

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



ITEM
9.5
(ID # 4970)

MEETING DATE:

Tuesday, September 26, 2017

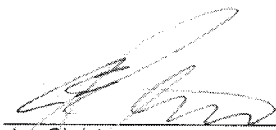
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 148. Last assessed to: Flora Lee Mings, District 1. [\$30,359-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Sharlotte Marie Dailey, heir to Mrs. Flora Lee Mings, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 349372003-1;
2. Authorize and direct the Auditor-Controller to issue a warrant to Sharlotte Marie Dailey in the amount of \$30,359.66 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



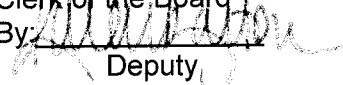
Jon Christensen

9/11/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter of approval is received and filed as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: September 26, 2017
xc: Treasurer, Auditor

Kecja 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	\$ 30,359	\$ 0	\$ 30,359	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
			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 one claim for excess proceeds:

1. Claim from Sharlotte Marie Dailey based on a Grant Deed recorded April 24, 1979 as Instrument No. 81755, an Affidavit for Collection of Personal Property California Probate Code Section 13100 Dated December 12, 2016, and the death certificate for Flora Lee Mings.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Sharlotte Marie Dailey be awarded excess proceeds in the amount of \$30,359.66. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.



Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Dailey

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


Stephanie Pasi 9/18/2017  Gregory V. Priamos, Director County Counsel 8/2/2017

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 148 Assessment No.: 349372003-1

Assessee: MINGS, FLORA LEE

Situs: 21424 RIVER RD PERRIS 92570

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

RECEIVED

2016 MAY 23 PM 3:02

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ _____ 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.

I am having great difficulty obtaining my Birth Cert. from Texas. So just to get this started, I'm enclosing some personal papers about my Mom & Dad, including at my Dad's death. I hope this will keep my claim open so I can get my records! My phone # is 760) 533-2098

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

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

Executed this _____ day of May 19, 2016 at San Diego, Ca - 92069
County, State

Charlotte Marie Dailey
Signature of Claimant

Signature of Claimant

CHARLOTTE MARIE DAILEY
Print Name

Print Name

909 RICHLAND RD. SA#11
Street Address

Street Address

SAN MARCOS, CA - 92069
City, State, Zip

City, State, Zip

760) 533-2098
Phone Number

Phone Number

RECORDING REQUESTED BY
ORDER #
APR
WHEN RECORDED MAIL TO
Flora Lee Minge
21424 River Road
Perrin, California
92370

81755

RECEIVED FOR RECORD
AT 9:00 O'CLOCK A.M.
CALIFORNIA LAND TITLE CO.
Book 1979 Page 81755
APR 24 1979
Notary Public
Kathleen Mae Vruble

60N-127

3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

40464-6

The undersigned grantor(s) declare(s):
Documentary transfer tax is \$ 31.90
EXX) computed on full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale
() Unincorporated area () City of _____, and
() Realty not sold
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

ARTHUR A. JENNER AND MARYLOU JENNER, husband and wife as joint tenants
hereby GRANT(S) to
FLORA LEE MINGS, a widow, and
SHARLETTE M. SICARD, an unmarried woman, as joint tenants

the following described real property in the Town of Perrin,
County of Riverside, State of California:

Lot 174 of Progressive Subdivision, as per map recorded in Book 16
page 56 of Maps, in the office of the County Recorder of said County.

Mail tax statements to _____

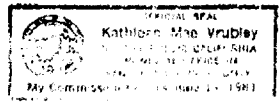
Dated MAY 12, 1979
STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } ss
On MAY 12, 1979 before me, the under-
signed, a Notary Public in and for said State, personally appeared
ARTHUR A. JENNER AND
MARYLOU JENNER

Arthur A. Jenner
ARTHUR A. JENNER

Mary Lou Jenner
MARYLOU JENNER

Known to me
to be the person(s) whose name(s) are subscribed to the within
instrument and acknowledged that they executed the same.
WITNESS my hand and official seal

Signature Kathleen Mae Vruble
KATHLEEN MAE VRUBLE
Name (Typed or Printed)



(This area for official notarial seal)

1005-0FC-74

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT DONALD D. SULLIVAN, COUNTY RECORDER

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

EP 203-148
Marie Dailey
909 Richland Rd., Sp#11
San Marcos, CA 92069



9590 9401 0074 5168 3662 52

2. Article Number (Transfer from service label)

7015 0640 0006 1626 8828

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

COMPLETE THIS SECTION ON DELIVERY
A. Signature

☒ Agent ☐ Address
Marie Dailey
B. Received by (Printed Name) *Marie Dailey* C. Date of Delivery *9/23/16*

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restriction |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

September 1, 2016

Marie Dailey
909 Richland Rd., Sp#11
San Marcos, CA 92069

Re: APN: 349372003-1

TC 203 Item 148

Date of Sale: May 5, 2015

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.

- ☒ Copy of Will or Trust for Flora Lee Mings
- ☒ Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 (If no Will or Trust is available)
- ☐ Notarized Statement of different/misspelled
- ☐ Notarized Statement Giving Authorization to claim on behalf of
- ☒ Certified Death Certificate for Flora Lee Mings

- ☐ Copy of Birth Certificates for
- ☐ Copy of Marriage Certificate for
- ☐ Original Note/Payment Book
- ☐ Updated Statement of Monies Owed (as of date of tax sale)
- ☐ Articles of Incorporation (if applicable Statement by Domestic Stock)
- ☐ Court Order Appointing Administrator
- ☐ Deed (Quitclaim/Grant etc...)
- ☐ Other --

Please send in all documents within 30 days (**October 3, 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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE CALIFORNIA

CERTIFICATE OF DEATH

3199733008905

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
FLORA LEE		-		MINGS	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS		6. SEX	
02/05/1923		74		F	
7. DATE OF DEATH M/M/DD/CCYY		8. HOUR		9. TIME	
10/30/1997		0650			
10. STATE OF BIRTH		11. MILITARY SERVICE		12. MARITAL STATUS	
OK		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		WIDOW	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
16		WHITE		SELF EMPLOYED	
16. USUAL EMPLOYER		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
16		OWN HOME		45	
20. RESIDENCE—STREET AND NUMBER OR LOCATION					
21424 RIVER RD.					
21. CITY		22. COUNTY		23. ZIP CODE	
PERRIS		RIVERSIDE		92570	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
10		CA			
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
SHIRLEE THEEL - DAUGHTER		340 C. W. CARRIAGE, SANTA ANA, CA 92707			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
-		-		-	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
BENJAMIN		PERON		MAULDEN	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
OK		GOLDIE		MARIE	
37. LAST (MAIDEN)		38. BIRTH STATE			
UNKNOWN		OK			
39. DATE M/M/DD/CCYY		40. PLACE OF FINAL DISPOSITION			
11/10/1997		ROSELANN FUNERAL HOME, 1000 S. HIGHWAY 175, SEAGOVILLE, TX. 75159			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
CR/TR		NOT EMBALMED		-	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
EVANS BROWN SUN CITY MORTUARY		FD-1225		11/05/1997	
47. DATE M/M/DD/CCYY		48. SIGNATURE OF LOCAL REGISTRAR			
11/05/1997		[Signature]			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL	
MENIFFE VALLEY MEDICAL CENTER		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			
RIVERSIDE		28400 MC CALL BLVD.			
106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
SUN CITY		TIME INTERVAL BETWEEN ONSET AND DEATH			
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
		97R5513			
		108. DEATH REPORTED TO CORONER			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		109. BIOPSY PERFORMED			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		110. AUTOPSY PERFORMED			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		111. USED IN DETERMINING CAUSE			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
ANGIOGRAM 03/11/1997					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE M/M/DD/CCYY M/M/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
03/11/1993 10/28/1997		[Signature]		667969	
		117. TYPE ATTEST: G PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		118. DATE M/M/DD/CCYY	
		BRIAN GRAHAM, M.D. 26900 NEWPORT RD. #110 MENIFEE, CA 92584		10/31/1997	
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/DD/CCYY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		122. HOUR	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY	
		[Signature]			
		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 105421 CENSUS TRACT	

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

DEC 01 2016

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



034628284

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



CARIVERS02

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Floralene Mings died on October 30, ¹⁹⁹⁷20, in the County of Riverside, State of California.

2. 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.

3. ☒ No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred fifty thousand dollars (\$150,000).

5. ☐ An inventory and appraisal of the real property included in the decedent's estate is attached.
☒ There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

APN : 349312003-1
21424 River Road
Perris, CA 92570

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

Marie Dailey

8. The undersigned

☒ The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

☒ The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

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: 12-12-16

Signed: Marie Dailey

ACKNOWLEDGMENT

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

State of California

County of San Diego

On 12/12/2016 before me, Ruby Cruz, Notary Public
(insert name and title of the officer)

personally appeared Marie Dailey 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.

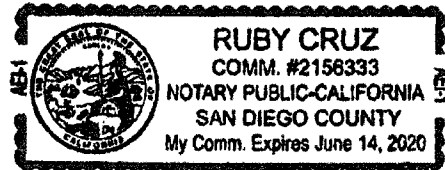
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Ruby Cruz

(Seal)



Tell Whom It May Concern,

This is to confirm in writing that ^{my} my maiden name ^{is} is Sharlette Marie Mings, but because of the constant problem people have spelling and pronouncing it correctly, I am also known as Marie Dailey for the past forty-five years, so that no one even knows Sharlette Marie Mings is also my name!

This is my name from my second marriage, and I would appreciate it if you would please address me as Marie Dailey only. Thank you for your kindness and consideration!

Sincerely Yours
Marie Dailey
5-

I also wish to inform you that my sister, Shirley Joy Theel, and my brother, James W. Mings are deceased.

MARIE DAILEY JUNE 2ND, 2017 Marie Dailey

PLEASE SEE ATTACHED
CALIFORNIA CERTIFICATE

TREASURER-TAX COLLECTOR

JUN 05 2017

RECEIVED

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

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

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me

on this 2nd day of June, 2017
by _____ Date _____ Month _____ Year _____(1) Marie Dailey

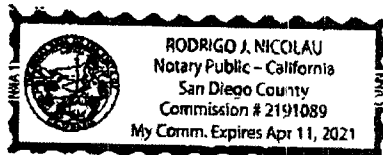
(and (2) _____),

Name(s) of Signer(s)

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

Signature _____

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 DocumentTitle or Type of Document: affidavit Document Date: 06-02-17Number of Pages: 01 Signer(s) Other Than Named Above: _____

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

FILE NO.: 069737-1947

NAME: SHARLOTTE MARIE MINGS

DATE OF BIRTH: 06/19/1947

PLACE OF BIRTH: DALLAS COUNTY, TEXAS

FATHER: JAMES ALVIN MINGS

MOTHER: FLORA LEE MAULDIN

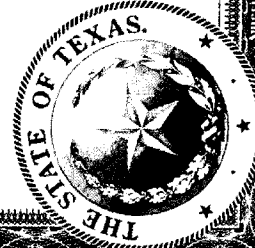
DATE FILED: 07/11/1947

SEX: FEMALE



R 00505454

000995806



This is a true and correct abstract of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code

06/15/2016

ISSUED

LAT

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Marriage Certificate

Church of

St. Louis, Missouri

This is to certify that

Michael Henry Sicard

Charlotte Marie Kings

contracted the Sacred Bond of

MARRIAGE

on the *10* day of *February* 19 *63*

at *St. Louis, Missouri*

OFFICIATING was the Reverend *Michael J. McFadden*

in the presence of

WITNESSES: *Mr. & Mrs. [illegible]*

and *James L. [illegible]*

Signed and sealed this *10* day of *February* 19 *63*

at *St. Louis, Missouri*

SEAL *(Signature)* *Michael J. McFadden*

Pastor

104-69-033945

CERTIFICATE OF LIVE BIRTH

7097-008722

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

OFFICE OF

STATE HISTORIAN

OF VITAL STATISTICS

This is a true copy of

the record filed in

the office, it is certified

on the 30th day of

JUNE 30, 1967

CERTIFICATION OF VITAL RECORDS

MAILING ADDRESS

33363 ORCHARD

LAKE ELSINORE, CA 92550

BOOK 597

Marriage Certificate

080493

State of Nevada)
County of Clark,) ss. No. 8 266144

This is to Certify that the undersigned Rodney D. Daley
did on the 14 day of June A.D. 1980
at Little Chapel Of The Flowers Las Vegas Nevada
(Address of Church) (City)

join in lawful wedlock BUD C. DAILEY

of LAKE ELSINORE State of CALIFORNIA

and SHARLETTE MARIE SICARD

of PERRIS State of CALIFORNIA

with their mutual consent, in the presence of Frieda M. Huckins

who was a witness.

Witnessed by Pastor of the above
Church County Nevada Records
John L. Smith, Recorder

Date JUN 23 1980

Fee \$2.00

J.G. Deputy

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY OF
THE DOCUMENT OR DATA ON FILE
MINUS ANY REDACTED PORTIONS

FEB 14 2017

Lynn Marie Geyer
CLERK

This copy is not valid unless prepared on "Safe-T-Stamp"
paper, imprinted with the raised seal of Clark County

Safe-T-Stamp

KEEP DOCUMENT IN A SAFE PLACE
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE