

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



ITEM  
19.2  
(ID # 7202)

MEETING DATE:

Tuesday, June 4, 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 1026. Last assessed to: Brian Faulkner, Administrator of the Estate of Kenneth W. Faulkner, District 4. [\$32,001-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Jennifer Daniel, Esq., attorney for Brian Faulkner, Administrator of the Estate of Kenneth W. Faulkner, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 845022001-4;
2. Authorize and direct the Auditor-Controller to issue a warrant to Brian Faulkner, Administrator of the Estate of Kenneth W. Faulkner in the amount of \$32,001.81, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

ACTION: Policy

Jon Christensen, Treasurer-Tax Collector 5/21/2019

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MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Perez 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: June 4, 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>	\$32,001	\$ 0	\$32,001	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	18/19

**C.E.O. RECOMMENDATION:** N/A

**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 Jennifer Daniel, Esq., attorney for Brian Faulkner, Administrator of the Estate of Kenneth W. Faulkner based on Letters of Administration recorded May 10, 2016 as Instrument No. 2016-0189036, a Performance Trust Deed recorded May 10, 2016 as Instrument No. 2016-0189037 and the death certificate for Kenneth Wayne Faulkner.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Brian Faulkner, Administrator of the Estate of Kenneth W. Faulkner be awarded excess proceeds in the amount of \$32,001.81. 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 to Administrator of the estate of the last assessee of the property.

**ATTACHMENTS (if any, in this order):**

**ATTACHMENT A. Claim Daniel**

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



Stephanie Peralta, Principal Management Analyst 5/29/2019

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

RECEIVED

2016 AUG 31 AM 11:42

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 1026 Assessment Number: 845022001-4

Assessee: FAULKNER KENNETH W ESTATE OF

Situs: 491 N WILLOW AVE BLYTHE 92225

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 \$ 32,000.00 from the sale of the above mentioned real property. I/We were the  lienholder(s),  property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2016-0189037 recorded on 5/10/16. 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.

Performance Trust Deed  
Letters of Administration

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 day of August, 2016 at San Bernardino California  
County, State

Jennifer Daniel  
Signature of Claimant

Jennifer Daniel  
Print Name

12 Nevada St Ste C  
Street Address

Redlands CA 92373  
City, State, Zip

909-792-9244  
Phone Number

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

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

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

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

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

## CLAIM FORM INSTRUCTIONS

The California Revenue and Taxation Code, Section 4675, states in part (paraphrased):

For the purposes of this article, parties of interest and their order of priority are:

- (a) First, lienholders of record prior to the recordation of the tax deed to the purchaser in the order of their priority; and
- (b) Then, any person with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If you consider yourself to be a party of interest in the sale of tax-defaulted property as defined above, please fill out the claim form provided stating how you have determined your status as a party of interest. If you need help in filling out the form, please contact our office by telephone at 951-955-3336, mail, or in person.

You must attach copies of documents to support your claim as follows:

1. In case (a), attach a copy of your trust deed or other evidence of lien or security interest, along with a statement under penalty of perjury setting forth the original amount of the lien or interest, the total amount of payments received reducing the original amount of the lien or interest, and the amount still due and payable as of the date of the sale of the tax defaulted property by the Tax Collector.
2. In case (b), attach copies of any other documents (e.g., deed, certified death certificate, will, court order, etc.) supporting your claim.

**PLEASE NOTE:** By law, claims cannot be processed until one year has passed from the date of the deed to the purchaser. In order to receive consideration by the Riverside County Board of Supervisors, claims must be filed **ON OR BEFORE THE EXPIRATION OF ONE YEAR** following the date of the recording of the deed to the purchaser. Please see the "Date Deed to Purchaser Recorded" appearing on the enclosed notice. The Tax Collector will submit a recommendation to the County Board of Supervisors as to what disposition should be made on your claim. Following the Board's review, the claim will either be approved or denied. The Clerk of the Board of Supervisors will notify you of the action taken by the Board. Should the claim be approved, the Auditor-Controller will issue a County warrant in payment. By law, the Auditor-Controller cannot issue a warrant in payment of the approved claim until 90 days following the action taken by the Board.

### MAIL COMPLETED FORMS TO:

Don Kent, Treasurer-Tax Collector  
Post Office Box 12005  
Riverside, CA 92502-2205

Attention: Excess Proceeds

2016-0189037

05/10/2016 01:01 PM Fee: \$ 34.00

Page 1 of 4

Recorded in Official Records  
County of Riverside  
Peter Aldana  
Assessor-County Clerk-Recorder



PLEASE COMPLETE THIS INFORMATION  
RECORDING REQUESTED BY:  
Jennifer M. Daniel, Esq.

AND WHEN RECORDED MAIL TO:  
Jennifer M. Daniel, Esq.  
12 Nevada Street, Suite C  
Redlands, CA 92373

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3500

PERFORMANCE TRUST DEED

Title of Document

TRA: \_\_\_\_\_

DTT: \_\_\_\_\_

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION  
(\$3.00 Additional Recording Fee Applies)

Recording Requested By  
JENNIFER M. DANIEL, Esq.

When Recorded Mail To  
Jennifer M. Daniel, Esq.  
12 Nevada Street, Suite C  
Redlands, CA 92373

**TRUST DEED**  
**(Performance Covenant Securing an Agreement)**

This Deed of Trust, made by BRIAN FAULKNER as personal representative of the estate of KENNETH FAULKNER, and individually Pursuant to California Probate Code § 7000, et seq., whereby title to a decedent's property passes on the decedent's death to the person to whom it is devised in the decedent's last will or, in the absence of such a devise, to the decedent's heirs as prescribed in the laws governing intestate succession, (herein "Trustor"), whose address is: 12 Nevada Street, Suite C, Redlands, CA 92373.

and Brian Faulkner, Administrator of the Estate of Kenneth Faulkner (herein "Trustee"), and Jennifer Daniel, Esq. of The Law Office of Jennifer Daniel, a Professional Corporation (herein "Beneficiary").

WITNESSETH: In consideration of the indebtedness herein recited and the trust herein created, Irrevocably grants, transfers, conveys and assigns to Trustee, in trust, with power of sale, the following described property located in the county of Riverside, State of California, and legally described as:

*See Exhibit "A" attached hereto and made a part thereof.*

Which has the address of 491 N. Willow St., Blythe, CA 92225 (herein "Property Address");

This deed of trust is made to secure to beneficiary: All compensation due for engagement of services, including any costs and expenses advanced, as a creditor and/or under an assignment of beneficial interest in the estate or trust, as applicable; in addition to the greater of the amount of the statutory fee pursuant to Probate Code §10800 and the payment of the indebtedness evidenced by the Retainer Agreement as agreed between Brian Faulkner in his capacity as Administrator with authority under the Independent Administration of Estates Act, representing the fees and commission, exclusive of lender costs, expenses and payment of interest thereon, the payment of all other sums, with interest thereon, advanced in accordance herewith to protect the security of this Deed of Trust; and, the performance of the covenants and agreements of Trustor herein contained.

The undersigned does hereby declare and agree that the Deed of Trust (the "Trust Deed"), and any renewals of extensions of the Trust Deed, shall be and remain a lien and charge senior and superior to all statutory and extraordinary fees and expenses related to the administration of the property encumbered by the Trust Deed, it being the intent of this Addendum to establish the seniority of the Trust Deed over the statutory priority which would otherwise be accorded to fees and expenses by Probate Code Section 10350 et seq. and 11420 et seq; and to waive said statutory priority, to the end that if the property encumbered by the Trust Deed is sold by order of court the proceeds of sale will be applied to payment of the Agreement underlying the Trust Deed before any part of the proceeds are paid for fees and expenses relating to the administration of said property.

*Brian Faulkner* 5-5-16  
Trustor Date

*Brian Faulkner as personal representative of the estate of Kenneth Faulkner*

**ORIGINAL**

•F0003• •F0001•  
•F0003•

•F1428••F1429•  
Page 1 of 2

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

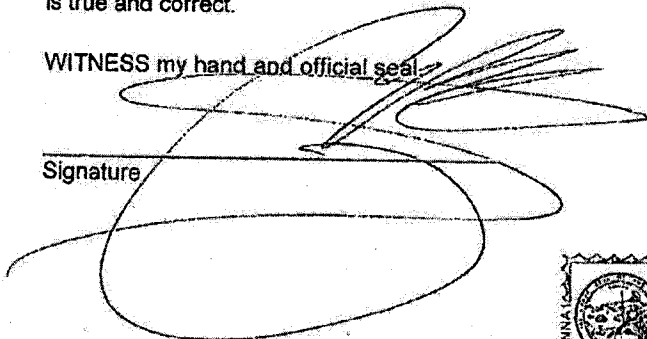
State of California  
County of San Bernardino

On 5/5/2016 before me, Ryan M. Edwards, notary public, personally appeared Brian Faulkner, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature



(Seal)

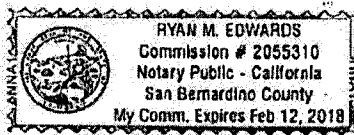




EXHIBIT A

LOT 21, RODEO GARDENS TRACT, AS SHOWN BY MAP ON FILE IN BOOK 28, PAGES  
48 AND 49 OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

APN: 845-022-001

COMMONLY KNOWN AS: 491 N. WILLOW ST., BLYTHE CA 92225

2016-0189036

05/10/2016 01:01 PM Fee: \$ 18.00

Page 1 of 2

Recorded in Official Records  
County of Riverside  
Peter Aldana  
Assessor-County Clerk-Recorder



PLEASE COMPLETE THIS INFORMATION  
RECORDING REQUESTED BY:

Jennifer M. Daniel, Esq.

AND WHEN RECORDED MAIL TO:

12 Nevada St. Ste C  
Redlands CA 92373

APN: 845-022-001

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18

Certified Letters of Administration  
Title of Document

TRA: \_\_\_\_\_

DTT: \_\_\_\_\_

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION  
(\$3.00 Additional Recording Fee Applies)

Jan 15 2010 12:06PM Law Offices of Leah L. Dixon 951-845-5407 P. 13  
RECEIVED 01/15/2010

me

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, title, bar number, and address): <b>Leah L. Dixon (SB#231329)</b> Law Offices of Leah L. Dixon Po Box 476 Beaumont, Ca 92223		TELEPHONE AND FAX NOS.: 951-845-5930 fax: 951-845-5407	DE-160 FOR COURT USE ONLY <b>FILED</b> SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE FEB 24 2010 C. Cardenas
ATTORNEY FOR (Name): <b>Brian Faulkner</b> SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 3255 E. Tahquitz Canyon Way, Palm Springs MAILING ADDRESS: 46-200 Oasis Street CITY AND ZIP CODE: Indio 92201 BRANCH NAME: Indio			
ESTATE OF (Name): <b>Kenneth W. Faulkner</b>		DECEDENT	
<input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED		<input checked="" type="checkbox"/> OF ADMINISTRATION <input type="checkbox"/> SPECIAL ADMINISTRATION	CASE NUMBER: <b>INP 10 000021</b>

JMC  
FEB 24 2010  
CS

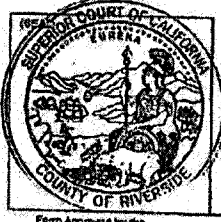
- LETTERS**
- The last will of the decedent named above having been proved, the court appoints (name):
    - executor.
    - administrator with will annexed.
  - The court appoints (name): **Brian Faulkner**
    - administrator of the decedent's estate.
    - special administrator of decedent's estate
      - with the special powers specified in the Order for Probate.
      - with the powers of a general administrator.
      - letters will expire on (date):
  - The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  with full authority  with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
  - The personal representative is not authorized to take possession of money or any other property without a specific court order.

- AFFIRMATION**
- PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7021(c)).
  - INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
  - INSTITUTIONAL FIDUCIARY (name):  
 I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.  
 (Name and title):  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Executed on (date): **2-24-2010**  
 at (place): **Beaumont**, California.
- Brian Faulkner**  
 (SIGNATURE)

**CERTIFICATION**

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.



Date: **FEB 24 2010**  
 Clerk by: **C. Cardenas**  
 (DEPUTY)



Date: **5-10-10**  
 Clerk by: **[Signature]**  
 (DEPUTY)

Form Approved by the Judicial Council of California, DE-160 (Rev. January 1, 1995) Mandatory Form (1/1/2005)

LETTERS (Probate)

Probate Code, §§ 1001, 1403, 1404, 1444, 1544; Code of Civil Procedure, § 2011.5; (Amended Legislative Code Commission Report 1979-80)

THE LAW OFFICE OF  
**JENNIFER DANIEL**  
A PROFESSIONAL CORPORATION

August 29, 2016

County of Riverside  
Treasurer-Tax Collector  
County Administrative Center – 4<sup>th</sup> Floor  
4080 Lemon Street, P.O. Box 12005  
Riverside, California 92502-2205

**Re: Letter dated August 10, 2016**  
**Assessment No. 845022001-4 TC: 207 Item: 1026**  
**Situs Address: 491 N. Willow Ave. Blythe CA 92225**  
**Date Sold: May 24, 2016**

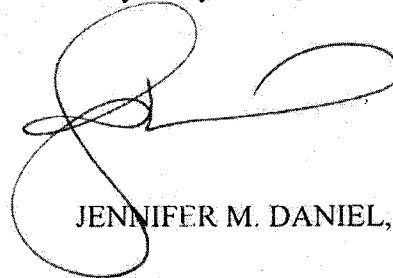
Dear Administrator,

Enclosed is a claim for excess proceeds from the sale of the aforementioned property. Attached herein are copies of the Performance Trust Deed also signed by Brian Faulkner, Administrator of the Estate of Kenneth Faulkner. Also enclosed is a copy of Mr. Faulkner's Letters of Administration. This estate is not yet closed. There are still costs of administration to be paid and the Court will not authorize my client to close the estate until those costs have been paid.

Please forward any and all excess proceeds of this sale to this office, care of Jennifer M. Daniel, Esq. I am prepared to receive the check in my name or, if you prefer, in the name of Brian Faulkner c/o Jennifer M. Daniel, Esq.

Should you have any questions or concerns, please do not hesitate to contact my office.

Very Truly Yours,



JENNIFER M. DANIEL, Esq.

*Enclosures*

## Romero, Jennifer

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**From:** Romero, Jennifer  
**Sent:** Thursday, May 03, 2018 9:47 AM  
**To:** Jennifer Daniel  
**Cc:** Taylor, Desiree  
**Subject:** EP 207-1026

Hello Jennifer,

In regards to our telephone conversation, our office has requested the certified death certificate to proceed to the next stage of review. When received; I will draft the form 11 on the recommendation for disbursement and send to the next stage of review to management, than to follow county counsel and when returned the file will be scheduled for a board meeting date. A notice will be sent 12 days prior to scheduled meeting date and once approved the payment will not be issued for 90 days.

If you should have any questions, please contact me at the phone number provided below.

Sincerely,

*Jennifer Romero*

Sr. Accounting Assistant  
Tax Sale Operations/Excess Proceeds



OFFICE OF THE TREASURER-TAX COLLECTOR  
RIVERSIDE COUNTY, CALIFORNIA

Tel 951 955-3945/Fax 951 955-3990

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
 RIVERSIDE, CALIFORNIA

**CERTIFICATE OF DEATH**

3200933011064

STATE FILE NUMBER		1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
KENNETH		WAYNE		FAULKNER		3200933011064			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. UNDER ONE YEAR		7. UNDER 24 HOURS		8. SEX	
11/10/1958		50		Months Days		Hours Minutes		M	
9. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
CA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED		11/07/2009		1225	
13. EDUCATION — Highest Level/Degree (See instructions on back)		14. WAS DECEDENT HISPANIC/LATINO/LA/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)					
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE					
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					
HEAVY EQUIPMENT OPERATOR		CONSTRUCTION		33					
26. DECEDENT'S RESIDENCE (Street and number or location)		21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
45590 SOURDOUGH RD		EHRENBERG		LA PAZ		85334		50	
25. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. STATE/FOREIGN COUNTRY					
KRISTIE FAULKNER, DAUGHTER		9336 BUCKTHORN AVE, HESPERIA, CA 92345		AZ					
29. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)					
-		-		-					
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE			
WAYNE		-		FAULKNER		TX			
35. NAME OF MOTHER — FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE			
ELLEN		-		REGAIN		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
11/13/2009		PALO VERDE CEMETERY 343 W. 10TH AVE, BLYTHE, CA 92225		BURIAL		MICHAEL PRESLEY		EMB7008	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy			
FRYE CHAPEL & MORT OF BLYTHE		FD596		ERIC K. FRYKMAN, M.D.		11/12/2009			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
PALO VERDE HOSPITAL		<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY					
RIVERSIDE		250 N. FIRST ST.		BLYTHE					
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?					
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.		This Interval Between Onset and Death		MIN		2009-08256			
(A) ACUTE MYOCARDIAL INFARCTION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		YEARS					
(B) UNCONTROLLED DIABETES MELLITUS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
(C) 110. AUTOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
(D) 111. USED IN DETERMINING CAUSE?		<input type="checkbox"/> YES <input type="checkbox"/> NO							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107									
HYPERTENSION, MORBID OBESITY									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		113. IF FEMALE, PREGNANT IN LAST YEAR?							
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy			
Decedent Allegedly Deceased		Decedent Last Seen Alive							
(A) mm/dd/yyyy		(B) mm/dd/yyyy							
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE									
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)			
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidents <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							
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)									
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)									
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)									
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
MICHELLE DRAFTON		11/11/2009		MICHELLE DRAFTON, DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH. #		CENSUS TRACT			

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

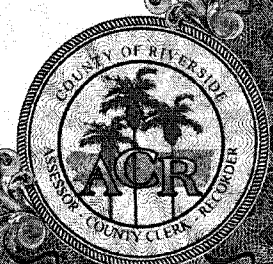
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MAY 11 2018

DATE ISSUED \_\_\_\_\_

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CARIVERSOR



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*Peter Alderson*

PETER ALDERSON  
 ASSESSOR-COUNTY CLERK-RECORDER  
 RIVERSIDE COUNTY, CALIFORNIA