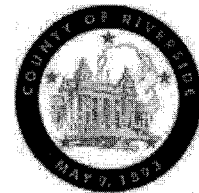


SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM  
19.8  
(ID # 7619)

FROM : TREASURER-TAX COLLECTOR:

MEETING DATE:

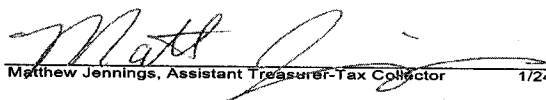
Tuesday, February 5, 2019

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item 681. Last assessed to: Robert Sumner Johnson, a single man, District 5. [\$36,898 - Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Tina M. Johnson, heir to Robert Sumner Johnson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 541350020-4;
2. Approve the claim from Lisa D. Johnson, heir to Robert Sumner Johnson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 541350020-4;
3. Approve the claim from Brenda A. Johnson, heir to Robert Sumner Johnson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 541350020-4;
4. Approve the claim from Jamie Finn Johnson, heir to Robert Sumner Johnson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 541350020-4;
5. Authorize and direct the Auditor-Controller to issue a warrant to Tina M. Johnson, heir to Robert Sumner Johnson in the amount of \$9,224.59, Lisa D. Johnson, heir to Robert Sumner Johnson in the amount of \$9,224.59, Brenda A. Johnson, heir to Robert Sumner Johnson in the amount of \$9,224.59, and Jamie Finn Johnson, heir to Robert Sumner Johnson in the amount of \$9,224.58, 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**

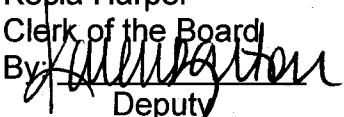
  
Matthew Jennings, Assistant Treasurer-Tax Collector 1/24/2019

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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**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 36,898	\$ 0	\$ 36,898	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale.			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	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 4 claims for excess proceeds:

1. Claim from Tina M. Johnson, heir to Robert Sumner Johnson based on a Quitclaim Deed recorded July 14, 1981 as Instrument No. 132633, an Affidavit under California Probate Code, Section 13101, and a death certificate for Robert Sumner Johnson.
2. Claim from Lisa D. Johnson, heir to Robert Sumner Johnson based on a Quitclaim Deed recorded July 14, 1981 as Instrument No. 132633, an Affidavit under California Probate Code, Section 13101, and a death certificate for Robert Sumner Johnson.
3. Claim from Brenda A. Johnson, heir to Robert Sumner Johnson on a Quitclaim Deed recorded July 14, 1981 as Instrument No. 132633, an Affidavit under California Probate Code, Section 13101, and a death certificate for Robert Sumner Johnson.
4. Claim from Jamie Finn Johnson, heir to Robert Sumner Johnson based on a Quitclaim Deed recorded July 14, 1981 as Instrument No. 132633, an Affidavit under California Probate Code, Section 13101, and a death certificate for Robert Sumner Johnson.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Tina M. Johnson, heir to Robert Sumner Johnson be awarded excess proceeds in the amount of \$9,224.59, Lisa D. Johnson, heir to Robert Sumner Johnson be awarded excess proceeds in the amount of \$9,224.59, Brenda A. Johnson, heir to Robert Sumner Johnson be awarded excess proceeds in the amount of \$9,224.59, and Jamie Finn Johnson, heir to Robert Sumner Johnson be awarded excess proceeds in the amount of \$9,224.58. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to 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 Tina**

**ATTACHMENT B. Claim Lisa**

**ATTACHMENT C. Claim Brenda**

**ATTACHMENT D. Claim Jamie**

  
Stephanie Perez, Principal Management Analyst 1/30/2019

2017 MAY -3 PM 3:51

RIVERSIDE COUNTY  
TREAS - TAX COLLECTOR

**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 207 Item 681 Assessment No.: 541350020-4

Assessee: JOHNSON, ROBERT SUMNER

Situs: 495 DRURY LN BANNING 92220

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

I/We ~~assign to~~ Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 56,898.50 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. 0294795 recorded on 07/14/2016. 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.

1. Tina M. Johnson, daughter birth certificate copy
2. Original Certified Death Certificate for Robert Johnson
3. Copy of Deed of Sale with Robert Sumner Johnson  
Listed as Owner at the time of Sale.

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 29<sup>th</sup> day of December, 2016 at Los Angeles CA  
County, State

  
Signature of Claimant

Tina M. Johnson

Print Name

P.O. Box 207

Street Address

Lakewood, CA 90714

City, State, Zip

(562) 706-4468

Phone Number

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

SCO 8-21 (1-99)

132633

Grant No.  
Enclosure No.  
Loan No.

WHEN RECORDED MAIL TO

✓ Robert Summer Johnson  
495 Drury Lane  
Banning, Ca. 92220

132633

RECEIVED FOR RECORD  
AT THE COUNTY CLERK'S  
OFFICE  
JUL 14 1981

132633

JUL 14 1981

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SPACE ABOVE THIS LINE FOR RECORDERS USE

MAIL TAX STATEMENTS TO:

Same

DOCUMENTARY TRANSFER TAX \$ None  
COMPUTED ON FULL VALUE OF PROPERTY CONVEYED  
EXEMPTED ON FULL VALUE LESS LIENS AND  
ENCUMBRANCES REMAINING AT TIME OF SALE

Signature of Grantor or Agent representing grantor

## QUITCLAIM DEED

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

Robert Summer Johnson and Judith Joan Johnson, husband and wife as  
Joint Tenants

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Robert Summer Johnson, a single man

the real property in the City of  
County of Riverside

Banning

State of California, described as

Attached description:

Block 1: Lot 13 and all that parcel of land between the circular  
boundary of said Lot and a straight line from the Northeast  
to the Southeast corners of said Lot, Martin Lane Subdivision, as shown  
by map on file in Book 15, page 79 of Maps, Records of Riverside County.Block 2: That portion of Block 22 as shown by the amended map of  
Banning Land Company recorded in Book 9, page 44 of Maps, San Bernardino  
County and by map on file in Book 5 page 186 of Maps, by metes and bounds:beginning at the Northwest corner of Block 23; thence Easterly 392.94 feet; thence  
South and parallel with the West line of said Block, 318.5 feet to a point on  
the North line of Lot 12 of Martin Lane Subdivision as shown by map on file  
in Book 15, page 79 of Maps, Riverside County records; thence East along the  
North line of said Lot 12 and the Easterly extension thereof, 42 feet to the  
beginning; thence Easterly along the North line of said Lot 13, 85 feet; thence  
North and parallel with the West line of said Block 22, 10 feet; thence West  
and parallel with the North line of said Lot 13, 85 feet; thence South, 10  
feet to point of beginning.Dated: APRIL 26, 1981  
STATE OF CALIFORNIA  
COUNTY OF  
RiversideOn APRIL 24th, 1981  
before me, the undersigned, a Notary Public in and for said  
State, personally appeared Judith Joan Johnsonknown to me to be the person whose name is  
subscribed to the within instrument and acknowledged that  
she executed the same.

WITNESS my hand and official seal.

Signature: *Josephine Jones*Judith Joan Johnson  
Judith Joan Johnson

(\* Reserved for official notary use )

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1060 (10/80)

132533

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE

June 21, 1981

Robert Simpson, Applicant

Let it be the intention of the Board of Supervisors to sell the property described in the foregoing instrument to the highest bidder for cash at public auction on the 21st day of June, 1981, at 10:00 o'clock in the forenoon, at the County Administration Center, 100 West 9th Street, Riverside, California.

WITNESS my hand and official seal this 21st day of June, 1981.

(Seal) HARRY L. WRIGHT  
County Clerk of the County of Riverside  
My Comm. Ex. in Expiry June 23, 1983

*Harry L. Wright*  
County Clerk of the County of Riverside

STATION 12-16 75 PM - See record of this and all other documents

END RECORDED DOCUMENT DONALD D. SULLIVAN COUNTY RECORDER

## STATE OF NEW JERSEY

A0002231652

REGISTRAR'S NO.

D.F.17644

NEW JERSEY STATE DEPARTMENT OF HEALTH 65 - 000 176

SPACES BELOW  
RESERVED FOR  
STATE OFFICE  
USE ONLY

1. Place of Birth a. County Atlantic		2. Usual Residence of Mother (Where does mother live?) a. State New Jersey b. County Atlantic	
b. City Borough Township Sumner Point		c. City Borough Township RD Pleasantville	
3. Name (If not in hospital or institution give street address or location) Shore Memorial Hospital		d. Street Address of Mother If Rural, P.O. Address 108 Park Lane Dr.	

3. CHILD'S NAME (Type or Print)		a. (First) Tina	b. (Middle) Maria	c. (Last) Johnson
4. Sex Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	5a. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If First or Only Child Born	5c. Date of Birth January 12, 1965	5d. (Month)

FATHER OF CHILD			
7. Full Name	a. (First) Robert	b. (Middle) Sumner	c. (Last) Johnson
8. Age (at time of this birth) 18 Years	10. Birthplace New Jersey	11a. Usual Occupation Tractor Driver	11b. Kind of Business or Industry

MOTHER OF CHILD			
11. Full Maiden Name	a. (First) Patricia	b. (Middle) Ann	c. (Last) Callahan
12. Age (at time of this birth) 24 Years	10. Birthplace Pennsylvania	14. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now liv- ing? 2	b. How many OTHER children were born alive but are now dead? 0

17. Informant Mother		18a. Signature Minawar Ahmed	18b. Attendant at Birth M.D. K. J. Mawla
19. Date Received by Local Registrar January 8, 1965		19. Registrar's Signature W. A. MacHaine	19. Date Signed 1/7/65

ISSUED BY: May 31, 2006.

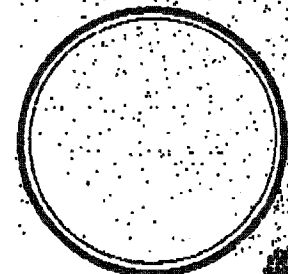
State Department of Health and Senior Services

Bureau of Vital Statistics

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

*Joseph A. Komosinski*  
Joseph A. Komosinski, State Registrar  
Bureau of Vital Statistics

REG-42A  
JULY 04

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

### CERTIFICATE OF DEATH

3201133013012

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		3. MIDDLE	
ROBERT		SUMNER	
2. LAST (Family)		JOHNSON	
4. DATE OF BIRTH month/day			
02/19/1948			
5. AGE Yrs. Mths. Ds. Hrs. Mins. Secs.			
85			
6. SEX M F			
7. DATE OF DEATH month/day			
12/10/2011			
8. HOUR B1 None			
0848			
9. MARRIAGE STATUS (at time of death)			
DIVORCED			
10. DECEASED'S RACE - (Up to 3 races may be listed (see worksheet on back))			
AFRICAN AMERICAN			
11. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			
TELEPHONE LINEMAN			
12. KIND OF BUSINESS OR INDUSTRY (e.g., factory work, retail construction, employment agency, etc.)			
INSTALLATION			
13. YEARS IN OCCUPATION			
40			
14. DECEASED'S RESIDENCE (Street and number, or location)			
495 DRURY LN			
15. CITY			
BANNING			
16. COUNTY/PROVINCE			
RIVERSIDE			
17. ZIP CODE			
92220			
18. STATE/FOREIGN COUNTRY			
CA			
19. INFORMANT'S NAME, RELATIONSHIP			
LISA D JOHNSON, DAUGHTER			
20. INFORMANT'S ADDRESS (Street and number, or mail address, city or town, state and zip)			
381 W. BARBOUR APT 223C, BANNING, CA 92220			
21. NAME OF SURVIVING SPOUSE/SP - FIRST			
-			
22. MIDDLE			
-			
23. LAST (BIRTH NAME)			
-			
24. NAME OF FATHER/PARENT - FIRST			
THERON			
25. MIDDLE			
BERDETTE			
26. LAST			
JOHNSON SR.			
27. BIRTH STATE			
MO			
28. NAME OF MOTHER/PARENT - FIRST			
ELLA			
29. MIDDLE			
LENA			
30. LAST (BIRTH NAME)			
WEST			
31. BIRTH STATE			
NJ			
32. DISPOSITION DATE month/day			
12/15/2011			
33. PLACE OF FINAL DISPOSITION			
RIVERSIDE NATIONAL CEMETERY			
22495 VAN BUREN BLVD, RIVERSIDE, CA 92518			
34. TYPE OF DISPOSITION			
BU			
35. NAME OF FUNERAL HOME OR HOME			
ARLINGTON MORTUARY			
36. LICENSE NUMBER			
FD1033			
37. SIGNATURE OF LOCAL REGISTRAR			
CAMERON KAISER, MD			
38. DATE month/day			
12/15/2011			
39. PLACE OF DEATH			
SAN GORGONIO MEMORIAL HOSPITAL			
100. CITY			
RIVERSIDE			
101. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
600 NORTH HIGHLAND SPRINGS AVENUE			
102. CITY			
BANNING			
103. CAUSE OF DEATH			
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.			
IMMEDIATE CAUSE (First of chain or condition resulting in death)			
CARDIOPULMONARY ARREST			
104. DAY			
DAY			
105. MONTH			
MTHS			
106. YEARS			
YRS			
107. YEARS			
YRS			
108. CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 103			
ACUTE RENAL FAILURE, HEMODIALYSIS			
110. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? If yes, on type of operation and date			
NO			
111. IF FEMALE (PREGNANT OR LACTATING)			
YES NO UNK			
112. I CERTIFY THAT THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE SHOWN ON THE CAUSE OF DEATH			
113. SIGNATURE AND TITLE OF CERTIFIER			
MUHAMMAD SALEEM AKHTAR M.D.			
114. LICENSE NUMBER			
A41586			
115. DATE month/day			
12/14/2011			
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE SHOWN ON THE CAUSE OF DEATH			
117. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE			
MUHAMMAD SALEEM AKHTAR M.D.			
1034 W. RAMSEY ST SUITE A, BANNING, CA 92220			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE SHOWN ON THE CAUSE OF DEATH			
119. MANNER OF DEATH			
Natural Accident Suicide Hanging Investigation Could not be determined			
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
121. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)			
122. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
123. SIGNATURE OF CORONER / DEPUTY CORONER			
124. DATE month/day			
125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE month/day			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
129. SIGNATURE OF CORONER / DEPUTY CORONER			
130. DATE month/day			
131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
132. SIGNATURE OF CORONER / DEPUTY CORONER			
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209. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
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Wed 06/27/2018 4:23 PM

Marquez, Miriam C

TC 207 Item 681

To: 'catedreletto@yahoo.com'; 'jamiejojo@yahoo.com'

Message: 13101 Small Estate Probate.pdf (68 KB)

TC 207 Item 681

Date of Sale: May 24, 2016

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 Treasurer-Tax Collector in making the determination.

X Notarized Affidavit under CA Probate Code

13100/13101; if there was a Will I would need a copy, if not, the attached form would be needed, signed by all claimants and notarized.

X Notarized Statement of different/misspelled; Usa Johnsons birth certificate lists her father as "Robert Summon Johnson," I need a statement that says he is one in the same as our last assessee, "Robert Sumner Johnson."

Please send in all documents within 30 days (July 27, 2018). If you should have any questions, please contact me at the number listed below.

Kindest Regards,

*Miriam C. Marquez*  
Cr. Accounting Assistant

**AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101**

The undersigned state(s) as follows:

Robert S. Johnson (name of decedent) died on  
Dec. 10, 2011 (date), in the County of Riverside, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
  - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - B. 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.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. ☐ An Inventory and Appraisal of the real property in the decedent's estate is attached, or  
☐ There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

495 Drury St. Banning CA 92220

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are: Jamie Finn-Johnson, Lisa Johnson; Tina Johnson; Brenda Johnson, daughters
7. ☒ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or  
☐ The undersigned is/are 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 requests 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.

Date 6-28-18 Printed name Tina M. Johnson

Signature

(signed in counterpart)

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

**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

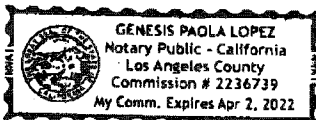
County of LOS Angeles

Subscribed and sworn to (or affirmed) before me

on this 29 day of June, 2018  
by      Date      Month      Year(1) Tina M. Johnson

(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.

Place Notary Seal Above

Signature [Signature]  
Signature of Notary Public**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 for Probate Document Date: 6-28-18Number of Pages: 1 Signer(s) Other Than Named Above: [Signature]

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2017 MAY -4 PM 12: 17

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC 207 Item 681 Assessment No.: 541350020-4

Assessee: JOHNSON, ROBERT SUMNER

Situs: 495 DRURY LN BANNING 92220

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

I/We ~~present~~ to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$36,898.35 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. 0294795; recorded on 07/14/2016. 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.**

1. Copy of birth Certificate for: Lisa O. Johnson - daughter
2. Original Certified Copy Death Certificate for: Robert Sumner Johnson
3. Copy of Deed of Sale with Robert Sumner Johnson listed as owner at the time of sale.

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 26<sup>th</sup> day of April, 2017 at Orange, Florida  
County, State

Lisa O. Johnson  
Signature of Claimant

Signature of Claimant

Lisa O. Johnson  
Print Name

Print Name

1908 Lake Heritage Circle #322  
Street Address

Street Address

Orlando, FL 32839  
City, State, Zip

City, State, Zip

(951) 961-1097  
Phone Number

Phone Number

132633

Office No.  
Escrow No.  
Case No.

132633

WHEN RECORDED MAIL TO

Robert Summer Johnson  
495 Drury Lane  
Banning, Ca. 92220

RECEIVED FOR RECORD

AT 1:00 PM

JUL 14 1981

132633

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MAIL TAX STATEMENTS TO:

Same

SPACE ABOVE THIS LINE FOR RECORDERS USE

EXEMPTED FROM TRANSFER TAX: NONE  
COMPUTED ON FULL VALUE OF PROPERTY CONVEYED  
LESS DEBTS, LIENS AND ENCUMBRANCES REMAINING AT TIME OF SALE

Signature of One party or Agent representing two: Full Name

## QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, DEED OF WHICH IS HEREBY ACKNOWLEDGED:

Robert Summer Johnson and Judith Joan Johnson, husband and wife as  
Joint Tenants

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM TO

Robert Summer Johnson, a single man

the real property in the City of Banning  
County of Riverside

State of California, described as

Attached description:

Block 1: Lot 13 and all that parcel of land between the circular  
boundary of said Lot and a straight line from the Northeast  
to the Southeast corners of said Lot, Martin Lane Subdivision, as shown  
by map on file in Book 15, page 79 of Maps, Records of Riverside County.

Block 2: That portion of Block 22 as shown by the amended map of  
Banning Land Company recorded in Book 9, page 44 of Maps, San Bernardino  
County and by map on file in Book 5 page 186 of Maps, by metes and bounds:

beginning at the Northwest corner of Block 22; thence East 192.92 feet; thence  
South and parallel with the West line of said Block, 318.5 feet to a point on  
the North line of Lot 12 of Martin Lane Subdivision as shown by map on file  
in Book 15, page 79 of Maps, Riverside County records; thence East along the  
North line of said Lot 12 and the Easterly extension thereof, 42 feet to the  
Northeast corner of Lot 13 of said Martin Lane Subdivision, the point of  
beginning, thence Easterly along the North line of said Lot 13, 65 feet; thence  
North and parallel with the West line of said Block 22, 10 feet; thence East  
and parallel with the North line of said Lot 13, 85 feet; thence South, 10  
feet to point of beginning.

Dated: April 26, 1981  
STATE OF CALIFORNIA  
COUNTY OF  
Riverside

On April 24th, 1981  
before me, the undersigned, a Notary Public in and for said  
State, personally appeared Judith Joan Johnson

known to me to be the person whose name is  
subscribed to the within instrument and acknowledged that  
she executed the same

WITNESS my hand and official seal  
Signature: *[Signature]*

*[Signature]*  
Judith Joan Johnson



\*See area for official notation of seal.

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1066 (1/79/80)

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE

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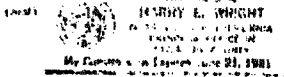
103633

June 4, 1981  
Robert Wayne Johnson

I, the undersigned, a Notary Public in and for the State of California, do hereby certify that the within and foregoing instrument is a true and correct copy of the original as the same appears to me.

Witness my hand and seal of office at the County of Riverside, California, on the 4th day of June, 1981.

My Commission Expires on June 23, 1981



*Henry E. Wright*  
Notary Public, State of California

NOTED 12-16 '81 PM Industrial Mutual Self-Insured Retention

END RECORDED DOCUMENT DONALD D. SULLIVAN COUNTY RECORDER

A0012342915

NEW JERSEY STATE DEPARTMENT OF HEALTH

087344

1. Date of Birth (Month/Day/Year)		2. Date of Birth (Month/Day/Year)	
3. Sex (Male/Female)		4. Sex (Male/Female)	
5. Race (White/Black/Hispanic/Asian/Pacific Islander/Other)		6. Race (White/Black/Hispanic/Asian/Pacific Islander/Other)	
7. Place of Birth (City/State/Country)		8. Place of Birth (City/State/Country)	
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DATE ISSUED: August 4, 2015

ISSUED BY:  
New Jersey Department of Health  
Office of Vital Statistics and Registry

This is to certify that the above is correctly copied from a record on file in my office.  
Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed here.

REC-42A  
JUN 14

Vincent T. A.  
State Registrar  
Office of Vital Statistics and Registry

2016-11-12 11:07

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

## CERTIFICATE OF DEATH

3201133013012

STATE FILE NUMBER		USE BLACK INK ONLY / IN CAPITAL LETTERS / NO ABBREVIATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ROBERT		SUMNER		JOHNSON	
AKA: ALSO KNOWN AS - include AS (First, Middle, Last)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
02/18/1946		85		M	
9. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at time of death)	
NJ		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION - Highest Level (degrees, diplomas, certificates, etc.)		14. YES DECEDENT HAD A POLAROID OR IDENTICAL PHOTO TAKEN		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
ASSOCIATE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AFRICAN-AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
TELEPHONE LINEMAN		INSTALLATION		40	
20. DECEDENT'S RESIDENCE (street and number, or location)					
495 DRURY LN					
21. CITY		22. COUNTY/PROVINCE		23. STATE/FOREIGN COUNTRY	
BANNING		RIVERSIDE		CA	
24. INFORMANT'S NAME, RELATIONSHIP		25. INFORMANT'S MAILING ADDRESS (Street and number, or care of, and ready number, city or town, state and zip)			
LISA D JOHNSON, DAUGHTER		381 W. BARBOUR APT 223C, BANNING, CA 92220			
26. NAME OF SURVIVING SPOUSE/STEP- FIRST		27. MIDDLE		28. LAST (BIRTH NAME)	
-		-		-	
29. NAME OF FATHER/PARENT - FIRST		30. MIDDLE		31. LAST	
THERON		BERDETTE		JOHNSON SR.	
32. NAME OF MOTHER/PARENT - FIRST		33. MIDDLE		34. LAST (BIRTH NAME)	
ELLA		LENA		WEST	
35. DEPOSITION DATE mm/dd/yyyy		36. PLACE OF FINAL DISPOSITION			
12/15/2011		RIVERSIDE NATIONAL CEMETERY			
37. TYPE OF DISPOSITION		38. SIGNATURE OF REGISTRAR			
BU		MELISSA DEMERS			
39. NAME OF FUNERAL HOME/CHURCH		40. LICENSE NUMBER		41. DATE mm/dd/yyyy	
ARLINGTON MORTUARY		FD1033		12/15/2011	
42. SIGNATURE OF LOCAL REGISTRAR		43. SIGNATURE OF LOCAL REGISTRAR		44. LICENSE NUMBER	
CAMERON KAISER, MD		CAMERON KAISER, MD		EMB9026	
45. PLACE OF DEATH		46. IF HOSPITAL, SPECIFY ONE		47. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAN GORGONIO MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> H <input type="checkbox"/> SVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other			
48. COUNTY		49. FACILITY ADDRESS OR LOCATION (street and number, or location)		50. CITY	
RIVERSIDE		800 NORTH HIGHLAND SPRINGS AVENUE		BANNING	
51. CAUSE OF DEATH		52. IF OTHER THAN HOSPITAL, SPECIFY ONE		53. IF OTHER THAN HOSPITAL, SPECIFY ONE	
IMMEDIATE CAUSE (first disease or condition resulting in death)		54. CARDIOPULMONARY ARREST		55. CONGESTIVE HEART FAILURE	
56. ACUTE MYOCARDIAL INFARCTION		57. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		58. ACUTE RENAL FAILURE, HEMODIALYSIS	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51					
60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 52? (If yes, list type of operation and date)		61. IF PEOPLE PRESENT IN LAST YEAR			
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
62. SIGNATURE AND TITLE OF CERTIFIER		63. LICENSE NUMBER		64. DATE mm/dd/yyyy	
MUHAMMAD SALEEM AKHTAR M.D.		A41588		12/14/2011	
65. TYPE ATTENDING PHYSICIAN'S NAME (including address, ZIP CODE)		66. MUHAMMAD SALEEM AKHTAR M.D.			
67. DATE mm/dd/yyyy		68. TYPE ATTENDING PHYSICIAN'S NAME (including address, ZIP CODE)			
11/22/1986		1034 W. RAMSEY ST SUITE A, BANNING, CA 92220			
69. DATE mm/dd/yyyy		70. TYPE ATTENDING PHYSICIAN'S NAME (including address, ZIP CODE)			
12/09/2011		1034 W. RAMSEY ST SUITE A, BANNING, CA 92220			
71. DATE mm/dd/yyyy		72. TYPE ATTENDING PHYSICIAN'S NAME (including address, ZIP CODE)			
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73. DATE mm/dd/yyyy		74. TYPE ATTENDING PHYSICIAN'S NAME (including address, ZIP CODE)			
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75. DATE mm/dd/yyyy		76. TYPE ATTENDING PHYSICIAN'S NAME (including address, ZIP CODE)			
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12/09/2011		1034 W. RAMSEY ST SUITE A, BANNING, CA 92220			
199. DATE mm/dd/yyyy		200. TYPE ATTENDING PHYSICIAN'S NAME (including address, ZIP CODE)			
12/09/2011		1034 W. RAMSEY ST SUITE A, BANNING, CA 92220			

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

MAR 09 2017

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



034646046

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

CARIVERS02



Wed 06/27/2018 4:23 PM

Marquez Miriam C

TC 207 Item 681

To: 'cfe@relatte.com'; 'jonie.joe.2@yahoo.com'

Message: "J. 13101 Small Estate Probate.pdf (68 KB)"

TC 207 Item 681

Date of Sale: May 24, 2016

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 Treasurer-Tax Collector in making the determination.

X Notarized Affidavit under CA Probate Code

13100/13101; if there was a Will I would need a copy, if not, the attached form would be needed, signed by all claimants and notarized.

X Notarized Statement of different/mis spelled; Lisa Johnsons birth certificate lists her father as "Robert Summon Johnson," I need a statement that says he is one in the same as our last assessee, "Robert Sumner Johnson."

Please send in all documents within 30 days (July 27, 2018). If you should have any questions, please contact me at the number listed below.

Kindest Regards,

*Miriam C. Marquez*  
Sr. Accounting Assistant

**AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101**

The undersigned state(s) as follows:

Robert S. Johnson (name of decedent) died on  
Dec 10, 2011 (date), in the County of Riverside, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
  - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - B. 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.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. ☐ An Inventory and Appraisal of the real property in the decedent's estate is attached, or  
☐ There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

495 Drury St. Banning CA 92220  
Lisa Johnson, Tina Johnson, Brenda Johnson, DAUGHTERS  
(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are: Jamie Finn Johnson
7. ☒ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or  
☐ The undersigned is/are 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 requests 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.

Date	Printed name	Signature
<u>7-2-2018</u>	<u>Lisa D. Johnson</u>	<u>[Signature]</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

**FLORIDA JURAT**  
FS 117.05

State of Florida

County of Orange }

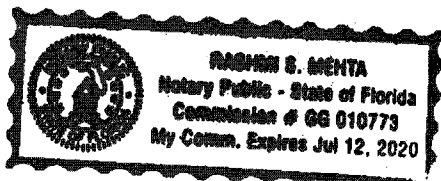
Sworn to (or affirmed) and subscribed before me this

2<sup>nd</sup> day of July, 2018  
Day Month Year

by Lisa Dawn Johnson  
Name of Person Swearing or Affirming

R. S. Mehta  
Signature of Notary Public — State of Florida

Rashmi S. Mehta  
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

- ☐ Personally Known  
☒ Produced Identification

Type of Identification Produced: FL DL License  
J525-524-66-811-0

**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 Under California Probate Code  
Document Date: 7/2/18 Section 13101 Number of Pages: One  
Signer(s) Other Than Named Above: N/A

To whom it may concern,

On my birth certificate it states Robert Summon Johnson is my father and it should state his correct name of Robert Sumner Johnson as the father of Lisa Dawn Johnson DOB 08/31/1966.

Sincerely,



Lisa Dawn Johnson

06/28/2018

**FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT**  
F.S. 695.25

State of Florida

County of Orange

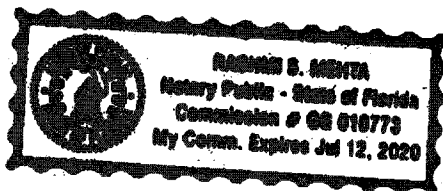
The foregoing instrument was acknowledged  
before me this 2nd day  
Date

of July, 2018  
Month Year

by Lisa Dawn Johnson  
Name of Person Acknowledging

who is personally known to me or who  
has produced A. DR. License  
# JS25-52466-811-0  
Type of Identification

as identification.



Place Notary Seal Stamp Above

R. S. Mehta  
Signature of Notary Public

Rashmi S. mehta  
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

**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: Letter

Document Date: 6/28/18 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2017 MAY -4 PM 12:17

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC 207 Item 681 Assessment No.: 541350020-4

Assessee: JOHNSON, ROBERT SUMNER

Situs: 495 DRURY LN BANNING 92220

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 54892.35 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. 0294795; recorded on 07/14/2016. 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.

1. Copy of birth certificate for Brenda A. Johnson - daughter
2. Original Certified Death Certificate for Robert Sumner Johnson
3. Copy of Deed of Sale with Robert Sumner Johnson  
listed as owner at the time of sale

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 28<sup>th</sup> day of April, 2017 at Riverside, CA  
County, State

Brenda A. Johnson  
Signature of Claimant

Signature of Claimant

Brenda A. Johnson  
Print Name

Print Name

2102 W. Monroe St.  
Street Address

Street Address

Banning, CA 92220  
City, State, Zip

City, State, Zip

(951) 283-5878  
Phone Number

Phone Number

132633

Order No.  
Escrow No.  
Loan No.

WHEN RECORDED MAIL TO

Robert Summer Johnson  
495 Drury Lane  
Banning, Ca. 92220

132633

RECEIVED FOR RECORD  
AT 11:00 O'CLOCK A.M.  
JUL 14 1981132633  
JUL 14 1981

JUL 14 1981

JUL 14 1981

JUL 14 1981

MAIL TAX STATEMENTS TO:

Same

SPACE ABOVE THIS LINE FOR RECORDERS USE

INCIDENTARY TRANSFER TAX: NONE  
COMPUTED ON FULL VALUE OF PROPERTY CONVEYED  
COMPUTED ON FULL VALUE LESS LIENS AND  
ENCUMBRANCES REMAINING AT TIME OF SALE

Signature of One Agent or Agent Authorizing Use: First Name

## QUITCLAIM DEED

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

Robert Summer Johnson and Judith Joan Johnson, husband and wife as  
Joint Tenants

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Robert Summer Johnson, a single man

the real property in the City of Banning  
County of Riverside

State of California, described as

Attached description:

Parcel 1: Lot 13 and all that parcel of land between the circular  
boundary of said lot and a straight line from the Northeast  
to the Southeast corners of said lot, Martin Lane Subdivision, as shown  
by map on file in Book 15, page 79 of Maps, Records of Riverside County.Parcel 2: That portion of Block 22 as shown by the amended map of  
Banning Land Company recorded in Book 9, page 44 of Maps, San Bernardino  
County and by map on file in Book 5 page 186 of Maps, by notes and bounds:beginning at the Northwest corner of Block 22; thence easterly 392.94 feet; thence  
south and parallel with the West line of said Block, 318.5 feet to a point on  
the North line of Lot 12 of Martin Lane Subdivision as shown by map on file  
in Book 15, page 79 of Maps, Riverside County records; thence East along the  
North line of said Lot 12 and the easterly extension thereof, 42 feet to the  
Northeast corner of Lot 13 of said Martin Lane Subdivision, the point of  
beginning; thence easterly along the North line of said Lot 13, 65 feet; thence  
North and parallel with the West line of said Block 22, 10 feet; thence West  
and parallel with the North line of said Lot 13, 65 feet; thence South, 10  
feet to point of beginning.Dated: April 24, 1981  
STATE OF CALIFORNIA  
COUNTY OF  
RiversideOn April 24th, 1981  
before me, the undersigned, a Notary Public in and for said  
State, personally appeared Judith Joan Johnsonknown to me to be the person whose name  
subscribed to the within instrument and acknowledged that  
she executed the same  
WITNESS my hand and official seal.

Signature: Josephine Jones

Judith Joan Johnson

Judith Joan Johnson



(This area for official use only)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1000-10/801

**1J2533**

Robert Samuel Johnson

[illegible]

**Abstract:** The authors report on a study of the effects of a 6-week training program on the self-esteem of female adolescents who had been sexually abused. The results indicate that the program was effective in increasing self-esteem.

1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as  $t \rightarrow \infty$ . It is shown that the solutions of the system (1) tend to zero as  $t \rightarrow \infty$  if and only if the matrix  $A$  is Hurwitz.

10 NOV 1975 E. ABLE

745855 1-56-56 1M

on January 1, 1978

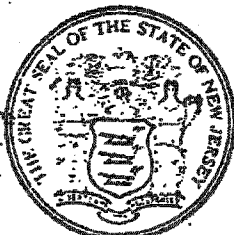
My Countrymen and I signed on June 21, 1983

[illegible]

Mary Everett

END RECORDED DOCUMENT DONALD D. SULLIVAN COUNTY RECORDER

Reg-42  
July 75



NEW JERSEY STATE DEPT  
TRENTO

T OF HEALTH

MAY 21, 1981  
(Date)

NOTE: If this is a copy of a birth record, any agreement of or difference between the child's surname and the surname of its father does not imply legitimacy or illegitimacy. This is merely a copy of the information supplied for preparation of the original birth certificate.

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS DEPARTMENT.

*Charles A. Kaskut*  
State Registrar of Vital Statistics

*James E. Finley*  
State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE MAILED SEAL OF THE  
STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

P117

NEW JERSEY STATE DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH		129 -		074869	
1. NAME OF CHILD		ST. FILE NUMBER			
(First) (Middle) (Last)					
BRENDA ANNETTE JOHNSON					
2a. DATE OF BIRTH		2b. Hour	3. Sex	4. This Birth	4b. If Twin or Triplet, this child born
September 11, 1969		12:05 p.m.	Female	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
5. PLACE OF BIRTH		6. USUAL RESIDENCE OF MOTHER (If institution, residence before admission)			
a. County Atlantic		a. State New Jersey		b. County Atlantic	
b. City <input checked="" type="checkbox"/> (Check box and give name) Boro <input type="checkbox"/> Somers Point Twp. <input type="checkbox"/>		c. City <input checked="" type="checkbox"/> Boro <input type="checkbox"/> Pleasantville Twp. <input type="checkbox"/>			
c. Name of Hospital or Institution (If not in hospital or institution give street address) Shore Memorial Hospital		d. Street Address (If rural, give P.O. Address) 1 North New Road			
7a. Mother's Maiden Name Patricia Ann Callahan		7b. Age 28	7c. State of Birth (If not in U.S.A. name country) Pennsylvania		
8a. Municipality within whose limits mother actually lives (not in, usually mailing address) Pleasantville					
8b. Father's Name Robert Sumner Johnson		8c. Age 23	8d. State of Birth (If not in U.S.A. name country) Illinois		
9a. Informant's Name and Address Patricia Johnson Pleasantville, New Jersey		9b. Relation to Child Mother			
10a. I certify that child was born alive on the date stated above Signature <i>Tinliung Jung M.D.</i>		10b. Date Signed 9/14/69		10c. ATTENDANT: PHYSICIAN <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	
10d. Certifier's Name (Type or Print) Tinliung Jung, M.D.		10e. Mailing Address Shore Memorial Hospital, Somers Point, New Jersey			
11a. Registrar's Signature <i>[Signature]</i>		11b. Date Received by Local Registrar SEP 14 1969			

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

STATE FILE NUMBER		3201133013012	
LOCAL REGISTRATION NUMBER			
1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE	
ROBERT		SUMMER	
3. LAST (Family)		JOHNSON	
4. DATE OF BIRTH		5. AGE Yrs	
02/19/1948		65	
6. MONTH		7. DAY	
02		19	
8. HOUR		9. MIN	
0848		M	
10. SEX		11. EVER IN U.S. ARMED FORCES	
M		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRIAGE STATUS (at time of death)		13. DATE OF DEATH	
DIVORCED		12/10/2011	
14. DECEASED'S RACE - (Up to 3 races may be listed (see worksheet on back))		15. YEARS IN OCCUPATION	
AFRICAN AMERICAN		40	
16. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel construction, employment agency, etc.)	
TELEPHONE LINEMAN		INSTALLATION	
18. DECEASED'S RESIDENCE (Street and number, or location)		19. YEARS IN RESIDENCE	
495 DRURY LN		40	
20. CITY		21. COUNTY/PROVINCE	
BANNING		RIVERSIDE	
22. ZIP CODE		23. YEARS IN COUNTY	
92220		31	
24. STATE/FOREIGN COUNTRY		25. DECEASED'S NAME, RELATIONSHIP	
CA		LISA D JOHNSON, DAUGHTER	
26. DECEASED'S MAILING ADDRESS (Street and number, or care of, state, city and zip)		27. DECEASED'S MAILING ADDRESS (Street and number, or care of, state, city and zip)	
381 W. BARBOUR APT 223C, BANNING, CA 92220		381 W. BARBOUR APT 223C, BANNING, CA 92220	
28. NAME OF SURVIVING SPOUSE/SPOUSE - FIRST		29. MIDDLE	
-		-	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT - FIRST	
-		THERON	
32. MIDDLE		33. LAST	
BERDETTE		JOHNSON SR.	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST	
MO		ELLA	
36. MIDDLE		37. LAST (BIRTH NAME)	
LENA		WEST	
38. BIRTH STATE		39. BIRTH STATE	
NJ		NJ	
40. DISPOSITION DATE		41. PLACE OF FINAL DISPOSITION	
12/15/2011		RIVERSIDE NATIONAL CEMETERY	
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMERALD	
BU		MELISSA DEMERS	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
ARLINGTON MORTUARY		FD1033	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE	
CAMERON KAISER, MD		12/15/2011	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE	
SAN GORGONIO MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> EPICP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
100. COUNTY		101. CITY	
RIVERSIDE		BANNING	
102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		103. CITY	
800 NORTH HIGHLAND SPRINGS AVENUE		BANNING	
104. CAUSE OF DEATH		105. TIME OF DEATH	
IMMEDIATE CAUSE (First disease or condition resulting in death)		DAY	
CARDIOPULMONARY ARREST		MTHS	
106. UNDERLYING CAUSE (List all underlying causes of death)		YRS	
CONGESTIVE HEART FAILURE		YRS	
ACUTE MYOCARDIAL INFARCTION		YRS	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE		YRS	
107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 106		108. IF PEOPLE FREQUENTLY VISIT YRS	
ACUTE RENAL FAILURE, HEMODIALYSIS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date)		110. IF PEOPLE FREQUENTLY VISIT YRS	
NO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
111. SIGNATURE AND TITLE OF CERTIFIER		112. LICENSE NUMBER	
MUHAMMAD SALEEM AKHTAR M.D.		A41586	
113. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		114. DATE	
MUHAMMAD SALEEM AKHTAR M.D.		12/14/2011	
115. DATE OF BIRTH		116. DATE OF DEATH	
11/22/1996		12/10/2011	
117. PLACE OF BIRTH		118. PLACE OF DEATH	
119. MANNER OF DEATH		120. BURIED AT WORK?	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Constructed determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
121. PLACE OF BURIAL (e.g., home, construction site, wooded area, etc.)		122. HOUR (of Day)	
123. DESCRIBE HOW INJURY OCCURRED (Check which resulted in injury)		123. HOUR (of Day)	
124. LOCATION OF BURIAL (Street and number, or location, and city, and zip)		124. LOCATION OF BURIAL	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
129. STATE REGISTRAR		130. STATE REGISTRAR	
A B C D E		A B C D E	
131. FAX AUTH		132. GEMIS TRACT	
012001001041011		034646046	

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

MAR 09 2017

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



034646046

Peter Alderson  
PETER ALDERSO  
ASSESSOR-COUNTY CLERK-RECORDER  
RIVERSIDE COUNTY, CALIFORNIA



Wed 06/27/2018 4:23 PM

Marquez, Miriam C

TC 207 Item 681

To: 'confidential@...com'; 'confidential@...com'

Message: "13101 Small Estate Probate.pdf (68 KB)"

TC 207 Item 681

Date of Sale: May 24, 2016

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 Treasurer-Tax Collector in making the determination.

X Notarized Affidavit under CA Probate Code

13100/13101; if there was a Will I would need a copy, if not, the attached form would be needed, signed by all claimants and notarized.

X Notarized Statement of different/misspelled; Lisa Johnsons birth certificate lists her father as "Robert Summon Johnson," I need a statement that says he is one in the same as our last assessee, "Robert Sumner Johnson."

Please send in all documents within 30 days (July 27, 2018). If you should have any questions, please contact me at the number listed below.

Kindest Regards,

*Miriam C. Marquez*  
Sr. Accounting Assistant

**AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101**

The undersigned state(s) as follows:

Robert S. Johnson (name of decedent) died on  
Dec 10, 2011 (date), in the County of Riverside, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
  - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - B. 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.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. ☐ An Inventory and Appraisalment of the real property in the decedent's estate is attached, or  
☐ There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

495 Dewey St. Banning, CA 92220

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are: Jamie Finn - Johnson
7. Lisa Johnson, Tina Johnson, Brenda Johnson - Daughters  
☒ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or  
☐ The undersigned is/are 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 requests 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.

Date 6-28-18 Printed name Brenda Johnson

Signature Brenda Johnson  
(Signed in Counterpart)

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisalment (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

please see an attachment of an acknowledgment 6/29/18

# CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

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

STATE OF CALIFORNIA )

COUNTY OF Riverside )

On June 29, 2018 before me, MA Rodriguez Notary  
Date Insert Name and Title of the officer

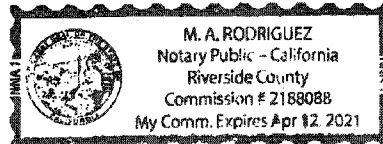
Public, personally appeared Brenda Johnson

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: MA Rodriguez

## OPTIONAL

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

### Description of Attached Document

Title or Type of Document: Affidavit under California Probate Code Document Date: section 13101

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signers Name: \_\_\_\_\_

☐ Corporate Officer – Title(s) \_\_\_\_\_

☐ Partner - ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signers Name: \_\_\_\_\_

☐ Corporate Officer – Title(s) \_\_\_\_\_

☐ Partner - ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

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

RECEIVED

2017 MAY -4 PM 12:17

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC 207 Item 681 Assessment No.: 541350020-4

Assessee: JOHNSON, ROBERT SUMNER

Situs: 495 DRURY LN BANNING 92220

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 536,898.35 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. 0294795; recorded on 07/14/2016. 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.

1. Copy of birth Certificate for Jamie Finn Johnson daughter
2. Original Certified Copy Death Certificate for Robert Sumner Johnson
3. Copy of Deed of Sale with Robert Sumner Johnson listed as owner at the time of Sale

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 26<sup>th</sup> day of April, 2017 at Orange, Florida  
County, State

Signature of Claimant

Signature of Claimant

Print Name

Print Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

132633

Order No.  
Lic. No. No.  
Lic. No.

132633

WHEN RECORDED MAIL TO

Robert Summer Johnson  
495 Drury Lane  
Banning, Ca. 92270RECEIVED FOR RECORD  
AT 11:00 A.M.  
JUL 14 1981

JUL 14 1981

JUL 14 1981

JUL 14 1981

MAIL TAX STATEMENTS TO:

None

SPACE ABOVE THIS LINE FOR RECORDERS USE

DOCUMENTARY TRANSFER TAX: NONE  
COMPUTED ON FULL VALUE OF PROPERTY CONVEYED  
COMPUTED ON FULL VALUE LESS LIENS AND  
ENCUMBRANCES REMAINING AT TIME OF SALE

Signature of One Party or Agent authorizing tax: \_\_\_\_\_

## QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, EACH of which is hereby acknowledged

Robert Summer Johnson and Judith Joan Johnson, husband and wife as  
Joint Tenants

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Robert Summer Johnson, a single man

the real property in the City of  
County of Riverside

Banning

State of California, described as

Attached description:

Parcel 1: Lot 13 and all that parcel of land between the circular  
boundary of said lot and a straight line from the Northeast  
to the Southeast corners of said lot, Martin Lane Subdivision, as shown  
by map on file in book 13, page 79 of Maps, Records of Riverside County.Parcel 2: That portion of Block 22 as shown by the amended map of  
Banning Land Company recorded in Book 9, page 46 of Maps, San Bernardino  
County and by map on file in Book 5 page 188 of Maps, by netus and boundarybeginning at the Northwest corner of Block 22; thence Easterly 392.94 feet; thence  
South and parallel with the West line of said Block, 318.5 feet to a point on  
the North line of Lot 12 of Martin Lane Subdivision as shown by map on file  
in Book 13, page 79 of Maps, Riverside County records; thence East along the  
North line of said Lot 12 and the Easterly extension thereof, 43 feet to the  
Northeast corner of Lot 13 of said Martin Lane Subdivision, the point of  
beginning; thence Easterly along the North line of said Lot 13, 85 feet; thence  
North and parallel with the West line of said Block 22, 10 feet; thence West  
and parallel with the North line of said Lot 13, 85 feet; thence South, 10  
feet to point of beginning.

Dated: April 24, 1981

STATE OF CALIFORNIA  
COUNTY OF  
Riverside

On: April 24th, 1981

Before me, the undersigned, a Notary Public in and for said  
State, personally appeared: Judith Joan JohnsonKnown to me to be the person whose name is  
subscribed to the within instrument and acknowledged that  
she executed the same.

WITNESS my hand and Notary Seal.

Signature: \_\_\_\_\_

Judith Joan Johnson

Judith Joan Johnson



(Not used for officer's signature)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1000 (10/79)



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

104 -

#### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

18662 - 001987

STATE BIRTH CERTIFICATE NUMBER												LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER											
THIS CHILD	1A. NAME OF CHILD—FIRST <b>JAMIE</b>				1B. MIDDLE <b>MICHELLE</b>				1C. LAST <b>FINN JOHNSON</b>														
	2. SEX <b>FEMALE</b>		3A. This birth, second, third, etc. of mother's this child <b>SINGLE</b>		3B. This birth, second, third, etc. of father's this child <b>SINGLE</b>		4A. DATE OF BIRTH—MONTH, DAY, YEAR <b>AUGUST 13 1986</b>				4B. HOUR—IN HOUR CLOCK TIME <b>0942</b>												
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY <b>LONG BEACH COMMUNITY HOSPITAL</b>								5B. STREET ADDRESS (STREET, NUMBER OR LOCATION) <b>1720 TERMINO AVENUE</b>														
	5C. CITY OR TOWN <b>LONG BEACH</b>								5D. COUNTY <b>LOS ANGELES</b>														
FATHER OF CHILD	6A. NAME OF FATHER—FIRST <b>ROBERT</b>				6B. MIDDLE <b>SUNNER</b>				6C. LAST <b>JOHNSON</b>				7. STATE OF BIRTH <b>NJ</b>		8. AGE OF FATHER <b>40</b>								
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST <b>SANDRA</b>				9B. MIDDLE <b>LEE</b>				9C. LAST (BIRTH NAME) <b>FINN</b>				10. STATE OF BIRTH <b>MI</b>		11. AGE OF MOTHER <b>25</b>								
PARENT'S CERTIFICATION	12A. I CERTIFY THAT I HAVE REVIEWED THE STATE INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE				12B. PARENT OR OTHER INFORMANT—SIGNATURE <i>Sandra L. Finn</i>				12C. RELATIONSHIP TO CHILD <b>MOTHER</b>				12D. DATE SIGNED <b>8/15/86</b>										
ATTENDANT'S CERTIFICATION	13A. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED				13B. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE <i>Keith Wilson MD</i>				13C. LICENSE NUMBER <b>6049347</b>				13D. DATE SIGNED <b>8/13/86</b>										
LOCAL REGISTRAR	14.				15. TYPED NAME AND ADDRESS <b>KEITH WILSON MD 2220 CLARK AVENUE LONG BEACH CA 90815</b>				16. LOCAL REGISTRAR—SIGNATURE <i>Roger L. Wilson</i>				17. DATE ACCEPTED FOR REGISTRATION <b>SEP 08 1986</b>										
	15. DEATH—ENTER DATE OF DEATH				16. LOCAL REGISTRAR—SIGNATURE																		

CALOSANG02

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

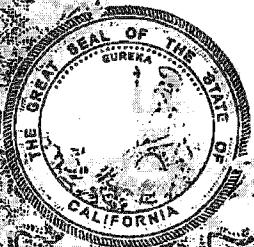
*Dean C. Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

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



1000001578981

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

STATE FILE NUMBER		3201133013012	
3. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
ROBERT		JOHNSON	
4. AKA. ALSO KNOWN AS - include the AKA (FIRST, MIDDLE, LAST)		5. DATE OF BIRTH	
		02/18/1946	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH	
NJ		12/10/2011	
8. EDUCATION - Highest level/degree		9. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
ASSOCIATE		AFRICAN AMERICAN	
10. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		11. YEARS IN OCCUPATION	
TELEPHONE LINEMAN		40	
12. DECEASED'S RESIDENCE (Street and number, or location)		13. ZIP CODE	
495 DRURY LN		92220	
14. CITY		15. STATE/FOREIGN COUNTRY	
BANNING		CA	
16. INFORMANT'S NAME, RELATIONSHIP		17. INFORMANT'S MAILING ADDRESS (Street and number or rural route, city or town, state and zip)	
LISA D JOHNSON, DAUGHTER		381 W. BARBOUR APT 223C, BANNING, CA 92220	
18. NAME OF SURVIVING SPOUSE/SP - FIRST		19. LAST (BIRTH NAME)	
20. NAME OF FATHER/PARENT - FIRST		21. LAST	
THERON		JOHNSON SR.	
22. NAME OF MOTHER/PARENT - FIRST		23. LAST	
ELLA		WEST	
24. DEPOSITION DATE		25. PLACE OF FINAL DISPOSITION	
12/15/2011		RIVERSIDE NATIONAL CEMETERY	
26. TYPE OF DISPOSITION		27. LICENSE NUMBER	
BU		EMB9026	
28. NAME OF FUNERAL ESTABLISHMENT		29. SIGNATURE OF LOCAL REGISTRAR	
ARLINGTON MORTUARY		CAMERON KAISER, MD	
30. LICENSE NUMBER		31. DATE	
FD1033		12/15/2011	
32. PLACE OF DEATH		33. IF HOSPITAL, SPECIFY ONE	
SAN GORGONIO MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> EPIC <input type="checkbox"/> DCA	
34. COUNTY		35. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RIVERSIDE		<input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
36. FACILITY ADDRESS OR LOCATION WHERE POLICE (Street and number, or location)		37. CITY	
800 NORTH HIGHLAND SPRINGS AVENUE		BANNING	
38. CAUSE OF DEATH		39. DATE OF DEATH	
IMMEDIATE CAUSE: First disease or condition resulting in death		DAY	
CARDIOPULMONARY ARREST		MTNS	
40. UNDERLYING CAUSE: Disease or injury that initiated the events resulting in death		YRS	
CONGESTIVE HEART FAILURE		YRS	
ACUTE MYOCARDIAL INFARCTION			
CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
41. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 40		42. USED IN DETERMINING CAUSE	
ACUTE RENAL FAILURE, HEMODIALYSIS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
43. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 40 OR 41? (If yes, list type of operation and date)		44. FEMALE PREVENTIVE MASTECTOMY	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
45. CERTIFY THAT THE DEATH OF THIS INDIVIDUAL OCCURRED AT THE PLACE AND DATE AND PLACE OF DEATH'S CAUSE(S) GIVEN		46. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Here <input type="checkbox"/> Decedent Laid Here <input type="checkbox"/>		MUHAMMAD SALEEM AKHTAR M.D.	
47. DATE		48. LICENSE NUMBER	
11/22/1996		A41586	
49. TYPE AT THE TIME OF DEATH		50. DATE	
12/09/2011		12/14/2011	
51. TYPE AT THE TIME OF DEATH		52. SIGNATURE OF CORONER / DEPUTY CORONER	
1034 W. RAMSEY ST SUITE A, BANNING, CA 92220			
53. MANNER OF DEATH		54. INJURED AT WORK	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
55. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		56. INJURY DATE	
57. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		58. HOUR (24 Hour)	
59. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
60. SIGNATURE OF CORONER / DEPUTY CORONER		61. DATE	
62. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
63. STATE REGISTRAR		64. FAX AUTH?	
A B C D E			
65. COUNTY CLERK		66. CENSUS TRACT	
010001007941011			

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

MAR 09 2017

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



034646046

Peter Alderson  
ASSASSON-COUNTY CLERK-RECORDER  
RIVERSIDE COUNTY, CALIFORNIA

CARIVERSOE



Wed 06/27/2018 4:23 PM

Marquez Miriam C

TC 207 Item 681

To: 'cedez.alete@yahoo.com'; 'jamiejoy@yahoo.com'

Message 13101 Small Estate Probate.pdf (68 KB)

TC 207 Item 681

Date of Sale: May 24, 2016

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 Treasurer-Tax Collector in making the determination.

X Notarized Affidavit under CA Probate Code

13100/13101; if there was a Will I would need a copy, if not, the attached form would be needed, signed by all claimants and notarized.

X Notarized Statement of different/mis spelled; Lisa Johnsons birth certificate lists her father as "Robert Sumner Johnson," I need a statement that says he is one in the same as our last assessee, "Robert Sumner Johnson."

Please send in all documents within 30 days (July 27, 2018). If you should have any questions, please contact me at the number listed below.

Kindest Regards,

*Miriam C. Marquez*  
Sr. Accounting Assistant

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Robert S. Johnson (name of decedent) died on  
Dec 10, 2011 (date), in the County of Riverside, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
  - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - B. 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.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. ☐ An Inventory and Appraisalment of the real property in the decedent's estate is attached, or  
☐ There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

495 Drury Lane Banning CA 92220

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are: Jamie Finn-Johnson, Lisa Johnson, Tina Johnson, Brenda Johnson, (daughters)
7. ☒ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or  
☐ The undersigned is/are 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 requests 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.

Date

Printed name

Signature

7.10.18 Jamie Finn-Johnson Jamie Finn-Johnson  
(Signed in Counterpart)

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisalment (Probate Form DE-160, DE-161).
2. Have this affidavit notarized



Jurat Certificate

State of Florida

County of Orange

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day  
of July, 2018, by Jamie M. Finn Johnson (name  
of person making statement).

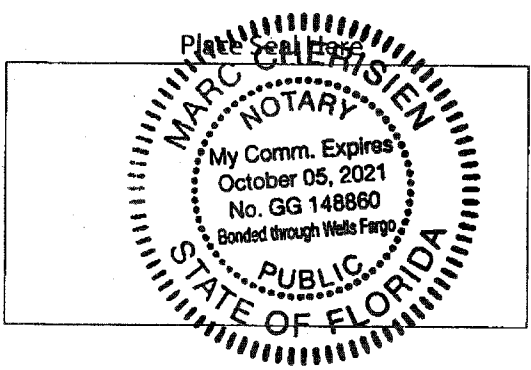
☐ Personally known to me \_\_\_\_\_

☒ Produced Identification  
Type of Identification Produced FL Driver License

Notary Signature [Signature]

Title Notary Public

My appointment expires October 05, 2021



Description of Attached document

Type or Title of Document  
Affidavit Under California Probate Code

Document Date 7-10-2018 Number of Pages 1

Signer(s) Other Than Named Above  
N/A