

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



**ITEM: 19.11**  
**(ID # 11005)**

**MEETING DATE:**  
Tuesday, June 09, 2020

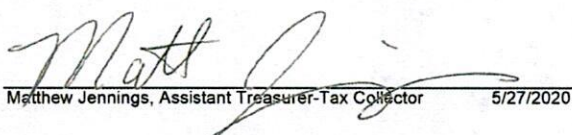
**FROM :** TREASURER-TAX COLLECTOR:

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 659. Last assessed to: Bonnie Lee E. Ahlberg, a single woman, as her sole and separate property. District 4. [\$81,362-Fund 65595 Excess Proceeds from Tax Sale]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from David Ryan King, heir to the Estate of Bonnie Lee E. Ahlberg, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 616222016-2;
2. Approve the claim from Global Discoveries, LTD., assignee for Ronald Ahlberg, as heir to the estate of Bonnie Lee E. Ahlberg;
3. Authorize and direct the Auditor-Controller to issue a warrant to David Ryan King, heir to the Estate of Bonnie Lee E. Ahlberg in the amount of \$40,681.49 and Global Discoveries, LTD., assignee for Ronald Ahlberg, as heir to the estate of Bonnie Lee E. Ahlberg in the amount of \$40,681.48, 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 5/27/2020

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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: June 9, 2020  
xc: Treasurer, Auditor

Kecia R. 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>	\$81,362	\$ 0	\$81,362	\$ 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>	19/20

**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 01, 2018 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 26, 2018. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 18, 2018, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from David Ryan King, heir to the Estate of Bonnie Lee E. Ahlberg based on a Grant Deed that was recorded May 24, 2005 as Instrument No. 2005-0413817, a marriage certificate for David Ryan King and Bonnie Lee E. Ahlberg, a death certificate for Bonnie Lee E. Ahlberg, and an Affidavit Under California Probate Code Section 13100 dated October 12, 2018.
2. Claim from Global Discoveries, LTD., assignee for Ronald Ahlberg, as heir to the estate of Bonnie Lee E. Ahlberg based on an Assignment of Right to collect Excess Proceeds dated July 27, 2018, a Grant Deed that was recorded May 24, 2005 as Instrument No. 2005-0413817, an Affidavit Under California Probate Code Section 13101 dated July 27, 2018, and a death certificate for Bonnie Lee E. Ahlberg.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that David Ryan King, heir to the Estate of Bonnie Lee E. Ahlberg be awarded excess proceeds in the amount of \$40,681.49 and Global Discoveries, LTD., assignee for Ronald Ahlberg, as heir to the estate of Bonnie Lee E. Ahlberg be awarded excess proceeds in the amount of \$40,681.48. 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.



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

**Impact on Residents and Businesses**

Excess proceeds will be released to the heirs of the last assessee of the property.

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

**ATTACHMENT A. Claim King**

**ATTACHMENT B. Claim Global**

  
\_\_\_\_\_  
Gregory V. Priamos, Director County Counsel      5/5/2020

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 212 Item 659 Assessment Number: 616222016-2

Assessee: AHLBERG, BONNIE LEE E

Situs: 81641 AVENUE 48 99 INDIO 92201

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

TREASURER-TAX COLLECTOR

OCT 12 2018

RECEIVED

0 We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 86,000 from the sale of the above mentioned real property. 0 We were the ☐ lienholder(s), ☒ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2005-0413817 recorded on 5/24/05. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. 0 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.

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 12<sup>th</sup> day of October, 2018 at Riverside, California  
County, State

Signature of Claimant

Signature of Claimant

David Ryan King

Print Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

Email Address

Email Address

71401 Painted Canyon Rd.

Palm Desert, Ca. 92260

760-485-8097

Davidking1960@aol.com



## **Schedule of Documentation:**

1. Claim for excess proceeds from the sale of tax default property
2. Affidavit of Small Estate – Form 13400
3. Property Deeds
4. Property Trust – Naming Bonnie Lee Alhberg Sole Successor
5. Death Certificate
6. Marriage Certificate
7. Statement from David King
8. Proof of Property Taxes paid by David King

PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY

BONNIE LEE E. AHLBERG

AND WHEN RECORDED MAIL TO:

Bonnie Lee E. Ahlberg

81641 Avenue 48, #99

Indio, California 92201

DOC # 2005-0413817

05/24/2005 08:00A Fee:13.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	PCOR	NDCOR	SMF	MISC.	
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A	R	L				COPY	LONG	REFUND	NCHG	EXAM

14  
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TP

APN: 616-222-016-2

SPACE ABOVE FOR RECORDER'S USE ONLY

DTT  
TRA:007

GRANT DEED

Title of Document

THIS AREA FOR  
RECORDER'S  
USE ONLY

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



RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

BONNIE LEE E. AHLBERG  
81641 Avenue 48, #99  
Indio, California 92201

APN: 616-222-016-2

Space Above for Recorder's Use  
Documentary Transfer Tax -0-  
Inheritance - Parents to Child

*Bonnie Lee E. Ahlberg*

**GRANT DEED**

FOR VALUABLE CONSIDERATION, receipt of which is hereby  
acknowledged,

BONNIE LEE E. AHLBERG, SUCCESSOR TRUSTEE OF THE  
PHILLIP AND GEORGIE AHLBERG TRUST Under Trust  
Dated July 27, 2000,

hereby grants to

BONNIE LEE E. AHLBERG, a single woman, as her  
sole and separate property,

any and all right, title and interest of the PHILLIP AND GEORGIE  
AHLBERG TRUST Under Trust Dated July 27, 2000, in and to the  
following described real property in the City of Indio, County of  
Riverside, State of California, legally described as follows:

Lot 22 of Tract 12821-2, recorded in Map Book 103,  
pages 54 and 55, Records of Riverside County,  
California, and an undivided 1/40th interest  
in Common Lots A and B of Tract 12821-2

Commonly known as: 81641 Avenue 48, #99  
Indio, California

Executed on April 13, 2005, at Palm Desert, California.

PHILLIP AND GEORGIE AHLBERG TRUST  
Under Trust Dated July 27, 2000

By

*Bonnie Lee E. Ahlberg*  
BONNIE LEE E. AHLBERG,  
Successor Trustee

NOTARIAL ATTACHED

*Trustee*

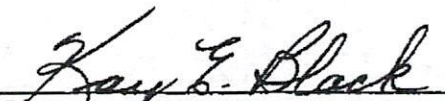


2005-0413817  
05/24/2005 09:09A  
2 of 3

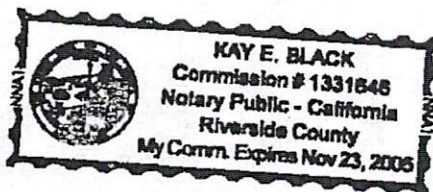
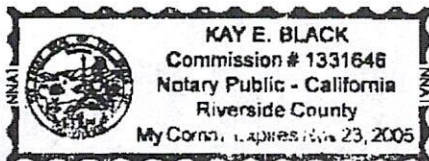
STATE OF CALIFORNIA     )  
                                  ) ss.  
COUNTY OF RIVERSIDE    )

On April 13, 2005, before me, the undersigned, a Notary Public in and for said State, personally appeared BONNIE LEE E. AHLBERG, ~~personally known to me~~ (or 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 she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Signature

(SEAL)





PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY:

BONNIE LEE E. AHLBERG

AND WHEN RECORDED MAIL TO:

Bonnie Lee E. Ahlberg

81641 Avenue 48, #99

Indio, California 92201

1	2	3	4	5	6	7	8	9	0
PG	FEE	AFF	GIS	PR	CPY	CRT	CPY	ADD	HM
			5					6	
ROW	ST	LN	SVY	CIT	CO	TRANS	TAX	DA	CHRG.
									EXAM

APN: 616-222-016-2

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTORS/TRUSTEES.  
Title of Document

**THIS AREA FOR  
RECORDER'S  
USE ONLY**

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

RECORDING REQUESTED BY:

BONNIE LEE E. AHLBERG

AFTER RECORDING, MAIL TO:

Ms. Bonnie Lee E. Ahlberg  
81641 Avenue 48, #99  
Indio, California 92201

APN: 616-222-016-2

**AFFIDAVIT - DEATH OF TRUSTORS/TRUSTEES**

STATE OF CALIFORNIA )  
                              ) ss.  
COUNTY OF RIVERSIDE )

The undersigned, of legal age, being first duly sworn,  
deposes and says:

1. PHILLIP E. AHLBERG and GEORGIE O. AHLBERG, as Trustors, entered into a REVOCABLE TRUST AGREEMENT dated July 27, 2000, pursuant to which was established the PHILLIP AND GEORGIE AHLBERG TRUST. Said Trust designated PHILLIP E. AHLBERG and GEORGIE O. AHLBERG as Trustors. Said Trust is unrecorded.

2. According to the terms of said REVOCABLE TRUST AGREEMENT, PHILLIP E. AHLBERG and GEORGIE O. AHLBERG were named, and consented to act, as Trustees of said Trust.

3. PHILLIP E. AHLBERG passed away on October 16, 2004, as evidenced by a certified copy of the Death Certificate which is attached hereto as "Exhibit A" and incorporated herein by this reference.

4. GEORGIE O. AHLBERG passed away on February 25, 2005, as evidenced by a certified copy of the Death Certificate which is attached hereto as "Exhibit B" and incorporated herein by this reference.

5. PHILLIP E. AHLBERG and GEORGIE O. AHLBERG, mentioned in the respective Certificates of Death, are the same persons as PHILLIP E. AHLBERG and GEORGIE O. AHLBERG named as the Trustors and Trustees of the PHILLIP AND GEORGIE AHLBERG TRUST executed on July 27, 2000.

6. The PHILLIP AND GEORGIE AHLBERG TRUST names BONNIE LEE E. AHLBERG as the Successor Trustee. BONNIE E. LEE AHLBERG hereby consents to act as Trustee of said Trust Agreement, and is



AFFIDAVIT - DEATH OF TRUSTORS/TRUSTEES

Page Two

executing this Affidavit to confirm her position as Trustee pursuant to said Trust Agreement.

7. PHILLIP E. AHLBERG mentioned in the Certificate of Death (Exhibit A), and GEORGIE O. AHLBERG mentioned in the Certificate of Death (Exhibit B), are the same persons as PHILLIP E. AHLBERG and GEORGIE O. AHLBERG named in that certain Quitclaim Deed dated August 10, 2000, executed by GEORGIE OWEN AHLBERG and PHILLIP ERNEST AHLBERG and recorded as Instrument Number 2000-311978 on August 10, 2000, in Book 2000, page 311978, Official Records of the County of Riverside, State of California, covering the following described property in the City of Indio, County of Riverside, State of California, legally described as:

Lot 22 of Tract 12821-2, recorded in Map Book 103, pages 54 and 55, Records of Riverside County, California, and an undivided 1/40th interest in Common Lots A and B of Tract 12821-2.

Commonly known as: 81641 Avenue 48, #99  
Indio, California

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

Executed this 13<sup>th</sup> day of April, 2005, at Palm Desert,  
Riverside County, California.

Bonnie Lee E. Ahlberg  
BONNIE LEE E. AHLBERG  
Successor Trustee

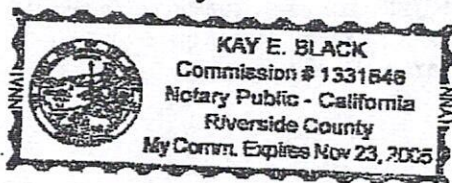
STATE OF CALIFORNIA)  
COUNTY OF RIVERSIDE) SS.

Subscribed and sworn to (or affirmed) before me on this 13 day of April, 2005, by BONNIE LEE E. AHLBERG, ~~personally known to me or~~ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SEAL.

Signature

Kay E. Black





AFFIDAVIT - DEATH OF TRUSTORS/TRUSTEES

Page Two

executing this Affidavit to confirm her position as Trustee pursuant to said Trust Agreement.

7. PHILLIP E. AHLBERG mentioned in the Certificate of Death (Exhibit A), and GEORGIE O. AHLBERG mentioned in the Certificate of Death (Exhibit B), are the same persons as PHILLIP E. AHLBERG and GEORGIE O. AHLBERG named in that certain Quitclaim Deed dated August 10, 2000, executed by GEORGIE OWEN AHLBERG and PHILLIP ERNEST AHLBERG and recorded as Instrument Number 2000-311978 on August 10, 2000, in Book 2000, page 311978, Official Records of the County of Riverside, State of California, covering the following described property in the City of Indio, County of Riverside, State of California, legally described as:

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Commonly known as: 81641 Avenue 48, #99  
Indio, California

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

Executed this 13<sup>th</sup> day of April, 2005, at Palm Desert,  
Riverside County, California.

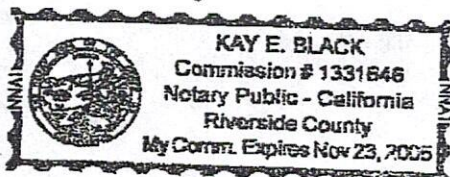
Bonnie Lee E. Ahlberg  
BONNIE LEE E. AHLBERG  
Successor Trustee

STATE OF CALIFORNIA) )  
COUNTY OF RIVERSIDE) ) SS.

Subscribed and sworn to (or affirmed) before me on this 13  
day of April, 2005, by BONNIE LEE E. AHLBERG, ~~personally known to me or~~ proved to me on the basis of satisfactory evidence to be  
the person who appeared before me.

SEAL

Signature David E. Black





## STATE OF CALIFORNIA

## CERTIFICATE OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY (NO ERASERS, WHITEOUTS OR ALTERATIONS  
75-11.85(1) (2003))

3200433010059

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
PHILLIP		ERNEST		AHLBERG	
4. DATE OF BIRTH month/day/year					
01/16/1935					
5. AGE Yrs.					
69					
6. SEX					
M					
7. DATE OF DEATH month/day/year					
10/16/2004					
8. HOUR (24 Hour)					
UNK					
9. BIRTH STATE/FOREIGN COUNTRY					
ILLINOIS					
10. SOCIAL SECURITY NUMBER					
11. EVER IN U.S. ARMED FORCES?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LOST					
12. MARITAL STATUS (at Time of Death)					
MARRIED					
13. EDUCATION - Highest Level (Degree)					
HS GRADUATE					
14. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))					
CAUCASIAN					
16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
LAB TECHNICIAN					
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
CHEMICAL					
19. YEARS IN OCCUPATION					
25					
20. DECEDENT'S RESIDENCE (Street and number or location)					
81-641 AVE 48, APT 99					
21. CITY					
INDIO					
22. COUNTY/PROVINCE					
RIVERSIDE					
23. ZIP CODE					
92201					
24. YEARS IN COUNTY					
16					
25. STATE/FOREIGN COUNTRY					
CALIFORNIA					
26. INFORMANT'S NAME, RELATIONSHIP					
GEORGIE O. AHLBERG-WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
81-641 AVE 48, APT 99, INDIO CA 92201					
28. NAME OF SURVIVING SPOUSE - FIRST					
GEORGIE					
29. MIDDLE					
PATTERSON					
30. LAST ( Maiden Name)					
OWEN					
31. NAME OF FATHER - FIRST					
HAROLD					
32. MIDDLE					
W.					
33. LAST					
AHLBERG					
34. BIRTH STATE					
ILLINOIS					
35. NAME OF MOTHER - FIRST					
IRENE					
36. MIDDLE					
PHILLIPS					
37. LAST ( Maiden)					
ILLINOIS					
38. BIRTH STATE					
ILLINOIS					
39. DISPOSITION DATE month/day/year					
10/20/2004					
40. PLACE OF FINAL DISPOSITION					
RES: GEORGIE O. AHLBERG 81-641 AVE. 48 APT. 99 INDIO, CA. 92201					
41. TYPE OF DISPOSITION(S)					
CR/RES					
42. SIGNATURE OF EMERALDER					
NOT EMBALMED					
43. LICENSE NUMBER					
44. NAME OF FUNERAL ESTABLISHMENT					
FITZHENRY FUNERAL HOME					
45. LICENSE NUMBER					
FD-967					
46. SIGNATURE OF LOCAL REGISTRAR					
Gary Feldman M.D.					
47. DATE month/day/year					
10/20/2004					
101. PLACE OF DEATH					
RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> IP <input type="checkbox"/> ENOC <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
104. COUNTY					
RIVERSIDE					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND - (Street and number or location)					
81-641 AVE 48, APT 99					
106. CITY					
INDIO					
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT write terminal events such as cardiac arrest, respiratory arrest, or vascular collapse without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
CORONARY ARTERY DISEASE					
108. DEATH REPORTED TO CORONER?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. YEARS					
2004-6393					
110. DEATH REPORTED TO CORONER?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. YEARS					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED IN 107 OR 112? (If yes, list type of operation and date.)					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CAUSE AND PLACE STATED FROM THE CHIEF CAUSE					
115. SIGNATURE AND TITLE OF CERTIFIER					
Stanley Herr, D.O.					
116. LICENSE NUMBER					
20A5227					
117. DATE month/day/year					
10/20/2004					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
STANLEY HERR, D.O. 41-120 WASHINGTON BERMUDA DUNES, CA. 92203					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF CAUSE					
120. SHARED AT WORK?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE month/day/year					
122. HOUR (24 Hour)					
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 month/day/year					
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
STATE REGISTRAR					
A B C D E					
FAX AUTH #					
147391					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE } ss

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

DATE ISSUED 10/26/2004

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Gary Feldman M.D.  
Gary Feldman M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

\*000227960\*

EXHIBIT A





## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS)  
VS-10 (REV. 1/03)

3200433010059

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
PHILLIP		ERNEST		AHLBERG	
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01/16/1935					
5. AGE Yrs.					
69					
6. SEX					
M					
7. DATE OF DEATH month/day					
10/16/2004					
8. HOUR (24 Hour)					
UNK					
9. BIRTH STATE/FORIGN COUNTRY					
ILLINOIS					
10. SOCIAL SECURITY NUMBER					
11. EVER IN U.S. ARMED FORCES?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARITAL STATUS (at Time of Death)					
MARRIED					
13. EDUCATION - Highest Level Degree (Last worksheet on back)					
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))					
CAUCASIAN					
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
LAB TECHNICIAN					
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
CHEMICAL					
17. YEARS IN OCCUPATION					
25					
18. DECEDENT'S RESIDENCE (Street and number or location)					
81-641 AVE 48, APT 99					
19. CITY					
INDIO					
20. COUNTY/PROVINCE					
RIVERSIDE					
21. ZIP CODE					
92201					
22. YEARS IN COUNTY					
16					
23. STATE/FORIGN COUNTRY					
CALIFORNIA					
24. INFORMANT'S NAME, RELATIONSHIP					
GEORGIE O. AHLBERG-WIFE					
25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
81-641 AVE 48, APT 99, INDIO CA 92201					
26. NAME OF SURVIVING SPOUSE - FIRST					
GEORGIE					
27. MIDDLE					
PATTERSON					
28. LAST ( Maiden Name)					
OWEN					
29. NAME OF FATHER - FIRST					
HAROLD					
30. MIDDLE					
W.					
31. LAST					
AHLBERG					
32. BIRTH STATE					
ILLINOIS					
33. NAME OF MOTHER - FIRST					
IRENE					
34. MIDDLE					
PHILLIPS					
35. BIRTH STATE					
ILLINOIS					
36. DEPOSITION DATE month/day					
10/20/2004					
37. PLACE OF DEPOSITION					
RES: GEORGIE O. AHLBERG 81-641 AVE. 48 APT. 99 INDIO, CA. 92201					
38. TYPE OF DEPOSITION(S)					
CR/RES					
39. NAME OF FUNERAL ESTABLISHMENT					
FITZHENRY FUNERAL HOME					
40. LICENSE NUMBER					
FD-967					
41. SIGNATURE OF LOCAL REGISTRAR					
Gary Feldman M.D.					
42. DATE month/day					
10/20/2004					
101. PLACE OF DEATH					
RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> IP <input type="checkbox"/> ENOC <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
104. COUNTY					
RIVERSIDE					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND - (Street and number or location)					
81-641 AVE 48, APT 99					
106. CITY					
INDIO					
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT write terminal events such as cardiac arrest, respiratory arrest, or circulatory failure without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
CORONARY ARTERY DISEASE					
108. YEARS					
2004-6393					
109. DEATH REPORTED TO CORONER?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
110. BODY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. USED INTERPRETING CAUSE?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED IN 107 OR 112? (If yes, list type of operation and date.)					
NO					
115. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CAUSE AND PLACE STATED FROM THE CHIEF CAUSE-SCATER					
117. SIGNATURE AND TITLE OF CERTIFIER					
Stanley Herr, D.O.					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
STANLEY HERR, D.O. 41-120 WASHINGTON BERMUDA DUNES, CA. 92203					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CHIEF CAUSE-SCATER					
120. SHARED AT WORK?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE month/day					
122. HOUR (24 Hour)					
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 month/day					
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
STATE REGISTRAR					
A B C D E					
FAX AUTH #					
147391					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE } ss

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

DATE ISSUED 10/26/2004

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

\*000227960\*

EXHIBIT A





THIS LICENSE VALID ONLY IN COLORADO  
30 DAYS FROM DATE OF ISSUE.  
EXPIRES: 08/01/2007

NOTE: THIS IS A MARRIAGE LICENSE - NOT A MARRIAGE CERTIFICATE. IF IT IS  
IS DELIVERED MUST RETURN IT PROMPTLY TO THE COUNTY CLERK AND RE



Larimer County

**GREETING:**

To any person or religious society Authorized by Law to  
You are hereby authorized to join in marriage  
Mr. DAVID RYAN KING  
of PALM DESERT, CALIFORNIA  
Ms. BONNIE LEE ELVINA AHLBERG  
of INDIO, CALIFORNIA

and of this license you will make due return to my office.

Witness, my hand and the seal of my office at Estes  
this 2 day of July, 2007. Issued at 4:04

Scott Doyle, County Clerk and Recorder

*[Signature]*

Deputy Clerk

STATE OF COLORADO  
COUNTY OF LARIMER

I do hereby certify that the within and

Foregoing is a full true and correct copy

of Marriage License

as it appears of record in my office in Book

at page 20070065603

Witness my hand and official seal at

Fort Collins, Colorado, this 2nd day

of July, 2007

*[Signature]*

(County Clerk & Recorder, Larimer County, CO)

Fees 1.25 By *[Signature]* Deputy

**MARRIAGE CERTIFICATE**

STATE OF COLORADO

County of Larimer

SS.

It is hereby certified that on the 2nd day of July  
A.D. 2007 at Longmont, Colorado  
in said county, the undersigned, a Minister  
did join in the holy bonds of Matrimony in accordance with the laws of the state  
of Colorado and the authorization of the foregoing license

Mr. DAVID RYAN KING  
of PALM DESERT, CALIFORNIA  
Ms. BONNIE LEE ELVINA AHLBERG  
of INDIO, CALIFORNIA

Witness, my hand and seal the day and year last above written

*[Signature]*  
Witness Signature

*[Signature]*  
Signature of Officiating Party  
Minister  
Print Title of Officiating Party  
*[Signature]*  
Date Signature



## **AFFIDAVIT OF SMALL ESTATE**

**STATE OF CALIFORNIA**

**COUNTY OF RIVERSIDE**

I, David Ryan King, upon oath state:

- a. My mailing address is: 71401 Painted Canyon Road, Palm Desert, California, 92260.
- b. My residential address is: 71401 Painted Canyon Road, Palm Desert, California, 92260.
- c. My telephone number is: 760-485-8097
- d. The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
- e. I am an heir.

### **DECEDENT'S INFORMATION:**

- a. The Decedent's full name is: Bonnie Lee Ahlberg King
- b. The date of the Decedent's death was November 04, 2018.
- c. The Decedent's place of death was: Rancho Mirage, California.
  - 1. I have attached a certified copy of the death certificate.
- d. At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
- e. The Decedent's place of residence immediately before death was: 71401 Painted Canyon Rd, Palm Desert, California, 92260.
- f. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
- g. This court has jurisdiction in this matter, because the Decedent resided in this State prior to death

### **DECEDENT'S ESTATE VALUE:**

The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

### **DECEDENT'S FUNERAL EXPENSES:**

All of the Decedent's funeral expenses have been paid.

### **MEDICAID ESTATE RECOVERY ACT:**

All money owed, if any, to the Department of Health and Human Services as a result of payment for benefits for Medicaid have been paid or provided for.

### **DECEDENT'S CREDITOR CLAIMS:**

There is no known unpaid claimant or contested claim against the Decedent, except as stated in





SIGNATURE OF AFFIANT

David Ryan King 10/12/18  
David Ryan King

A notary public or other officer completing this certificate verifies only the identity of the individual(s) 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 October 12, 2018 before me, Mary Samson, notary public, personally appeared David Ryan King, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within Affidavit and acknowledged to me that he/~~she~~ executed the same in his/~~her~~ authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that he/~~she~~ has read the foregoing Affidavit subscribed by him/~~her~~, and that the matters stated herein are true to the best of his/~~her~~ information, knowledge and belief.

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.

Mary Samson (Notary Seal)  
Signature of Notary Public





# STATE OF CALIFORNIA

## CERTIFICATE OF VITAL RECORDS

### COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052015215481

#### CERTIFICATE OF DEATH

3201533012765

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
BONNIE		AHLBERG	
2. MIDDLE		4. DATE OF BIRTH	
LEE		01/07/1966	
5. AGE Yrs		6. SEX	
49		F	
7. DATE OF DEATH			
11/04/2015			
8. HOUR (24 Hours)			
0525			
9. BIRTH STATE/FOREIGN COUNTRY			
IL			
10. EVER IN U.S. ARMED FORCES?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. MARRIAGE STATUS (At Time of Death)			
MARRIED			
12. DECEASED'S RACE - Up to 2 races may be listed (see worksheet on back)			
CAUCASIAN			
13. USUAL OCCUPATION - Type of work for most of life. Do NOT use RETIRED			
FASHION MERCHANT/USER			
14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			
THEATRE			
15. YEARS IN OCCUPATION			
10			
16. DECEDENT'S RESIDENCE (Street and number, or name of institution)			
71401 PAINTED CANYON ROAD			
17. CITY			
PALM DESERT			
18. COUNTY/PROVINCE			
RIVERSIDE			
19. ZIP CODE			
92260			
20. YEARS IN COUNTY			
28			
21. STATE/FOREIGN COUNTRY			
CA			
22. INFORMANT'S NAME RELATIONSHIP			
DAVID KING HUSBAND			
23. INFORMANT'S MAILING ADDRESS (Street and number, or name of institution, city or town, state and zip)			
71401 PAINTED CANYON ROAD, PALM DESERT, CA 92260			
24. NAME OF BURNING (If applicable)			
DAVID			
25. MIDDLE			
RYAN			
26. LAST (BIRTH NAME)			
KING			
27. NAME OF FATHER/PARENT (FIRST)			
PHILIP			
28. MIDDLE			
AHLBERG			
29. LAST			
AHLBERG			
30. BIRTH STATE			
IL			
31. NAME OF MOTHER/PARENT (FIRST)			
GEORGIE			
32. MIDDLE			
OWEN			
33. LAST (BIRTH NAME)			
OWEN			
34. BIRTH STATE			
IL			
35. DEPOSITION DATE			
11/12/2015			
36. RESIDE OF DEATH			
RESIDENCE OF DAVID KING			
71401 PAINTED CANYON ROAD, PALM DESERT, CA 92260			
37. TYPE OF DEPOSITION			
CR/RES			
38. SIGNATURE OF EXAMINER			
MARK RICE			
39. LICENSE NUMBER			
FD2051			
40. SIGNATURE OF LOCAL REGISTRAR			
CAMERON KAISER, MD			
41. LICENSE NUMBER			
EMB8781			
42. DATE - mm/dd/yyyy			
11/09/2015			
43. PLACE OF DEATH			
EISENHOWER MEDICAL CENTER			
44. COUNTY			
RIVERSIDE			
45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street, apt. number, or location)			
39000 BOB HOPE DRIVE			
46. CITY			
RANCHO MIRAGE			
47. CAUSE OF DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
SEPSIS			
48. OTHER CAUSE (If immediate cause is not sufficient to explain death, list other cause)			
ACUTE MYELOID LEUKEMIA			
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
50. WGS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 (If yes, list type of operation and date)			
NO			
51. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CAUSE OF DEATH IS CORRECTLY STATED			
52. SIGNATURE OF PHYSICIAN			
DAVOOD VAFAI, M.D.			
53. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270			
54. DATE OF DEATH			
11/04/2015			
55. MANNER OF DEATH (If death occurred at the hour, date, and place specified in the cause of death)			
Natural			
56. PLACED AT WORK?			
NO			
57. INJURY DATE			
11/04/2015			
58. HOUR (24 Hours)			
0525			
59. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
60. LOCATION OF INJURY (Street and address, or location, and city, and zip)			
61. SIGNATURE OF CORONER / DEPUTY CORONER			
62. DATE			
63. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
64. STATE REGISTRAR			
65. CENSUS TRACT			

#### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE

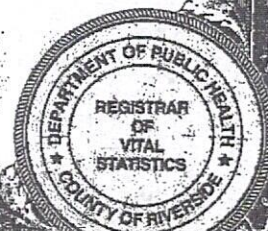
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health

Nov 19, 2015

DATE ISSUED

By: Cameron Kaiser, M.D., Health Officer  
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar





To Whom It May Concern:

I, David Ryan King am the sole successor of my wife Bonnie Lee Ahlberg King. Bonnie Lee Ahlberg was the sole successor of her parents' estate and inherited the property prior to our marriage at 81641 Avenue 48 #99, Indio, California 92201 in 2005. We were married in Colorado in July 2007 and lived together in the home at 81641 Avenue 49 #99, Indio California 92201 and subsequently at our home at 71401 Painted Canyon Road, Palm Desert, California 92260. Unfortunately Bonnie passed away in November 2015 after from Leukemia.

After Bonnie's death I continued to make all HOA, utility, insurance and property tax payments on the property at 81461 Avenue 48 #99, Indio, California 92201. Unfortunately I was unaware of payment arrangements my late wife had made on the property on prior year tax installments. All of the yearly tax payments were paid on time by David King prior to the tax sale. I was unaware of the tax sale due to being in the hospital dealing with my own medical conditions. The property was sold in May 2018 at a tax lien sale. I was Bonnie Lee Ahlberg King's sole successor at time of her death. I am requesting all proceeds from the sale be released to me as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "David Ryan King". The signature is fluid and stylized, with the first and last names being more prominent than the middle name.

David Ryan King



**CLAIM SUMMARY**

Date: August 15, 2018  
To: Riverside County Treasurer and Tax Collector  
Assessors Parcel Number: 616222016-2  
Last Assessee: AHLBERG BONNIE LEE E  
Sale Date: 4/26/2018  
TC: TC 212  
Item Number: 659  
Deadline: 6/26/2019

RECEIVED  
2018 SEP - 6 AM 10:12  
RIVERSIDE COUNTY  
TREASURER & TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. **Explanation of Events**
2. **Certified** Affidavit Death of Trustors/Trustees as Document Number: 2005-0413816, Recorded on May 24, 2005 in Riverside County, CA. (**Please Note:** The death certificates for Phillip Ernest Ahlberg and Georgie O. Ahlberg are enclosed with this document. Additionally, both death certificates list the usual residence as **81641 Ave. 48 Sp #99, Indio CA 92201**; which is one and the same address for the above referenced parcel.)
3. Grant Deed granting interest to Bonnie Lee E. Ahlberg, a single woman, as her sole and separate property as Document Number: 2005-0413817, Recorded on May 24, 2005 in Riverside County, CA.
4. **Certified** Death Certificate for Bonnie Lee Ahlberg
5. Probate Affidavit for the Bonnie Lee Ahlberg
6. Birth Certificate for Ronald Owen Ahlberg (**Please Note:** The Father listed is Phillip Ernest Ahlberg and the Mother listed is Georgie Patterson Owen; which are both one and the same father and mother listed on the death certificate for Bonnie Lee Ahlberg.)
7. Affidavit
8. Assignment of Rights To Collect Excess Proceeds signed by Ronald Ahlberg, as heir to The Estate of Bonnie Lee E Ahlberg
9. Claim form(s) signed by Global Discoveries
10. Photo ID for Assignor: Ronald Ahlberg

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

- One warrant in the amount of \$40,681.48 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to jed@gd-ltd.com.

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

**Certified Tracking Number: 7018-0040-0000-8203-8980**

**EXPLANATION OF EVENTS:**  
**Property: 616222016-2**  
**(81641 AVENUE 48 #99 INDIO CA 92201-6749)**

Bonnie Lee E. Ahlberg was the record owner of the above referenced property per the Grant Deed Recorded on May 24, 2005 in Riverside County, CA.

Per the above referenced Grant Deed list Bonnie Lee E. Ahlberg, a single woman, as her sole and separate property.

Bonnie Lee Ahlberg passed away on November 4, 2015. At the time of her death she left behind her husband, David King and her sibling, Ronald Ahlberg. She did not have any biological or adopted children.

To our knowledge Bonnie Lee Ahlberg left NO Last Will and Testament nor was her Estate ever probated in the State of California.

Due to the above, David King and Ronald Ahlberg are each entitled to collect 50% and/or \$40,681.48 of the \$81,362.97 which is from the Excess Proceeds generated for the above referenced property.

**\*\*\*At this time, we are only filing a claim on behalf of  
Ronald Ahlberg\*\*\***



PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY:

BONNIE LEE E. AHLBERG

AND WHEN RECORDED MAIL TO:

Bonnie Lee E. Ahlberg

81641 Avenue 48, #99

Indio, California 92201

DOC # 2005-0413816

05/24/2005 08:00A Fee:19.00

Page 1 of 5

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	PCOR	RECOR	SMF	MISC.
			5						
PUBLIC RECORD									
A	R	L	COPY	LONG	REFUND	NOHQ	EXAM		

20  
C  
TP

APN: 616-222-016-2

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTORS/TRUSTEES.  
Title of Document

THIS AREA FOR  
RECORDER'S  
USE ONLY

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

2005-0413816  
05/24/2005 06:06A  
2 of 5



**AFFIDAVIT - DEATH OF TRUSTORS/TRUSTEES**

Page Two

executing this Affidavit to confirm her position as Trustee pursuant to said Trust Agreement.

7. PHILLIP E. AHLBERG mentioned in the Certificate of Death (Exhibit A), and GEORGIE O. AHLBERG mentioned in the Certificate of Death (Exhibit B), are the same persons as PHILLIP E. AHLBERG and GEORGIE O. AHLBERG named in that certain Quitclaim Deed dated August 10, 2000, executed by GEORGIE OWEN AHLBERG and PHILLIP ERNEST AHLBERG and recorded as Instrument Number 2000-311978 on August 10, 2000, in Book 2000, page 311978, Official Records of the County of Riverside, State of California, covering the following described property in the City of Indio, County of Riverside, State of California, legally described as:

Lot 22 of Tract 12821-2, recorded in Map Book 103, pages 54 and 55, Records of Riverside County, California, and an undivided 1/40th interest in Common Lots A and B of Tract 12821-2.

Commonly known as: 81641 Avenue 48, #99  
Indio, California

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

Executed this 13<sup>th</sup> day of April, 2005, at Palm Desert,  
Riverside County, California.

Bonnie Lee E. Ahlberg  
BONNIE LEE E. AHLBERG  
Successor Trustee

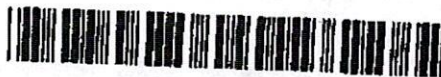
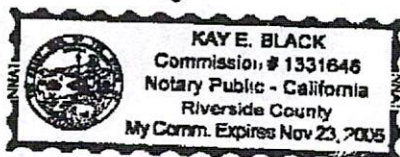
STATE OF CALIFORNIA)  
COUNTY OF RIVERSIDE) ss.

Subscribed and sworn to (or affirmed) before me on this 13<sup>th</sup> day of April, 2005, by BONNIE LEE E. AHLBERG, ~~personally known to me or~~ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SEAL

Signature

Key E. Black



2005-0413816  
05/24/2005 08:08A  
3 of 5



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

## CERTIFICATE OF DEATH

300433010059

STATE FILE NUMBER		LAST NAME		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST NAME <b>PHILLIP</b>		2. MIDDLE <b>ERNEST</b>		3. LAST NAME <b>AHLBERG</b>	
4. DATE OF BIRTH (month/day/year) <b>01/16/1935</b>		5. AGE Yrs. <b>69</b>		6. SEX <b>M</b>	
7. BIRTH STATE/FOREIGN COUNTRY <b>ILLINOIS</b>		8. MARITAL STATUS (at time of death) <b>MARRIED</b>		9. DATE OF DEATH (month/day/year) <b>10/16/2004</b>	
10. EDUCATION - highest level/degree (last completed) <b>HS GRADUATE</b>		11. WAS DECEASED SPANISH SPEAKING/FLUENT? (if yes, see question on race) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. DECEASED'S RACE - top to bottom may be more than one race (see instructions on back) <b>CAUCASIAN</b>	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>LAB TECHNICIAN</b>		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail store, etc.) <b>CHEMICAL</b>		15. YEARS IN OCCUPATION <b>25</b>	
16. DECEASED'S RESIDENCE (street and number or location) <b>81-641 AVE 48, APT 99</b>		17. CITY <b>INDIO</b>		18. COUNTY/PROVINCE <b>RIVERSIDE</b>	
19. ZIP CODE <b>92201</b>		20. YEARS IN COUNTY <b>16</b>		21. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
22. INFORMANT'S NAME, RELATIONSHIP <b>GEORGIE O. AHLBERG-WIFE</b>		23. INFORMANT'S MAILING ADDRESS (street and number or rural route number, city or town, state, ZIP) <b>81-641 AVE 48, APT 99, INDIO CA 92201</b>			
24. NAME OF SURVIVOR SPOUSE - FIRST <b>GEORGIE</b>		25. MIDDLE <b>PATTERSON</b>		26. LAST <b>OWEN</b>	
27. NAME OF FATHER - FIRST <b>HAROLD</b>		28. MIDDLE <b>W.</b>		29. LAST <b>AHLBERG</b>	
30. NAME OF MOTHER - FIRST <b>IRENE</b>		31. MIDDLE <b>PHILLIPS</b>		32. LAST <b>PHILLIPS</b>	
33. DATE OF DEATH (month/day/year) <b>10/20/2004</b>		34. PLACE OF DEATH (city and state) <b>RES:GEORGIE O. AHLBERG 81-641 AVE. 48 APT.99 INDIO,CA. 92201</b>		35. LICENSE NUMBER <b>---</b>	
36. TYPE OF DEATH (cause) <b>CR/RES</b>		37. SIGNATURE OF DECEASED <b>NOT EMBALMED</b>		38. DATE (month/day/year) <b>10/20/2004</b>	
39. NAME OF FUNERAL ESTABLISHMENT <b>FITZHENRY FUNERAL HOME</b>		40. LICENSE NUMBER <b>FD-967</b>		41. SIGNATURE OF LOCAL REGISTRAR <b>Gary Feldman M.D.</b>	
42. PLACE OF DEATH <b>RESIDENCE</b>		43. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IF <input type="checkbox"/> DWP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTO <input checked="" type="checkbox"/> Deceased's Home <input type="checkbox"/> Other		44. CITY <b>INDIO</b>	
45. COUNTY <b>RIVERSIDE</b>		46. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number or location) <b>81-641 AVE 48, APT 99</b>		47. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
48. CAUSE OF DEATH <b>CORONARY ARTERY DISEASE</b>		49. YEARS <b>2004-6393</b>		50. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51. DIABETES <b>DIABETES</b>		52. YEARS <b>---</b>		53. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
54. HYPERTENSION <b>HYPERTENSION</b>		55. YEARS <b>---</b>		56. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT TO THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		58. IF OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108 (if yes, the type of operation, and date) <b>NO</b>		59. IF A PUBLIC HEALTHINVESTIGATOR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
60. SIGNATURE AND TITLE OF CORONER <b>Stanley Herr, D.O.</b>		61. LICENSE NUMBER <b>20A5227</b>		62. DATE (month/day/year) <b>10/20/2004</b>	
63. TYPE ATTENDING PHYSICIAN NAME, MAILING ADDRESS, ZIP CODE <b>STANLEY HERR, D.O. 41-120 WASHINGTON BERMUDA DUNES, CA. 92203</b>		64. DATE (month/day/year) <b>10/15/2004</b>		65. TYPE ATTENDING PHYSICIAN NAME, MAILING ADDRESS, ZIP CODE <b>STANLEY HERR, D.O. 41-120 WASHINGTON BERMUDA DUNES, CA. 92203</b>	
66. MANNER OF DEATH <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		67. PLACED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		68. PLACED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
69. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>---</b>		70. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) <b>---</b>		71. LOCATION OF INJURY (street and number, or location, and city, and ZIP) <b>---</b>	
72. SIGNATURE OF CORONER/DEPUTY CORONER <b>---</b>		73. DATE (month/day/year) <b>---</b>		74. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER <b>---</b>	
75. STATE REGISTRAR <b>A B C D E</b>		76. FAX AUTH # <b>147391</b>		77. CENSUS TRACT <b>---</b>	

2005-0413816

65/24/2003 08:08

4 of 5

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE } ss

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

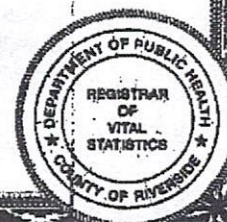
DATE ISSUED **10/26/2004**

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

\*00022796.0\*

Gary Feldman M.D.  
Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

EXHIBIT A





## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200533001957

STATE FILE NUMBER 1. NAME OF DECEASED — FIRST (last name)		2. MIDDLE D.		3. LAST (family) AHLBERG	
4. DATE OF BIRTH 08/11/1935		5. AGE Yrs. 69		6. SEX F	
7. DATE OF DEATH 02/25/2005		8. HOUR (in hours) 1110		9. MINUTE (in minutes)	
10. BIRTH STATE/PROVINCE/COUNTRY ILLINOIS		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (in time of death) WIDOWED	
13. EDUCATION — highest grade completed SOME COLLEGE		14. WAS DECEASED HISPANIC/LATINO/SPANISH? (if yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEASED'S RACE — Up to 3 races may be listed (see instruction on back) WHITE	
16. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat cannery, employment agency, etc.) MEDICAL RECORDS		18. YEARS IN OCCUPATION 40	
19. DECEASED'S RESIDENCE (street and number or location) 81-641 AVE. 48 SP.#99		20. COUNTY/PROVINCE RIVERSIDE		21. ZIP CODE 92201	
22. CITY INDIO		23. YEARS IN COUNTY 17		24. STATE/PROVINCE/COUNTRY CA.	
25. INFORMANT'S NAME, RELATIONSHIP BONNIE LEE AHLBERG-DAUGHTER		26. INFORMANT'S ADDRESS (street and number or rural route number, city or town, state, ZIP) 81-641 AVE. 48 SP.#99 INDIO, CA. 92201			
27. NAME OF SURVIVING SPOUSE — FIRST —		28. MIDDLE —		29. LAST ( maiden name) —	
30. NAME OF FATHER — FIRST HAROLD		31. MIDDLE PATTERSON		32. LAST OWEN	
33. NAME OF MOTHER — FIRST MARY		34. MIDDLE —		35. LAST EDMONDS	
36. DEPOSITION DATE (month/day) 03/04/2005		37. PLACE OF DEATH RES: BONNIE LEE AHLBERG 81-641 AVE. 48 SP.#99 INDIO, CA. 92201		38. LICENSE NUMBER 8695	
39. TYPE OF DEPOSITION CR/RES		40. SIGNATURE OF LOCAL REGISTRAR GARY M. FELDMAN, MD		41. DATE (month/day) 03/01/2005	
42. NAME OF FUNERAL ESTABLISHMENT FITZGERY FUNERAL HOME		43. LICENSE NUMBER FD-967		44. SIGNATURE OF DECEASED —	
45. PLACE OF DEATH RESIDENCE		46. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number or location) 81-641 AVE. 48 SP.#99		47. CITY INDIO	
48. CAUSE OF DEATH CORONARY ARTERY DISEASE		49. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		50. YEARS 2005-1256	
51. IMMEDIATE CAUSE (final disease or condition resulting in death) CORONARY ARTERY DISEASE		52. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		53. YEARS 2005-1256	
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 127 DIABETES MELLITUS, CHRONIC HEART FAILURE		55. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		56. YEARS 2005-1256	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 127 OR 128? (if yes, see type of operation and date) NO		58. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		59. YEARS 2005-1256	
60. SIGNATURE AND TITLE OF CERTIFIER —		61. LICENSE NUMBER —		62. DATE (month/day) —	
63. TYPE AT TESTING PHYSICIAN'S NAME, ADDRESS, OR CODE —		64. TYPE AT TESTING PHYSICIAN'S NAME, ADDRESS, OR CODE —		65. TYPE AT TESTING PHYSICIAN'S NAME, ADDRESS, OR CODE —	
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2005-0413815  
05/24/2005 09:09  
5 of 5

## CERTIFIED COPY OF VITAL RECORDS

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 County of Riverside, Department of Health.

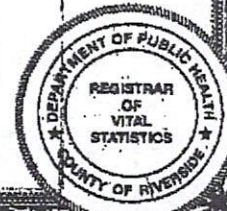
DATE ISSUED 03/08/2005

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

\*000264788\*

Gary Feldman, MD  
Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

EXHIBIT B





PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY:

BONNIE LEE E. AHLBERG

AND WHEN RECORDED MAIL TO:

Bonnie Lee E. Ahlberg

81641 Avenue 48, #99

Indio, California 92201

DOC # 2005-0413817

05/24/2005 08:00A Fee:13.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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14



APN: 616-222-016-2

SPACE ABOVE FOR RECORDER'S USE ONLY

DTT  
TRA:007

GRANT DEED

Title of Document

THIS AREA FOR  
RECORDER'S  
USE ONLY

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



RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

BONNIE LEE E. AHLBERG  
81641 Avenue 48, #99  
Indio, California 92201

APN: 616-222-016-2

Space Above for Recorder's Use  
Documentary Transfer Tax -0-  
Inheritance - Parents to Child

*Bonnie Lee E. Ahlberg*

**GRANT DEED**

FOR VALUABLE CONSIDERATION, receipt of which is hereby  
acknowledged,

BONNIE LEE E. AHLBERG, SUCCESSOR TRUSTEE OF THE  
PHILLIP AND GEORGIE AHLBERG TRUST Under Trust  
Dated July 27, 2000,

hereby grants to

BONNIE LEE E. AHLBERG, a single woman, as her  
sole and separate property,

any and all right, title and interest of the PHILLIP AND GEORGIE  
AHLBERG TRUST Under Trust Dated July 27, 2000, in and to the  
following described real property in the City of Indio, County of  
Riverside, State of California, legally described as follows:

Lot 22 of Tract 12821-2, recorded in Map Book 103,  
pages 54 and 55, Records of Riverside County,  
California, and an undivided 1/40th interest  
in Common Lots A and B of Tract 12821-2

Commonly known as: 81641 Avenue 48, #99  
Indio, California

Executed on April 13, 2005, at Palm Desert, California.

PHILLIP AND GEORGIE AHLBERG TRUST  
Under Trust Dated July 27, 2000

By

*Bonnie Lee E. Ahlberg*  
BONNIE LEE E. AHLBERG,  
Successor Trustee

NOTARIAL ATTACHED

*Trustee*




2005-0413817  
05/24/2005 09:00A  
2 of 3



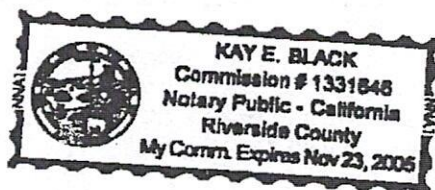
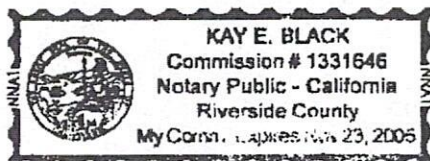
STATE OF CALIFORNIA     )  
                                  ) ss.  
COUNTY OF RIVERSIDE    )

On April 13, 2005, before me, the undersigned, a Notary Public in and for said State, personally appeared BONNIE LEE E. AHLBERG, ~~personally known to me~~ (or 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 she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
Signature

(SEAL)



2005-0413817  
05/24/2005 08:09A  
3 of 3



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052015215481

### CERTIFICATE OF DEATH

3201533012765

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
BONNIE		LEE		AHLBERG	
4. DATE OF BIRTH mm/dd/yyyy					
01/07/1966					
5. AGE Yrs					
49					
6. SEX					
F					
7. DATE OF DEATH mm/dd/yyyy					
11/04/2015					
8. HOUR (24 Hours)					
0525					
9. DECEDENT'S RACE - Up to 8 races may be listed (see worksheet on back)					
CAUCASIAN					
10. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
FASHION MERCHANDISER					
11. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
THEATRE					
12. YEARS IN OCCUPATION					
10					
13. USUAL RESIDENCE - Type of work for most of life. DO NOT USE RETIRED					
71401 PAINTED CANYON ROAD					
14. CITY					
PALM DESERT					
15. COUNTY (FIPS Code)					
RIVERSIDE					
16. ZIP CODE					
92260					
17. INFORMANT'S NAME, RELATIONSHIP					
DAVID KING, HUSBAND					
18. NAME OF SUBMITTER (Name of person filing certificate)					
DAVID					
19. NAME OF FATHER/PARENT - FIRST					
PHILLIP					
20. NAME OF MOTHER/PARENT - FIRST					
GEORGIE					
21. DISPOSITION DATE mm/dd/yyyy					
11/12/2015					
22. PLACE OF DISPOSITION					
71401 PAINTED CANYON ROAD, PALM DESERT, CA 92260					
23. SIGNATURE OF EMPLOYER					
24. SIGNATURE OF LOCAL REGISTRAR					
25. LICENSE NUMBER					
FD2051					
26. DATE mm/dd/yyyy					
11/09/2015					
27. PLACE OF DEATH					
EISENHOWER MEDICAL CENTER					
28. COUNTY					
RIVERSIDE					
29. FACILITY ADDRESS OR LOCATION (Street, building and number, or location)					
39000 BOB HOPE DRIVE					
30. CITY					
RANCHO MIRAGE					
31. CAUSE OF DEATH					
SEPSIS					
32. ACUTE MYELOID LEUKEMIA					
33. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 31					
NONE					
34. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 31 OR 32? (If yes, list type of operation and date)					
NO					
35. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
36. SIGNATURE AND TITLE OF CERTIFIER					
DAVID VAFAI M.D.					
37. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270					
38. LICENSE NUMBER					
A50294					
39. DATE mm/dd/yyyy					
11/09/2015					
40. MANNER OF DEATH					
Natural					
41. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
42. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
43. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
44. SIGNATURE OF CORONER / DEPUTY CORONER					
45. DATE mm/dd/yyyy					
46. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
47. STATE REGISTRAR					
48. FAX AUTH#					
49. CENSUS TRACT					

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

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

DATE ISSUED JUL 16 2018

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



034779339

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



CARIVERS02



# AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Bonnie Lee Ahlberg King, died on 11/4/2015 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$79,736.00 +, of which I am entitled to collect 50% and/or \$39,868.00 that generated from Assessor's Parcel Number(s) 616222016-2, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

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

Ronald Ahlberg

David King

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

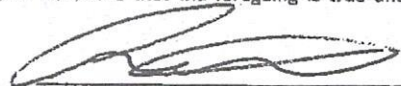
- ☒ Is successor(s) of the decedent to the decedent's interest in the described property, or  
☐ Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

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

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

12-02-17  
 (DATE)

Ronald Ahlberg  
 Printed Name

  
 Signature

(DATE)

Printed Name

Signature

(DATE)

Printed Name

Signature

(DATE)

Printed Name

Signature

(DATE)

Printed Name

Signature

(Attach Additional Sheet If Necessary)



# **CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

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

State of Illinois

County of Kendall

On 7-27-2018 before me, Kimberly Holst, personally appeared  
(Date) (here insert name and title of the officer)

Ronald Ahlberg, 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.

Kimberly Holst (seal)  
Signature of Notary Public





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

**STATE OF CALIFORNIA**  
**DEPARTMENT OF PUBLIC HEALTH**

STATE FILE NO. <b>56-147378</b>		<b>CERTIFICATE OF LIVE BIRTH</b>		REGISTRATION DISTRICT NO. <b>7080</b>	REGISTRAR'S NUMBER <b>29568</b>
THIS CHILD (TYPE OR PRINT NAME)	1a CHILD'S FIRST NAME <b>RONALD</b>		1b MIDDLE NAME <b>OWEN</b>	1c LAST NAME <b>AHLBERG</b>	
	2 SEX <b>Male</b>	3a THIS BIRTH, SINGLE, TWIN, OR TRIPLE? <b>Single</b>		3b IF TWIN OR TRIP. BY THIS CHILD BORN 1ST, 2ND, 3RD <b>1st</b>	4a DATE OF BIRTH—MONTH, DAY, YEAR <b>June 2, 1956</b>
PLACE OF BIRTH	5a COUNTY <b>Los Angeles</b>	5b CITY OR TOWN <b>Santa Monica</b>		4b HOUR <b>8:15 A. M.</b>	
	5c FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>		5d ADDRESS 1st BORN IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS OR L. C. ADDRESS. DO NOT USE P. O. BOX NUMBERS. <b>1000 17th St. Santa Monica, Calif.</b>		
USUAL RESIDENCE OF MOTHER (IF IN DIFF. CTRY. OR STATE, GIVE CTRY. OR STATE)	6a STATE <b>California</b>	6b COUNTY <b>Los Angeles</b>	6c CITY OR TOWN <b>Santa Monica</b>	6d STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) <b>1000 17th St. Santa Monica, Calif.</b>	
	7a MAIDEN NAME OF MOTHER—FIRST NAME <b>GEORGIE</b>		7b MIDDLE NAME <b>PATTERSON</b>	7c LAST NAME <b>OWEN</b>	8 COLOR OR RACE OF MOTHER <b>White</b>
MOTHER OF CHILD	9 AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>20</b>	10 BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Illinois</b>		11 MAILING ADDRESS OF MOTHER—(IF DIFF. FROM RESIDENCE, GIVE BOTH PLACES OF BIRTH) <b>Same as above</b>	
	12a NAME OF FATHER—FIRST NAME <b>PHILIP</b>		12b MIDDLE NAME <b>ERNEST</b>	12c LAST NAME <b>AHLBERG</b>	13 COLOR OR RACE OF FATHER <b>White</b>
FATHER OF CHILD	14 AGE OF FATHER (AT TIME OF THIS BIRTH) <b>21</b>	15 BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Illinois</b>		16a USUAL OCCUPATION <b>Accountant</b>	16b KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>
	17a SIGNATURE OF PARENT OR OTHER INFORMANT (IF OTHER THAN 17b, SIGN 17b) <b>Georgia Patterson Ahlberg</b>		17b DATE SIGNED BY PARENT OR OTHER INFORMANT <b>July 16, 1956</b>		
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		18a ADDRESS <b>Los Angeles</b>		
REGISTRAR'S CERTIFICATION	19 DATE RECEIVED BY LOCAL REGISTRAR <b>July 16, 1956</b>		20 SIGNATURE OF LOCAL REGISTRAR <b>Roy O. Gilbert, M. D.</b>		
			21 DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		



This is to certify that this document is a true copy of the official record filed with Vital Records

DATE ISSUED  
**AUG -6 2010**

*James Greene MD MS*  
**JAMES GREENE, MD, MS**  
 STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the State Registrar.

CACDPH--D4






### AFFIDAVIT

I, Ronald Ahlberg, as heir to The Estate of Bonnie Lee E Ahlberg, do hereby declare:

1. I am over the age of 18 and a resident of Yorkville, IL. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am the biological sibling to Bonnie Lee E. Ahlberg who is one and the same person listed on the Grant Deed as Document Number: 2005-0413817, Recorded on May 24, 2005 in Riverside County, CA.
3. My sister Bonnie Ahlberg passed away on November 4, 2015 in Riverside County, CA. She is one and the same person who is listed on her death certificate as Bonnie Lee Ahlberg and Bonnie Lee Ahlberg King.
4. I, Ronald Ahlberg am one and the same person as Ronald Owen Ahlberg and Ronald O. Ahlberg.
5. I cannot provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills or any other supporting documentation to reference the 81641 AVENUE 48 #99 INDIO CA 92201-6749 address; which is one and the same address that is on the above referenced Grant Deed.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 616222016-2.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 24 day of August, 2018, in Yorkville, IL.

X   
Ronald Ahlberg, as heir to The Estate of Bonnie Lee E Ahlberg

### JURAT

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

State of Illinois

County of Kendall

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

24 day of August, 2018, by  
Date Month Year

Ron Ahlberg  
Name of Signer



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

Signature Kimberly Holst  
Signature of Notary Public

(Place Notary Seal Above)



# ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 616222016-2 Tax Sale Number 10212 Item 659 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 79,736.00 +/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

(Signature of Party of Interest/Assignor)

(Date) 7-27-18

Ronald Ahlberg, as heir to The Estate of Bonnie Lee E Ahlberg  
(Name Printed)

623 Hayden Dr.  
(Address)

Yorkville, IL, 60560  
(City/State/Zip)

630-859-8423  
(Area Code/Telephone Number)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of Illinois

County of Kendall

On 7-27-2018 before me, Kimberly Holst, personally appeared  
(Date) (here insert name and title of the officer)

Ronald Ahlberg, 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.

Kimberly Holst (seal)  
Signature of Notary Public

OFFICIAL SEAL  
**KIMBERLY HOLST**  
Notary Public - State of Illinois  
My Commission Expires May 5, 2019

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

Jed Beyerly  
(Signature of Assignee)

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

P.O. Box 1748  
(Address)

Modesto, CA 95353-1748  
(City/State/Zip)

Phone: (209) 593-3913

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

County of Stanislaus

On 8/21/18 before me, Maria Mendoza, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

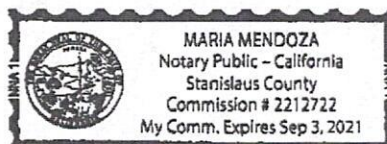
Jed Beyerly, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument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

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

WITNESS my hand and official seal.

Maria Mendoza (seal)  
Signature of Notary Public

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





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

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 616222016-2

Tax Sale Number: TC 212

Item Number: 659

Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$40,681.48+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

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

Executed this 17<sup>th</sup> day of August, 2018 at Modesto, California.

By: Jed Byerly  
Jed Byerly, Managing Member  
Global Discoveries Ltd. Tax ID # 77-0558969  
P.O. Box 1748  
Modesto, CA 95353-1748

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

County of Stanislaus

On 8/21/18 before me, Maria Mendoza, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Maria Mendoza (seal)  
Signature of Notary Public

