(DATE)

Donald Ray Jenkins
Printed Name

Donald Ray Jenkins
signature

(Attach Additional Sheet if Necessary)

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 Riverside

On May 19, 2016 before me, Monti Johnson Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Rene Anderson Michael Woods, 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.

Monti Johnson
Signature of Notary Public (seal)



STATE OF TEXAS

COUNTY OF Coryell

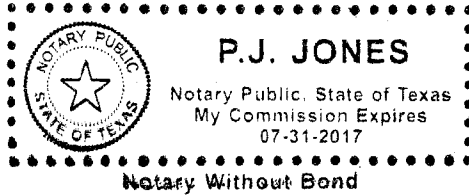
This instrument was acknowledged before me on 4-28-16 (date) by Gloria Jenkins (name or names of person or persons acknowledging).

P. Jones
Notary Public

Printed Name: P.J. Jones

My Commission Expires:

07-31-2017



STATE OF TEXAS

COUNTY OF Liberty

This instrument was acknowledged before me on May 17, 2016 (date) by Deborah Kay Williams (name or names of person or persons acknowledging).

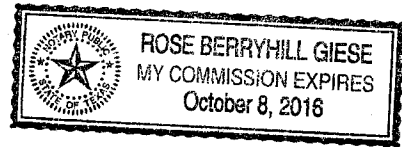
Rose Berryhill Giese

Notary Public

Printed Name: Rose Berryhill Giese

My Commission Expires:

10-8-16



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 ALABAMA

County of ADAMS

On 3 JUNE 2011 before me, C. CHRISTOPHER LAUREY, personally appeared
(Date) (here insert name and title of the officer)

DOONIA RAY JENKINS JR, 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

LOCAL REGISTRAR
COLUMBIA-BOONE CNTY HLTH DEPT
1005 W WORLEY PO BOX 6015
COLUMBIA MO 65205



MISSOURI DEPARTMENT OF HEALTH
AND SENIOR SERVICES
FEE RECEIPT
BIRTH CERTIFICATION

REGISTRANT(S):

MICHAEL V. WOODS
C/O VALENCIA GARDENS
4301 CAROLINE COURT
RIVERSIDE CA 92506

MICHAEL VERDAYNE WOODS
B9999-999999
1 COPY

YOUR RECENT REQUEST HAS BEEN ACTED UPON AS INDICATED BELOW:				
DATE RECEIVED	TOTAL AMOUNT	AMOUNT THIS REQUEST	PROCESSING FEE REQUIRED	REFUND
06/06/2016	15.00	15.00	0.00	0.00

MO 580-0690 (2-12)

UNAPPLIED REMITTANCES ONLY VALID FOR ONE YEAR AFTER RECEIPT. When you inquire about your request, please return this receipt. If a refund is indicated, it will be mailed within 30 to 60 days.

MISSOURI

BIRTH CERTIFICATION

DATE FILED: OCTOBER 7, 1949 STATE FILE NUMBER: 124-49-055066

CHILD'S NAME: MICHAEL VERDAYNE WOODS

DATE OF BIRTH: SEPTEMBER 24, 1949 COUNTY OF BIRTH: BOONE SEX: MALE

MOTHER'S MAIDEN NAME: MARY M WOODS

MOTHER'S AGE: 18 MOTHER'S STATE OF BIRTH: MISSOURI

FATHER'S NAME:

FATHER'S AGE: FATHER'S STATE OF BIRTH:

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES:BOONE
THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE
BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

JUNE 6, 2016

DATE ISSUED:

Craig B. Ward
Craig B. Ward
State Registrar of Vital Statistics



AFFIDAVIT

I, Michael Woods as heir to the Estate of Mary Jenkins, do hereby declare:

1. I am over the age of 18 and a resident of Riverside, 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. Mary Jenkins is one and the same person who is noted on Grant Deed as Documents Number: 34695, Recorded on 3/27/1975 in Riverside County, CA
3. I, Michael Woods am a biological son of Mary Jenkins. I am one and the same person as Michael Verdayne Woods and Michael V. Woods.
4. Mary Jenkins is one and the same person as Mary Margaret Jenkins and Mary M. Jenkins.
5. I, Michael Woods do not have nor can I provide any copies or original Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the **19808 Carroll St. Perris, CA 92570** address; which is one and the same as the property on the above referenced Grant Deed.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 318-190-026-4.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 19 day of May, 2016, in Riverside, California

x Michael Woods
Michael Woods as heir to the Estate of Mary Jenkins

JURAT

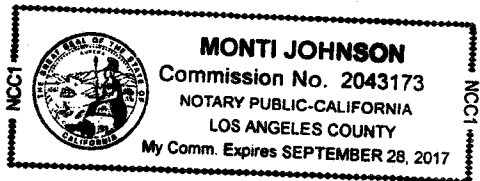
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside

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

19 day of May, 20 16, by
Date Month Year

Michael Woods
Name of Signer



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

Signature Monti Johnson
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 24903-204077

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 318190026-4 Tax Sale Number TC 203, Item 93 sold at public auction on 4/30/2015. I understand that the total of excess proceeds available for refund is \$ 68,472.78+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE 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.

Michael Woods
(Signature of Party of Interest/Assignor)

05/19/16
(Date)

Michael Woods as heir to the Estate of Mary Jenkins
(Name Printed)

4301 Caroline Court
(Address)

Riverside, CA, 92506
(City/State/Zip)

(Area Code/Telephone Number)

Tax ID/SS# _____

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 Riverside

On May 19, 2016 before me, Mont Johnson, Notary Public, personally appeared See Attached
(Date) (here insert name and title of the officer)

Michael Woods, 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.

Mont Johnson (seal)
Signature of Notary Public

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 Bverly
(Signature of Assignee)

Jed Bverly, Managing Member
(Name Printed)

Global Discoveries Ltd.
(Address)

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

Phone: (209) 593-3913

Tax ID/SS# _____

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 6/16/2016 before me, Patricia Prasad - Notary Public, personally appeared Jed Bverly
(Date) (here insert name and title of the officer)

Jed Bverly, 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.

Patricia Prasad (seal)
Signature of Notary Public
117-174 (3/85) (Ret-Perm)



CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 May 19, 2016 before me, Monti Johnson, Notary Public
(Here insert name and title of the officer)

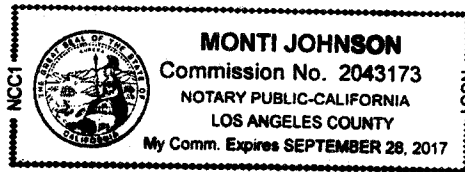
personally appeared Michael Woods
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ ~~she~~ ~~they~~ executed the same in ~~his~~ ~~her~~ ~~their~~ authorized capacity~~(ies)~~, and 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.

Monti Johnson
 Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Assignment of Rights
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 05-19-16

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer

(Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
 - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
 - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
 - Print the name(s) of document signer(s) who personally appear at the time of notarization.
 - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/~~she~~/~~they~~, is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
 - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
 - Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
 - Securely attach this document to the signed document with a staple.

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 318190026-4
Tax Sale Number: TC 203
Item Number: 93
Date of Sale: 4/30/2015

The undersigned claimant, Global Discoveries, Ltd., claims \$11,412.13+/- 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 10th day of June, 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

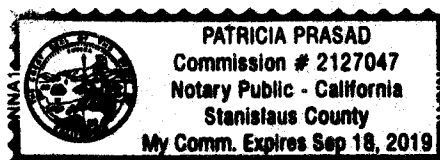
On 6/16/16 before me, Patricia Prasad - Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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





2016 JUN 20 PM 12:43
1120 13th Street, Suite 200 | Modesto, CA 95354

CLAIM SUMMARY

**RIVERSIDE COUNTY
TREAS-TAX COLLECTOR**

Date: June 8, 2016
To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 318190026-4
Last Assessee: JENKINS DONALD R & MARY
Sale Date: 4/30/2015
TC: TC 203
Item Number: 93
Deadline: 6/18/2016

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. Grant Deed granting interest to Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants as Documents Number: 34695, recorded on 3/27/1975 in Riverside County, CA.
3. **Certified** Certificate of Death for Donald Ray Jenkins
4. **Certified** Certificate of Death for Mary Jenkins – **Please Note: Mary's maiden name is noted as Woods on her Certificate of Death**
5. Original Signed/Notarized Probate Affidavit for the Estate of Mary Jenkins
6. Birth Certificate for Deborah Kay Woods showing Mary Woods as her mother
7. License and Certificate of Confidential Marriage between Devon Williams and Deborah Kay Adams (maiden name Woods)
8. Affidavit
9. Assignment of Rights To Collect Excess Proceeds signed by Deborah Kay Williams as heir to the Estate of Mary Jenkins
10. Claim form(s) signed by Global Discoveries
11. Photo ID for Assignor: Deborah Kay Williams

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

- One warrant in the amount of \$11,412.13 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: 7015-0640-0002-1922-1367



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



Palm Desert Office
38-686 El Cerrito Road
Palm Desert, CA 92211

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

**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

July 22, 2015

DONALD R. JENKINS & MARY JENKINS
19809 CARROL STREET
PERRIS, CA 92570

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 318190026-4 Item: 93
Situs Address: 19808 Carroll St Perris 92570
Assessee: Jenkins, Donald R & Mary
Date Sold: May 5, 2015
Date Deed to Purchaser Recorded: June 18, 2015
Final Date to Submit Claim: June 20, 2016

Dear Sir or Madame:

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

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3336.

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

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

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Jennifer Pazicni
Deputy

EXPLANATION OF EVENTS:

Property: 318190026-4

- ❖ Donald R. Jenkins and Mary Jenkins were the last record owners of the above property as husband and wife, Joint Tenants per the Grant Deed recorded on 3/27/1975.
- ❖ Donald R. Jenkins passed away on 08/10/1996, leaving Mary Jenkins as the surviving Joint Tenant for the above referenced property.
- ❖ Mary Jenkins passed away on 11/7/1996. She died with no surviving spouse and left NO Last Will & Testament; nor was her Estate ever probated in the State of California.
- ❖ Mary Jenkins left SIX surviving biological children; Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson, Donald Ray Jenkins Jr. and Harry Jenkins.

All above named Heirs are each entitled to collect 16.66% and/or \$11,412.13+- of the Excess Proceeds for above property.

****We are claiming the excess proceeds on behalf of Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson and Donald Ray Jenkins Jr. ONLY according to their proportional interest.****

34695

RECORDING REQUESTED BY

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

NAME: Donald L. Jenkins and Mary Jenkins
STREET ADDRESS: 19809 Carrol Street
CITY, STATE, ZIP: Perris, California 92370

PAID
Doc. Transfer Tax
W. D. BALOGH
RIV. CO. RECORDER

RECEIVED FOR RECORD

MAR 27 1975

AT 9:00 O'CLOCK A.M.

CHICAGO TIME USE, CA.

34695

Book 1975, Page

Filed in Office of Recorder of Riverside County, California

W.D. Balogh Recorder

Title Order No. Escrow No. R 2013

This space for Recorder's use

Corporation Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 7.70

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

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

THE BANK OF CALIFORNIA, N. A.

a California Corporation hereby GRANT(S) to

DONALD R. JENKINS AND MARY JENKINS
Husband and Wife as Joint Tenants

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

The Southerly 150 feet of the West half of Parcel 77 of GLEN VALLEY
TRACT NO. 3, as shown on record of Survey, on file in Book 15, page 36
Records of Survey, Riverside County, California.

2038-10

Dated January 23, 1975

THE BANK OF CALIFORNIA, N. A.

STATE OF CALIFORNIA
COUNTY OF San Bernardino } ss.

On February 5, 1975 before me,

BY: [Signature]
L. R. Tallman
Trust Officer

the undersigned, a Notary Public in and for said County and State,

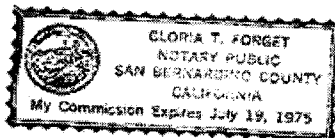
personally appeared L. R. Tallman

known to me to be the [Signature]

Trust Officer [Signature]
Secretary of the corporation that executed the
within Instrument, and acknowledged to me that such corporation
executed the within instrument pursuant to its by-laws or a resolution
of its board of Directors.

Signature [Signature]
Gloria T. Forget
Name (Typed or Printed)

Notary Public in and for said County and State



(Space above for official notarial seal)

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

Name Street Address City & State

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST DONALD			(b) MIDDLE RAY			(c) LAST JENKINS			(d) MAIDEN		2. SEX MALE	3. DATE OF DEATH AUGUST 10, 1996	
4. DATE OF BIRTH OCT. 17, 1931			5. AGE (IN YEARS) 64			6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) HOUSTON, TEXAS			11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 10th				
8. RACE BLACK			9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)			10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14b. KIND OF BUSINESS OR INDUSTRY TRUCKING CO.		
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MARY WOODS			14a. DECEDENT'S USUAL OCCUPATION TRUCKER			15b. CITY OR TOWN LIBERTY				
15a. RESIDENCE STREET ADDRESS 3801 BEAUMONT AVE.						15c. COUNTY LIBERTY			15d. STATE TEXAS			15e. ZIP CODE 77575	
16. FATHER'S NAME GEORGE JENKINS						17. MOTHER'S MAIDEN NAME MATILDA MALLET							
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)													
19. COUNTY OF DEATH HARRIS			20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) HOUSTON			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) VETERANS HOSPITAL							
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Mary Jenkins</i> - WIFE						23. MAILING ADDRESS OF INFORMANT 3801 BEAUMONT AVE. LIBERTY, TX 77575							
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)			25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) AMES CATHOLIC			25b. Section Block Lot Space Unknown <input checked="" type="checkbox"/>			29. NAME & ADDRESS OF FUNERAL HOME WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TEXAS 77575				
26. LOCATION (CITY, STATE) AMES, TEXAS			27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Toni A. Gohl #9466</i>			28. DATE OF DISPOSITION 8-17-96							
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE													
31. SIGNATURE & TITLE OF CERTIFIER <i>Arnold Bernard Gorin</i>						32. DATE SIGNED MO 8 DAY 30 YEAR 96			33. TIME OF DEATH 1:33 A. M.				
34. PRINTED NAME & ADDRESS OF CERTIFIER ARNOLD BERNARD GORIN M.D. VETERANS AFFAIRS MEDICAL CENTER 2002 HOLCOMBE BLVD HOUSTON, TEXAS 77030													
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.													
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PSEUDOMONAS PNEUMONIA DUE TO (OR AS A LIKELY CONSEQUENCE OF):													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST													
b. LARYNGEAL CARCINOMA DUE TO (OR AS A LIKELY CONSEQUENCE OF):													
c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF):													
d. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF):													
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO				
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN			39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
40. MANNER OF DEATH: <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			41a. DATE OF INJURY		41b. TIME OF INJURY M.		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)				
			41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)						41f. DESCRIBE HOW INJURY OCCURRED				
42a. REGISTRAR FILE NO. 02-11925			42b. DATE RECEIVED BY LOCAL REGISTRAR September 5, 1996			42c. SIGNATURE OF LOCAL REGISTRAR <i>R.W. Hanks</i>							

Texas Department of Health - Bureau of Vital Statistics
WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)
VS-112 REV. 9/95

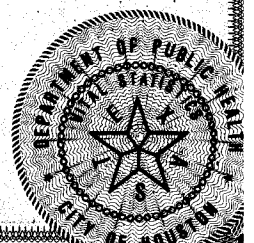
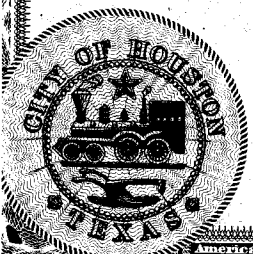
2608810

STATE OF TEXAS)
COUNTY OF HARRIS) ss
DATE ISSUED **SEP 28 1996**

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R.W. Hanks
R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

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



STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST (c) MIDDLE (d) LAST (e) MAIDEN: MARY JENKINS WOODS; 2. SEX: FEMALE; 3. DATE OF DEATH: 11-7-96; 4. DATE OF BIRTH: 2-19-31; 5. AGE: 65; 6. BIRTH PLACE: COLUMBIAS MISSOURI; 7. SOCIAL SECURITY NUMBER: [redacted]; 8. RACE: BLACK; 9. EDUCATION: 12th; 10. DECEASED EVER IN U.S. ARMED FORCES: NO; 11. DECEASED'S USUAL OCCUPATION: DOMESTIC; 12. MARITAL STATUS: MARRIED; 13. SURVIVING SPOUSE: SALLY EDWARDS; 14. RESIDENCE: 3801 OLD BEAUMONT RD., LIBERTY, TEXAS 77575; 15. FATHER'S NAME: HARRY WOODS; 16. MOTHER'S MAIDEN NAME: SALLY EDWARDS; 18. PLACE OF DEATH: RESIDENCE; 19. COUNTY OF DEATH: LIBERTY; 20. CITY OR TOWN: LIBERTY; 21. NAME OF HOSPITAL OR INSTITUTION: 3801 OLD BEAUMONT RD.; 22. INFORMANT: Alice Williams - daughter; 23. ADDRESS OF INFORMANT: 3801 OLD BEAUMONT LIBERTY, TX 77575; 24. METHOD OF DISPOSITION: BURIAL; 25. PLACE OF DISPOSITION: AMES CATHOLIC CEMETERY, AMES, TEXAS; 26. LOCATION: AMES, TEXAS; 27. SIGNATURE OF FUNERAL DIRECTOR: TRINA A. GOUDEAU; 28. DATE OF DISPOSITION: 11-15-96; 29. NAME & ADDRESS OF FUNERAL HOME: WELLS MORTUARY, INC., P.O. BOX 83, LIBERTY, TX 77575; 30. CERTIFIER: GARY B. WEISS, MD; 31. SIGNATURE & TITLE OF CERTIFIER: [Signature]; 32. DATE SIGNED: 12-17-96; 33. TIME OF DEATH: 7:10 A.M.; 34. PART 1: Adenocarcinoma of the lung; 35. PART 2: [redacted]; 36. AUTOPSY: NO; 37. TOBACCO USE: YES; 38. ALCOHOL USE: NO; 39. PREGNANT: NO; 40. MANNER OF DEATH: NATURAL; 41. DATE OF INJURY: [redacted]; 42. DATE RECEIVED BY LOCAL REGISTRAR: January 2, 1997; 43. SIGNATURE OF LOCAL REGISTRAR: Virginia McNeel.

Texas Department of Health - Bureau of Vital Statistics
WARNING: The penalty for knowingly making a false statement in this form and for 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 190B)
VS-112 REV. 9/95

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.
Issued: January 03, 1997

Virginia McNeel, Local Registrar
By: Marilyn M. Lee, Deputy Registrar

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Mary Jenkins died on 11/07/1996 in the County of Liberty, State of Texas;
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 \$68,472.78 , generated from Assessor's Parcel Number(s) 318190026-4, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/30/2015.

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

Gloria Jenkins
Deborah Kay Williams
Rene Anderson
Michael Woods
Donald Ray Jenkins
Harry Jenkins

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.

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

4-28-16
(DATE)

Gloria Jenkins
Printed Name

Gloria Jenkins
signature

5/17/16
(DATE)

Deborah Kay Williams
Printed Name

Deborah Kay Williams
signature

05/19/16
(DATE)

Rene Anderson
Printed Name

Rene Anderson
signature

05/19/16
(DATE)

Michael Woods
Printed Name

Michael Woods
signature

6/3/16
(DATE)

Donald Ray Jenkins
Printed Name

Donald Ray Jenkins
signature

(Attach Additional Sheet if Necessary)

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 Riverside

On May 19, 2016 before me, Monti Johnson Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Rene Anderson Michael Woods, 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.

Monti Johnson (seal)
Signature of Notary Public



STATE OF TEXAS

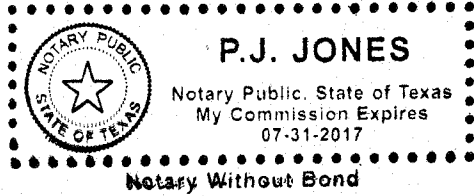
COUNTY OF Coryell

This instrument was acknowledged before me on 4-28-16 (date) by Gloria Jenkins (name or names of person or persons acknowledging).

P. Jones
Notary Public

Printed Name: P.J. Jones

My Commission Expires:
07-31-2017



STATE OF TEXAS

COUNTY OF Liberty

This instrument was acknowledged before me on May 17, 2016 (date) by Deborah Kay Williams (name or names of person or persons acknowledging).

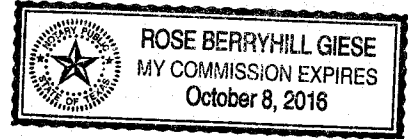
Rose Berryhill Giese

Notary Public

Printed Name: Rose Berryhill Giese

My Commission Expires:

10-8-16



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 ALABAMA

County of MADEIRA

On 3 JUNE 2014 before me, Christopher LAUREY, personally appeared
(Date) (here insert name and title of the officer)

DOUGLAS RAY JENKINS JR, 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

MISSOURI

BIRTH CERTIFICATION

DATE FILED FEBRUARY 25, 1952 STATE FILE NUMBER 124-52-005742

CHILD NAME DEBORAH KAY WOODS SEX FEMALE DATE OF BIRTH JANUARY 30, 1952 COUNTY OF BIRTH BOONE

MOTHER MAIDEN NAME MARY M WOODS MOTHER AGE 20 MOTHER STATE OF BIRTH MISSOURI

FATHER NAME MARY M WOODS FATHER AGE 20 FATHER STATE OF BIRTH MISSOURI

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS RECORDED IN THIS OFFICE.

Garland H. Land
 Garland H. Land
 State Registrar of Vital Statistics

ISSUED BY: BOONE

FEBRUARY 28, 1997

DATE ISSUED



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

Attention
Brent Clemenson

3 pages
including this
cover.

~~(209) 593-3933~~
 (209) 758-0784
 * Debra
 Williams

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

044456

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		LICENSE NUMBER	
1A. NAME OF HUSBAND—First (Given) 1B. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH—Month, Day, Year	
DEVON		WILLIAMS		MAR 06 1949	
3. STATE OF BIRTH		4. NUMBER OF PREVIOUS MARRIAGES		5A. LAST MARRIAGE ENDED BY:	
S.C.		0		<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT 7. EDUCATION—YEARS COMPLETED	
6A. USUAL OCCUPATION		6B. USUAL KIND OF BUSINESS OR INDUSTRY		7. EDUCATION—YEARS COMPLETED	
CARETAKER		BUILDING		12	
8A. FULL NAME OF FATHER		8B. STATE OF BIRTH		9A. FULL MAIDEN NAME OF MOTHER	
OTTO WILLIAMS		S.C.		LUCY HANNA	
10A. NAME OF WIFE—First (Given)		10B. MIDDLE		10C. CURRENT LAST (FAMILY)	
DEBORAH		RAY		ADAMS	
11. DATE OF BIRTH—Month, Day, Year		13. NUMBER OF PREVIOUS MARRIAGES		14A. LAST MARRIAGE ENDED BY:	
JAN 30 1952		1		<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT 16. EDUCATION—YEARS COMPLETED	
15A. USUAL OCCUPATION		15B. USUAL KIND OF BUSINESS OR INDUSTRY		16. EDUCATION—YEARS COMPLETED	
NURSE		CNA		13	
17A. FULL NAME OF FATHER		17B. STATE OF BIRTH		18A. FULL MAIDEN NAME OF MOTHER	
UNK/USA		UNK/USA		MARY WOODS	
19A. RESIDENCE—Street and Number		19B. CITY		19C. ZIP CODE	
34 SOUTH "D" ST #2		PERRIS		92370	
20A. MAILING ADDRESS—If Different		20B. CITY		20C. ZIP CODE	
21. SIGNATURE OF HUSBAND		22. SIGNATURE OF WIFE		24B. "SUBSCRIBED AND SWORN TO BEFORE ME ON"	
<i>Devon Williams</i>		<i>Lucy Hanna Adams</i>		JAN 13 1992 MONTH DAY YEAR SIGNATURE OF NOTARY J. FEIGNER TYPED NAME OF NOTARY	
I the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code. 23A. SIGNATURE AND TITLE OF ISSUING CLERK		My Commission Expires February 12, 1994 OFFICIAL SEAL JULIA A. FEIGNER NOTARY PUBLIC - CALIFORNIA NOTARY BOND FILED IN RIVERSIDE COUNTY		24A. COUNTY OF ISSUE RIVERSIDE 23B. COUNTY OF ISSUE RIVERSIDE 23C. MAILING ADDRESS AND ZIP CODE 3470 12th Street RIVERSIDE, CA 92501 23D. ISSUE DATE—Month Day Year 23E. LICENSE EXPIRES AFTER—Month Day Year JAN. 16, 1992 APR. 15, 1992	
We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief that no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a license and. Certificate of Confidential Marriage. 21. SIGNATURE OF HUSBAND		25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California. ON JANUARY 18 1992 AT RIVERSIDE RIVERSIDE COUNTY CALIFORNIA CITY OR TOWN COUNTY		26A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE 26B. RELIGIOUS DENOMINATION (IF CLERG) SIGNATURE OF PERSON SOLEMNIZING MARRIAGE 26C. OFFICIAL TITLE JULIA A FEIGNER REVEREND	
27A. SIGNATURE OF COUNTY CLERK _____ BY _____ DEPUTY		27B. SIGNATURE OF DEPUTY CLERK (If Applicable) _____ DEPUTY		28. DATE ACCEPTED FOR REGISTRATION _____	
NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.		28E. ZIP CODE 92506		28F. ZIP CODE 92506	

AFFIDAVIT

I, Deborah Kay Williams as heir to the Estate of Mary Jenkins, do hereby declare:

1. I am over the age of 18 and a resident of Liberty, Texas. 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. Mary Jenkins is one and the same person who is noted on Grant Deed as Documents Number: 34695, Recorded on 3/27/1975 in Riverside County, CA
3. I, Deborah Kay Williams am a biological daughter of Mary Jenkins. I am one and the same person as Deborah Kay Woods and Deborah Kay Adams.
4. Mary Jenkins is one and the same person as Mary Margaret Jenkins and Mary M. Jenkins.
5. I, Deborah Kay Williams do not have nor can I provide any copies or original Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the **19808 Carroll St. Perris, CA 92570** address; which is one and the same as the property on the above referenced Grant Deed.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 318-190-026-4.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 17 day of May, 2016, in Liberty, Texas.

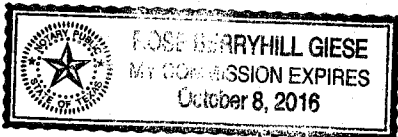
x Deborah Kay Williams
Deborah Kay Williams as heir to the Estate of Mary Jenkins

JURAT

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 Texas
County of Liberty

Subscribed and sworn to (or affirmed) before me on this
17th day of May, 2016, by
Date Month Year
Deborah Kay Williams
Name of Signer



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

Signature Rose Berryhill Giese
Signature of Notary Public

(Place Notary Seal Above)

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 318190026-4 Tax Sale Number TC 203, Item 93 sold at public auction on 4/30/2015. I understand that the total of excess proceeds available for refund is \$ 68,472.78+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE 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.

Deborah Kay Williams as heir to the Estate of Mary Jenkins
(Signature of Party of Interest/Assignor) (Date) May 17 2016

Deborah Kay Williams as heir to the Estate of Mary Jenkins
(Name Printed)

Tax ID/SS# 3801 Beaumont Ave.
(Address)

Liberty, TX, 77575
(City/State/Zip)

(Area Code/Telephone Number)

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 Texas

County of Liberty

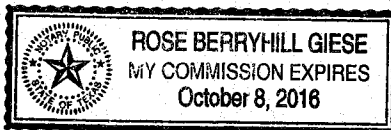
On May 17, 2016 before me, Rose Berryhill Giese, Notary Public, personally appeared Deborah Kay Williams

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.

Rose Berryhill Giese
Signature of Notary Public



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)

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

Phone: (209) 593-3913

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

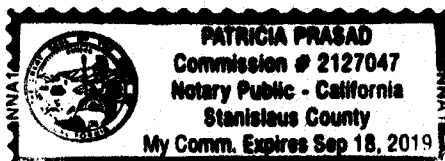
On 6/16/16 before me, Patricia Prasad, Notary Public, personally appeared Jed Byerly

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.

Patricia Prasad
Signature of Notary Public



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 318190026-4
Tax Sale Number: TC 203
Item Number: 93
Date of Sale: 4/30/2015

The undersigned claimant, Global Discoveries, Ltd., claims \$11,412.13+/- 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 10 day of JUNE, 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

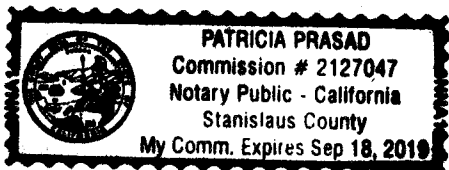
County of Stanislaus

On 6/16/16 before me, Patricia Prasad-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



CLAIM SUMMARY

Date: June 8, 2016
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 318190026-4
Last Assessee: JENKINS DONALD R & MARY
Sale Date: 4/30/2015
TC: TC 203
Item Number: 93
Deadline: 6/18/2016

RECEIVED
2016 JUN 20 PM 12:43
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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. Grant Deed granting interest to Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants as Documents Number: 34695, recorded on 3/27/1975 in Riverside County, CA.
3. Copy of Certificate of Death for Donald Ray Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**)
4. Copy of Certificate of Death for Mary Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**) – **Please Note: Mary's maiden name is noted as Woods on her Certificate of Death**
5. Copy of Probate Affidavit for the Estate of Mary Jenkins – **Please Note: Original Probate Affidavit in Claim Package for Deborah Kay Williams**
6. Certificate of Live Birth for Renee Anderson showing Mary Woods as his mother.
7. Affidavit
8. Assignment of Rights To Collect Excess Proceeds signed by Renee Anderson as heir to the Estate of Mary Jenkins
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Renee Anderson

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

- One warrant in the amount of \$11,412.13 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: 7015-0640-0002-1922-1367



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



Palm Desert Office
38-686 El Cerrito Road
Palm Desert, CA 92211

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

**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

July 22, 2015

DONALD R. JENKINS & MARY JENKINS
19809 CARROL STREET
PERRIS, CA 92570

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 318190026-4 Item: 93
Situs Address: 19808 Carroll St Perris 92570
Assessee: Jenkins, Donald R & Mary
Date Sold: May 5, 2015
Date Deed to Purchaser Recorded: June 18, 2015
Final Date to Submit Claim: June 20, 2016

Dear Sir or Madame:

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

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3336.

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

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

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Jennifer Pazicni
Deputy

EXPLANATION OF EVENTS:

Property: 318190026-4

- ❖ Donald R. Jenkins and Mary Jenkins were the last record owners of the above property as husband and wife, Joint Tenants per the Grant Deed recorded on 3/27/1975.
- ❖ Donald R. Jenkins passed away on 08/10/1996, leaving Mary Jenkins as the surviving Joint Tenant for the above referenced property.
- ❖ Mary Jenkins passed away on 11/7/1996. She died with no surviving spouse and left NO Last Will & Testament; nor was her Estate ever probated in the State of California.
- ❖ Mary Jenkins left SIX surviving biological children; Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson, Donald Ray Jenkins Jr. and Harry Jenkins.

All above named Heirs are each entitled to collect 16.66% and/or \$11,412.13+- of the Excess Proceeds for above property.

****We are claiming the excess proceeds on behalf of Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson and Donald Ray Jenkins Jr. ONLY according to their proportional interest.****

34695

RECORDING REQUESTED BY

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

NAME: Donald L. Jenkins and Mary Jenkins
STREET ADDRESS: 19809 Carrol Street
CITY, STATE, ZIP: Perris, California 92370

PAID
Dr. Jennifer Ink
W. D. BALOGH
RIV. CO. RECORDER

RECEIVED FOR RECORD
MAR 27 1975

AT 9:00 O'CLOCK A.M.
AT PERMIT NO. 10
CHICAGO TITLE INS. CO.
Book 1975, Page 34695

Recorded in Official Records
of Riverside County, California
W.D. Balogh Recorder
FEB 1 1975

Title Order No. _____ Escrow No. R 2013

This space for Recorder's use

Corporation Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)
DOCUMENTARY TRANSFER TAX is \$ 7.70
 computed on full value of property conveyed, or
 computed on full value less value of liens or encumbrances remaining at time of sale, and
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

THE BANK OF CALIFORNIA, N. A.

a California Corporation hereby GRANT(S) to

DONALD R. JENKINS AND MARY JENKINS
Husband and Wife as Joint Tenants

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

The Southerly 150 feet of the West half of Parcel 77 of GLEN VALLEY
TRACT NO. 3, as shown on record of Survey, on file in Book 15, page 36
Records of Survey, Riverside County, California.

20353-119

Dated January 23, 1975
STATE OF CALIFORNIA }
COUNTY OF San Bernardino } ss.

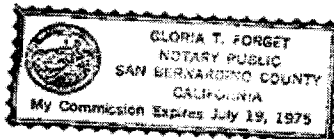
THE BANK OF CALIFORNIA, N. A.

On February 5, 1975 before me,
the undersigned, a Notary Public in and for said County and State,
personally appeared L. R. Tallman
known to me to be the President of the Bank of California

BY: [Signature]
L. R. Tallman
Trust Officer

Trust Officer [Signature] Secretary of the corporation that executed the
within Instrument, and acknowledged to me that such corporation
executed the within instrument pursuant to its by-laws or a resolution
of its board of directors.

Signature: [Signature]
Gloria T. Forget
Name (Typed or Printed)
Notary Public in and for said County and State



(Space above for official notarial seal)

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

Name Street Address City & State

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST DONALD		(b) MIDDLE RAY		(c) LAST JENKINS		(d) MAIDEN	2. SEX MALE	3. DATE OF DEATH AUGUST 10, 1996
4. DATE OF BIRTH OCT. 17, 1931		5. AGE (IN YEARS) 64	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) HOUSTON, TEXAS		7. SOCIAL SECURITY NO.			
8. RACE BLACK		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 10th	
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MARY WOODS		14a. DECEDENT'S USUAL OCCUPATION TRUCKER		14b. KIND OF BUSINESS OR INDUSTRY TRUCKING CO.		
15a. RESIDENCE STREET ADDRESS 3801 BEAUMONT AVE.						15b. CITY OR TOWN LIBERTY		
15c. COUNTY LIBERTY		15d. STATE TEXAS		15e. ZIP CODE 77575		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16. FATHER'S NAME GEORGE JENKINS				17. MOTHER'S MAIDEN NAME MATILDA MALLET				
18. PLACE OF DEATH (CHECK ONLY ONE)								
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)								
19. COUNTY OF DEATH HARRIS		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) HOUSTON		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) VETERANS HOSPITAL				
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Donna Jenkins</i> - WIFE				23. MAILING ADDRESS OF INFORMANT 3801 BEAUMONT AVE. LIBERTY, TX 77575				
24. METHOD OF DISPOSITION		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORIUM OR OTHER PLACE) AMES CATHOLIC		25b. Section		26. NAME & ADDRESS OF FUNERAL HOME WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TEXAS 77575		
<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		26. LOCATION (CITY, STATE) AMES, TEXAS		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Tonia A. G... #9466</i>		28. DATE OF DISPOSITION 8-17-96		
30. CERTIFIER								
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> JUSTICE OF THE PEACE		31. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.						
32. SIGNATURE & TITLE OF CERTIFIER <i>Arnold Bernard Gortin</i>				32. DATE SIGNED MO 8 DAY 30 YEAR 96		33. TIME OF DEATH 1:33 A. M.		
34. PRINTED NAME & ADDRESS OF CERTIFIER ARNOLD BERNARD GORTIN M.D. VETERANS AFFAIRS MEDICAL CENTER 2002 HOLCOMBE BLVD HOUSTON, TEXAS 77030								
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. PSEUDOMONAS PNEUMONIA DUE TO (OR AS A LIKELY CONSEQUENCE OF):					Approximate interval between Onset and Death	
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. LARYNGEAL CARCINOMA DUE TO (OR AS A LIKELY CONSEQUENCE OF):						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)		36a. AUTOPSY?					36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		37. DID TOBACCO USE CONTRIBUTE TO DEATH		38. DID ALCOHOL USE CONTRIBUTE TO DEATH		39. WAS DECEDENT PREGNANT		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		
		41a. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)				
		41. DESCRIBE HOW INJURY OCCURRED						
42a. REGISTRAR FILE NO. 02-11925		42b. DATE RECEIVED BY LOCAL REGISTRAR September 5, 1996			42c. SIGNATURE OF LOCAL REGISTRAR <i>R.W. Hanks</i>			

Bureau of Vital Statistics
 Texas Department of Health
 WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 198b)
 VS-112 REV. 9/95

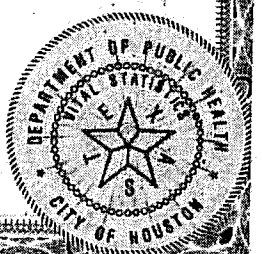
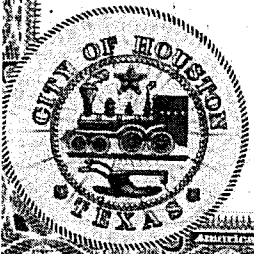
2608810

STATE OF TEXAS)
 COUNTY OF HARRIS)
 CERTIFIED COPY OF VITAL RECORDS
 DATE ISSUED SEP 05 1996

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R.W. Hanks
 R. W. Hanks, Registrar
 BUREAU OF VITAL STATISTICS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST MARY		(b) MIDDLE JENKINS		(c) LAST WOODS		(d) MAIDEN WOODS		2. SEX FEMALE	3. DATE OF DEATH 11-7-96
4. DATE OF BIRTH 2-19-31		5. AGE (IN YEARS) 65		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) COLUMBIA MISSOURI		7. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEMENTARY OR SECONDARY (9-12) COLLEGE (13-16, 17+) 12th			
8. RACE BLACK		9. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. DECEASED'S USUAL OCCUPATION DOMESTIC HOMES			
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE OF WIFE, GIVE MAIDEN NAME		14. DECEASED'S USUAL OCCUPATION DOMESTIC		15. KIND OF BUSINESS OR INDUSTRY HOMES			
16. RESIDENCE STREET ADDRESS 3801 OLD BEAUMONT RD.		17. CITY OR TOWN LIBERTY		18. STATE TEXAS		19. ZIP CODE 77575		20. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. FATHER'S NAME HARRY WOODS		22. MOTHER'S MAIDEN NAME SALLY EDWARDS		23. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY) LIBERTY					
24. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) LIBERTY		25. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address) 3801 OLD BEAUMONT RD.		26. MARJUNG ADDRESS OF INFORMANT 3801 OLD BEAUMONT LIBERTY, TX 77575					
27. INFORMANT - SIGNATURE & RELATIONSHIP <i>Maria Williams - daughter</i>		28. PLACE OF DISPOSITION (NAME OF CEMETERY, CHAPEL OR OTHER PLACE) AMES CATHOLIC CEMETERY		29. LOCATION (CITY, STATE) AMES, TEXAS		30. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Trina A. Goudeau</i>		31. NAME & ADDRESS OF FUNERAL HOME WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TX 77575	
32. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		33. PLACE OF DISPOSITION (NAME OF CEMETERY, CHAPEL OR OTHER PLACE) AMES CATHOLIC CEMETERY		34. LOCATION (CITY, STATE) AMES, TEXAS		35. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Trina A. Goudeau</i>		36. DATE OF DISPOSITION 11-15-96	
37. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> JUSTICE OF THE PEACE		38. TO THE BEST OF MY KNOWLEDGE AND OPINION OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.							
39. SIGNATURE & TITLE OF CERTIFIER <i>Gary B. Weiss</i>		40. DATE SIGNED 12/17/96		41. TIME OF DEATH 7:10 A.M.		42. PRINTED NAME & ADDRESS OF CERTIFIER GARY B. WEISS, MD; 400 Medical Center Blvd #111; Webster TX 77598			
43. PART 1: IMMEDIATE CAUSE (final disease or condition resulting in death) Adenocarcinoma of the lung		44. DUE TO (OR AS A LIKELY CONSEQUENCE OF):		45. APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH 33 months		46. SECONDARILY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST			
47. PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., co-morbid disease, diabetes, smoking, etc.)		48. AUTOPSY?		49. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		50. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
51. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		52. WAS DECEDENT PREGNANT?		53. AT TIME OF DEATH WITHIN LAST 12 MO? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
55. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		56. DATE OF INJURY		57. TIME OF INJURY		58. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		59. DESCRIBE HOW INJURY OCCURRED	
60. REGISTER FILE NO. 03-153-1996		61. DATE RECEIVED BY LOCAL REGISTRAR January 2, 1997		62. SIGNATURE OF LOCAL REGISTRAR <i>Virginia McNeel</i>					

Texas Department of Health - Bureau of Vital Statistics
 WARNING: The penalty for knowingly making a false statement in this form can be 2 to 10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1999)
 VS-112 REV. 9/96

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code. Issued: January 03, 1997

Virginia McNeel, Local Registrar
 By: *Marilyn M. Lee*, Deputy Registrar

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Mary Jenkins died on 11/07/1996 in the County of Liberty, State of Texas;
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 \$68,472.78 , generated from Assessor's Parcel Number(s) 318190026-4, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/30/2015.

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

Gloria Jenkins
Deborah Kay Williams
Rene Anderson
Michael Woods
Donald Ray Jenkins
Harry Jenkins

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.

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

4-28-16
(DATE)

Gloria Jenkins
Printed Name

Gloria Jenkins
signature

5/17/16
(DATE)

Deborah Kay Williams
Printed Name

Deborah Kay Williams
signature

05/19/16
(DATE)

Rene Anderson
Printed Name

Rene Anderson
signature

05/19/16
(DATE)

Michael Woods
Printed Name

Michael Woods
signature

6/3/16
(DATE)

Donald Ray Jenkins
Printed Name

Donald Ray Jenkins
signature

(Attach Additional Sheet if Necessary)

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 Riverside

On May 19, 2016 before me, Monti Johnson Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Rene Anderson Michael Woods, 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.

Monti Johnson
Signature of Notary Public (seal)



STATE OF TEXAS

COUNTY OF Coryell

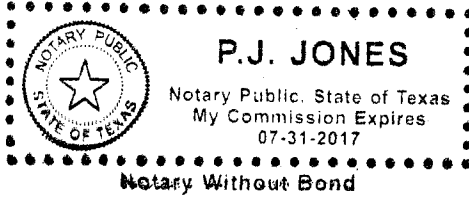
This instrument was acknowledged before me on 4-28-16 (date) by Gloria Jenkins (name or names of person or persons acknowledging).

P. Jones
Notary Public

Printed Name: P.J. Jones

My Commission Expires:

07-31-2017



STATE OF TEXAS

COUNTY OF Liberty

This instrument was acknowledged before me on May 17, 2016 (date) by Deborah Kay Williams (name or names of person or persons acknowledging).

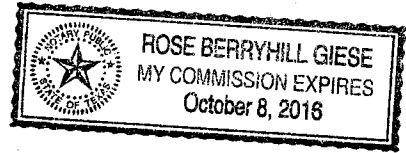
Rose Berryhill Giese

Notary Public

Printed Name: Rose Berryhill Giese

My Commission Expires:

10-8-16



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 ALABAMA

County of DADE

On 3 JUNE 2011 before me, CHRISTOPHER LAUREN, personally appeared
(Date) (here insert name and title of the officer)

DONALD RAY JENKINS JR, 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

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NO.		CERTIFICATE OF LIVE BIRTH				REGISTRATION DISTRICT NO.	REGISTRATION DISTRICT NO.
THIS CHILD (TYPE OR PRINT NAME)	1A CHILD'S FIRST NAME Langton		1B MIDDLE NAME Renee		1C LAST NAME Anderson		7052
	2 SEX Male	3A THIS BIRTH, SINGLE, TWIN, OR TRIPLET? Single		3B IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD		4A DATE OF BIRTH—MONTH, DAY, YEAR January 6, 1955	
PLACE OF BIRTH	5A COUNTY LOS ANGELES		5B CITY OR TOWN LOS ANGELES		4C HOUR 9:27 A		
	5C FULL NAME OF HOSPITAL OR INSTITUTION LOS ANGELES COUNTY GENERAL HOSPITAL		5D ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR CITY AND STATE)				
USUAL RESIDENCE OF MOTHER	6A STATE California	6B COUNTY Los Angeles	6C CITY OR TOWN Los Angeles 18		6D STREET OR RURAL ADDRESS 1200 NO. STATE STREET 1963 West Jefferson Blvd.		
	7A MAIDEN NAME OF MOTHER—FIRST NAME Mary		7B MIDDLE NAME Margaret		7C LAST NAME Woods		8 COLOR OR RACE OF MOTHER Negro
MOTHER OF CHILD	9 AGE OF MOTHER (AT TIME OF THIS BIRTH) 23 YEARS		10 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		11 MAILING ADDRESS OF MOTHER		
	12A NAME OF FATHER—FIRST NAME James		12B MIDDLE NAME Lanstron		12C LAST NAME Anderson		13 COLOR OR RACE OF FATHER Negro
FATHER OF CHILD	14 AGE OF FATHER (AT TIME OF THIS BIRTH) 30 YEARS		15 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Louisiana		16A USUAL OCCUPATION Attendant		16B KIND OF BUSINESS OR INDUSTRY Hospital
	INFORMANT'S CERTIFICATION I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		17A SIGNATURE OF PARENT OR OTHER INFORMANT (WHETHER TRAVELER, REFUSED, OR OTHERWISE SPECIFY) <i>Mary Margaret Woods</i>		17B DATE SIGNED BY PARENT OR OTHER INFORMANT January 7, 1955		
ATTENDANT'S CERTIFICATION I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE		18A SIGNATURE OF ATTENDANT <i>Richard K. ...</i>		18B ADDRESS L.A. County General Hospital			
REGISTRAR'S CERTIFICATION DATE RECEIVED BY LOCAL REGISTRAR MAR 31 1955		20 SIGNATURE OF LOCAL REGISTRAR <i>George M. ...</i>		21 DATE IN WHICH NAME ADDED TO BIRTH VITAL RECORD			

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

Conny B. McCormack
CONNIE B. MCCORMACK
 Registrar-Recorder/County Clerk

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

JUN 17 2002
19-310607

AFFIDAVIT

I, Renee Anderson as heir to the Estate of Mary Jenkins, do hereby declare:

1. I am over the age of 18 and a resident of Riverside, 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. Mary Jenkins is one and the same person who is noted on Grant Deed as Documents Number: 34695, Recorded on 3/27/1975 in Riverside County, CA
3. I, Renee Anderson am a biological son of Mary Jenkins. I am one and the same person as Renee Langston Anderson.
4. Mary Jenkins is one and the same person as Mary Margaret Jenkins and Mary M. Jenkins.
5. I, Renee Anderson do not have nor can I provide any copies or original Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the **19808 Carroll St. Perris, CA 92570** address; which is one and the same as the property on the above referenced Grant Deed.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 318-190-026-4.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 19 day of May, 2016, in Riverside, California.

x Renee Anderson
Renee Anderson as heir to the Estate of Mary Jenkins

JURAT

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

19 day of May, 20 16, by
Date Month Year
Renee Anderson
Name of Signer



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

Signature Monti Johnson
Signature of Notary Public

(Place Notary Seal Above)

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 318190026-4 Tax Sale Number TC 203, Item 93 sold at public auction on 4/30/2015. I understand that the total of excess proceeds available for refund is \$ 68,472.78+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE 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.

Renee Anderson (Signature of Party of Interest/Assignor)

05/19/16 (Date)

Renee Anderson as heir to the Estate of Mary Jenkins (Name Printed)

1595 Oro Blanco Ave. (Address)

Riverside, CA, 92507 (City/State/Zip)

(Area Code/Telephone Number)

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 Riverside

On May 19, 2016 before me, Monte Johnson Notary Public, personally appeared Renee Anderson

see Attached

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.

Monte Johnson (Signature of Notary Public) (seal)

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

Jed Byerly (Signature of Assignee)

Jed Byerly, Managing Member (Name Printed)

ax ID/SS#

Global Discoveries Ltd. (Address)

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

Phone: (209) 593-3913

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 6/16/16 before me, Patricia Prasad-Notary Public, personally appeared Jed Byerly

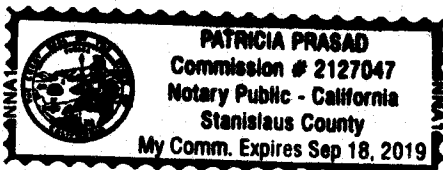
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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

Patricia Prasad (Signature of Notary Public) (seal)

117-174 (3/85) (Ret-Perm)



CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 May 19 2016 before me, Monti Johnson Notary Public
(Here insert name and title of the officer)

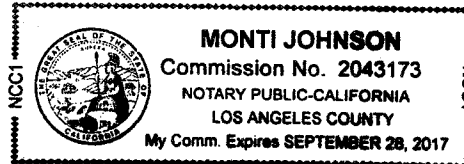
personally appeared RENEE ANDERSON
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) 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.

Monti Johnson
 Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)
 Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 318190026-4
Tax Sale Number: TC 203
Item Number: 93
Date of Sale: 4/30/2015

The undersigned claimant, Global Discoveries, Ltd., claims \$11,412.13+/- 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 10th day of JUNE, 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 6/16/16 before me, Patricia Prasad - 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



CLAIM SUMMARY

Date: June 9, 2016
To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 318190026-4
Last Assessee: JENKINS DONALD R & MARY
Sale Date: 4/30/2015
TC: TC 203
Item Number: 93
Deadline: 6/18/2016

RECEIVED
2016 JUN 20 PM 12:43
RIVERSIDE COUNTY
TREAS-TAX COLLECTION

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. Grant Deed granting interest to Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants as Documents Number: 34695, recorded on 3/27/1975 in Riverside County, CA.
3. Copy of Certificate of Death for Donald Ray Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**)
4. Copy of Certificate of Death for Mary Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**) – Please Note: Mary’s maiden name is noted as Woods on her Certificate of Death
5. Copy of Probate Affidavit for the Estate of Mary Jenkins – Please Note: Original Probate Affidavit in Claim Package for Deborah Kay Williams
6. Copy of Certificate of Live Birth and Photo ID for Assignor: Donald Ray Jenkins Jr. – Please Note: Donald’s Certificate of Birth lists his Mother as Mary Woods.
7. Affidavit
8. Assignment of Rights To Collect Excess Proceeds signed by Donald Ray Jenkins Jr. as heir to the Estate of Mary Jenkins
9. Claim form(s) signed by Global Discoveries

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

- One warrant in the amount of \$11,412.13 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: 7015-0640-0002-1922-1367



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



Palm Desert Office
38-686 El Cerrito Road
Palm Desert, CA 92211

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

**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

July 22, 2015

DONALD R. JENKINS & MARY JENKINS
19809 CARROL STREET
PERRIS, CA 92570

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 318190026-4 Item: 93
Situs Address: 19808 Carroll St Perris 92570
Assessee: Jenkins, Donald R & Mary
Date Sold: May 5, 2015
Date Deed to Purchaser Recorded: June 18, 2015
Final Date to Submit Claim: June 20, 2016

Dear Sir or Madame:

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

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3336.

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

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

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Jennifer Pazicni
Deputy

EXPLANATION OF EVENTS:

Property: 318190026-4

- ❖ Donald R. Jenkins and Mary Jenkins were the last record owners of the above property as husband and wife, Joint Tenants per the Grant Deed recorded on 3/27/1975.
- ❖ Donald R. Jenkins passed away on 08/10/1996, leaving Mary Jenkins as the surviving Joint Tenant for the above referenced property.
- ❖ Mary Jenkins passed away on 11/7/1996. She died with no surviving spouse and left NO Last Will & Testament; nor was her Estate ever probated in the State of California.
- ❖ Mary Jenkins left SIX surviving biological children; Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson, Donald Ray Jenkins Jr. and Harry Jenkins.

All above named Heirs are each entitled to collect 16.66% and/or \$11,412.13+- of the Excess Proceeds for above property.

****We are claiming the excess proceeds on behalf of Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson and Donald Ray Jenkins Jr. ONLY according to their proportional interest.****

34695

RECORDING REQUESTED BY

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

NAME: Donald L. Jenkins and Mary Jenkins
STREET: 19809 Carrol Street
CITY, STATE, ZIP: Perris, California 92370

PAID
Doc. Transfer Tax
W. D. BALOGH
RY. CO. RECORDER

RECEIVED FOR RECORD

MAR 27 1975

AT 2:00 O'CLOCK A.M.

CHARGE TIME AND FEES

34695

Book 1975, Page

Filed in Office of Recorder of Riverside County, California

W.D. Balogh, Recorder

FEB 1 3

Title Order No. _____ Excerpt No. R 2013

This space for Recorder's use

Corporation Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S) DOCUMENTARY TRANSFER TAX is \$ 7.70
 computed on full value of property conveyed, or
 computed on full value less value of liens or encumbrances remaining at time of sale, and
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

THE BANK OF CALIFORNIA, N. A.

California Corporation hereby GRANT(S) to

DONALD R. JENKINS AND MARY JENKINS
Husband and Wife as Joint Tenants

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

The Southerly 150 feet of the West half of Parcel 77 of GLEN VALLEY TRACT NO. 3, as shown on record of Survey, on file in Book 15, page 36 Records of Survey, Riverside County, California.

20353-1P

Dated January 23, 1975

THE BANK OF CALIFORNIA, N. A.

STATE OF CALIFORNIA }
COUNTY OF San Bernardino } ss.

On February 5, 1975 before me, the undersigned, a Notary Public in and for said County and State, personally appeared L. R. Tallman known to me to be the Trust Officer

BY: [Signature]
L. R. Tallman
Trust Officer

Trust Officer [Signature] Secretary of the corporation that executed the within instrument, and acknowledged to me that such corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.

Signature: [Signature]
Gloria T. Forget
Name (Typed or Printed)
Notary Public in and for said County and State

GLORIA T. FORGET
NOTARY PUBLIC
SAN BERNARDINO COUNTY
CALIFORNIA
My Commission Expires July 19, 1975

(Space above for official notarial seal)

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

Name Street Address City & State

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST DONALD			(b) MIDDLE RAY			(c) LAST JENKINS			(d) MAIDEN			2. SEX MALE			3. DATE OF DEATH AUGUST 10, 1996								
4. DATE OF BIRTH OCT. 17, 1931				5. AGE (IN YEARS) 64		IF UNDER 1 YR. MO DAYS HOURS MIN		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) HOUSTON, TEXAS				7. 5'											
8. RACE BLACK				9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)				10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 10th							
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED				13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MARY WOODS				14a. DECEASED'S USUAL OCCUPATION TRUCKER				14b. KIND OF BUSINESS OR INDUSTRY TRUCKING CO.											
15a. RESIDENCE STREET ADDRESS 3801 BEAUMONT AVE.									15b. CITY OR TOWN LIBERTY			15c. COUNTY LIBERTY			15d. STATE TEXAS			15e. ZIP CODE 77575			15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16. FATHER'S NAME GEORGE JENKINS									17. MOTHER'S MAIDEN NAME MARILDA MALLET														
18. PLACE OF DEATH (CHECK ONLY ONE)																							
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)																							
19. COUNTY OF DEATH HARRIS						20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) HOUSTON						21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) VETERANS HOSPITAL											
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Mary Jenkins</i> - WIFE																							
23. MAILING ADDRESS OF INFORMANT 3801 BEAUMONT AVE. LIBERTY, TX 77575																							
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)																							
25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORIUM, OR OTHER PLACE) ST. MARY'S CATHOLIC																							
25b. Section Block Lot Space Unknown <input checked="" type="checkbox"/>																							
25c. NAME & ADDRESS OF FUNERAL HOME WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TEXAS 77575																							
26. LOCATION (CITY, STATE) AMES, TEXAS																							
27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Terri A. G... #9466</i>																							
28. DATE OF DISPOSITION 8-17-96																							
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE																							
31. SIGNATURE & TITLE OF CERTIFIER <i>Arnold Bernard Gorin</i>																							
32. DATE SIGNED MO 8 DAY 30 YEAR 96																							
33. TIME OF DEATH 1:33 A. M.																							
34. PRINTED NAME & ADDRESS OF CERTIFIER ARNOLD BERNARD GORIN M.D. VETERANS AFFAIRS MEDICAL CENTER 2002 HOLCOMBE BLVD HOUSTON, TEXAS 77030																							
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PSEUDOMONAS PNEUMONIA DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. LARYNGEAL CARCINOMA DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. _____																							
35. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)																							
36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO																							
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO						38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO						39. WAS DECEASED PREGNANT? AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK											
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED						41a. DATE OF INJURY						41b. TIME OF INJURY M											
41c. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)						41d. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO						41e. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)											
41f. DESCRIBE HOW INJURY OCCURRED																							
42a. REGISTRAR FILE NO. 02-11925						42b. DATE RECEIVED BY LOCAL REGISTRAR September 5, 1996						42c. SIGNATURE OF LOCAL REGISTRAR <i>R.W. Hanks</i>											

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH

VS-112 REV. 9/95

2608810

CERTIFIED COPY OF VITAL RECORDS

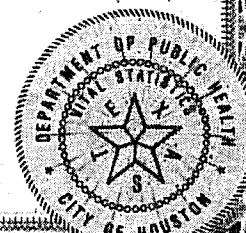
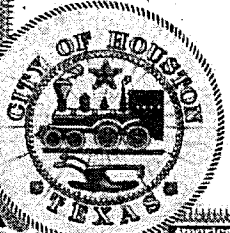
STATE OF TEXAS
COUNTY OF HARRIS

DATE ISSUED **SEP 05 1996**

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R.W. Hanks
R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

Form with fields for Name of Deceased (MARY JENKINS WOODS), Date of Birth (2-19-31), Age (65), Sex (FEMALE), Date of Death (11-7-96), Race (BLACK), Birth Place (COLUMBIA MISSOURI), Marital Status (WIDOWED), Decedent's Usual Occupation (DOMESTIC), Residence (3801 OLD BEAUMONT RD., LIBERTY, TEXAS 77575), and Cause of Death (Adenocarcinoma of the lung).

Vertical text on the left side: Texas Department of Health - Bureau of Vital Statistics, WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1999) VS-112 REV. 9/95

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code. Issued January 03, 1997

Virginia McNeel, Local Registrar
By: Marilyn M. Lee, Deputy Registrar

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Mary Jenkins died on 11/07/1996 in the County of Liberty, State of Texas;
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 \$68,472.78 , generated from Assessor's Parcel Number(s) 318190026-4, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/30/2015.

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

Gloria Jenkins
 Deborah Kay Williams
 Rene Anderson
 Michael Woods
 Donald Ray Jenkins
 Harry Jenkins

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.

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

4-28-16
 (DATE)

Gloria Jenkins
 Printed Name

Gloria Jenkins
 signature

5/17/16
 (DATE)

Deborah Kay Williams
 Printed Name

Deborah Kay Williams
 signature

05/19/16
(DATE)

Rene Anderson
Printed Name

Rene Anderson
signature

05/19/16
(DATE)

Michael Woods
Printed Name

Michael Woods
signature

6/3/16
(DATE)

Donald Ray Jenkins
Printed Name

Donald Ray Jenkins
signature

(Attach Additional Sheet if Necessary)

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 Riverside

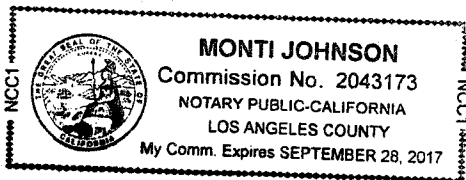
On May 19, 2016 before me, Monti Johnson Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Rene Anderson Michael Woods, 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.

Monti Johnson (seal)
Signature of Notary Public



STATE OF TEXAS

COUNTY OF Coryell

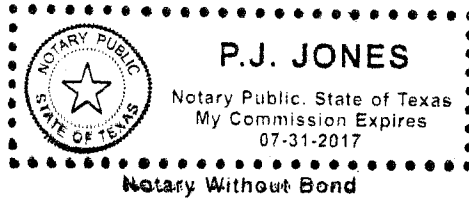
This instrument was acknowledged before me on 4-28-16 (date) by Gloria Jenkins (name or names of person or persons acknowledging).

P. Jones
Notary Public

Printed Name: P.J. Jones

My Commission Expires:

07-31-2017



STATE OF TEXAS

COUNTY OF Liberty

This instrument was acknowledged before me on May 17, 2016 (date) by Deborah Kay Williams (name or names of person or persons acknowledging).

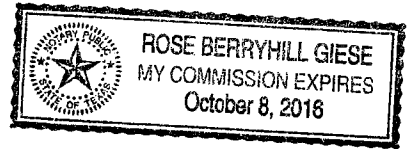
Rose Berryhill Giese

Notary Public

Printed Name: Rose Berryhill Giese

My Commission Expires:

10-8-16



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 ALABAMA

County of MOBILE

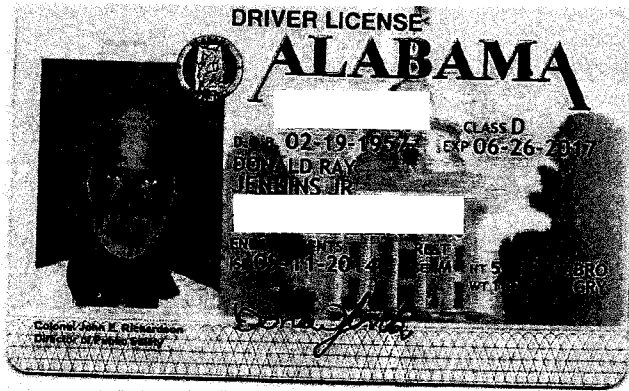
On 3 JUNE 2014 before me, CHRISTOPHER LAUREY, personally appeared
(Date) (here insert name and title of the officer)

DOUGLAS RAY TERRY JR, 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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE		CERTIFICATE OF LIVE BIRTH				LOCAL REGISTRATION	
FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF CHILD—FIRST NAME Donald		7B MIDDLE NAME Ray		1C LAST NAME Jenkins Jr.			
THIS CHILD	2. SEX Male	3A THIS BIRTH SINGLE TWIN OR TRIPLET? Single	3B IF TWIN OR TRIPLET THIS CHILD BORN 1ST, 2ND, 3RD?	4A DATE OF BIRTH—MONTH DAY YEAR February 19, 1957	4B HOUR 12:57 P.		
	5A PLACE OF BIRTH—NAME OF HOSPITAL Los Angeles County Hospital		5B STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION COUNTY USE F. O. BOX NUMBERS) 1200 North State Street				
PLACE OF BIRTH	5C CITY OR TOWN Los Angeles		5D COUNTY Los Angeles County				
	6A MAIDEN NAME OF MOTHER—FIRST NAME Mary		6B MIDDLE NAME Margaret		6C LAST NAME Woods		7 COLOR OR RACE OF MOTHER Negro
MOTHER OF CHILD	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 26 YEARS		9 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		10 MAILING ADDRESS OF MOTHER—(GIVE FULL ADDRESS INCLUDING POST OFFICE AND CITY)		
	USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A USUAL RESIDENCE OF MOTHER—STREET ADDRESS 317 West 111th Place		11B IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM	
11C CITY OR TOWN Los Angeles 61		11D COUNTY Los Angeles		11E STATE California			
FATHER OF CHILD	12A NAME OF FATHER—FIRST NAME Donald		12B MIDDLE NAME Ray		12C LAST NAME Jenkins		13 COLOR OR RACE OF FATHER Negro
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 25 YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		16A PRESENT OR LAST OCCUPATION Truck Driver		16B KIND OF INDUSTRY OR BUSINESS Wrecking Yard
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		17A PARENT OR OTHER INFORMANT—SIGNATURE (WRITE SIGN) <i>Margaret Jenkins</i>			17B DATE SIGNED BY INFORMANT February 20, 1957	
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE		18a PHYSICIAN—SIGNATURE (WRITE SIGN) <i>George W. Lee, M.D.</i>			18b ADDRESS L.A. County General Hospital	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR—SIGNATURE <i>George W. Lee, M.D.</i>		21. DATE RECEIVED BY LOCAL REGISTRAR MAR 7 1957		
22a. HOW MANY OTHER CHILDREN BORN TO MOTHER		22b. HOW MANY OTHER CHILDREN WERE BORN		22c. HOW MANY FETUSES BORN DEAD AFTER			

AFFIDAVIT

I, Donald Ray Jenkins Jr. as heir to the Estate of Mary Jenkins, do hereby declare:

1. I am over the age of 18 and a resident of Huntsville, AL. 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. Mary Jenkins is one and the same person who is noted on Grant Deed as Documents Number: 34695, Recorded on 3/27/1975 in Riverside County, CA
3. I, Donald Ray Jenkins Jr. am a biological son of Mary Jenkins. I am one and the same person as Donald Jenkins Jr. and Donald R. Jenkins Jr.
4. Mary Jenkins is one and the same person as Mary Margaret Jenkins and Mary M. Jenkins.
5. I, Donald Ray Jenkins Jr. do not have nor can I provide any copies or original Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the 19808 Carroll St. Perris, CA 92570 address; which is one and the same as the property on the above referenced Grant Deed.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 318-190-026-4.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 5 day of JUNE, 2016, in HUNTSVILLE, ALABAMA.

x Donald Ray Jenkins Jr.
Donald Ray Jenkins Jr. as heir to the Estate of Mary Jenkins

JURAT

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 ALABAMA

County of ADAMS

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

5 day of JUNE, 2016, by
Date Month Year

Donald Ray Jenkins Jr.
Name of Signer

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

Signature [Signature]
Signature of Notary Public

(Place Notary Seal Above)

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 318190026-4 Tax Sale Number TC 203, Item 93 sold at public auction on 4/30/2015. I understand that the total of excess proceeds available for refund is \$ 68,472.78+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE 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 of Party of Interest/Assignor)

(Date)

Donald Ray Jenkins Jr. as heir to the Estate of Mary Jenkins (Name Printed)

Tax ID/SS#

105 Silverstand Trail (Address)

Huntsville, AL, 35806 (City/State/Zip)

256-658-0324 (Area Code/Telephone Number)

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 ALABAMA

County of MADISON

On June 3, 2016 before me, Christopher Lowmyer, personally appeared (Date) (here insert name and title of the officer)

Donald Ray Jenkins Jr., 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.

(seal) Signature of Notary Public

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 of Assignee)

Jed Byerly, Managing Member (Name Printed)

Tax ID/SS#

Global Discoveries Ltd. (Address)

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

Phone: (209) 593-3913

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

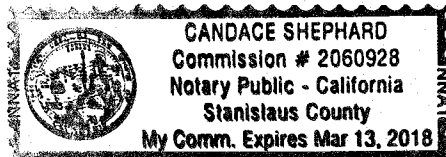
On 6/17/16 before me, Candace Shephard-Notary Public, personally appeared (Date) (here insert name and title of the officer)

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.

(seal) Signature of Notary Public 117-174 (3/85) (Ret-Perm)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 318190026-4
Tax Sale Number: TC 203
Item Number: 93
Date of Sale: 4/30/2015

The undersigned claimant, Global Discoveries, Ltd., claims \$11,412.13+/- 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 15th day of JUNE, 2016 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

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 6/16/2016 before me, Patricia Prasad - 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





Ph: 209-593-3900 or 800-370-0372 | Fx: 209-549-9299 | Info@gd-ltd.com

2016 JUN 29 PM 12:43
12015th Street, Suite A Modesto, CA 95354

CLAIM SUMMARY

**RIVERSIDE COUNTY
TREAS-TAX COLLECTOR**

Date: June 8, 2016
 To: Riverside County Treasurer and Tax Collector
 Assessors Parcel Number: 318190026-4
 Last Assessee: JENKINS DONALD R & MARY
 Sale Date: 4/30/2015
 TC: TC 203
 Item Number: 93
 Deadline: 6/18/2016

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. Grant Deed granting interest to Donald R. Jenkins and Mary Jenkins, husband and wife as joint tenants as Documents Number: 34695, recorded on 3/27/1975 in Riverside County, CA.
3. Copy of Certificate of Death for Donald Ray Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**)
4. Copy of Certificate of Death for Mary Jenkins (**Original Death Certificate in Claim Package for Deborah Kay Williams**) – Please Note: Mary's maiden name is noted as Woods on her Certificate of Death
5. Copy of Probate Affidavit for the Estate of Mary Jenkins – Please Note: Original Probate Affidavit in Claim Package for Deborah Kay Williams
6. Certificate of Live Birth for Gloria Jenkins showing Mary Woods as her mother
7. Affidavit
8. Assignment of Rights To Collect Excess Proceeds signed by Gloria Jenkins as heir to the Estate of Mary Jenkins
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Gloria Jenkins

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

- One warrant in the amount of \$11,412.13 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: 7015-0640-0002-1922-1367



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



Palm Desert Office
38-686 El Cerrito Road
Palm Desert, CA 92211

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

**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

July 22, 2015

DONALD R. JENKINS & MARY JENKINS
19809 CARROL STREET
PERRIS, CA 92570

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 318190026-4 Item: 93
Situs Address: 19808 Carroll St Perris 92570
Assessee: Jenkins, Donald R & Mary
Date Sold: May 5, 2015
Date Deed to Purchaser Recorded: June 18, 2015
Final Date to Submit Claim: June 20, 2016

Dear Sir or Madame:

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

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3336.

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

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

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Jennifer Pazicni
Deputy

EXPLANATION OF EVENTS:

Property: 318190026-4

- ❖ Donald R. Jenkins and Mary Jenkins were the last record owners of the above property as husband and wife, Joint Tenants per the Grant Deed recorded on 3/27/1975.
- ❖ Donald R. Jenkins passed away on 08/10/1996, leaving Mary Jenkins as the surviving Joint Tenant for the above referenced property.
- ❖ Mary Jenkins passed away on 11/7/1996. She died with no surviving spouse and left NO Last Will & Testament; nor was her Estate ever probated in the State of California.
- ❖ Mary Jenkins left SIX surviving biological children; Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson, Donald Ray Jenkins Jr. and Harry Jenkins.

All above named Heirs are each entitled to collect 16.66% and/or \$11,412.13+- of the Excess Proceeds for above property.

****We are claiming the excess proceeds on behalf of Deborah Kay Williams, Gloria Jenkins, Michael Woods, Renee Anderson and Donald Ray Jenkins Jr. ONLY according to their proportional interest.****

34695

RECORDING REQUESTED BY

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

NAME: Donald L. Jenkins and Mary Jenkins
STREET ADDRESS: 19809 Carrol Street
CITY, STATE, ZIP: Perris, California 92370

PAID
Doc. Transfer Tax
W. D. BALOGH
RIV. CO. RECORDER

RECEIVED FOR RECORD
MAR 27 1975

AT 9:00 O'CLOCK A.M.
AT RECORDERS OFFICE
CHICAGO TITLE INC. CA.
Book 1975, Page 34695
Recorded in Official Records
of Riverside County, California
W.D. Balogh Recorder
1975 L 3

Title Order No. Escrow No. R 2013

This space for Recorder's use

3

Corporation Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S) DOCUMENTARY TRANSFER TAX is \$ 7.70
 computed on full value of property conveyed, or
 computed on full value less value of liens or encumbrances remaining at time of sale, and
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

THE BANK OF CALIFORNIA, N. A.

a California Corporation hereby GRANT(S) to

DONALD R. JENKINS AND MARY JENKINS
Husband and Wife as Joint Tenants.

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

The Southerly 150 feet of the West half of Parcel 77 of GLEN VALLEY
TRACT NO. 3, as shown on record of Survey, on file in Book 15, page 36
Records of Survey, Riverside County, California.

20353-112

Dated January 23, 1975

STATE OF CALIFORNIA }
COUNTY OF San Bernardino } ss.

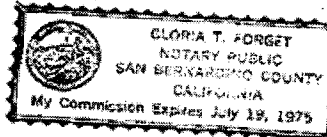
On February 5, 1975 before me,
the undersigned, a Notary Public in and for said County and State,
personally appeared L. R. Tallman
knows to me to be the President of

THE BANK OF CALIFORNIA, N. A.

BY: [Signature]
L. R. Tallman
Trust Officer

Trust Officer [Signature] Secretary of the corporation that executed the
within instrument, and acknowledged to me that such corporation
executed the within instrument pursuant to its by-laws or a resolu-
tion of its board of directors.

Signature: [Signature]
Glória T. Forget
Name (Typed or Printed)
Notary Public to and for said County and State



(Space above for official notarial seal)

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

Name Street Address City & State

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST DONALD		(b) MIDDLE RAY		(c) LAST JENKINS		(d) MAIDEN	2. SEX MALE	3. DATE OF DEATH AUGUST 10, 1996	
4. DATE OF BIRTH OCT. 17, 1931		5. AGE (IN YEARS) 64	IF UNDER 1 YR. MO. DAYS HOURS MIN.	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) HOUSTON, TEXAS		7. SPECIAL EFFICIENCY NO.			
8. RACE BLACK		9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 10th	
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MARY WOODS		14a. DECEASED'S USUAL OCCUPATION TRUCKER		14b. KIND OF BUSINESS OR INDUSTRY TRUCKING CO.			
15a. RESIDENCE STREET ADDRESS 3801 BEAUMONT AVE.						15b. CITY OR TOWN LIBERTY			
15c. COUNTY LIBERTY		15d. STATE TEXAS		15e. ZIP CODE 77575		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
16. FATHER'S NAME GEORGE JENKINS				17. MOTHER'S MAIDEN NAME MATILDA MALLET					
18. PLACE OF DEATH (CHECK ONLY ONE)									
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> EMUOUTPATIENT <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)						
19. COUNTY OF DEATH HARRIS			20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) HOUSTON			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) VETERANS HOSPITAL			
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Mary Jenkins</i> - WIFE						23. MAILING ADDRESS OF INFORMANT 3801 BEAUMONT AVE. LIBERTY, TX 77575			
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORIUM OR OTHER PLACE) AMES CATHOLIC		25b. LOCATION (CITY, STATE) AMES, TEXAS		25c. NAME & ADDRESS OF FUNERAL HOME WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TEXAS 77575			
		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Tara A. G... #9466</i>		28. DATE OF DISPOSITION 8-17-96					
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE									
31. SIGNATURE & TITLE OF CERTIFIER <i>Arnold Bernard Gorin</i>						32. DATE SIGNED MO. 8 DAY 30 YEAR 96		33. TIME OF DEATH 1:33 A. M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER: ARNOLD BERNARD GORIN M.D. VETERANS AFFAIRS MEDICAL CENTER 2002 HOLCOMBE BLVD HOUSTON, TEXAS 77030									
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. PSEUDOMONAS PNEUMONIA DUE TO (OR AS A LIKELY CONSEQUENCE OF):					Approximate Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. LARYNGEAL CARCINOMA DUE TO (OR AS A LIKELY CONSEQUENCE OF):							
		c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF):							
		d. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF):							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN			39. WAS DECEASED PREGNANT? AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. _____		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)							
		41f. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO. 02-11925		42b. DATE RECEIVED BY LOCAL REGISTRAR September 5, 1996			42c. SIGNATURE OF LOCAL REGISTRAR <i>R.W. Hanks</i>				

Bureau of Vital Statistics
 Texas Department of Health
 WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 196B)
 CAUSE OF DEATH
 VS-112 REV. 9/95

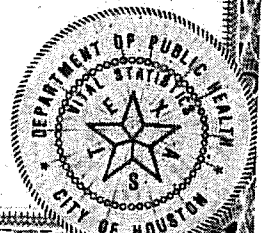
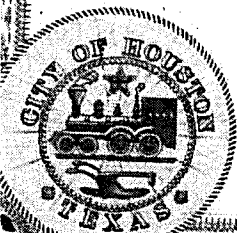
2608810

STATE OF TEXAS
 COUNTY OF HARRIS)
 CERTIFIED COPY OF VITAL RECORDS
 DATE ISSUED SEP 05 1996

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R.W. Hanks
 R. W. Hanks, Registrar
 BUREAU OF VITAL STATISTICS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 9/85

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN 2. SEX 3. DATE OF DEATH

MARY JENKINS WOODS FEMALE 11-7-96

4. DATE OF BIRTH 5. AGE (IN YEARS) 6. IF UNDER 1 YR. 7. IF UNDER 1 DAY 8. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)

2-19-31 65 MO. DAYS HOURS MIN. COLUMBIS MISSOURI

9. RACE 10. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELCA OR SECONDARY (0-12) COLLEGE (13-16, 17+)

BLACK 10. YES 11. NO 12th

12. MARITAL STATUS 13. SURVIVING SPOUSE OF WIFE, GIVE MAIDEN NAME 14. DECEDENT'S USUAL OCCUPATION 14b. KIND OF BUSINESS OR INDUSTRY

12. MARRIED 13. NEVER MARRIED 14. DOMESTIC 14b. HOMES

15a. RESIDENCE STREET ADDRESS 15b. COUNTY 15c. CITY OR TOWN 15d. STATE 15e. ZIP CODE 15f. INSIDE CITY LIMITS

3801 OLD BEAUMONT RD. LIBERTY TEXAS 77575 LIBERTY

16. FATHER'S NAME 17. MOTHER'S MAIDEN NAME

HARRY WOODS SALLY EDWARDS

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: INPATIENT ER/OUTPATIENT DCA OTHER: NURSING HOME RESIDENCE OTHER (SPECIFY)

19. CITY OF DEATH 20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) 21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)

LIBERTY LIBERTY 3801 OLD BEAUMONT RD.

22. INFORMANT - SIGNATURE & RELATIONSHIP 23. MAILING ADDRESS OF INFORMANT

Maria Williams - daughter 3801 OLD BEAUMONT LIBERTY, TX 77575

24. METHOD OF DISPOSITION 25. PLACE OF DISPOSITION (NAME OF CEMETERY, CHAPEL OR OTHER PLACE) 26. LOCATION (CITY, STATE) 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 28. DATE OF DISPOSITION

BURIAL CREMATION REMOVAL FROM STATE DONATION OTHER (SPECIFY)

25. AMES CATHOLIC CEMETERY 26. AMES, TEXAS 27. TRINA A. GOUDEAU 28. 11-15-96

29. NAME & ADDRESS OF FUNERAL HOME

WELLS MORTUARY, INC. P.O. BOX 83 LIBERTY, TX 77575

30. CERTIFIER 31. SIGNATURE & TITLE OF CERTIFIER 32. DATE SIGNED 33. TIME OF DEATH

CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. MEDICAL EXAMINER JUSTICE OF THE PEACE } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

GARY B. WEISS MD; 400 Medical Center Blvd #111; Webster TX 77598 12-17-96 7:10 A.M.

34. PRINTED NAME & ADDRESS OF CERTIFIER 35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) -> Adenocarcinoma of the lung DUE TO (OR AS A LIKELY CONSEQUENCE OF):

Approximate Interval Between Onset and Death: 33 months

35. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., influenza, stroke, diabetes, smoking, etc.)

36a. AUTOPSY? 36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

37. DID TOBACCO USE CONTRIBUTE TO DEATH? 38. DID ALCOHOL USE CONTRIBUTE TO DEATH? 39. WAS DECEDENT PREGNANT?

YES PROBABLY NO UNKNOWN YES PROBABLY NO UNKNOWN YES NO UNK

40. MANNER OF DEATH 41a. DATE OF INJURY 41b. TIME OF INJURY 41c. INJURY AT WORK 41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)

NATURAL ACCIDENT SUICIDE HOMICIDE PENDING INVESTIGATION COULD NOT BE DETERMINED

41a. 41b. 41c. 41d.

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO. 42b. DATE RECEIVED BY LOCAL REGISTRAR 42c. SIGNATURE OF LOCAL REGISTRAR

03-153-1996 January 2, 1997 Virginia McNeel

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code. Issued: January 03, 1997

Virginia McNeel, Local Registrar
By: Marilyn M. Lee, Deputy Registrar

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Mary Jenkins died on 11/07/1996 in the County of Liberty, State of Texas;
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 \$68,472.78, generated from Assessor's Parcel Number(s) 318190026-4, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/30/2015.

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

Gloria Jenkins
Deborah Kay Williams
Rene Anderson
Michael Woods
Donald Ray Jenkins
Harry Jenkins

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.

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

4-28-16
(DATE)

Gloria Jenkins
Printed Name

Gloria Jenkins
signature

5/17/16
(DATE)

Deborah Kay Williams
Printed Name

Deborah Kay Williams
signature

05/19/16
(DATE)

Rene Anderson
Printed Name

Rene Anderson
signature

05/19/16
(DATE)

Michael Woods
Printed Name

Michael Woods
signature

6/3/16
(DATE)

Donald Ray Jenkins
Printed Name

Donald Ray Jenkins
signature

(Attach Additional Sheet if Necessary)

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 Riverside

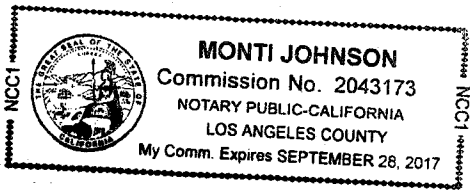
On May 19, 2016 before me, Monti Johnson Notary Public, personally appeared Renee Anderson Michael Woods (here insert name and title of the officer)

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.

Monti Johnson (seal)
Signature of Notary Public



STATE OF TEXAS

COUNTY OF Coryell

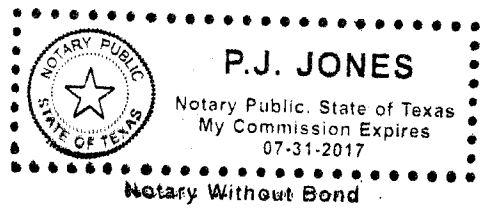
This instrument was acknowledged before me on 4-28-16 (date) by Gloria Jenkins (name or names of person or persons acknowledging).

P. Jones
Notary Public

Printed Name: P.J. Jones

My Commission Expires:

07-31-2017



STATE OF TEXAS

COUNTY OF Liberty

This instrument was acknowledged before me on May 17, 2016 (date) by Deborah Kay Williams (name or names of person or persons acknowledging).

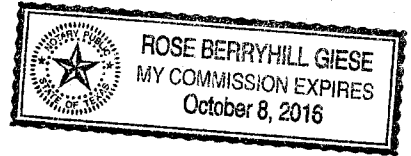
Rose Berryhill Giese

Notary Public

Printed Name: Rose Berryhill Giese

My Commission Expires:

10-8-16



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 FLORIDA

County of MIAMI

On 3 JUNE 2011 before me, C. Christopher LAUREY, personally appeared
(Date) (here insert name and title of the officer)

DOUGLAS RAY JENNINGS JR, 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

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NUMBER	CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND NUMBER	7053	CERTIFICATE NUMBER	51867
THIS CHILD	1A. NAME OF CHILD—FIRST NAME Gloria	1B. MIDDLE NAME Vergina	1C. LAST NAME Jenkins			
	2. SEX Female	3A. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? Single	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4A. DATE OF BIRTH—MONTH, DAY, YEAR November 28, 1960	4B. HOUR 4:05 A	M
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL Los Angeles County General Hospital		5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 1200 North State Street	<input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	5C. CITY OR TOWN Los Angeles		5D. COUNTY Los Angeles	6. RACE OR RACE OF MOTHER Negro		
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME Mary	6B. MIDDLE NAME Marie	6C. LAST NAME Woods	7. AGE OF MOTHER (AT TIME OF THIS BIRTH) 29		
	8. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) Missouri		10. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM HOME ADDRESS, GIVE STREET OR RURAL ADDRESS OR LOCATION) Los Angeles, California			
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION) 317 West 111th Place		11B. CITY OR TOWN Los Angeles	11C. COUNTY Los Angeles	11D. STATE California	
FATHER OF CHILD	12A. NAME OF FATHER—FIRST NAME Donald	12B. MIDDLE NAME Ray	12C. LAST NAME Jenkins	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 29		
	14. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) Texas		15. PRESENT OR LAST OCCUPATION Truck Driver	16. KIND OF INDUSTRY OR BUSINESS Unemployed		
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17A. PARENT OR OTHER INFORMANT—SIGNATURE (PRINT NAME) <i>Mary Jenkins</i>		17B. DATE SIGNED BY INFORMANT November 29, 1960	
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		18A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH): SIGNATURE—DEGREE OR TITLE <i>Submitter, M.D.</i>		18B. ADDRESS L.A. County Hospital	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR—SIGNATURE <i>George M. Hill, M.D.</i>		21. DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1960	

INFORMATIONAL
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

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

MAY 17 2016

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



* 1000000893294 *

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.
 PNCCO (REV) 07/11



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT

I, Gloria Jenkins as heir to the Estate of Mary Jenkins, do hereby declare:

1. I am over the age of 18 and a resident of Gatesville, TX. 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. Mary Jenkins is one and the same person who is noted on Grant Deed as Document Number: 34695, Recorded on 3/27/1975 in Riverside County, CA.
3. I, Gloria Jenkins am a biological daughter of Mary Jenkins.
4. Mary Jenkins is one and the same person as Mary Margaret Jenkins and Mary M. Jenkins.
5. I, Gloria Jenkins do not have nor can I provide any Tax Bills, Title Insurance Policies, Utility Bills, other supporting documentation to reference the 19808 CARROLL ST PERRIS CA 92570 address.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 318-190-026-4.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 28 day of April, 2016, in Coryell, Texas.

x Gloria Jenkins
Gloria Jenkins as heir to the Estate of Mary Jenkins

JURAT

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.

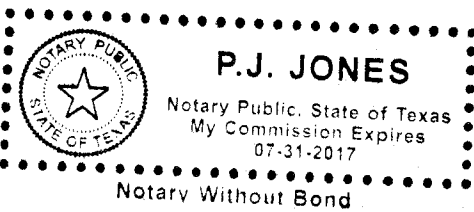
State of Texas

County of Coryell

Subscribed and sworn to (or affirmed) before me on this
28 day of April, 20 16, by
Date Month Year
Gloria V. Jenkins
Name of Signer

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

Signature P. Jones
Signature of Notary Public



(Place Notary Seal Above)

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 318190026-4 Tax Sale Number TC 203, Item 93 sold at public auction on 4/30/2015. I understand that the total of excess proceeds available for refund is \$ 68,472.78+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE 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.

Gloria Jenkins (Signature of Party of Interest/Assignor)

4-28-16 (Date)

Gloria Jenkins as heir to the Estate of Mary Jenkins (Name Printed)

1500 State School Road (Address)

Gatesville, TX, 76598 (City/State/Zip)

(Area Code/Telephone Number)

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 Texas

County of Coryell

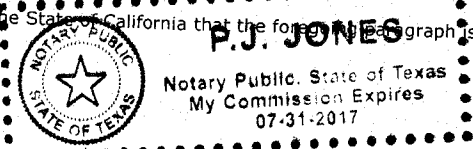
On 4-28-16 before me, P.J. Jones, personally appeared Gloria V. Jenkins (here insert name and title of the officer)

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.

P.J. Jones (Signature of Notary Public) (seal)



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

Jed Byerly (Signature of Assignee)

Jed Byerly, Managing Member (Name Printed)

Tax ID/SS#

Global Discoveries Ltd. (Address)

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

Phone: (209) 593-3913

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

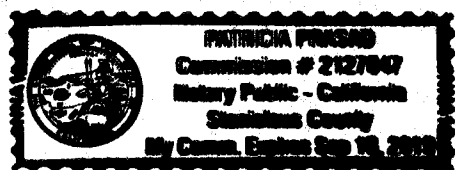
On 6/16/16 before me, Patricia Prasad - Notary Public, personally appeared Jed Byerly (here insert name and title of the officer)

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.

Patricia Prasad (Signature of Notary Public) (seal) 117-174 (3/85) (Ret-Perm)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 318190026-4

Tax Sale Number: TC 203

Item Number: 93

Date of Sale: 4/30/2015

The undersigned claimant, Global Discoveries, Ltd., claims \$11,412.13+/- 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 10th day of June, 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 6/10/2016 before me, Patricia Prasad-Notary Public, personally appeared
(Date) Jed Byerly (here insert name and title of the officer)

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

