

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



ITEM
9.5
(ID # 2863)

MEETING DATE:

Tuesday, July 25, 2017

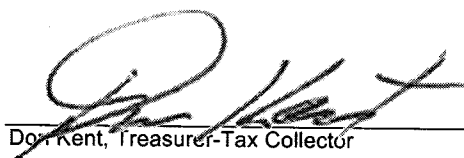
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 639. Last assessed to: Kenneth Maurice Cooper and Rose P. Cooper, husband and wife as joint tenants, District 4. [\$49,189-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Chris K. Cooper, heir to the Estate of Rose P. Cooper, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 842025003-4;
2. Approve the claim from Global Discoveries, Ltd., assignee for Phillip Anthony Cooper, heir to the Estate of Rose P. Cooper, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 842025003-4;
3. Authorize and direct the Auditor-Controller to issue warrants to Chris K. Cooper, heir to the Estate of Rose P. Cooper in the amount of \$24,594.85 and Global Discoveries, Ltd., assignee for Phillip Anthony Cooper, heir to the Estate of Rose P. Cooper in the amount of \$24,594.85, 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.

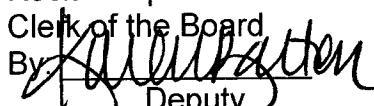
ACTION: Policy


Don Kent, Treasurer-Tax Collector 7/12/2017

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: July 25, 2017
xc: Treasurer, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 49,189	\$ 0	\$ 49,189	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	No
			For Fiscal Year:	17/18

C.E.O. RECOMMENDATION: APPROVE

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.

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

1. Claim from Chris K. Cooper, heir to the Estate of Rose P. Cooper based on a Corporation Grant Deed recorded August 15, 1974 as Instrument No. 104824, the Last Will and Testament of Rose P. Cooper, an Affidavit to comply with California Probate Code 13100 for the Estate of Rose P. Cooper dated September 6, 2016, an Affidavit to comply with California Probate Code 13100 for the Estate of Kenneth M. Cooper dated September 6, 2016 and the death certificates of Rose P. Cooper and Kenneth Maurice Cooper.
2. Claim from Global Discoveries, Ltd., assignee for Phillip Anthony Cooper, heir to the Estate of Rose P. Cooper based on an Assignment of Right to Collect Excess Proceeds dated February 19, 2016, a Corporation Grant Deed recorded August 15, 1974 as Instrument No. 104824, the Last Will and Testament of Rose P. Cooper, an Affidavit of Collection of Personal Property Probate Code 13100 dated February 19, 2016 and the death certificate of Rose P. Cooper.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Chris K. Cooper, heir to the Estate of Rose P. Cooper be awarded excess proceeds in the amount of \$24,594.85 and Global Discoveries, Ltd., assignee for Phillip Anthony Cooper, heir to the Estate of Rose P. Cooper be awarded excess proceeds in the amount of \$24,594.85. 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.

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

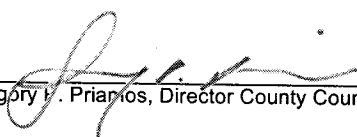
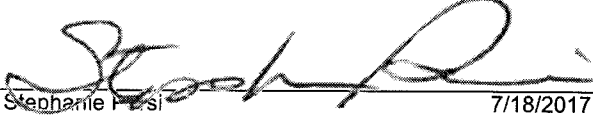
Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Cooper

ATTACHMENT B. Claim Global

	
Gregory V. Priamos, Director County Counsel	Stephanie P. Priamos
5/24/2017	7/18/2017


Gregory V. Priamos, Director County Counsel
5/24/2017

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 203 Item 639 Assessment No.: 842025003-4

Assessee: COOPER ROSE P ESTATE OF

Situs: 660 HOLLEY LN BLYTHE 92225

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

RECEIVED

2015 AUG -6 PM 12:32

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 57,100.00 from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), ☐ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

DEATH CERT. ROSE P. COOPER, INTERMENT RECEIPT, CHANGE OWNERSHIP STATEMENT,
CLAIM HOME OWNERS TAX EXEMPTION, CLAIM VETERANS EXEMPT, NAVY MEMORABLE
DISCHARGE, NOTICE POWER TO SELL, RECEIPT PIGN, MONEY ORDER, BILLS, UTILITY,
EDISON ELEC, WATER, PAID VERDE IRRIGATION, KEN & ROSE CLAIM FORM
3 PERSONAL LETTERS RE: ESTATE ROSE P. COOPER

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 04 day of AUGUST, 2015 at RIVERSIDE, CALIF.
County, State


Signature of Claimant

Signature of Claimant

CHRIS K. COOPER
Print Name

Print Name

660 HOLLEY LANE
Street Address

Street Address

BLYTHE, CA. 92225
City, State, Zip

City, State, Zip

760-972-9212 CELL
Phone Number

Phone Number

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 203 Item 639 Assessment No.: 842025003-4

Assessee: COOPER ROSE P ESTATE OF

Situs: 660 HOLLEY LN BLYTHE 92225

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 00.00 from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), ☒ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2005-0954643 recorded on 11-16-2005. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

DEC # 2005-0954643

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 04 day of August, 2015 at RIVERSIDE, CALIF.
County, State

DECEASED
Signature of Claimant

ROSE P. COOPER
Print Name

660 HOLLEY LANE
Street Address

BLYTHE, CA. 92225
City, State, Zip

N/A
Phone Number

DECEASED
Signature of Claimant

KENNETH M. COOPER
Print Name

660 HOLLEY LANE
Street Address

BLYTHE, CA. 92225
City, State, Zip

N/A
Phone Number

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

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



**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

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

July 22, 2015

CHRIS K COOPER
660 HOLLEY LN
BLYTHE, CA 92225

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 842025003-4 Item: 639
Situs Address: 660 Holley Ln Blythe 92225
Assessee: Cooper Rose P Estate Of
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

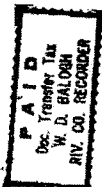
By Jennifer Paziuni
Deputy

Order Number 104824 ✓
Easew Number 308 - 6497

RECORDING REQUESTED BY

WHEN RECORDED, PLEASE MAIL TO

Mr. and Mrs. Kenneth Maurice Cooper
660 Bailey Lane
Blythe, CA 92225 ✓



RECEIVED FOR RECORD

AUG 15 1974

AT 9:00 O'CLOCK A.M.
AUGUST 15 1974
AUGUST 15 1974

Book 1974, Page 104824

of Riverside County, California

W.D. Balogh Recorder

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grantor Declares Documentary Transfer Tax is \$ 34.10

computed on full value of property conveyed.

CITY OF BLYTHE

Seller or Agent

Corporation Grant Deed ✓

CURRIN CONSTRUCTION CO., INC., a California corporation

For a Valuable Consideration, the receipt of which is hereby acknowledged, does hereby
GRANT to KENNETH MAURICE COOPER and ROSE P. COOPER, Husband and Wife as Joint Tenants ✓

all that real property situated in the County of Riverside State of California, described as follows:
LOT 1, BLOCK 4, TRACT 5409-1, as per Map on file in Book 77 pages 44 and 45 of
Maps, Records of Riverside County, California.

- SUBJECT TO:
1. General and Special Taxes not delinquent and taxes which are a lien and not yet payable.
 2. Covenants, conditions, reservations and restrictions; rights, rights of way and easements for drainage facilities, public utilities, water companies, districts, alleys and streets now of record, if any.

This Deed is made and accepted upon the covenants, conditions, restrictions, reservations and easements set forth in the Declaration of Covenants, Conditions and Restrictions applied to Tract 5409-1 executed by William L. Currin and Betty J. Currin, recorded August 29, 1973, as Instrument No. 114084, amended October 9, 1973 as Instrument No. 131517, of Official Records of Riverside County, California, all of which are incorporated herein by reference with the same effect as though fully set forth herein.

Dated June 18, 1974

CURRIN CONSTRUCTION CO., INC., a California corporation

By William L. Currin President

By Betty J. Currin Secretary

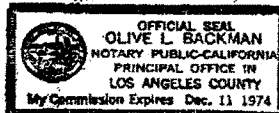
STATE OF CALIFORNIA
COUNTY OF Riverside } SS.

On June 25, 1974, before me, the undersigned, a Notary Public in and for said State, personally appeared William L. Currin known to me to be the President, and Betty J. Currin known to me to be the Secretary of the Corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the same, and acknowledged to me that such Corporation executed the within Instrument pursuant to its by-laws or a resolution of its board of directors.

WITNESS my hand and official seal.

(Seal)

Olive L. Backman
(Notary Public's Signature)



Mail Tax Statements to:

(Name)

4387
EBC 2108 1-70"

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

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

LAST WILL AND TESTAMENT

OF

ROSE P. COOPER

I, ROSE P. COOPER, declare this to be my Will, and I revoke all wills and codicils previously made by me.

1. Marital and Family Status, I am a widow and I have two children, namely,

Phillip Anthony Cooper
8708 Jasmine Lane
Indio, California 92201

Christopher Kenneth Cooper
1622 East Hwy 70 Space # 11
Safford, Arizona 85564

I have no deceased children.

PAYMENT OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate.

2. Probate Estate Pours Over Into Trust. I give my entire estate to the trustee then in office under that trust which was executed on June 29th, 1996, of which I am the settlor, I direct that my estate be added to, administered, and distributed as part of that trust, according to the terms of the trust and any amendment made to it before my death. To the extent permitted by law, it is not my intent to create a separate trust by this Will or to subject the trust or the property added to it by this will to the jurisdiction of the probate court.

3. Savings Clause If the disposition in paragraph two (2) is inoperative or is invalid for any reason, or of the referred to fails or is revoked, I incorporate hereby reference the terms of that trust without giving effect to any amendments made subsequently, and I give the residue to be held, administered and distributed as provided in this instrument.

4. Independent Administration of Estates Act. My estate shall be administered under the CALIFORNIA Independent Administration of Estates Act.

3. NOMINATION OF EXECUTOR

I nominate PHILLIP ANTHONY COOPER 8708 JASMINE LANE, INDIO, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA as the Executor of this will. With the following person as successor executor, CHRISTOPHER KENNETH COOPER, 1622 EAST HWY 70 SPACE # 11, SAFFORD, ARIZONA. No bond shall be required of any executor nominated in this will. The term "executor" includes personal representative.

4. Power to Retain Assets. I authorize the executor, in the executor's sole discretion, to retain any property of my estate for as long as the executor considers appropriate. The executor shall not be liable for any loss incurred by my estate by retaining such property.

5. Power of Sale. I authorize the executor, in the executor's sole discretion, to sell all or any part of the real or personal property of my estate, at public or private sale, with or without notice.

6. Power to lease. I authorize the executor to lease all or any part of the real or personal property of my estate on such terms as the executor considers proper.

7. Power to Distribute Property. In distributing my estate or in selecting property to be distributed in satisfaction of any bequest provided by this will, the executor shall have absolute discretion to determine what property of my estate shall be allocated to the shares, or bequests to be distributed.

8. Gender and Number. Except when the context in this Will requires otherwise, the singular includes the plural, and the masculine gender includes the feminine and neuter.

IN WITNESS WHEREOF: I have subscribed my name below, this
29th day of June 1996.

Rose P. Cooper
Rose P. Cooper

THE ROSE P. COOPER TRUST

DECLARATION OF TRUST

1. I, ROSE P. COOPER in the City of BLYTHE, in the COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, referred to hereafter as Grantor and/or Trustee, hereby declare that I am Trustee of the property referred to in this Declaration of Trust agreement as the trust estate, which is more fully set forth in the Schedule of Trust Estate assets attached hereto and made part hereof.
2. I hereby declare that I hold the Trust Estate created by the Declaration of Trust Agreement and all my rights to, title to and interest in the trust estate in trust for the use and benefit of: ROSE P. COOPER, in BLYTHE, IN THE COUNTY OF RIVERSIDE, IN THE STATE OF CALIFORNIA.
3. Upon my death, the Successor Trustee is hereby directed forthwith to transfer the Trust Estate and all rights to, title to and interest in the Trust Estate in the following manner, subject to amendment

I bequest to Phillip Anthony Cooper my 18th century dresser with mirror, My Grandfather Clock, my seven (7) piece dining room set, one set of my crystal goblets, and the entertainment center. My buffet I bequest to Christopher and one set of crystal goblets. The four bedroom sets will be divided between Phillip Anthony Cooper and Christopher Kenneth Cooper. The marble coffee table, two end tables, and drop leaf table and the silverware, crystal bowls and living room Lamps will be divided equally between the two children. My three wedding rings and diamond wrist watch will be sold and the money divided between the two children.

Upon my death, My home located at 660 Holly Lane (lot 1, block 4 of Tract 5409-1 Riverside County Records) shall be sold and the money equally divided between the two children. The amount of \$6,000.00 will be deducted from Christopher Kenneth Cooper's share of the money received from the Estate. This is money he borrowed from me.
4. Upon my death, I shall be succeeded as Trustee of the Trust Estate created by this Declaration of Trust Agreement by PHILLIP ANTHONY COOPER of 8708 Jasmine Lane, Indio, California.
5. If the Successor Trustee is unable to serve as the trustee for any reason, CHRISTOPHER KENNETH COOPER, of 1622 Space # 11 East Hwy 70, Safford, Arizona shall serve as contingent Successor Trustee.

Any Successor Trustee shall serve all functions of the Trustee that are set forth in the provisions of this Declaration of Trust.

6. Any Successor Trustee shall serve all functions of the Trustees that are set forth in the provisions of this Declaration of Trust.

7. The Trustee of Declaration of Trust has all of the discretionary powers necessary and appropriate to administer this trust, including but not limited to, the power to sell mortgage, encumber, pledge, hypothecate, lease, rent or improve, invest and reinvest the trust estate property when such action is deemed to be in the best interest and futherance of the Trust purposes.

8. The Trustee must distribute to the Grantor, during the Grantor's lifetime, so much of the income and principal as the Grantor directs.

9. In the event of physical or mental incapacity of the Grantor, the Trustee shall pay all health care, support and maintenance costs of the Grantor.

10. Any person serving as Trustee hereunder shall serve without bond.

11. The Trustee shall pay all estate, inheritance, succession, and other taxes that may be imposed upon the Trust Estate by any state or federal entity upon the death of the Grantor. The trustee is also authorized to pay all just and enforceable debts of the Grantor prior to distribution of the Trust Estate.

12. This Declaration of Trust shall be administered and interpreted in accordance with the laws of the STATE OF CALIFORNIA.

13. In the event that two licensed physicians, not related by blood or marriage to either the Grantor or the beneficiary of the Trust created by this Declaration of Trust Agreement, certify that I have become unable to manage my own financial affairs due to illness, injury, or other condition, the Successor Trustee shall become the acting trustee of this living trust. If the Successor should serve during my life, the Successor Trustee shall disburse from the trust estate such amounts as necessary for my complete care, health, support or maintenance.

SIGNED BY:

Grantor/Trustee,

DATED

We, the undersigned, hereby certify that the above instrument, which consists of 3 pages including the page which contain the witness signatures, was signed in our sight and presence by ROSE P. COOPER (the "Testator"), who declared this instrument to be her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names and addresses as witnesses on the date shown above.

Witness Signature:

Louis J. Gerdes

Witness Name:

Louis J. Gerdes

Witness address:

PO 17611 So C & D Blythe Ca

Witness Signature:

Donleita M. Gerdes

Witness signature:

DONLEITA M. GERDES

Witness Name:

Witness address

17611 S. C & D Blythe, Ca



Margarita Perez
on March 14 2001 personally appeared Phillip Cofo
before me Margarita Perez a notary public
for the state of California

SCHEDULE OF TRUST ASSESTS:

1. 18TH CENTURY DRESSER WITH MIRROR
2. GRANDFATHER CLOCK
3. FOUR (4) BEDROOM SETS
4. BUFFET
5. SEVEN (7) PIECE DINING ROOM SET
6. MARBLE COFFEE TABLE AND TWO END TABLES
7. DROP LEAF TABLE
8. ENTERTAINMENT CENTER
9. TWO SETS OF CRYSTAL GOBLETS
10. SILVERWARE
11. CRYSTAL BOWLS
12. THREE (3) WEDDING RINGS
13. DIAMOND WRIST WATCH
14. SAVINGS ACCOUNT # 1052060 \$60,000.00
15. CHECKING ACCOUNT \$3,000.00
16. REAL ESTATE PROPERTY: THREE (3) BEDROOM HOME LOCATED AT 660 HOLLY LANE, BLYTHE LOT 1, BLOCK 4 OF TRACT 5409-1 RIVERSIDE COUNTY RECORDS.

I declare under penalty of perjury the laws of the California that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this Durable Power of Attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney-in-fact by this document, and that I am not a health care provider, an employee of health care provider, the operator of a community care facility, nor an employee of an operator of a community care facility.

I further declare under penalty of perjury under the laws of California that I am not related to the principal by blood, marriage, or adption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: Donleita M. Gerdes

Print Name: DONLEITA M. GERDES

Residence Address: 17611 S. CAYD. BLVD.

Signature: Louis J. Gerdes

Print Name: Louis J. Gerdes

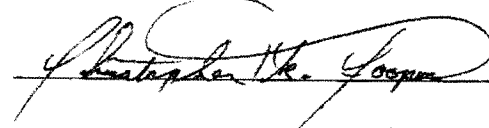
Residence Address: 17611 So Cayd By The Sea

AFFIDAVIT
to comply with California Probate Code §§ 13100-13115

The undersigned hereby declare(s):

1. ^I [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described California Probate Code §§13100-13115.
2. ROSE P. COOPER 80-708 TASMINE LANE
[Name of decedent] died at INDIO, CA. 92201, while a resident of the City of INDIO, CA.,
County of RIVERSIDE, California, on or about JAN. 03, 20 07, leaving [a/no] will.
3. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
4. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
5. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred thousand dollars (\$100,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]
EXCESS FUNDS FROM PROPERTY TAX SALE
ASSESSMENT NUMBER 842025003-Y
TC 203 ITEM # 639
6. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] to the decedent's interest in the described property.
7. No other person has a superior right to the interest of the decedent in the described property.
8. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]
CHRISTOPHER K. COOPER 170 SOUTH SPRING ST. APT. 51
BIYTHE, CA 92225. I AM HER SON. 6/4/85
9. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
10. ☒ [We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it] may incur because of the transfer, payment, or delivery to [me/us] of the property.
11. The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

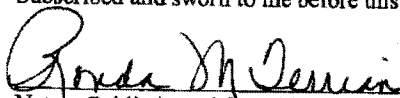
Dated: 9-06-16

Signature: 

Dated: _____

Signature: _____

Subscribed and sworn to me before this 16th day of September, 20 16.

 CALIFORNIA
Notary Public in and for said County and State Riverside

My commission expires on: 08/31/2019

See Attached for
Notarial Wording and
Stamp

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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)

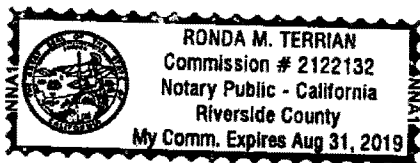
On Sept. 6, 2016 before me, Ronda M Terrian, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Christopher K Cooper
Name(s) of Signer(s)

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 Ronda M Terrian
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Affidavit Document Date: 9/6/16

Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

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

Signer Is Representing: _____

Signer's Name: _____

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

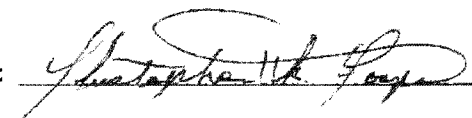
Signer Is Representing: _____

AFFIDAVIT
to comply with California Probate Code §§ 13100-13115

The undersigned hereby declare(s):

1. ^I [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described California Probate Code §§13100-13115.
KENNETH M. COOPER
2. [Name of decedent] died at Good SAMARITAN MEDICAL CENTER PHOENIX, AZ., while a resident of the City of BLYTHER, CA., County of RIVERSIDE, California, on or about MAR. 14, ^{CK} 20 1994, leaving [a/no] will.
3. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
4. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
5. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred thousand dollars (\$100,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]
EXCESS FUNDS FROM PROPERTY TAX SALE
ASSESSMENT NUMBER 842025003-4
TC 203 ITEM # 639
6. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] to the decedent's interest in the described property.
7. No other person has a superior right to the interest of the decedent in the described property.
8. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]
CHRISTOPHER K. COOPER 170 SOUTH SPRING ST. APT 51
BLYTHER, CA. 92125 I AM HIS SON- 64 yrs
9. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
10. ^I [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it] may incur because of the transfer, payment, or delivery to [me/us] of the property.
11. The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

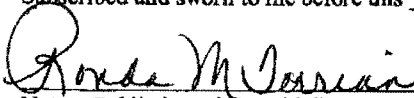
Dated: 9-05-16

Signature: 

Dated: _____

Signature: _____

Subscribed and sworn to me before this 6th day of September, 20 16.

 CALIFORNIA
Notary Public in and for said County and State RIVERSIDE

My commission expires on: 08/31/2019

See Attached for
Notarial Wording and
Stamp

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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)

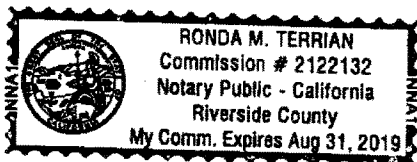
On Sept. 6, 2016 before me, Ronda M Terrian, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared Christopher K Cooper
Name(s) of Signer(s)

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 Ronda M Terrian
Signature of Notary Public

Place Notary Seal Above

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Description of Attached Document

Title or Type of Document: AFFIDAVIT Document Date: 9/6/16
Number of Pages: 1 Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

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

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☐ Corporate Officer — Title(s): _____
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☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200733001071

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Last)		2. MIDDLE	
ROSE		P.	
3. LAST (Family)		COOPER	
4. DATE OF BIRTH (month/day/year)			
07/12/1925			
5. AGE (Yrs)			
81			
6. SEX			
F			
7. DATE OF DEATH (month/day/year)			
01/23/2007			
8. HOUR (24 hours)			
1050			
9. BIRTH STATE/FOREIGN COUNTRY			
AZ			
10. EVER IN U.S. ARMED FORCES			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
11. MARITAL STATUS (at Time of Death)			
DIVORCED			
12. DECEDENT'S RACE - (1-2 in 3 races may be listed (see instructions on back))			
MEXICAN AMERICAN CAUCASIAN			
13. EDUCATION - (Highest Level/degree) (Date completed (if date))			
HS GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
14. US. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
15. USUAL OCCUPATION - (Type of work for most of life. DO NOT USE RETIRED)			
HOMEMAKER			
16. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)			
OWN HOME			
17. YEARS IN OCCUPATION			
60			
18. DECEDENT'S RESIDENCE (Street and number or location)			
80-708 JASMINE LANE			
19. CITY			
INDIO			
20. COUNTY/PROVINCE			
RIVERSIDE			
21. ZIP CODE			
92201			
22. YEARS IN COUNTY			
10			
23. STATE/FOREIGN COUNTRY			
CA			
24. INFORMANT'S NAME, RELATIONSHIP			
CHRIS COOPER-SON			
25. INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
80-708 JASMINE LANE INDIO, CA. 92201			
26. NAME OF SURVIVING SPOUSE - FIRST			
27. MIDDLE			
28. LAST (maiden Name)			
29. NAME OF FATHER - FIRST			
30. MIDDLE			
31. LAST			
32. BIRTH STATE			
33. NAME OF MOTHER - FIRST			
34. MIDDLE			
35. LAST (maiden)			
36. BIRTH STATE			
37. BIRTH STATE			
38. BIRTH STATE			
39. DISPOSITION DATE (month/day/year)			
40. PLACE OF FINAL DISPOSITION			
01/30/2007 DESERT LAWN MEMORIAL PARK 1415 S. 1ST AVE. YUMA, AZ. 85364			
41. TYPE OF DISPOSITION(S)			
TRANSIT/BURIAL			
42. SIGNATURE OF FUNERAL HOME			
43. SIGNATURE OF LOCAL REGISTRAR			
44. NAME OF FUNERAL ESTABLISHMENT			
45. LICENSE NUMBER			
46. SIGNATURE OF LOCAL REGISTRAR			
47. DATE (month/day/year)			
48. LICENSE NUMBER			
49. DATE (month/day/year)			
50. PLACE OF DEATH			
51. COUNTY			
52. CITY			
53. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
54. CAUSE OF DEATH			
55. IMMEDIATE CAUSE (a) (Find diseases or condition resulting in death)			
56. CARDIOPULMONARY ARREST			
57. CARDIAC ARRYTHMIA			
58. CONGESTIVE HEART FAILURE			
59. HYPERTROPHIC CARDIOMYOPATHY			
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN (57)			
61. NONE			
62. WAS OPERA BORN PERFORMED FOR ANY CONDITION IN (57) OR (59) OR (60) (Type of operation and date)			
63. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
64. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED			
65. SIGNATURE AND TITLE OF CORONER			
66. TYPE ATTENDING PHYSICIAN'S NAME (Last, first, middle, address, ZIP CODE)			
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367. DATE (month/day/year)			
368. TYPE ATTENDING PHYSICIAN'S NAME (Last, first,			

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA Certified Copy of Vital Record

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. 94-007635
D 102-

ORIGINAL STATE COPY		A. FIRST KENNETH		B. MIDDLE MAURICE		C. LAST COOPER		SEX MALE		DATE OF DEATH MONTH MARCH DAY 14 YEAR 1994	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES					
PLACE OF BIRTH A. COUNTY MARICOPA		B. TOWN OR CITY PHOENIX		C. HOSPITAL OR INSTITUTION GOOD SAMARITAN MEDICAL CENTER		(IF RESIDENCE, GIVE STREET ADDRESS)		<input type="checkbox"/> DOA <input type="checkbox"/> OP EMER <input checked="" type="checkbox"/> IN PATIENT			
DATE OF BIRTH MONTH DECEMBER DAY 18 YEAR 1933		AGE (YEARS) LAST BIRTHDAY 60		IF UNDER 1 YEAR MOS DAYS 60		IF UNDER 1 DAY HRS MIN 60		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPECIFY) MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) ROSITA VAZQUEZ	
STATE AND CITY OF BIRTH (If not in USA, name country) PORTSMOUTH, OHIO		COUNTRY OF WHAT COUNTRY? U.S.A.		SOCIAL SECURITY NO.		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) AGENT		KIND OF BUSINESS OR INDUSTRY INSURANCE			
USUAL RESIDENCE A. STATE CALIFORNIA		B. COUNTY RIVERSIDE		C. TOWN OR CITY BLYTHE		D. ZIP CODE 92225		HOW LONG IN ARIZONA? 1 DAY		EDUCATION HIGHEST GRADE COMPLETED 8	
STREET ADDRESS OR R.F.D. 660 HOLLY LN.		INSIDE CITY LIMITS? (SPECIFY Yes or No) YES		ON RESERVATION (SPECIFY Yes or No) NO		RECEIVED STATE RESIDENCE		ELEMENTARY-SECONDARY (0-12) 8		COLLEGE (14 or 16) 	
FATHER'S NAME A. FIRST TURLEY		B. MIDDLE COOPER		C. LAST COOPER		MOTHER'S NAME A. FIRST EDNA		B. MIDDLE PEARL		C. LAST BENNETT	
INFORMANT'S SIGNATURE <i>by Candy Encinas</i>		RELATIONSHIP TO DECEASED SON		ADDRESS STREET NO. 660 HOLLY LN. CITY AND STATE BLYTHE, CALIFORNIA ZIP CODE 92225							
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		DATE 3-15-1994		CEMETERY OR CREMATION - LOCATION DESERT LAWN MEMORIAL CEMETERY		CITY AND STATE YUMA, ARIZONA		SIGNATURE OF FUNERAL HOME <i>Richard L. Kelly</i>		CERT. NO. 3447	
FUNERAL HOME NAME GREER-WILSON FUNERAL HOME ADDRESS 5921 WEST THOMAS PHOENIX, AZ								SIGNATURE OF DECEASED <i>Richard L. Kelly</i>		CERT. NO. 3447	
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE AND TITLE <i>Dr. E. L. Leland</i>		DATE SIGNED (Mo., Day, Year) MARCH 15, 1994		HOUR OF DEATH 0543		PRONOUNCED DEAD (Mo., Day, Year) MARCH 14, 1994	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER OR HEALTH CARE PROVIDER AUTHORITY (Type or Print) 120 S. 6th Ave., Phoenix, AZ 85005		AUTHORIZED FOR CREMATION (Specify Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE <i>Dr. E. L. Leland</i>		DATE RECEIVED BY STATE OFFICE MAY 25 1994					
DATE REGISTERED MAR 18 1994		REG. FEE 5050		REGISTRAR'S SIGNATURE <i>Renée M. Gaudino</i>		REG. OFFICE 0903					
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH. LAST.		A. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) ACUTE MYOCARDIAL INFARCT		B. DUE TO OR AS A CONSEQUENCE OF:		C. DUE TO OR AS A CONSEQUENCE OF:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I											
AUTOPSY (Specify Yes or No) YES		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES									
SHARPER OF DEATH <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YEAR 		HOUR 		INJURY AT WORK? (Specify Yes or No) 		DESCRIBE HOW INJURY OCCURRED 			
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 		WHERE LOCATED? 		STREET ADDRESS 		CITY OR TOWN 		STATE 			
SUPPLEMENTARY ENTRIES 											

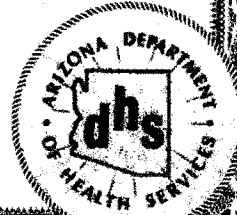
DATE ISSUED **MAY 25 1994**

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-141, and by direction of

Renée Gaudino
RENEE GAUDINO
Assistant State Registrar

1380251

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.



CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

State File Number 55-008185

Name CHRISTOPHER KENNETH COOPER

Date of Birth APRIL 10, 1955

Sex MALE

County of Birth YUMA

Date Registered APR 26, 1955

Date Issued AUG 02, 1999

Mother's Maiden Name

ROSE PATRICIA VASQUEZ

Father's Name

KENNETH MORRIS COOPER

This is a true certification of the facts on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by the date in 2016.

JAMES R. ALLEN, M.D., M.P.H.
DIRECTOR

STATE REGISTRAR

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

ANY ALTERATION OR FORGERY Voids This Certificate

CHANGE OF OWNERSHIP STATEMENT

This statement represents a written request from the Assessor.
Failure to file will result in the assessment of a penalty.

COUNTY OF RIVERSIDE OFFICE OF ASSESSOR
PO BOX 12004
RIVERSIDE CA 92502-2204
(951) 955-6200 www.riverside.com

Name and Address of Buyer/Transferee
842025003-4

COOPER ROSE P ESTATE OF

660 HOLLEY LN
BLYTHE CA 92225

Correct mailing address if necessary.

Property Address/ 660 HOLLEY LN BLYTHE 92225
Legal Description

Seller/Transferor COOPER ROSE P.
(last name, first name(s) initial)

FOR ASSESSOR'S USE ONLY

Con _____

Adj _____

Parcel Number(s)

842025003-4

R1

R01

Recorder's Number

9804554 DTT 01/23/2007

File This Statement By: MAY 13, 2013

IMPORTANT NOTICE

The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the County Assessor, to file a Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership Statement must be filed at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership, except that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if the estate is probated, shall be filed at the time the inventory and appraisal is filed. The failure to file a Change in Ownership Statement within 90 days from the date of a written request by the Assessor results in a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000) if the property is not eligible for the homeowners' exemption if that failure to file was not willful. This penalty will be added to the assessment roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.

PART I: TRANSFER INFORMATION (Please answer all questions.)

YES NO

- ☐ ☒ A. Is this transfer solely between spouses (addition or removal of a spouse, death of a spouse, divorce settlement, etc)?
- ☐ ☒ B. Is this transaction only a correction of the name(s) of the person(s) holding title to the property (e.g., a name change upon marriage)?
Please explain: N/A
- ☐ ☒ C. Is this document recorded to create, terminate, or reconvey a lender's interest in the property?
- ☐ ☒ D. Is this transaction recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (e.g., cosigner)? Please explain: N/A
- ☐ ☐ E. Is this document recorded to substitute a trustee of a trust, mortgage, or other similar document?
- ☐ ☒ F. Did this transfer result in the creation of a joint tenancy in which the seller (transferor) remains as one of the joint tenants?
- ☐ ☒ G. Does this transfer return property to the person who created the joint tenancy (original transferor)?
- ☐ ☒ H. Is this a transfer of property:
- ☐ ☒ 1. to a revocable trust that may be revoked by the transferor and is for the benefit of the ☐ transferor ☐ transferor's spouse?
 - ☐ ☒ 2. to a trust that may be revoked by the Creator/Grantor who is also a joint tenant, and which names the other joint tenant(s) as beneficiaries when the Creator/Grantor dies?
 - ☐ ☒ 3. to an irrevocable trust for the benefit of the ☐ Creator/Grantor and/or ☐ Grantor's spouse?
 - ☐ ☒ 4. to an irrevocable trust from which the property reverts to the Creator/Grantor within 12 years?
- ☐ ☒ I. If this property is subject to a lease, is the remaining lease term 35 years or more including written options?
- ☒ ☐ *J. Is this a transfer between parent(s) and child(ren)? ☒ Yes ☐ No or from grandparent(s) to grandchild(ren)? ☐ Yes ☒ No
- ☐ ☒ *K. Is this transaction to replace a principal residence by a person 55 years of age or older? Within the same county? ☐ Yes ☒ No
- ☐ ☒ *L. Is this transaction to replace a principal residence by a person who is severely disabled as defined by Revenue and Taxation Code section 69.5? Within the same county? ☐ Yes ☒ No
- ☐ ☒ M. Is this transfer solely between domestic partners currently registered with the California Secretary of State?

* If you answered yes to J, K or L, you may qualify for a property tax reassessment exclusion, which may result in lower taxes on your property. If you do not file a claim, it will result in the reassessment of the property.

Please provide any other information that will help the Assessor to understand the nature of the transfer.

THIS DOCUMENT IS NOT OPEN TO PUBLIC INSPECTION

Please write Assessor's Parcel Number(s):

PART II: OTHER TRANSFER INFORMATION

- A. Date of transfer if other than recording date N/A
- B. Type of transfer. (Please check appropriate box.)
- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Purchase | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Gift | <input type="checkbox"/> Trade or exchange | <input type="checkbox"/> Merger, stock, or partnership acquisition |
| <input type="checkbox"/> Contract of sale - Date of contract <u>N/A</u> | <input type="checkbox"/> Sale/Leaseback | | | |
| <input checked="" type="checkbox"/> Inheritance - Date of death <u>SEPT. 23, 2007</u> | <input type="checkbox"/> Other: Please explain: <u>N/A</u> | | | |
| <input type="checkbox"/> Creation of a lease | <input type="checkbox"/> Assignment of a lease | <input type="checkbox"/> Termination of a lease. Date lease began <u>N/A</u> | | |
| <input type="checkbox"/> Original term in years (including written options) <u>N/A</u> | Remaining term in years (including written options) <u>N/A</u> | | | |
- C. Was only a partial interest in the property transferred? ☐ Yes ☒ No If yes, indicate the percentage transferred N/A %.

PART III: PURCHASE PRICE AND TERMS OF SALE

- A. CASH DOWN PAYMENT OR VALUE OF TRADE OR EXCHANGE (excluding closing costs) Amount \$ 00
- B. FIRST DEED OF TRUST @ % interest for years. Pymts./Mo. = \$ (Prin. & Int. only) Amount \$ 00
- | | | |
|--|--|--|
| <input type="checkbox"/> FHA (<u> </u> Discount Points) | <input type="checkbox"/> Fixed rate | <input type="checkbox"/> New loan |
| <input type="checkbox"/> Conventional | <input type="checkbox"/> Variable rate | <input type="checkbox"/> Assumed existing loan balance |
| <input type="checkbox"/> VA (<u> </u> Discount Points) | <input type="checkbox"/> All inclusive D.T. (\$ <u> </u> Wrapped) | <input type="checkbox"/> Bank or savings & loan |
| <input type="checkbox"/> Cal-Ver | <input type="checkbox"/> Loan carried by seller | <input type="checkbox"/> Finance company |
| Balloon payment <input type="checkbox"/> Yes <input type="checkbox"/> No | Due Date <u> </u> | Amount \$ <u>00</u> |
- C. SECOND DEED OF TRUST @ % interest for years. Pymts./Mo. = \$ (Prin. & Int. only) Amount \$ 00
- | | | |
|--|--|--|
| <input type="checkbox"/> Bank or savings & loan | <input type="checkbox"/> Fixed rate | <input type="checkbox"/> New loan |
| <input type="checkbox"/> Loan carried by seller | <input type="checkbox"/> Variable rate | <input type="checkbox"/> Assumed existing loan balance |
| Balloon payment <input type="checkbox"/> Yes <input type="checkbox"/> No | Due Date <u> </u> | Amount \$ <u>00</u> |
- D. OTHER FINANCING: Is other financing involved not covered in (b) or (c) above? ☐ Yes ☐ No Amount \$ 00
- Type @ % interest for years. Payments/Month = \$ (Principal & Interest only)
- | | | |
|--|--|--|
| <input type="checkbox"/> Bank or savings & loan | <input type="checkbox"/> Fixed rate | <input type="checkbox"/> New loan |
| <input type="checkbox"/> Loan carried by seller | <input type="checkbox"/> Variable rate | <input type="checkbox"/> Assumed existing loan balance |
| Balloon payment <input type="checkbox"/> Yes <input type="checkbox"/> No | Due Date <u> </u> | Amount \$ <u>00</u> |
- E. WAS AN IMPROVEMENT BOND ASSUMED BY THE BUYER? ☐ Yes ☐ No Outstanding balance: Amount \$ 00
- F. TOTAL PURCHASE PRICE (or acquisition price, if traded or exchanged, include real estate commission if paid) Total Items A through E \$ 00
- G. PROPERTY PURCHASED: ☐ Through a broker ☐ Direct from seller ☐ From a family member ☐ Other (explain) N/A
- If purchased through a broker, provide broker's name and phone number:
- Please explain any special terms, seller concessions, or financing and any other information that would help the Assessor understand the purchase price and terms of sale: N/A

PART IV: PROPERTY INFORMATION

- A. TYPE OF PROPERTY TRANSFERRED:
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Single-family residence | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Timeshare |
| <input type="checkbox"/> Multiple-family residence (no. of units: <u>N/A</u>) | <input type="checkbox"/> Co-op/Own-your-own | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Condominium | <input type="checkbox"/> Unimproved lot |
| <input type="checkbox"/> Other (Description: i.e., timber, mineral, water rights, etc. <u>N/A</u>) | | |
- B. IS THIS PROPERTY INTENDED AS YOUR PRINCIPAL RESIDENCE? ☒ Yes ☐ No
- If yes, enter date of occupancy SEPT / 23 / 2007 or intended occupancy N/A / N/A / 20
- (month) (day) (year) (month) (day) (year)
- C. IS PERSONAL PROPERTY INCLUDED IN PURCHASE PRICE (e.g., furniture, farm equipment, machinery, etc.)? (Other than a manufactured home subject to local property tax?) ☐ Yes ☒ No
- If yes, enter the value of the personal property included in the purchase price \$ N/A (Attach itemized list of personal property.)
- D. IS A MANUFACTURED HOME INCLUDED IN THE PURCHASE PRICE? ☐ Yes ☒ No
- If yes, how much of the purchase price is allocated to the manufactured home? \$ N/A
- Is the manufactured home subject to local property tax? ☐ Yes ☐ No What is the decal number? N/A
- E. DOES THE PROPERTY PRODUCE INCOME? ☐ Yes ☒ No If yes, is the income from:
- ☐ Lease/Rent ☐ Contract ☐ Mineral rights ☐ Other - Explain: N/A
- F. WHAT WAS THE CONDITION OF THE PROPERTY AT THE TIME OF SALE?
- ☒ Good ☐ Average ☐ Fair ☐ Poor
- Please explain the physical condition of the property and provide any other information (such as restrictions, etc.) that would assist the Assessor in determining the value of the property: N/A

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. This declaration is binding on each and every co-owner and/or partner.

Signed in County of RIVERSIDE, California, this 15 day of April, 2013

SIGNATURE OF OWNER OR CORPORATE OFFICER

TITLE (if corporate officer/partner)

Telephone #

NAME OF NEW OWNER/LEGAL REPRESENTATIVE/CORPORATE OFFICER (typed or printed)

NO SERVICEN/A

The Assessor's Office may contact you for additional information regarding this transaction.

DOC # 2005-0954643

11/16/2005 08:00A Fee:9.00

Page 1 of 1

Recorded in Official Records
County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder

Recording Requested By:
T.D. SERVICE COMPANYAnd When Recorded Mail To:
T.D. Service Company
1820 E. First St., Suite 300
Santa Ana, CA 92705

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Space

Customer#: 591 Service#: 2946989RL1



Loan#: 31840 L48

9

**FULL RECONVEYANCE**

T.D. SERVICE COMPANY, as Trustee, or Successor Trustee, Or Substituted Trustee, under Deed of Trust dated AUGUST 28, 1989, made by KENNETH MAURICE COOPER AND ROSE P COOPER, Trustor and recorded as Instrument No. 315247 on SEPTEMBER 13, 1989, in Book No. —, at Page No. —, of Official Records of the County of RIVERSIDE, State of CALIFORNIA.

Having received from the holder of the obligations on the property described in said Deed of Trust, a written request to reconvey, do hereby reconvey without warranty, to the person or persons legally entitled thereto, the estate held thereunder.

Dated: OCTOBER 21, 2005

T.D. SERVICE COMPANY

By: 

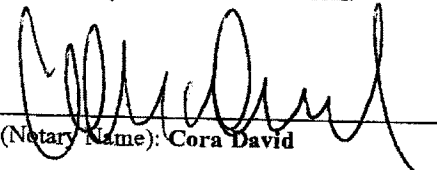
M. Hess, Assistant Secretary

State of CALIFORNIA
County of ORANGE

} ss.

On OCTOBER 21, 2005, before me, Cora David, personally appeared M. Hess, Assistant Secretary personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.


(Notary Name): Cora David

DESERT LAWN MEMORIAL PARK
1418 SOUTH FIRST AVENUE • TUCUMCARI, AZ 86304 • (505) 703-1453

No 811621

**THIS AGREEMENT PROVIDES FOR PERPETUAL OR ENDOWMENT CARE
CEMETERY INTERMENT RIGHTS, MERCHANDISE AND SERVICES PURCHASE/SECURITY AGREEMENT**

Date 01-26-2007

203 — No. _____

The undersigned, referred to as "Purchaser", hereby agrees to purchase the Interment Rights, Merchandise and Services described herein, subject to acceptance and approval of the above-named cemetery, hereinafter referred to as "Seller".

PURCHASER CHRIS COOPER TELEPHONE 1-760-922-5241

ADDRESS 660 HOLLEY LANE BLYTHE, CA 92225

Name of Deceased ROSE VASQUEZ COOPER

Description of Interment Rights: CLC 1 LOT 3 SEC B GARDEN OF HOLY CROSS

Issue Certificate of Interment Rights to: X

Address _____

INTERMENT RIGHTS, MERCHANDISE AND SERVICES		
Interment Rights (including Endowment Care of \$ _____)		\$ _____
Interment Fees		<u>595.00</u>
Memorialization — Type _____		_____
Size _____ Design _____		_____
Memorial Base — Type _____		_____
Size _____ Color _____		_____
Memorial Endowment Care		_____
Memorial Installation/Inspection Fee		_____
Outer Burial Container — Material _____		_____
Model _____ Supplier _____		_____
Cremation Charge		_____
Urn — Type _____ Size _____		_____
Flower Vase — Type _____		_____
Nameplate		_____
Lettering		_____
Other <u>INTERMENT FEE</u>		<u>92.00</u>

June 26, 2009

Phil these are just a few thoughts before proceeding on to mom's estate. On three separate occasions you advised me of your plans for bankruptcy proceedings. Most recently in May of 2009 in a span of approximately two hours you asked me three times for a loan of \$20,000.00, showed me a small plot of land and then you and your live in companion Melody M. Gregory A.K.A. Rose M. Cooper referenced awaiting on a reply of a loan from Correctional Officer John Mendez?

How is this possible in two years time on your income of approximately \$6,000.00 per month you would come to with in one week of foreclosure on your home? I also became aware that Melody had a yard sale there in Indio. What was sold? It is because of this and other issues that it is clearly apparent of your disregard for the trust and responsibility given to you by mom her last wishes to protect and account for all of her property. You will provide a list of her property and we will set up a date and time to review the disposition of items no longer in your care, who you allowed access to mom's bank account containing \$63,000.00 and most importantly the integrity of my safe containing her rings and other valuables.

How is it that Melody comes into possession of four rings that as several people have said she claims to be worth several thousand dollars? The most recent this past two months is a birthday present a ring gotten out of lay away? ARE MOMS RINGS STILL IN THE SAFE?

What is most embarrassing was to hear from the streets of Melody's remark: "my boyfriend is rich." Now to date it is: "were broke." The remarks about you: "he's a fool and stupid." Let me point out something of interest to you. That day in May 2009 after dropping you off at work your uniform unpressed, frayed and in need of repair was below acceptable uniform standards. Your unshaven appearance presented an unprofessional image.

Officer P.A. Cooper you are a sworn Peace Officer and as such you are bound to tell the truth. I speak on behalf of Rose P. Cooper to determine fraud, untruths and, accountability of her property. You will stand before a Probate Court Judge and be accountable of her estate.

**To: M. Pollard
Facility Captain
Ironwood State Prison
Blythe, Ca. 92225**

**From: Chris Cooper
660 Holley Lane
Blythe, Ca. 92225**

Subject: Formal Complaint Dated August 18, 2009

Sir, enclosed for your review a formal complaint submitted to Lt. White three years ago of which I received no reply. Recently a few weeks past I am inquired by a non-family member about my late mothers furniture and property taxes. I am pleased to update that in less than one and one half years Officer P.A. Cooper cannot account for our mother's property, bank account and valuables. He has had two personal vehicles reposed, a bank loan sent to collections and foreclosure on his home in Indio, Ca. A month or so ago he was evicted due to financial issues on a rental/lease agreement.

Officer P.A. Cooper went to great lengths to obtain an obituary "for work" to verify attendance at a family funeral service in Yuma, Az. His non attendance delayed the church service, upset the family and with no formal apology his seven hour late evening contradictory call in excuse is not acceptable. Review your files/records and you may very well find false and misleading information.

Thank you for your time in this matter. I request that this be placed in Officer P.A. Cooper personal file.

Chris K. Cooper

January 14, 2015

Michelle Brower
Public Administrator
800 So. Redlands Avenue
Perris, Ca. 92570

Re: Property Tax Estate of Rose P. Cooper

My saving the house is just not possible. I am awaiting for a reply on a V.A. loan. I did submit an online fraud report to the Office of The Inspector General about my mother's benefit checks.

Ms. Brower it is very clear my brother simply ignored his Fiduciary Duty to the estate. This breach of duties exposed to the streets my mother's estate to unnecessary embarrassment. The streets define Correctional Officer Phillip A. Cooper as a stupid idiot. His response to help the estate is "before I leave the house to punch holes in all the walls". He describes how upset to lose the house and what am I doing to save it. Let us ask Phillip A. Cooper to "certify the status of the estate". The attached papers are based on the existing facts and circumstances. Also the estate file contains original letters that concern this estate.

Who is Melody Cooper? Who is Rose R. Cooper? Who is Rose M. Cooper?
Where is the property and assets? The contents of the safe? What is the status of mother's savings account?

I respectfully request the court to reference Probate Code Section 2614.5 (b).

Ms. Brower, in closing, whatever the outcome. My mother's family name Vasquez does have a legacy of history in Yuma, Az. So much so that this compelled my nephew to come down from Germany. An e-mail from Tina Clark Archaeologist/Curator of the Yuma crossing Heritage Museum expresses great enthusiasm that family photos and of the Fort Yuma Indian Band will be archived for public view. She also writes of Marc Cooper that he came down to "retrace the footsteps of his great Grandfather – Faustino Vasquez".

Thank you.

Rose P. Cooper
C/O Chris Cooper

CLAIM FOR HOMEOWNERS' PROPERTY TAX EXEMPTIONLARRY W. WARD, COUNTY OF RIVERSIDE ASSESSOR-COUNTY CLERK-RECORDER
PO BOX 12004, RIVERSIDE, CA 92502-2204 (951) 955-8200 www.riversideacr.com

If eligible, sign and file this form with the Assessor on or before February 15 or on or before the 30th day following the date of notice of supplemental assessment, whichever comes first.

SEE INSTRUCTIONS BEFORE COMPLETING

NAME AND MAILING ADDRESS

CHRIS K. COOPER
660 HOLLEY LANE
BLYTHE, CA. 92225

FOR ASSESSOR'S USE ONLY

Received _____
Approved _____
Denied _____
Reason for denial _____

PROPERTY DESCRIPTION

Parcel No. 842025003-4
Address of dwelling 660 HOLLEY LN

Telephone No. (8 a.m. - 5 p.m.)

(760) 972-9212

Print your social security number and name here

SSN: 526-15-3139

Print co-owner's or spouse's social security number and name when this property is also his/her principal residence

NAME: CHRIS K. COOPER

SSN: _____

NAME: _____

STATEMENTS

This claim may be used to file for the Homeowners' Exemption for the Assessment Roll and the Supplemental Assessment Roll. A new owner must file a claim even if the property is already receiving the homeowners' exemption. Please carefully read the information and instructions before answering the questions listed below.

1. When did you acquire this property? MARCH 01 2006
(month/day/year)2. Date you occupied this property as your principal residence: MARCH 01 2006
(month/day/year)**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF OWNER-OCCUPANT

Christopher K. Cooper

DATE

SIGNATURE OF OCCUPANT'S SPOUSE OR CO-OWNER-OCCUPANT

AUGUST 18 2014

DATE

Only the owners or their spouses who occupy the above-described property (including a purchaser under contract of sale) or his or her legal representative may sign this claim. (If the property comprises more than one dwelling unit, other co-owner occupants may wish to file separate claims; however, only one exemption will be allowed per dwelling unit.)

If you are buying this property under an unrecorded contract of sale and the Assessor does not have a copy of the contract, you must attach a copy to this claim.

**IF YOU DO NOT OCCUPY THIS PARCEL
AS YOUR PRINCIPAL RESIDENCE, PLEASE DISCARD THIS FORM.**
If you occupy this parcel at a later date, contact the Assessor at that time.

This exemption claim is not subject to public inspection.

20 15 CLAIM FOR VETERANS' EXEMPTION

File this claim with the Assessor by February 15, 2015

STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

PETER ALDANA, COUNTY OF RIVERSIDE
 ASSESSOR-COUNTY CLERK-RECORDER
 PO BOX 761, RIVERSIDE, CA 92502-0761
 (951) 955-6200 www.riversideacsr.com

NAME AND MAILING ADDRESS

Christopher K. Cooper
 660 Holley Lane
 Blythe, Ca. 92225

FOR ASSESSOR'S USE ONLY

VETERAN'S NAME	
SERVICE NO.	
BRANCH OF SERVICE	PENSION NO.
SERVICE FROM	TO
CHARACTER OF DISCHARGE	FORM NO.
CAMPAIGN OR WAR	
MEDAL AWARDED, IF IN A CAMPAIGN	

CORRECT

MAILING ADDRESS HERE 660 HOLLEY LANE BLYTHE, CA, 92225

All questions on this form must be answered. If you do not answer all questions, your claim may be denied. Read instructions before completing the form.

1. My legal residence on January 1, 20 07 was 660 Holley Lane Blythe Ca. 92225 (760) 972-9212

2. I am ☒ Single ☐ Married ☐ Widow ☐ Widower ☐ Legally separated ☐ Divorced ☐ Pensioned parent

My spouse's name is n/a

(first) (initial) (last, maiden name if wife)

3. ☒ Yes ☐ No Real estate located in 660 Holley Lane Blythe, Ca. 92225 County

Parcel No., Tract and Lot, or other Description from Deed, Contract, or Tax Bill

ASSESSOR'S
USE ONLY

A 842025003-4

B n/a

4. ☐ Yes ☒ No Real estate located outside n/a County Assessed or Market Value (indicate which)

A n/a

B n/a

C n/a

D n/a

5. ☐ Yes ☒ No Boat/Aircraft Reg. No. n/a (address where stored, docked, or hungared) (county)6. ☐ Yes ☒ No Interest in an unincorporated business or farm

Name of business n/a

Address n/a

I and/or my spouse own 0 % of this business or farm.

Total non-assessable business assets (except vehicles which should be entered in question 10) such as inventory, cash on hand, checking and savings accounts, accounts receivable, stocks, bonds, liquor licenses:

\$ 0.00

times my and/or my spouse's ownership interest 0 % = \$ 0.00

(Note: If you own livestock or a racehorse, see instructions for question 8.)

7. My household furnishings and personal effects are located at 660 Holley Lane Blythe, Ca. 92225 (city)

8. Report all cash in possession, in safe deposit boxes, and in personal checking and savings accounts in banks, savings and loan, building and loan, postal savings, credit unions, etc. (Note: Do not include that reported in item 6 above.)

YOU MUST ENTER AN AMOUNT \$ 370.00

9. ☐ Yes ☒ No Stocks & bonds (listed or unlisted), including mutual funds, and U.S. Bonds

Name of Stock, Bond, etc.

Quantity

Market Value Per Unit 12-01 a.m. Jan 1

Total Value

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

n/a

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11. ☐ Yes ☒ No Money owed to me and/or my spouse on mortgages, trust deeds, personal loans, etc.12. ☐ Yes ☒ No Cash or loan value (not face value) of life insurance policies13. ☐ Yes ☒ No Any other investments or interests in property

(If yes, show type, location, and value of each item on the reverse side.)

14. I elect to have the veterans' exemption applied to property identified on the 3A 3B 4A 4B 5

6 13 (Identify 3rd) (Enter 1st, 2nd, 3rd, etc., choice in boxes after reading instructions.)

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

DATE

LEGAL CAPACITY (see instructions)

(This section to be completed by the Assessor)

Assessed value of real property in this county

Assessed value of personal property in this county

Total assessed value of property in this county

Veterans' exemption allowed — this county

Exemption available to County

Exemption available to County

If statement is taken in the presence of Assessor's designee initial below.

Receipt: ☐ Given or ☐ Mailed Date 20

RECEIPT — DO NOT DETACH

20. Claim for Veterans' Exemption received from:

This is to certify that the veteran named hereon has filed for the veterans' exemption under sections 252, 255, and 260 of the Revenue and Taxation Code of the State of California.

Assessor County

(Signature)

(Date)

(Claim must be filed by February 15 each year.)

This receipt must be validated by the Assessor or a designee of

County and presented in case of any misunderstanding.

INFORMATION ON THIS CLAIM MAY BE COMPARED WITH YOUR FEDERAL AND STATE INCOME TAX RETURNS AND IS SUBJECT TO
 SUBSEQUENT AUDIT. THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

Honorable Discharge



from the Armed Forces of the United States of America

This is to certify that

CHRISTOPHER KENNETH COOPER 526 15 3139 HM3 USNR

was Honorably Discharged from the

United States Navy

on the 20th day of JULY 1981 *This certificate is awarded*

as a testimonial of Honest and Faithful Service

B. Haynes

B. HAYNES, DIRECTOR SERVICES DIVISION
By direction of the Commanding Officer
Naval Reserve Personnel Center



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

1120 13th Street, Suite A | Modesto, CA 95354

CLAIM SUMMARY

Date: June 15, 2016
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 842025003-4
Last Assessee: COOPER ROSE P ESTATE OF
Sale Date: 4/30/2015
TC: TC 203
Item Number: 639
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. Corporation Grant Deed granting interest to Kenneth Maurice Cooper and Rose P. Cooper, Husband and Wife as Joint Tenants as Book Number: 1974 Page Number: 104824, Recorded on August 15, 1974 in Riverside County, CA.
3. **Certified** Certificate of Death for Rose P. Cooper
4. Probate Affidavit
5. Affidavit
6. Assignment of Rights To Collect Excess Proceeds signed by Phillip Anthony Cooper as heir to the Estate of Rose P Cooper
7. 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 \$24,594.85 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: 7016-0750-0000-4900-8379



RECEIVED
2016 JUN 22 AM 11:46
RIVERSIDE COUNTY
TREASURER & TAX COLLECTOR
POST MARKED
6-17-16

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

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



**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

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

July 22, 2015

CHRIS K COOPER
660 HOLLEY LN
BLYTHE, CA 92225

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 842025003-4 Item: 639
Situs Address: 660 Holley Ln Blythe 92225
Assessee: Cooper Rose P Estate Of
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

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 842025003-4 Tax Sale Number TC 203, Item 639 sold at public auction on 4/30/2015. I understand that the total of excess proceeds available for refund is \$ 49,189.70+/-, 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.

Phillip A. Cooper
(Signature of Party of Interest/Assignor)

2-19-16
(Date)

Phillip Anthony Cooper as heir to the Estate of Rose P Cooper
(Name Printed)

Tax ID/SS#

350 N 1st Street
(Address)

Blythe, CA, 92225-1613
(City/State/Zip)

760-267-8760
(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

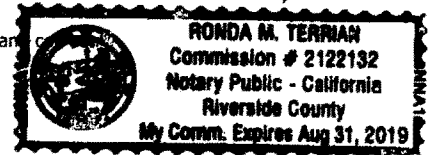
On February 19, 2016 before me, Ronda M Terrian, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

PHILLIP ANTHONY COOPER, 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.

Ronda M Terrian (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.

Phillip A. Cooper
(Signature of Assignee)

Jed Byerly, Managing Member of Global Discoveries Ltd.
(Name Printed)

Tax ID/SS#

P.O. Box 1748
(Address)

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

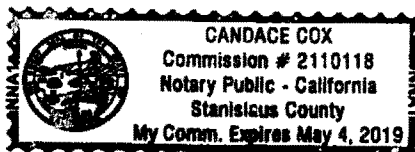
On 10/11/16 before me, Candace Cox - Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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.

Candace Cox (seal)
Signature of Notary Public



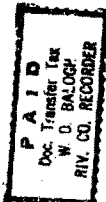
117-174 (3/85) (Ret-Perm)

Order Number Escrow Number 308 - 6497

RECORDING REQUESTED BY

WHEN RECORDED, PLEASE MAIL TO

Mr. and Mrs. Kenneth Maurice Cooper
660 Holley Lane
Blythe, CA 92225



RECEIVED FOR RECORD
AUG 15 1974
AT 9:00 O'CLOCK A.M.
BY THE COUNTY CLERK
COUNTY OF RIVERSIDE
Book 1974, Page 104824
Witnessed by Official Seal
of Riverside County, California
W.D. Balogh Recorder

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grantor Declares Documentary Transfer Tax is \$ 34.10
computed on full value of property conveyed

CITY OF BLYTHE

Seller or Agent

Corporation Grant Deed

CURRIN CONSTRUCTION CO., INC., a California corporation

For a Valuable Consideration, the receipt of which is hereby acknowledged, does hereby
GRANT to KENNETH MAURICE COOPER and ROSE P. COOPER, Husband and Wife as Joint Tenants

all that real property situated in the County of Riverside State of California, described as follows:
LOT 1, BLOCK 4, TRACT 5409-1, as per Map on file in Book 77 pages 44 and 45 of
Maps, Records of Riverside County, California.

SUBJECT TO: 1. General and Special Taxes not delinquent and taxes which are a lien and
not yet payable.
2. Covenants, conditions, reservations and restrictions; rights, rights of
way and easements for drainage facilities, public utilities, water com-
panies, districts, alleys and streets now of record, if any.

This Deed is made and accepted upon the covenants, conditions, restrictions, reservations
and easements set forth in the Declaration of Covenants, Conditions and Restrictions ap-
plied to Tract 5409-1 executed by William L. Currin and Betty J. Currin, recorded August
29, 1973, as Instrument No. 114084, amended October 9, 1973 as Instrument No. 131517, of
Official Records of Riverside County, California, all of which are incorporated herein by
reference with the same effect as though fully set forth herein.

Dated June 18, 1974

CURRIN CONSTRUCTION CO., INC., a California
corporation

By William L. Currin President

By Betty J. Currin Secretary

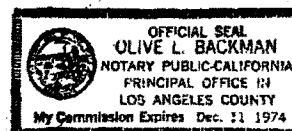
STATE OF CALIFORNIA }
COUNTY OF Riverside } SS.

On June 25, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared
William L. Currin known to me to be the President, and Betty J. Currin
known to me to be the Secretary of the Corporation that executed the within instrument, known to me to
be the persons who executed the within instrument on behalf of the Corporation therein named, and acknowledged to me that such
Corporation executed the same, and acknowledged to me that such Corporation executed the within instrument pursuant to its by-
laws or a resolution of its board of directors.

WITNESS my hand and official seal.

(Seal)

Olive L. Backman
(Notary Public's Signature)



Mail Tax Statements to:

(Name)

5597
ESC 256a 3-70*

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

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

LAST WILL AND TESTAMENT

OF

ROSE P. COOPER

I, ROSE P. COOPER, declare this to be my Will, and I revoke all wills and codicils previously made by me.

1. Marital and Family Status, I am a widow and I have two children, namely,

Phillip Anthony Cooper
8708 Jasmine Lane
Indio, California 92201

Christopher Kenneth Cooper
1622 East Hwy 70 Space # 11
Safford, Arizona 85564

I have no deceased children.

PAYMENT OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate.

2. Probate Estate Pours Over Into Trust. I give my entire estate to the trustee then in office under that trust which was executed on June 29th, 1996, of which I am the settlor, I direct that my estate be added to, administered, and distributed as part of that trust, according to the terms of the trust and any amendment made to it before my death. To the extent permitted by law, it is not my intent to create a separate trust by this Will or to subject the trust or the property added to it by this will to the jurisdiction of the probate court.

3. Savings Clause If the disposition in paragraph two (2) is inoperative or is invalid for any reason, or of the referred to fails or is revoked, I incorporate hereby reference the terms of that trust without giving effect to any amendments made subsequently, and I give the residue to be held, administered and distributed as provided in this instrument.

4. Independent Administration of Estates Act. My estate shall be administered under the CALIFORNIA Independent Administration of Estates Act.

3. NOMINATION OF EXECUTOR

I nominate PHILLIP ANTHONY COOPER 8708 JASMINE LANE, INDIO, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA as the Executor of this will. With the following person as successor executor, CHRISTOPHER KENNETH COOPER, 1622 EAST HWY 70 SPACE # 11, SAFFORD, ARIZONA. No bond shall be required of any executor nominated in this will. The term "executor" includes personal representative.

4. Power to Retain Assets. I authorize the executor, in the executor's sole discretion, to retain any property of my estate for as long as the executor considers appropriate. The executor shall not be liable for any loss incurred by my estate by retaining such property.

5. Power of Sale. I authorize the executor, in the executor's sole discretion, to sell all or any part of the real or personal property of my estate, at public or private sale, with or without notice.

6. Power to lease. I authorize the executor to lease all or any part of the real or personal property of my estate on such terms as the executor considers proper.

7. Power to Distribute Property. In distributing my estate or in selecting property to be distributed in satisfaction of any bequest provided by this will, the executor shall have absolute discretion to determine what property of my estate shall be allocated to the shares, or bequests to be distributed.

8. Gender and Number. Except when the context in this Will requires otherwise, the singular includes the plural, and the masculine gender includes the feminine and neuter.

IN WITNESS WHEREOF: I have subscribed my name below, this
29th day of June 1996.

Rose P. Cooper
Rose P. Cooper

THE ROSE P. COOPER TRUST

DECLARATION OF TRUST

1. I, ROSE P. COOPER in the City of BLYTHE, in the COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, referred to hereafter as Grantor and/or Trustee, hereby declare that I am Trustee of the property referred to in this Declaration of Trust agreement as the trust estate, which is more fully set forth in the Schedule of Trust Estate assets attached hereto and made part hereof.

2. I hereby declare that I hold the Trust Estate created by the Declaration of Trust Agreement and all my rights to, title to and interest in the trust estate in trust for the use and benefit of: ROSE P. COOPER, in BLYTHE, IN THE COUNTY OF RIVERSIDE, IN THE STATE OF CALIFORNIA.

3. Upon my death, the Successor Trustee is hereby directed forthwith to transfer the Trust Estate and all rights to, title to and interest in the Trust Estate in the following manner, subject to amendment

I bequest to Phillip Anthony Cooper my 18th century dresser with mirror, My Grandfather Clock, my seven (7) piece dining room set, one set of my crystal goblets, and the entertainment center. My buffet I bequest to Christopher and one set of crystal goblets. The four bedroom sets will be divided between Phillip Anthony Cooper and Christopher Kenneth Cooper. The marble coffee table, two end tables, and drop leaf table and the silverware, crystal bowls and living room Lamps will be divided equally between the two children. My three wedding rings and diamond wrist watch will be sold and the money divided between the two children.

Upon my death, My home located at 660 Holly Lane (lot 1, block 4 of Tract 5409-1 Riverside County Records) shall be sold and the money equally divided between the two children. The amount of \$6,000.00 will be deducted from Christopher Kenneth Cooper's share of the money received from the Estate. This is money he borrowed from me.

4. Upon my death, I shall be succeeded as Trustee of the Trust Estate created by this Declaration of Trust Agreement by PHILLIP ANTHONY COOPER of 8708 Jasmine Lane, Indio, California.

5. If the Successor Trustee is unable to serve as the trustee for any reason, CHRISTOPHER KENNETH COOPER, of 1622 Space # 11 East Hwy 70, Safford, Arizona shall serve as contingent Successor Trustee.

Any Successor Trustee shall serve all functions of the Trustee that are set forth in the provisions of this Declaration of Trust.

6. Any Successor Trustee shall serve all functions of the Trustees that are set forth in the provisions of this Declaration of Trust.

7. The Trustee of Declaration of Trust has all of the discretionary powers necessary and appropriate to administer this trust, including but not limited to, the power to sell mortgage, encumber, pledge, hypothecate, lease, rent or improve, invest and reinvest the trust estate property when such action is deemed to be in the best interest and futherance of the Trust purposes.

8. The Trustee must distribute to the Grantor, during the Grantor's lifetime, so much of the income and principal as the Grantor directs.

9. In the event of physical or mental incapacity of the Grantor, the Trustee shall pay all health care, support and maintenance costs of the Grantor.

10. Any person serving as Trustee hereunder shall serve without bond.

11. The Trustee shall pay all estate, inheritance, succession, and other taxes that may be imposed upon the Trust Estate by any state or federal entity upon the death of the Grantor. The trustee is also authorized to pay all just and enforceable debts of the Grantor prior to distribution of the Trust Estate.

12. This Declaration of Trust shall be administered and interpreted in accordance with the laws of the STATE OF CALIFORNIA.

13. In the event that two licensed physicians, not related by blood or marriage to either the Grantor or the beneficiary of the Trust created by this Declaration of Trust Agreement, certify that I have become unable to manage my own financial affairs due to illness, injury, or other condition, the Successor Trustee shall become the acting trustee of this living trust. If the Successor should serve during my life, the Successor Trustee shall disburse from the trust estate such amounts as necessary for my complete care, health, support or maintenance.

SIGNED BY:

Grantor/Trustee,

DATED

We, the undersigned, hereby certify that the above instrument, which consists of 3 pages including the page which contain the witness signatures, was signed in our sight and presence by ROSE P. COOPER (the "Testator"), who declared this instrument to be her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names and addresses as witnesses on the date shown above.

Witness Signature:

Louis J. Gerdes

Witness Name:

Louis J. Gerdes

Witness address:

PO 17611 So C & D Blythe Ca

Witness Signature:

Donleita M. Gerdes

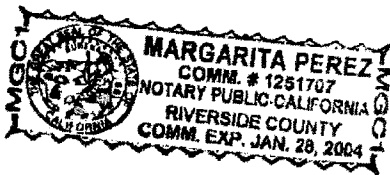
Witness signature:

DONLEITA M. GERDES

Witness Name:

Witness address

17611 S. C & D Blythe, Ca



Margarita Perez
on March 14 2001 personally appeared Phillip Cooper
before me Margarita Perez a Notary Public
for the State of California

SCHEDULE OF TRUST ASSESTS:

1. 18TH CENTURY DRESSER WITH MIRROR
2. GRANDFATHER CLOCK
3. FOUR (4) BEDROOM SETS
4. BUFFET
5. SEVEN (7) PIECE DINING ROOM SET
6. MARBLE COFFEE TABLE AND TWO END TABLES
7. DROP LEAF TABLE
8. ENTERTAINMENT CENTER
9. TWO SETS OF CRYSTAL GOBLETS
10. SILVERWARE
11. CRYSTAL BOWLS
12. THREE (3) WEDDING RINGS
13. DIAMOND WRIST WATCH
14. SAVINGS ACCOUNT # 1052060 \$60,000.00
15. CHECKING ACCOUNT \$3,000.00
16. REAL ESTATE PROPERTY: THREE (3) BEDROOM HOME LOCATED AT 660 HOLLY LANE, BLYTHE LOT 1, BLOCK 4 OF TRACT 5409-1 RIVERSIDE COUNTY RECORDS.

I declare under penalty of perjury the laws of the California that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this Durable Power of Attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney-in-fact by this document, and that I am not a health care provider, an employee of health care provider, the operator of a community care facility, nor an employee of an operator of a community care facility.

I further declare under penalty of perjury under the laws of California that I am not related to the principal by blood, marriage, or adption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: Donleita M. Gerdes

Print Name: DONLEITA M. GERDES

Residence Address: 17611 S. C&D. BLVD.

Signature: Joseph J. Gerdes

Print Name: Joseph J. Gerdes

Residence Address: 17611 S. C&D Blvd. Ca

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Rose P. Cooper died on January 23, 2007 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$49,189.70 +-, generated from Assessor's Parcel Number(s) 842025003-4, 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:

Phillip Anthony Cooper

Christopher Kenneth Cooper

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

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

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

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

2-19-2016

(DATE)

(DATE)

(DATE)

(DATE)

(DATE)

(Attach Additional Sheet if Necessary)

Phillip Anthony Cooper

Printed Name

Christopher Kenneth Cooper

Printed Name

Printed Name

Printed Name

Printed Name

Phillip A. Cooper

signature

signature

signature

signature

signature

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)

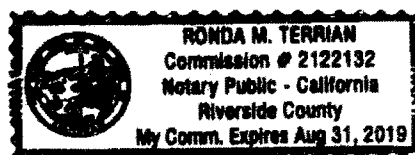
On February 19, 2016 before me, Ronda M Terrian, Notary Public, personally appeared
 (Date) (here insert name and title of the officer)

PHILLIP ANTHONY COOPER, 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.

Ronda M Terrian (seal)
 Signature of Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052007005749

CERTIFICATE OF DEATH

3200733001071

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE	
ROSE		P.	
3. LAST (Family)		COOPER	
4. DATE OF BIRTH		5. AGE Yrs.	
07/12/1925		81	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH	
AZ		01/23/2007	
8. SEX		9. HOUR (24 Hours)	
F		1050	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12. MARRIAGE STATUS (at Time of Death)		13. DECEASED'S RACE - (Up to 3 names may be listed (see worksheet on back))	
DIVORCED		CAUCASIAN	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail store, etc.)	
HOMEMAKER		OWN HOME	
16. YEARS IN OCCUPATION		17. YEARS IN BUSINESS	
60			
18. DECEASED'S RESIDENCE (Street and number or location)		19. CITY	
80-708 JASMINE LANE		INDIO	
20. COUNTY/PROVINCE		21. ZIP CODE	
RIVERSIDE		92201	
22. STATE/FOREIGN COUNTRY		23. YEARS IN COUNTY	
CA		10	
24. INFORMANT'S NAME, RELATIONSHIP		25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
CHRIS COOPER-SON		80-708 JASMINE LANE INDIO, CA. 92201	
26. NAME OF SURVIVING SPOUSE - FIRST		27. MIDDLE	
28. NAME OF FATHER - FIRST		29. MIDDLE	
FAUSTINO			
30. NAME OF BROTHER - FIRST		31. MIDDLE	
ASUZANA			
32. DECEASED'S DATE OF BIRTH		33. PLACE OF FINAL DISPOSITION	
01/30/2007		DESERT LAWN MEMORIAL PARK 1415 S. 1ST AVE. YUMA, AZ. 85364	
34. TYPE OF DISPOSITION		35. SIGNATURE OF DECEASED	
TRANSIT/BURIAL			
36. NAME OF FUNERAL ESTABLISHMENT		37. LICENSE NUMBER	
FITZHENRY FUNERAL HOME		FD-967	
38. PLACE OF DEATH		39. CITY	
RIVERSIDE		INDIO	
40. CAUSE OF DEATH		41. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (3) (Three causes or conditions resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CARDIOVASCULAR ARREST		42. DATE OF DEATH	
CARDIAC ARREST		01/23/2007	
43. UNDERLYING CAUSE (4) (Underlying cause of death)		44. DEATH REPORTED TO CORONER	
CONGESTIVE HEART FAILURE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HYPERTROPHIC CARDIOMYOPATHY		45. ALTOGETHER PERFORMED	
46. OTHER CAUSE OF DEATH (5) (Other cause of death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NONE		47. DATE OF DEATH	
		01/23/2007	
48. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 117 OR 118? (If yes, the type of operation and date)		49. IF FEMALE, PRESENT IN LAST YEAR	
NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
50. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		51. SIGNATURE AND TITLE OF CORONER	
52. DECEASED'S RESIDENCE		53. LICENSE NUMBER	
80-708 JASMINE LANE		A51602	
54. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		55. DATE	
ASSAD ULLAH DARAWAL M.D. 81-893 DR CARREON BLVD. INDIO, CA. 92201		01/26/2007	
56. I CERTIFY THAT MY OFFICIAL DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		57. PLACED AT WORK	
58. MANNER OF DEATH		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
59. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		60. PLACED AT WORK	
61. DISCLOSE HOW INJURY OCCURRED (Events which resulted in injury)		62. PLACED AT WORK	
63. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		64. PLACED AT WORK	
65. SIGNATURE OF CORONER (If not present, leave blank)		66. DATE	
		01/30/2007	
67. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		68. FAX AUTH. #	
		01/30/2007	
69. STATE REGISTRATION		70. CENSUS TRACT	
A B C D E			

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

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

DATE ISSUED

FEB 11 2016

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

034549325

Peter Aldama
PETER ALDAMA
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 102- 57-004361

REGISTRAR'S NO. 270

1. PLACE OF BIRTH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <u>Arizona</u>		B. COUNTY <u>Yuma</u>	
B. CITY OR TOWN <u>Yuma</u>		C. CITY OR TOWN <u>Yuma</u>		D. STREET (IF RURAL, GIVE LOCATION) <u>801 - 11th Street</u>	
E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Phillip</u> B. (MIDDLE) <u>Anthony</u> C. (LAST) <u>Cooper</u>					
4. SEX <u>Male</u>	5A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS CHILD) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6A. DATE (MONTH) (DAY) (YEAR) OF BIRTH <u>2- 20- 57</u>	6B. HOUR <u>10:45 P. M</u>	
FATHER OF CHILD					
7. FULL NAME A. (FIRST) <u>Kenneth</u> B. (MIDDLE) <u>N.</u> C. (LAST) <u>Cooper</u>		8. COLOR OR RACE <u>white</u>		9. AGE (AT TIME OF THIS BIRTH) <u>25</u>	
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE) <u>Yuma, Arizona</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ohio</u>		12A. USUAL OCCUPATION <u>A-1c</u>	
12B. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force</u>					
MOTHER OF CHILD					
13. FULL MAIDEN NAME A. (FIRST) <u>Rose</u> B. (MIDDLE) <u>Patricia</u> C. (LAST) <u>Vasquez</u>		14. COLOR OR RACE <u>white</u>		15. AGE (AT TIME OF THIS BIRTH) <u>29</u>	
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		17A. USUAL OCCUPATION <u>housewife</u>		17B. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
18. CHILDREN BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD) A. HOW MANY OTHER CHILDREN ARE NOW LIVING? <u>0</u>		B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>0</u>		C. HOW MANY OTHER CHILDREN WERE STILL BORN (BORN DEAD AFTER 20 WEEKS PREGNANCY)? <u>0</u>	
19. I CERTIFY THAT THE INFORMATION IN ITEMS 1-18 IS CORRECT TO MY BEST KNOWLEDGE		20A. PARENT'S SIGNATURE <u>Mrs. Rose P. Cooper</u>		20B. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>	
20C. ADDRESS <u>407 - 16th Street</u>		20D. DATE SIGNED <u>2-22-57</u>		21. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR	
21A. DATE REC'D BY LOCAL REG. <u>3-9-1957</u>		21B. REGISTRAR'S SIGNATURE <u>Maries Nelson</u>			

DATE ISSUED 10/14/2016

69348121

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
Revised 11/2014

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

AFFIDAVIT

I, Phillip Anthony Cooper as heir to the Estate of Rose P Cooper, do hereby declare:

1. I am over the age of 18 and a resident of Blythe, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am a surviving biological son to Rose P. Cooper; who is one and the same person who is noted on the Corporation Grant Deed as Document Number: 104824, Recorded on August 15, 1974 in Riverside County, CA.
3. I cannot provide any Original or Copies of Tax Bills, Title Insurance Policies, Utility Bills or any other supporting documentation to reference the 660 HOLLEY LN BLYTHE CA 92225 address; which is one and the same address noted on the above referenced Corporation Grant Deed.
4. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 842-025-003-4.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 19 day of FEB. 2016, in BLYTHE, CALIF.

x Phillip Anthony Cooper
Phillip Anthony Cooper as heir to the Estate of Rose P Cooper

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.

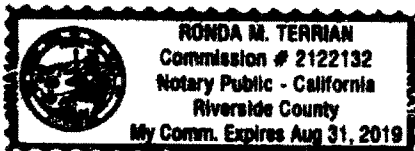
State of CALIFORNIA

County of Riverside

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

19th day of February, 20 16, by
Date Month Year

PHILLIP ANTHONY COOPER
Name of Signer



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

Signature Ronda M Terrian
Signature of Notary Public

(Place Notary Seal Above)

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 842025003-4

Tax Sale Number: TC 203

Item Number: 639

Date of Sale: 4/30/2015

The undersigned claimant, Global Discoveries, Ltd., claims \$24,594.85+/- 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 17th 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 6/17/16 before me, Candace Cox - Notary Public, personally appeared
(Date) (here insert name and title of the officer)

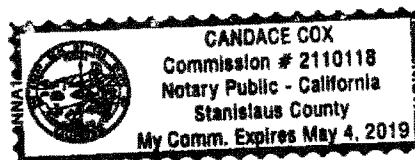
Jed Byerly, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the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

Candace Cox
Signature of Notary Public

(seal)



EXPLANATION OF EVENTS:
Property: 842025003-4
(660 HOLLEY LN BLYTHE CA 92225)

Kenneth Maurice Cooper and Rose P Cooper were the last record owners of the above referenced property per the Corporation Grant Deed recorded on August 15, 1974.

Kenneth Maurice Cooper passed away on March 14, 1994, leaving Rose P. Cooper as the surviving Joint Tenant for the above property. After further research Mr. Cooper we have determined passed away in Riverside County, CA. We attempted to order the Certificate of Death for Kenneth Maurice Cooper using his date of death of March 14, 1994 from Riverside County and received the Certification of No Record found. Please See Exhibit A.

Furthermore, we have attempted to order Mr. Cooper's Certificate of Death from the State of California and awaiting response from State if vital record available.

Further proof of Mr. Cooper's demise is a Spousal Property Petition for the Estate of Kenneth Cooper A/K/A Kenneth Maurice Cooper. **Please See Exhibit B.**

Please Note:

- **The 660 Holly Lane Blythe, CA 92225 address listed on the Spousal Property Petition as Residence Mailing Address is one and the same address for the above referenced property.**
- **Rose Cooper is listed as Surviving Spouse as well as Christopher Cooper and Phillip Cooper are listed as Son.**

Rose P. Cooper passed away on January 23, 2007. To our knowledge, Rose P. Cooper died with NO Last Will and Testament nor was her Estate ever probated in the State of California. She died with 2 biological children; Phillip Anthony Cooper and Christopher Kenneth Cooper.

Phillip Anthony Cooper and Christopher Kenneth Cooper are each entitled to collect 50% and/or \$24,594.85+- of the \$49,189.70 of the Estate of Rose P. Cooper, that generated from the Excess Proceeds for the above referenced property.

******We are only filing a claim on behalf of Phillip
Anthony Cooper******



PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER
www.riversideacr.com

County Clerk-Recorder
P.O. Box 751
Riverside, CA 92502-0751
(951) 486-7000

CERTIFICATION OF NO RECORD

This is to certify that a search has been made of the Countywide Index in the office of the Riverside County Assessor-County Clerk-Recorder covering the event shown, and no record of this event was found based on the information provided.

Name(s)

KENNETH MAURICE COOPER

Event

DEATH

Period Searched

FROM 05/09/1893

THROUGH 02/09/2016

Dated 02/11/2016

By

nolivas, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): 93188 DONALD MCKAY ATTORNEY AT LAW 82-451 HIGHWAY 111 INDIO, CALIFORNIA 92201 ATTORNEY FOR (Name): Rose P. Cooper	TELEPHONE NO.: (619) 342-2100
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-209 OASIS STREET MAILING ADDRESS: 46-209 OASIS STREET CITY AND ZIP CODE: INDIO, CALIFORNIA 92201 BRANCH NAME: INDIO BRANCH	
ESTATE OF (NAME): KENNETH COOPER also known as Kenneth Maurice Cooper <div style="text-align: right;">DECEDENT</div>	
SPOUSAL PROPERTY PETITION	

FOR COURT USE ONLY	
FILED	
RIVERSIDE COUNTY	
AUG 2 1994	
ARTHUR A. SIMS, Clerk <i>R Donaples</i> R. Gonzal- Dem	
CASE NUMBER:	1P14122
HEARING DATE:	SEP - 7 1994
DEPT:	227
TIME:	8:45 AM

1. Petitioner (name): Rose P. Cooper
requests

- a. ☒ determination of property passing to the surviving spouse without administration (Probate Code, 13500).
- b. ☒ confirmation of property belonging to the surviving spouse (Probate Code, 100 and 101).
- c. ☐ this petition be joined with the petition for probate or administration of the decedent's estate.
- d. ☐ immediate appointment of a probate referee.

2. Petitioner is

- a. ☒ surviving spouse of the decedent.
- b. ☐ personal representative of (name): _____, surviving spouse.
- c. ☐ guardian of the estate or conservator of the estate of (name): _____, surviving spouse.

3. Decedent died on (date): March 14, 1994

- a. ☒ a resident of the California county named above.
- b. ☐ a nonresident of California and left an estate in the county named above.
- c. ☒ intestate ☐ testate and a copy of the will and any codicil is affixed as attachment 3c or 6d. (Attach will).

4. a. (Complete in all cases) The decedent is survived by

- (1) ☒ child as follows: ☒ natural or adopted ☐ natural adopted by a third party ☐ step ☐ foster
- ☐ no child

- (2) ☐ issue of a predeceased child ☒ no issue of a predeceased child

b. Petitioner ☒ has no ☐ has actual knowledge of facts reasonably giving rise to a parent-child relationship under Probate Code section 6408(b).

- c. ☒ All surviving children and issue of predeceased children have been listed in item 7.

5. (Complete only if no issue survived the decedent. Check only the first box that applies).

- a. ☐ The decedent is survived by a parent or parents who are listed in item 7.
- b. ☐ The decedent is survived by a brother, sister, or issue of a deceased brother or sister, all of whom are listed in item 7.

6. a. Administration of all or part of the estate is not necessary for the reason that all or a part of the estate is property passing to the surviving spouse.

- b. ☒ The legal description of the deceased spouse's property that petitioner requests to be determined as passing to the surviving spouse is set forth in attachment 6b,¹ and includes the trade or business name of any unincorporated business or an interest in any unincorporated business the deceased spouse was operating or managing at the time of death.

c. ☒ The legal description of the community or quasi-community property petitioner requests the court to confirm to the surviving spouse as belonging to the surviving spouse under Probate Code sections 100 and 101 is set forth in attachment 6c.

d. The facts upon which the petitioner bases the allegation that the property described in attachments 6b and 6c is property that should pass or be confirmed to the surviving spouse are stated in attachment 6d.²

(Continued on reverse)

no file
940803 - 0007

ESTATE OF (NAME): KENNETH COOPER	CASE NUMBER:
DECEDENT	

7. The names, relationships, ages, and residence or mailing addresses of all persons checked in items 4 or 5 and all other heirs and devisees of the decedent, so far as known to petitioner **including** stepchild and foster child heirs and devisees to whom notice is to be given ☒ are listed below ☐ are listed in attachment 7.

NAME AND RELATIONSHIP	AGE	RESIDENCE OR MAILING ADDRESS
Rose Cooper - Surviving Spouse	0/18	660 Holly Lane Blythe, Ca 92225
Christopher Cooper - Son	0/18	625 Ave A Yuma, Az 85364
Phillip Cooper - Son	0/18	660 Holly Lane Blythe, Ca 92225

8. The names and address of all persons named as executors in the decedent's will or appointed as personal representatives ☐ are listed below ☐ are listed in attachment 8 ☒ none

9. ☐ The petitioner is the trustee of a trust that is a devisee under decedent's will. The names and addresses of all persons interested in the trust who are entitled to notice under Probate Code section 13655(b)(2) are listed in attachment 9.

10. A petition for probate or for administration of the decedent's estate
a. ☐ is being filed with this petition and published notice will be given.
b. ☐ was filed on (date):
c. ☒ has not been filed and is not being filed with this petition.

11. ☒ Number of pages attached:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: June 1994

Rose P. Cooper

(TYPE OR PRINT NAME)

Rose P. Cooper
(SIGNATURE OF PETITIONER)

¹See Probate Code, 13658 for required filing of a list of known creditors of a business and other information in certain instances. If required include in attachment 6b
²See Probate Code, 13651(b) for the requirement that a copy of the will be attached in certain instances. If required, include in attachment 3c or 6d.

SPOUSAL PROPERTY PETITION

(Probate)

Estate of KENNETH COOPER
Spousal Petition

Attachment 6b
Property Passing to Surviving Spouse

The following property is community property and as such should pass to the surviving spouse:

All of the decedent's interest in his Farmer's Insurance Group Agency located at 141 W. Hobsonway, Blythe, California including his "book of business" and any contractual right to a buy out of his right to future commissions and renewals by Farmer's Insurance Group. Said interest is estimated to have a value of approximately \$64,000.00.

Attachment 6c
Property Belonging to Surviving Spouse

The surviving spouse's community property interest in the decedent's Farmer's Insurance Group Agency located in Blythe, California.

Attachment 6d
Basis for Passing to Surviving Spouse

The surviving spouse is entitled to the property set forth in Attachment 6b and 6c based on the following facts:

Kenneth Cooper, the decedent, and Rose P. Cooper, the surviving spouse were married at Yuma, Arizona in 1953 and established California residency in 1971 when Mr. Cooper obtained his employment with Farmers Insurance Group. During the marriage Mr. Cooper built up the value of the Farmers Agency. All of his income was derived from his own personal efforts during the marriage; he received nothing by way of inheritance or gift nor did he bring any assets to the marriage. At the time of his death, the decedent and the surviving spouse were living together as husband and wife in California and all of the decedent's property is of a community nature.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): 93188 DONALD MCKAY ATTORNEY AT LAW 82-451 HIGHWAY 111 INDIO, CALIFORNIA 92201 ATTORNEY FOR (Name): Rose P. Cooper	TELEPHONE NO.: (619) 342-2100 <div style="text-align: center; border: 1px solid black; padding: 5px;"> FILED RIVERSIDE COUNTY AUG 22 1994 ARTHUR A. SIMS, Clerk <i>Kal</i> <i>K. Watson</i> </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-209 OASIS STREET MAILING ADDRESS: 46-209 OASIS STREET CITY AND ZIP CODE: INDIO, CALIFORNIA 92201 BRANCH NAME: INDIO BRANCH	
ESTATE OF (NAME): KENNETH COOPER also known as Kenneth Maurice Cooper <div style="text-align: right;">DECEDENT</div>	
NOTICE OF HEARING (Probate)	CASE NUMBER: IP 14122

This notice is required by law. This notice does not require you to appear in court, but you may attend the hearing if you wish.

1 NOTICE is given that (name): **Rose P. Cooper**

(representative capacity, if any):

has filed (specify):

SPOUSAL PROPERTY PETITION

2. You may refer to the filed documents for further particulars. (All of the case documents filed with the court are available for examination in the case file kept by the court clerk.)

3. A HEARING on the matter will be held as follows:

Date: **Sept 7, 1994** Time: **8:45 AM** Dept.: **227** Room: _____
 Address of court ☒ shown above ☒ is: **46-209 Oasis Street, Indio, California**

Donald McKay

(TYPE OR PRINT NAME)

☒ Attorney or Party

(SIGNATURE)

Date: **August 9, 1994**

☐ Clerk, by _____

Deputy

4. This notice was mailed on (date): **August 9, 1994**

at (place): **Indio, California**

(Continued on reverse)

* Do not use this form to give notice of hearing of the petition for administration (see Probate Code, §1001)

Form Approved by the
Judicial Council of California
DE-120 [Rev. July 1, 1989]

NOTICE OF HEARING
(Probate)

Probate Code, 1211, 1215, 1216, 1230

CEB

ESTATE OF (NAME):
KENNETH COOPER

CASE NUMBER:
IP 14122

DECEDENT

CLERK'S CERTIFICATE OF

☐ POSTING

☐ MAILING

I certify that I am not a party to this cause and that a copy of the foregoing **Notice of Hearing (Probate)**

1. ☐ was posted at (address):

on (date):

2. ☐ was served on each person named below. Each notice was enclosed in an envelope with postage fully prepaid. Each envelope was addressed to a person whose name and address is given below, sealed, and deposited with the United States Postal Service at (place):
Indio, California,
on (date):

Date:

Clerk, by _____, Deputy

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.

2. My residence or business address is (specify) 82-451 Hwy 111
Indio, California 92201

3. I served the foregoing **Notice of Hearing (Probate)** on each person named below by enclosing a copy in an envelope addressed as shown below AND

a. ☐ depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☒ placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. a. Date mailed:
August 9, 1994

b. Place mailed (city, state):
Indio, California

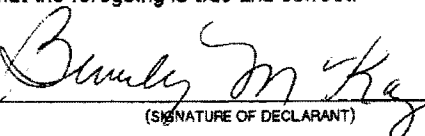
5. ☒ I served with the *Notice of Hearing (Probate)* a copy of the petition or other document referred to in the notice.

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

Date: August 9, 1994

Beverly McKay

(TYPE OR PRINT NAME)

→ 
(SIGNATURE OF DECLARANT)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Rose Cooper
860 Holly Lane
Blythe, Ca 92225

Christopher Cooper
625 Ave A
Yuma, Az 85364

Phillip Cooper
660 Holly Lane
Blythe, Ca 92225

SUPERIOR COURT OF THE COUNTY OF RIVERSIDE
INDIO BRANCH
M I N U T E O R D E R

CASE NO. IP14122 DATE: 09/07/94 DEPT: 227
CASE NAME: ESTATE OF COOPER
CASE CATEGORY: Spousal Property Petition
HEARING: Hearing on Spousal Property Petition of COOPER

Honorable Graham Anderson Cribbs, Presiding

CLERK: J PRUETTE

Court Reporter: NONE

ROSE P COOPER Represented by/in DON MCKAY

Probate Spousal Property Petition GRANTED.

Formal Order to be prepared, served and submitted by counsel for ROSE
P COOPER

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): 93188 DONALD MCKAY ATTORNEY AT LAW 82-451 HIGHWAY 111 INDIO, CALIFORNIA 92201 ATTORNEY FOR (Name): Rose P. Cooper	TELEPHONE NO.: (619) 342-2100 FOR COURT USE ONLY <div style="text-align: center; font-size: 1.5em; font-weight: bold;">FILED</div> <div style="text-align: center;">RIVERSIDE COUNTY</div> <div style="text-align: center;">SEP 10 1994</div> <div style="text-align: center;">ARTHUR A. SIMS, Clerk <i>D.M. O'Neil</i> F.M. Flores, Deputy </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-209 OASIS STREET MAILING ADDRESS: 46-209 OASIS STREET CITY AND ZIP CODE: INDIO, CALIFORNIA 92201 BRANCH NAME: INDIO BRANCH	
ESTATE OF (NAME): KENNETH COOPER <div style="text-align: right;">DECEDENT</div>	
SPOUSAL PROPERTY ORDER	CASE NUMBER: IP 14122

1. Date of hearing: Sept 7, 1994 Time: 8:45 Dept.: 227 Room:

THE COURT FINDS

2. All notices required by law have been given.
3. Decedent died on (date): March 14, 1994
- a. ☒ a resident of the California county named above.
 - b. ☐ a nonresident of California and left an estate in the county named above.
 - c. ☒ intestate ☐ testate.

THE COURT FURTHER FINDS AND ORDERS

4. a. ☒ The property described in attachment 4a is property passing to the surviving spouse, (name): **Rose P. Cooper**, and no administration of it is necessary.
- b. ☐ See attachment 4b for further order respecting transfer of the property to the surviving spouse.
5. ☐ To protect the interests of the creditors of (business name):
 an unincorporated trade or business, a list of all its known creditors and the amount owed each is on file.
- a. ☐ Within (specify): _____ days from this date, the surviving spouse shall file an undertaking in the amount of \$ _____, upon condition that the surviving spouse pay the known creditors of the business.
 - b. ☐ See attachment 5b for further order protecting the interests of creditors of the business.
6. a. ☒ The property described in attachment 6a is property that belongs to the surviving spouse, (name): **Rose P. Cooper**, under Probate Code sections 100 and 101, and the surviving spouse's ownership is hereby confirmed.
- b. ☐ See attachment 6b for further order respecting transfer of the property to the surviving spouse.
7. ☐ All property described in the Spousal Property Petition that is not determined to be property passing to the surviving spouse under Probate Code section 13500, or confirmed as belonging to the surviving spouse under Probate Code sections 100 and 101, shall be subject to administration in the estate ☐ described in attachment 7.
8. ☐ Other (specify): _____

Date: _____

9. ☒ Number of pages attached: one (1)

JUDGE OF THE SUPERIOR COURT

☒ Signature follows last attachment

Estate of KENNETH COOPER
Case No: IP14122
Spousal Property Order

Attachment 4a
Property Passing to Surviving Spouse

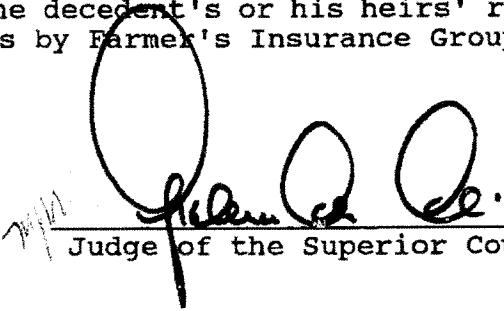
The following property is community property and as such should pass to the surviving spouse:

All of the decedent's one-half (1/2) interest in his Farmer's Insurance Group Agency located at 141 W. Hobsonway, Blythe, California including his "book of business" and any contractual right to a buy out of his right to future commissions and renewals by Farmer's Insurance Group. The total undivided interest is estimated to have a value of approximately \$64,000.00.

Attachment 6a
Property Belonging to Surviving Spouse

The surviving spouse's one-half (1/2) community property interest in the decedent's Farmer's Insurance Group Agency located in Blythe, California, including his "book of business" and any contractual right to buy out the decedent's or his heirs' right to future commissions and renewals by Farmer's Insurance Group.

Date: 9-15-94



Judge of the Superior Court

SPOUSAL PROPERTY ORDER

September 19, 2016

Global Discoveries, Ltd.
PO Box 1748
Modesto, CA 95353-1748

Re: APN: 842025003-4
TC 203 Item 639
Date of Sale: May 5, 2015

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3■ Print your name and address on the reverse so that we can return the card to you■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B Received by (Printed Name) <u>L. Hannel</u> C Date of Delivery <u>9/23/16</u></p> <p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>1 Article Addressed to EP 203-639 Global Discoveries, Ltd. PO Box 1748 Modesto, CA 95353-1748</p> <p>2. Article Number (Transfer from service label) 7015 0640 0006 1626 9030</p> <p>3 Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

To Whom It May Concern:

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

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

- | | |
|--|--|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Copy of Marriage Certificate for |
| <input type="checkbox"/> Notarized Statement of different/misspelled | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement Giving Authorization to claim on behalf of | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale) |
| <input type="checkbox"/> Certified Death Certificate for | <input type="checkbox"/> Articles of Incorporation (if applicable) |
| <input checked="" type="checkbox"/> Copy of Birth Certificate for Phillip Anthony Cooper. | <input type="checkbox"/> Statement by Domestic Stock |
| | <input type="checkbox"/> Court Order Appointing Administrator |
| | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input type="checkbox"/> Other |

Please send in all documents within 30 days (**October 19, 2016**). If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazicni
Tax Sale Operations Unit
(951) 955-3336
(951) 955-3990 Fax
jpazicni@RivCoTTC.org