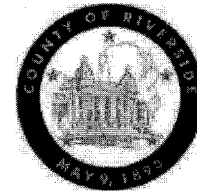


SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM
19.3
(ID # 6957)

MEETING DATE:

Tuesday, February 5, 2019

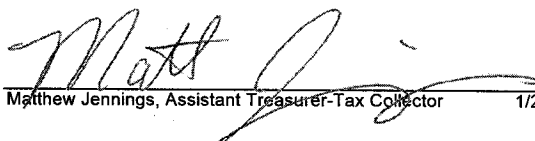
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item 1024. Last assessed to: Raymond Oral Tharp, District 4. [\$25,914- Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, LTD., assignee for Larry Tharp, heir to The Estate of Raymond Oral Tharp, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 842124004-1;
2. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, LTD., assignee for Larry Tharp, heir to The Estate of Raymond Oral Tharp in the amount of \$25,914.75, 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.

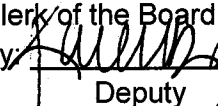
ACTION:Policy


Matthew Jennings, Assistant Treasurer-Tax Collector 1/24/2019

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: February 5, 2019
xc: Treasurer, Auditor

Kecia Harper
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	\$25,914	\$ 0	\$25,914	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	18/19

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 24, 2016 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 14, 2016. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 10, 2016, 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 Global Discoveries, LTD., assignee for Larry Tharp, heir to The Estate of Raymond Oral Tharp based on an Assignment of Right to Collect Excess Proceeds dated August 01, 2016, a Quitclaim Deed recorded February 08, 2002 as Instrument No. 2002-071810, an Affidavit for Collection of Personal Property, and the death certificate for Raymond Oral Tharp.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, LTD., assignee for Larry Tharp, heir to The Estate of Raymond Oral Tharp be awarded excess proceeds in the amount of \$25,914.75. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Tharp

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


Stephanie Perea, Principal Management Analyst 1/30/2019

CLAIM SUMMARY

Date: August 5, 2016
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 842124004-1
Last Assessee: THARP RAYMOND ORAL
Sale Date: 5/19/2016
TC: TC 207 - 1024
Deadline: 7/14/2017

RECEIVED
2016 AUG 30 AM 7:58
RIVERSIDE COUNTY
TREASURER & TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. Explanation of Events
2. Quitclaim Deed granting interest to Raymond Oral Tharp as Documents Number: 2002-071810, recorded on 2/08/2002 in Riverside County, CA.
3. **Certified** Certificate of Death for Raymond Oral Tharp – Please Note: The 550 N. 5th St. Blythe Riverside, CA 92225 address that is noted on Raymond's Certificate of Death is one and the same address that is noted on the above referenced Quitclaim Deed.
4. Affidavit for Collection of Personal Property for the Estate of Raymond Oral Tharp
5. **Certified** Certificate of Birth for Larry Nelson Tharp
6. Additional Supporting Documentation showing Raymond Oral Tharp previously reporting to the **550 N. 5th St. Blythe Riverside, CA 92225** address; which is one and the same address that is noted on the above referenced Quitclaim Deed.
7. Affidavit
8. Assignment of Rights To Collect Excess Proceeds signed by Larry Tharp as Heir to The Estate of Raymond Oral Tharp
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Larry Tharp

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

- One warrant in the amount of \$26,426.00 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: 7016-1370-0000-0362-5272



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 842124004-1 Tax Sale Number 207 Item 1024 sold at public auction on 5/19/2016. I understand that the total of excess proceeds available for refund is \$ 26,426.00+/- 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.

Larry Tharp
(Signature of Party of Interest/Assignor)

8-1-16
(Date)

Larry Tharp as Heir to The Estate of Raymond Oral Tharp
(Name Printed)

15065 Sequoia Avenue
(Address)

Hesperia, CA 92345-1658
(City/State/Zip)

760-628-6563
(Area Code/Telephone Number)

Tax ID/SS#

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of CA

County of San Bernardino

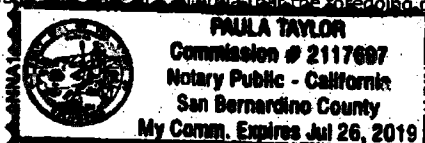
On Aug. 01, 2016 before me, Paula Taylor, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Larry Tharp, 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.

Paula Taylor (seal)
Signature of Notary Public



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

Jed Beyerly
(Signature of Assignee)

Jed Beyerly, Managing Member
(Name Printed)

Tax ID/SS#

Global Discoveries Ltd.
(Address)

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

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

County of Stanislaus

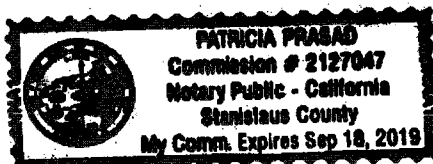
On 8/19/2016 before me, Patricia Prasad, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

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



RECORDING REQUESTED BY

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

NAME Raymond O. Tharp
STREET ADDRESS 550 N. 5TH ST.
CITY, STATE & ZIP CODE BLYTHE, CA 92225
TITLE ORDER NO. _____ RECORD NO. _____

DOC # 2002-071810

02/08/2002 08:00R Fee: \$0.00
Page 1 of 1 Doc Tax Paid
Recorded in Official Records
County of Riverside

Gary L. Orso
Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	FOUR	NOOR	SMF	MSD.
			1			✓			
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TRA-003
QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ 49.50
☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at time of sale.

Sandra Watts
Signature of Declarant or Agent Determining Tax Firm Name

M
SF

SANDRA JOYCE WATTS + DONALD WAYNE WATTS
the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to Raymond ORAL Tharp
the following described real property in the City of Blythe, County of Riverside, State of CA:

LOT 34 OF Casa Linda Subdivision, as shown by map on file in Book 23, Page 59 of maps, Records of Riverside County, California

Assessor's parcel No. 842124004-1

Executed on 1-15-02, at Blythe, CA

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

On Jan 15, 2002, before me, Mayor Fay Sheopshire

personally appeared Donald Wayne Watts and Sandra Joyce Watts, 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.

[Signature]
(SIGNATURE OF NOTARY) (REAL)



MAIL TAX STATEMENTS TO: RAYMOND O. THARP
550 N. 5TH ST. BLYTHE, CA 92225

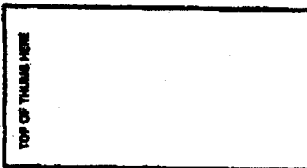
Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no intended use of purpose.

WOLCOTT'S FORM 790 © 1994 WOLCOTT'S FORMS, INC.
QUITCLAIM DEED Rev. 3-94b (price class 3A)



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RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)

☐ CORPORATE

OFFICER(S)

☐ PARTNER(S) ☐ LIMITED

☐ ATTORNEY IN FACT ☐ GENERAL

☐ TRUSTEE(S)

☐ GUARDIAN/CONSERVATOR

☐ OTHER:

SIGNER IS REPRESENTING:

(Name of Person(s) or Entity)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052005014621		CERTIFICATE OF DEATH		3200533002735	
STATE REGISTRATION		LOCAL REGISTRATION		LOCAL REGISTRATION	
1. NAME OF DECEASED Raymond		2. MIDDLE Oral		3. LAST NAME Tharp	
4. DATE OF BIRTH 08/31/1925		5. SEX M		6. RACE White	
7. BIRTH STATE/COUNTRY OK		8. SOCIAL SECURITY NUMBER [REDACTED]		9. MARRIAGE STATUS (at time of death) Divorced	
10. DATE OF DEATH 03/14/2005		11. DECEASED'S AGE - Up to 100 years 79		12. DECEASED'S SEX - Up to 100 years Male	
13. USUAL OCCUPATION Truck Driver		14. KIND OF BUSINESS OR INDUSTRY (e.g. primary or secondary employment agency, etc.) Commercial Trucking		15. YEARS IN OCCUPATION 50	
16. OCCIDENTAL RESIDENCE 550 N. 5th St.		17. CITY Blythe		18. COUNTY Riverside	
19. ZIP CODE 92225		20. YEARS IN COUNTY 6		21. STATE/COUNTRY CA	
22. DECEASED'S NAME RELATIONSHIP Sandra Watts, Niece		23. DECEASED'S MARITAL STATUS (at time of death) Single		24. DECEASED'S SEX Male	
25. NAME OF SURVIVING SPOUSE - FIRST Alfred		26. NAME OF SURVIVING SPOUSE - LAST Flores		27. DECEASED'S SEX Male	
28. DATE OF BIRTH 03/14/1925		29. PLACE OF BIRTH Blythe, California		30. DECEASED'S SEX Male	
31. TYPE OF DEATH BU		32. DECEASED'S SEX Male		33. DECEASED'S SEX Male	
34. NAME OF DECEASED'S SPOUSE Flores		35. DECEASED'S SEX Male		36. DECEASED'S SEX Male	
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AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Raymond Oral Tharp died on 3/14/2005 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 \$26,426.00 +-, generated from Assessor's Parcel Number(s) 842124004-1, sold at the Riverside County, California, public auction of tax-defaulted property held on 5/19/2016.

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

Larry Tharp

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.

8/1/16
(DATE)

Larry Tharp
Printed Name

Larry Tharp
signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(Attach Additional Sheet If Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of CA

County of San Bernardino

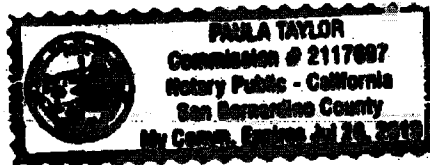
On 08-01-2016 before me, Paula Taylor, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Larry Tharp, 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.

Paula Taylor (seal)
Signature of Notary Public



AFFIDAVIT

I, Larry Tharp as Heir to The Estate of Raymond Oral Tharp, do hereby declare:

1. I am over the age of 18 and a resident of Hesperia, 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, Larry Tharp am the sole surviving sibling to Raymond Oral Tharp, who is one and the same person that is noted on Quitclaim Deed as Document Number: 2002-071810, recorded on 2/08/2002 in Riverside County, CA.
3. Raymond Oral Tharp is one and the same person as Raymond O. Tharp and Raymond Tharp and Ray Tharp.
4. Raymond Tharp was one of eight siblings; Myself, Leo Tharp, Juanita Tharp, Dara Jean Tharp, Alfred Tharp Jr., Dorothy Watts & Florence Watts.
5. 5 siblings listed below all pre-deceased Raymond O. Tharp.
 - a. Leo Tharp, passed away before the age of 5.
 - b. Juanita Tharp, passed away before the age of 5.
 - c. Dara Jean Tharp, passed away before the age of 5.
 - d. Alfred Tharp Jr. and passed away before the age of 5.
 - e. Dorothy Watts, passed away on July 13, 2001.
6. Florence Watts passed away in 2015 in Riverside County, California. She left no surviving spouse or issues.
7. As noted above, I, Larry Tharp am the sole surviving heir/sibling to Raymond O. Tharp and I am one and the same person as Lawrence Nelson Tharp
8. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 842124004-1.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 1 day of AUG, 2016, in HESPERIA CA.

x Larry Tharp
Larry Tharp as Heir to The Estate of Raymond Oral Tharp
JURAT

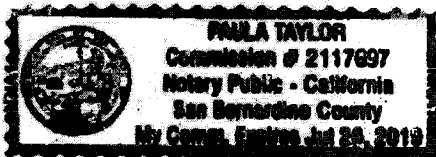
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CA

County of San Bernardino

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

01 day of August, 2016, by
Date Month Year
Larry Tharp
Name of Signer



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

Signature

Paula Taylor
Signature of Notary Public

(Place Notary Seal Above)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
B.—In case of more than one child at birth a SEPARATE CERTIFICATE must be made for each and
number of each, in order of birth, stated. A stillborn child must be registered as a birth and also as a death.

1. PLACE OF BIRTH

County Blaine
Township Watonga
or Village Watonga
or City 16397 No. 30 Street — Ward —

Registration
Dist. No. 06257
Primary
Dist. No. —

STANDARD CERTIFICATE OF BIRTH

Oklahoma State Board of Health
Bureau of Vital Statistics
OKLAHOMA CITY, OKLA.
Registered No. 86

(If in a hospital or other institution, the name of the same to be given instead of the street and house number.)

2. FULL NAME OF CHILD Lawrence Nelson Frank
(If the child dies without a name before the certificate is filed, enter the words: "Died unnamed." If the living child has not yet been named at the date of filing certificate of birth, the space for "Full name of child" is to be left blank, to be filled out separately by a supplemental report.)

3. Sex of Child male 4. Twins, Triplets or others — 5. Number in order of birth 610 6. Legitimate? yes 7. Date of Birth Nov 25-36
(To be answered only in event of plural births) (month) (day) (year)

FATHER
8. Full name Fred Thompson
9. Residence Watonga, Okla
10. Color or race white
11. Age at last birthday 36 years.
12. Birthplace, at least state or foreign country, if known Eagle City, Okla
13. Occupation:
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business or other establishment in which employed (or employer) —

MOTHER
14. Full maiden name Theresa Taylor
15. Residence Watonga, Okla
16. Color or race white
17. Age at last birthday 30 years.
18. Birthplace, at least state or foreign country, if known Centex, Okla
19. Occupation:
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or other establishment in which employed (or employer) —

20. Number of children born to this mother, including present birth Seven 21. Number of children of this mother now living Five

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 2:15 P.M. on the date above stated. (Born Alive or Stillborn)

(1) When there was no attending physician or Midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give name added from supplemental report. (Signature) M. D. Kacher
(Physician or Midwife)

19. Address Watonga, Okla
Mrs. W. F. Thompson Filed Dec. 12 1936
Registrar.

23. Did you use a one or two per cent silver nitrate solution in this infant's eye immediately after its birth?
Yes yes No —

8-11-36

EXPLANATION OF EVENTS:
Property: 842124004-1
(550 N 5TH ST BLYTHE CA 92225)

Raymond Oral Tharp was the last record owner of the above referenced property per the Quitclaim Deed as Document Number: 2002-071810, recorded on 2/08/2002 in Riverside County, CA.

Raymond Oral Tharp passed away on 3/14/2005. To our knowledge, he died with No Last Will & Testament nor was his Estate probated in the State of CA. To our knowledge, he left no surviving spouse and did not have any biological or adopted children.

He was pre-deceased by his parents; Alfred Tharp and Flossie Tharp.

Raymond Tharp was one of eight siblings; five of his siblings predeceased him & 1 passed away after him: (Please see Affidavit for further explanation of predeceased siblings.)

- (Please see Exhibit A. for the Certificates of Death for his parents; Alfred Tharp and Flossie Tharp and his sisters; Dorothy Watts and Florence Watts).

Larry Tharp is the only surviving sibling/heir to Raymond Oral Tharp.

Due to the above, Larry Tharp is entitled to collect 100% and/or \$26,426.00 +- from the Excess Proceeds generated for the above referenced property.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

05668

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST Alfred		1B. MIDDLE Alexander		1C. LAST Tharp		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER Sept. 15, 1981	
3. SEX Male		4. RACE White		5. DATE OF BIRTH Aug. 25, 1908		6. AGE AT DEATH 73	
7. PLACE OF BIRTH Oklahoma		8. NAME AND PLACE OF LAST RESIDENCE Alfred Tharp Idaho		9. SOCIAL SECURITY NUMBER 20		10. MARITAL STATUS Married	
11. CITIES OF WHAT COUNTRY United States		12. NUMBER OF YEARS THIS OCCUPATION 20		13. NAME OF DECEASED'S EMPLOYER General Electric		14. NAME OF SURVIVING SPOUSE (if wife, state birth name) Flossie Lash	
15. PRIVATE OCCUPATION Carpenter		16. NUMBER OF YEARS THIS OCCUPATION 20		17. NAME OF DECEASED'S EMPLOYER General Electric		18. NAME OF SURVIVING SPOUSE (if wife, state birth name) Flossie Lash	
19. PLACE OF DEATH San Bernardino		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Flossie Tharp (Wife) 328 N. Allen Ave. Ontario, Cal.		21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Flossie Tharp (Wife) 328 N. Allen Ave. Ontario, Cal.		22. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Flossie Tharp (Wife) 328 N. Allen Ave. Ontario, Cal.	
23. DEATH CAUSED BY Acute Myocardial Infarction		24. DEATH CAUSED BY Acute Myocardial Infarction		25. DEATH CAUSED BY Acute Myocardial Infarction		26. DEATH CAUSED BY Acute Myocardial Infarction	
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99. DEATH CAUSED BY Acute Myocardial Infarction		100. DEATH CAUSED BY Acute Myocardial Infarction		101. DEATH CAUSED BY Acute Myocardial Infarction		102. DEATH CAUSED BY Acute Myocardial Infarction	



This is a true and exact reproduction of the document as registered and in possession of the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER.

Dennis Draeger
DENNIS DRAEGER
San Bernardino County Assessor-Recorder-Clerk

DATE ISSUED

4100

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO COUNTY

CERTIFICATE OF DEATH

NAME OF DECEASED Flossie Florence Tharp		DATE OF DEATH March 20, 1985		AGE 88	
SEX Fem	RACE/ETHNICITY White	DATE OF BIRTH March 23, 1896	IF UNDER 1 YEAR MONTHS 88	IF UNDER 1 YEAR DAYS 0	IF UNDER 24 HOURS HOURS 0
BIRTHPLACE OF DECEASED OK		NAME AND BIRTHPLACE OF FATHER George W. Tharp KY		BIRTHPLACE OF MOTHER California	
CITIZENSHIP USA		EDUCATION To 19		MARRIAGE STATUS Married	
PRIMARY OCCUPATION Housewife		NUMBER OF YEARS THIS OCCUPATION adult life		EMPLOYER IF SELF-EMPLOYED NO STATE Self-employed	
USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2831 E. Main Ave.		CITY San Bernardino		COUNTY San Bernardino	
PLACE OF DEATH Bella Vista Conv. Hospital		CITY San Bernardino		COUNTY San Bernardino	
STREET ADDRESS (STREET AND NUMBER OR LOCATION) 931 E. Main Ave.		CITY Ontario		COUNTY San Bernardino	
DEATH OCCURRED BY Natural		INTERVAL BETWEEN ONSET AND DEATH 0		WAS EXAMINED BY PHYSICIAN Yes	
CONDITIONS WHICH GAVE RISE TO THE IMMEDIATE CAUSE None		DUE TO OR AS A CONSEQUENCE OF None		DUE TO OR AS A CONSEQUENCE OF None	
STATED THE UNDERLYING CAUSE LAST None		DUE TO OR AS A CONSEQUENCE OF None		DUE TO OR AS A CONSEQUENCE OF None	
PHYSICIAN'S CERTIFICATION 1. I CERTIFY THAT DEATH OCCURRED AT THE PLACE AND DATE AND PLACE STATED FROM THE CAUSE STATED.		PHYSICIAN'S SIGNATURE AND ADDRESS Brian McCormick, Coroner by P.O. 3-22-85		PHYSICIAN'S SIGNATURE AND ADDRESS None	
CORONER'S USE ONLY Investigation		CORONER'S SIGNATURE AND ADDRESS Brian McCormick, Coroner by P.O. 3-22-85		CORONER'S SIGNATURE AND ADDRESS None	
STATE REGISTRAR VS-1111-BB		STATE REGISTRAR VS-1111-BB		STATE REGISTRAR VS-1111-BB	



This is a true and correct copy of the document as registered and placed in the office of the San Bernardino Assessor-Recorder.

DENNIS DRAEGER
San Bernardino County Assessor-Recorder Clerk

DATE ISSUED

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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO COUNTY

THIS FORM MUST BE COMPLETED IN BLACK INK

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-1-81 BY SP-10

3600

LOCAL RESIDENTS ONLY - AND - INDICATE "N" FOR

INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

1. FIRST NAME

Flossie

2 of 2

2. MIDDLE NAME

Florence

3. LAST NAME

Tharp

4. PLACE OF BIRTH - CITY OR COUNTY

5. DATE OF BIRTH

6. DATE ORIGINAL FILED

March 23, 1981

7. MEDICAL EXAMINER'S REPORTED CAUSE OF DEATH

8. INFORMATION AS REPORTED ON THE ORIGINAL CERTIFICATE

22A. Pending

22B. Blank

25. Blank

26. Blank

27. Blank

Cerebral hemispheric infarction, months.

Cachexia

No

STATEMENT

DECLARATION

I, the undersigned, being a duly qualified physician or coroner, hereby certify that the foregoing is a true and correct statement of the facts as reported to me by the informant, and that I am not aware of any other facts which would render the foregoing statement incorrect or incomplete.

9A. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER

9B. DATE SIGNED

9C. ADDRESS - STREET, CITY, STATE

4-12-81

9D. NAME OF CERTIFYING PHYSICIAN OR CORONER

Director

9E. ADDRESS - STREET, CITY, STATE

San Bernardino

REGISTRAR'S OFFICE

10A. OFFICE OF STATE CLERK - REGISTRAR

APR 17 1981

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

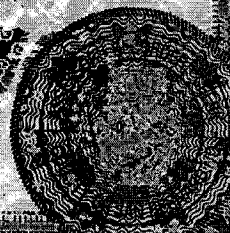
FORM VS 24A (REV 10-78)

This is a true and exact reproduction of the document as originally registered and filed in the Office of the San Bernardino Assessor-Recorder-Clerk.

Dennis Draeger
San Bernardino County Assessor-Recorder-Clerk

DATE ISSUED

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



STATE OF CALIFORNIA

CERTIFICATE OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052001125066

CERTIFICATE OF DEATH

3200133006586

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITESOUTS OR ALTERATIONS (9-11 REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—First, Middle, Last		2. MIDDLE		3. LAST (FAMILY)	
Dorothy		Pearl		Watts	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE YRS		7. DATE OF DEATH MM/DD/YYYY	
09/06/1924		76		07/13/2001	
8. STATE OF BIRTH		11. MILITARY SERVICE		12. MARITAL STATUS	
OK		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK		WID	
14. RACE		15. USUAL EMPLOYER		16. YEARS IN OCCUPATION	
White		Self-employed		53	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
Homemaker		Own Home		53	
20. RESIDENCE—STREET AND NUMBER		21. CITY		22. STATE OR FOREIGN COUNTRY	
550 N. 5th St.		Blythe		CA	
23. NAME OF INFORMANT		24. ADDRESS OF INFORMANT		25. CITY AND STATE OF INFORMANT	
Sandra Watts		550 N. 5th St.		Blythe, CA 92225	
26. NAME OF SPOUSE		27. MIDDLE		28. LAST	
Alfred		Alfred		Thompson	
29. NAME OF SPOUSE		30. MIDDLE		31. LAST	
Florence		Florence		Thompson	
32. DATE OF DEATH		33. PLACE OF DEATH		34. TYPE OF DEATH	
07/18/2001		Palo Verde Cemetery, 10700 18th Ave, Blythe, CA 92225		Natural	
35. TYPE OF DEATH		36. LICENSE NO.		37. DATE OF DEATH	
Natural		7008		07/17/2001	
38. NAME OF FUNERAL DIRECTOR		39. LICENSE NO.		40. DATE OF DEATH	
Frye Chapel & Mortuary		FD-596		07/17/2001	
41. PLACE OF DEATH		42. TYPE OF DEATH		43. COUNTY	
Palo Verde Hospital		Natural		Riverside	
44. STREET ADDRESS—STREET AND NUMBER OR LOCATION		45. CITY		46. STATE OR FOREIGN COUNTRY	
250 N. 1st Street		Blythe		CA	
47. DEATH WAS CAUSED BY: LIST ONLY ONE CAUSE FOR LINE 47A, B, C, AND D		48. YEARS		49. SEX: REPORTED TO "DOCTOR"	
(A) Metastatic Breast Cancer		Years		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DUE TO (B)				100. DISNEY PERFORMED	
DUE TO (C)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DUE TO (D)				110. AUTOPSY PERFORMED	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 47		112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 109 OR 111? IF YES, LAST TYPE OF OPERATION AND DATE.		113. DATE OF DEATH	
Liver Cancer		No		07/16/2001	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DEATH OCCURRED AT THE PLACE AND DATE STATED HEREIN.		115. LICENSE NO.		116. DATE OF DEATH	
10/30/1998		A-60749		07/16/2001	
117. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP		118. MIDDLE		119. LAST	
Thi Kim Loan Pham, MD, 500 N. Broadway # 17, Blythe, CA 92225		Thi Kim Loan Pham, MD		Blythe, CA 92225	
120. MANNER OF DEATH		121. DATE OF DEATH		122. PLACE OF DEATH	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		07/13/2001		Palo Verde Hospital	
123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		124. SIGNATURE OF CORONER OR DEPUTY CORONER		125. DATE MM/DD/YYYY	
250 N. 1st Street, Blythe, CA 92225		Peter Aldana		07/13/2001	
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/YYYY		128. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER	
Peter Aldana		07/13/2001		ASSASSIN-COUNTY CLERK-RECORDER	
129. SIGNATURE OF CORONER OR DEPUTY CORONER		130. DATE MM/DD/YYYY		131. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER	
Peter Aldana		07/13/2001		ASSASSIN-COUNTY CLERK-RECORDER	
132. SIGNATURE OF CORONER OR DEPUTY CORONER		133. DATE MM/DD/YYYY		134. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER	
Peter Aldana		07/13/2001		ASSASSIN-COUNTY CLERK-RECORDER	

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

JUL 11 2001

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



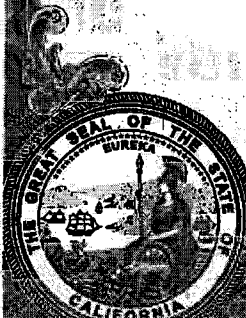
Peter Aldana
PETER ALDANA
ASSASSIN-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

CERTIFICATION OF VITAL RECORD

RIVERSIDE, CALIFORNIA

320 1333008192

CARTIVERSO2



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 842124004-1

Tax Sale Number: TC 207

Date of Sale: 5/19/2016

The undersigned claimant, Global Discoveries, Ltd., claims \$26,426.00+/- 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 5th day of August, 20 16 at Modesto, California.

By: Jed Byerly
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID # 77-0558969
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 8/19/2016 before me, Patricia Prasad - Notary Public personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature of Notary Public

(seal)

