

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



ITEM: 19.3
(ID # 10466)

MEETING DATE:
Tuesday, March 30, 2021

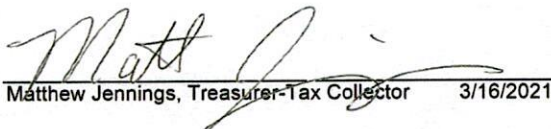
FROM: TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 209, Item 446. Last assessed to: Emerson G. Solvey, one sixth; Margaret Daniel, one sixth; John N. Solvey, one sixth; Blaine Leroy Solvey, one sixth; Beryl L. Solvey, one sixth; Bonnie Reynolds, one twelfth and Sandra Kellum, one twelfth, District 4. [\$1,460 - 100% Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Georgina Slevin, heir to Bonnie Reynolds and Sandra Kellum, last assessees for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 650164009-7;
2. Authorize and direct the Auditor-Controller to issue a warrant to Georgina Slevin, heir to Bonnie Reynolds and Sandra Kellum, last assessees in the amount of \$1,460.95, 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.
3. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$7,304.78 to the County General Fund pursuant to Revenue and Taxation Code 4674.


ACTION: Policy


Matthew Jennings, Treasurer-Tax Collector 3/16/2021

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, 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: March 30, 2021
xc: Treasurer, Auditor

Kecia R. Harper
Clerk of the Board
By: 
Deputy

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STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$1,460	\$ 0	\$1,460	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 100% Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	20/21

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 2, 2017 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 21, 2017. 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 24, 2017, 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.

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code 4676 (c). The Treasurer-Tax Collector's Office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

1. Examined Parties of Interest Reports to notify all parties of interest attached to the parcel.
2. Researched all last assessee's through the County's Property Tax System for any additional addresses.
3. Used Accurint (people finder) to notify any new addresses that may be listed for our last assessees.
4. Advertised in newspapers for three consecutive weeks in the Desert Sun, Palo Verde Valley Times and the Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4675.

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration

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of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on June 21, 2017.

The Treasurer-Tax Collector has received one claim for excess proceeds:

1. Claim from Georgina Slevin, heir to Bonnie Reynolds and Sandra Kellum, last assessee based on Decree and Order Settling First and Final Report, Decree of Distribution and Fees recorded February 15, 1983 as Instrument No. 28881, copy of Sandra L. Kellum Last Will and Testament, the Affidavits to comply with California Probate Code 13101 per se for Bonnie Jeanette Reynolds Estate, signed in counterpart by Georgina Slevin, Laura Irving, Mark Reynolds and Lisa Slim, an Assignments of Right to Collect Excess Proceeds dated June 25, 2019 and July 5, 2019, and the death certificates of Sandra L. Kellum and Bonnie Jeanette Reynolds.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Georgina Slevin, heir to Bonnie Reynolds and Sandra Kellum, last assessee be awarded excess proceeds in the amount of \$1,460.95. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$7,304.78 will be transferred to the County General Fund. 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 will be released to the last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Slevin


Stephanie P. ..., Principal Management Analyst 3/23/2021


Gregory V. Priamos, Director County Counsel 2/2/2021

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

To: Don Kent, Treasurer-Tax Collector

2018 JUN 19 PM 1:26

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 209 Item 446 Assessment Number: 650164009-7

Assessee: SOLVEY, EMERSON G & DANIEL, MARGARET & JOHN N & BLAINE LEROY ETAL

Situs:

Date Sold: May 2, 2017

Date Deed to Purchaser Recorded: June 21, 2017

Final Date to Submit Claim: June 21, 2018

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 8,765.73 from the sale of the above mentioned real property I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____, recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

* Copy of Janet Solvey will referencing my mother Bonnie Reynolds and my aunt Sandra Kellom getting one - two fifth each of property.

* Copy of my mothers death certificate.

* Copy of my aunt Sandra death certificate.

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 _____ day of _____, 20__ at _____ County, State

Georgia Slavin
Signature of Claimant

Signature of Claimant

Georgia Slavin
Print Name

Print Name

123 '12 Pearl Ave
Street Address

Street Address

Newport Beach, Ca 92662
City, State, Zip

City, State, Zip

949. 228. 2215
Phone Number

Phone Number

SEE ATTACHED
NOTARIAL CERTIFICATE

RE: 650164009-7 ①
Item # 446

JUNE 5, 2018

Hello Kent,

My name is Georgina Stevin. I am
the daughter of Bonnie Reynolds
Maiden name Kellom. (deceased)
and niece of Sandra Kellom (deceased)

The will stated that each
above were one-twelfth

- * I have attached both death
certificates of Bonnie and Sandra
- * I have also attached a copy of
my grandmother Janet Solveys will.
listing Bonnie and Sandra
- * I have attached a copy of
my aunt Sandra's will listing me.

②

Please call me direct at
949. 228. 2215. My
address is:

Georgina Stevin
123 '12 Pearl Ave.
Newport Beach, CA
92662

Much Appreciated.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Orange
On 6-9-18 before me, Todd F. Jack, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Georgina Slikin
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Claim for Excess Proceeds Document Date: 6-9-18

Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____

Signer Is Representing: _____

Signer Is Representing: _____

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RECORD &
RETURN
TO

1 PAUL D. STRADER
2 Attorney at Law
3 19 Pine Avenue
4 Long Beach, CA 90802
5 Telephone: 437-2103
6 Attorney for the Estate

RECEIVED FOR RECORD
AT MICROLOCKER
at request of

South Coast, Page 28881

FEB 15 1983

Approved as Official Records
of Riverside County, California

William E. Strader
Recorder

6 SUPERIOR COURT OF THE STATE OF CALIFORNIA
7 FOR THE COUNTY OF LOS ANGELES

9 IN THE MATTER OF THE ESTATE OF) No. SOP 32391
10 JANET SOLVEY)
11 Deceased.)
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DECREE AND ORDER SETTLING
FIRST AND FINAL REPORT, DECREE
OF DISTRIBUTION AND FEES.

The First and Final Account and Report and Supplemental
thereto and Petition for Distribution of Emerson G. Solvey,
Executor of the LAST WILL AND TESTAMENT of the above named
decedent, coming on regularly to be heard on the 10th day of
January 1983, in Department South "B" of the above entitled
Court, Carroll Dunnum, Judge, presiding, Paul D. Strader
appearing as attorney for petitioner, the Court, after examining
the report and petition and hearing the evidence, finds that
due notice of the hearing of such petition has been given as
required by law; that notice to creditors has been duly published
as required by law, that no request for special notice is on file;
that all of the allegations of said petition are true, that the
debts of said estate, and all expenses of administration thereof
have been paid; that all creditors claims presented or filed have
been paid; that all taxes payable by said estate have been paid;
and that said estate should be settled.

Page 1 of 3.



*Great
Grandmother
Janet Solvey
Will that included
Mymette Bonnie and
Sandra my aunt.
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of 3*

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IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that Notice to Creditors has been duly given as required by law; that the First and Final Report of the Executor and Petition for Distribution and Supplement thereto be and the same hereby are approved, allowed and settled, and the acts of the Executor, as reflected in said Report, be and the same hereby are approved; that the statutory fee to the attorney in the amount of \$2,608.00 is approved and ordered paid, executor waiving his fee and that distribution be ordered as follows:

Assets for distribution are as follows:

ASSETS ON HAND

- 1. Cash (to be paid on attorney fee) \$ 1,044.89
- 2. Household furniture in residence 750.00
- 3. Silver Service for 12 100.00
- 4. Realty at 2537 Delta, Long Beach, CA:
described as Lot 23 Block D Harbor Home Tract
as per map recorded in Book 11, P. 29 of maps
Office of County Recorder, Los Angeles County.
- 5. Realty Lot 5 Unit #2 in Shangri La Palms in
Riverside County, CA, as shown in maps book 23,
page 21, records Riverside County.

Distribution is ordered as follows, in accordance with the will:

- 1. Silver service for 12 to Janet Lynn Solvey.
- 2. The realty items above described in Items 4 and 5 to the issue of the decedent who survived in equal parts as follows, all adults:

.One sixth to Emerson G. Solvey

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15,750.00
70,500

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- One sixth to Margaret Daniel ✓
- One sixth to John N. Solvey ✓
- One sixth to Blaine Leroy Solvey
- One sixth to Beryl L. Solvey
- One sixth divided as:
- One twelfth to Bonnie Reynolds ✓ *deed*
- One twelfth to Sandra Kellum ✓

The last two being the only surviving issue of Irene Kellum predeceased, daughter of decedent.

3. All household furniture and furnishings at 2537 Delta, Long Beach, to the above named persons except Sandra Kellum and Bonnie Reynolds.

4. \$1,000 to Richard N. Langley.

Dated: JAN 18 1983

GARRETT H. BROWN
Judge



THIS DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE. SAME HAVING BEEN FILED JAN 18 1983

ATTEST JAN 18 1983

County Clerk of Orange
Seal of the Superior Court of California
for the County of Orange

LAST WILL AND TESTAMENT

I, SANDRA L. KELLUM, of Oakland, California, being of sound mind and memory, do make, publish and declare this my Last Will and Testament, hereby revoking all former wills and codicils made by me.

A. **DEBTS AND EXPENSES:**

Unless paid from another source, I direct that all legally enforceable debts be paid, including the expenses of my last illness and funeral expenses, current bills and any and all other expenses incurred in administering my estate and making distribution of assets hereunder including all inheritance and estate taxes against my estate or against the beneficiaries of my estate. This payment of the aforementioned taxes shall not be charged against the respective beneficiaries, and my executor shall not seek reimbursement from anyone thereof.

B. **FAMILY IDENTIFICATION:**

I am unmarried, and I have no children, living or deceased.

C. **DISPOSITION OF TANGIBLE PERSONAL PROPERTY**

- (1) Except as specifically set forth on the personal property list ("Property List"), if any, attached to the Trust and to this Will as Schedule B, I give all of my clothing, jewelry, precious stones, household furniture and furnishings, family memorabilia, books, rugs, sports equipment, works of art, chinaware, silverware, pets, musical instruments, stamp collections, coin collections (excluding coins held for investment purposes), motor vehicles, watercraft and all other tangible articles of personal and household use and ornament of every kind and description and wherever located which I own at my death or in which I have an interest not otherwise specifically disposed of by this Will or in any other manner, together with any insurance thereon, to the persons and in the manner provided in Paragraph D of this Will.
- (2) As to all other personal property not specifically designated in the Property List which I own at my death or in which I have an interest not otherwise specifically disposed of by this Will or in any other manner, together with any insurance thereon, to the persons and in the manner provided in Paragraph D of this Will.
- (3) My executor shall have the sole discretion to determine whether the term "personal" and "household articles" includes any particular asset or assets, and my executor's decisions shall be conclusive.

LAST WILL AND TESTAMENT of SANDRA L. KELLUM
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D. DISTRIBUTION OF RESIDUE:

- (1) I give the rest, residue and remainder of my estate, IN TRUST, to the trustee(s) then in office of the trust designated as the "THE SANDRA L. KELLUM TRUST," which Trust Agreement was initially established under that certain Trust Agreement executed earlier this day and bearing the same date as this Will, by me as Trustor and by my niece and me, as Trustees, to hold, administer and distribute as part of the trust created for the benefit of my nieces and nephew or my more remote descendants and other persons and organizations under that Trust Agreement, including any amendments to it or restatements of it made before my death.
- (2) If the disposition under this Paragraph D is inoperative, if at the time of my death the residue of my estate is not permitted by law to be distributed to the trustee or trustees, or if THE SANDRA L. KELLUM TRUST is not then in existence, is revoked after the date of this Will, or fails for any reason, I incorporate herein by reference the terms of that Trust Agreement including any amendments, revisions or restatements in existence at the time of my death, and I give the residue of my estate to the trustee or trustees designated in that Trust Agreement as trustee or trustees of a testamentary trust, to be held, administered, and distributed as provided in that Trust Agreement.

E. ALTERNATE DISPOSITION:

If for any reason THE SANDRA L. KELLUM TRUST is not in existence at the time of my death, and if I am unable to incorporate or establish the provisions of that trust as a testamentary trust or otherwise establish a trust under the terms of this Will, then I give the rest, residue and remainder of my estate and property, of whatever kind and wherever situated, owned by me at the time of my death to the following persons, share and share alike, by right of representation, and, if none survives me, including none of their issue, then I give the rest, residue and remainder to the persons and in the manner provided in Paragraph J of this Will.

Laura Cherie Irving (Niece)
8481 E. Foothill
Anaheim Hills, CA 92808
Phone: 714-273-7982

Mark Allan Reynolds (Nephew)
417 W. Hacienda Drive
Corona, CA 92882
Phone: 714-469-0687

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Georgina Marie Slevin (Niece)
1014 Mariners Dr,
Newport Beach, CA
Home 949-645-2991
Cell: 949-228 2215

F. RULE AGAINST PERPETUITIES:

All trusts created by this Last Will and Testament or by the exercise of any power of appointment shall terminate ninety (90) years after its creation, pursuant to California Probate Code §21200-21231 and shall include any amendments and/or equivalent successor section to said code or regulation. The trustees shall distribute the principal and undistributed income of a terminated trust to the then-living income beneficiaries of that trust in the same proportion that the beneficiaries are entitled to receive income when the trust terminates. At the time of such termination, if the trust does not fix the rights to income, the trustee shall distribute the trust by right of representation to the persons, who, in the trustees' reasonable discretion, are entitled to receive trust payments.

G. SUBCHAPTER S ELECTION:

If my estate owns any shares of stock in a Subchapter S corporation, then I intend that any trust funded by said estate with said stock qualify as a Qualified Subchapter S Trust pursuant to §1361 of the Internal Revenue Code of 1986, as amended from time to time. My executor is, therefore, authorized and directed to take whatever steps my executor deems necessary to satisfy the requirements of said section, including but not limited to, dividing any trust with multiple beneficiaries into separate trusts for each beneficiary's pro rata share, and the trustees are then directed to distribute the net income from each of these trusts to each beneficiary at least quarter-annually. This paragraph shall take precedence over any other provisions of this document.

H. HEIRS INTENTIONALLY NOT NAMED:

I have intentionally and with full knowledge omitted to provide for all of my heirs who are not specifically mentioned either in the terms of this will or in any trust created by me.

I. NO CONTEST PHRASE:

If any beneficiary of this will or any trust created under this will, singly or in conjunction with any other person:

LAST WILL AND TESTAMENT of SANDRA L. KELLUM

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- (1) Contests or otherwise objects in any court to the validity of any of the following documents or amendments thereto (hereafter "Document" or "Documents") or of any of their provisions of:
- a. this Last Will and Testament,
 - b. any trust created pursuant to this Last Will and Testament,
 - c. any beneficiary designation of an annuity, retirement plan, IRA, Keogh, pension or profit-sharing plan or insurance policy signed by me,
 - d. a buy-sell agreement signed by me,
 - e. a family partnership agreement, limited liability company, or related operating agreement signed or established by me; or
- (2) Seeks to obtain an adjudication in any court proceeding that a Document is void, or otherwise seeks to void, nullify or set aside a Document (or any of its provisions);
- (3) Files suit on a creditor's claim filed in a probate of my estate against the estate, or any other Document, after rejection or lack of action by the respective fiduciary;
- (4) Files a petition or other pleading to change the character (community, separate, joint tenancy, partnership, domestic partnership) of property already characterized by a Document,
- (5) Claims ownership of any asset held by me in joint tenancy, other than as a surviving joint tenant;
- (6) Files a petition to determine domestic partnership property for cohabitants relating to me;
- (7) Files a petition to probate homestead in a probate proceeding of my estate;
- (8) Files a petition for family allowance in a probate of my estate; or
- (9) Participates in any of the above actions in a manner adverse to the estate, such as conspiring with or assisting any person who takes any of the above actions,

then the right of such beneficiary to take any interest given to him or her under this will or any trust created pursuant to this will shall be determined as it would have been determined had such beneficiary predeceased me without surviving issue.

My executor is hereby authorized to defend, at the expense of the estate, any contest or other violation of this paragraph. Notwithstanding the foregoing, a "contest" shall include any

LAST WILL AND TESTAMENT of SANDRA L. KELLUM
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action described above in an arbitration proceeding and shall *not* include any action described above solely in a mediation not preceded by the filing of a contest with the court.

Notwithstanding the foregoing, this paragraph shall not apply so as to cause a forfeiture of any distribution otherwise qualifying for the federal estate tax marital deduction or charitable deduction.

J. **IF NO BENEFICIARIES SURVIVE:**

If no beneficiaries or alternate beneficiaries named herein, or their respective issue, survive me, and if I am unable to establish a testamentary trust in the manner provided above, then I give the rest, residue and remainder of my estate and property, of whatever kind and wherever situated, owned by me at the time of my death, to my heirs at law.

K. **SURVIVORSHIP PHRASE:**

Any person who does not survive me by sixty (60) days shall be deemed not to have survived for purposes of distribution pursuant to this Last Will and Testament.

L. **EXECUTOR(S):**

- (1) I constitute and appoint LAURA CHERIE IRVING executor of this my Last Will and Testament. I authorize and empower my executor to sell, transfer and convey any and all of the property of my estate, real and personal, and to execute, acknowledge and deliver good and sufficient transfers and conveyances thereof.
- (2) If LAURA CHERIE IRVING is unable or unwilling to serve as executor of my Will, then I appoint my nephew, MARK ALLAN REYNOLDS to serve as my executor. If MARK ALLAN REYNOLDS is unable or unwilling to serve as executor of my Will, then I appoint my niece, GEORGINA MARIE SLEVIN, to serve as my executor.
- (3) No bond will be required of any executor or alternate executor named by me.

N. **WILL CONSTRUCTION:**

- (1) Wherever the context requires, the singular includes the plural, and the masculine includes the feminine and neuter. Also, in construing this will, the terms "lineal descendants" and "issue" shall include legally adopted lineal descendants and issue and lineal descendants and issue born or adopted before or after the execution of this will.
- (2) The phrases "by right of representation" and "by representation" shall mean lineal descendants, *per stirpes*. The phrase "his/her and/or their issue by right of representation" shall be interpreted so that if a beneficiary of this will is alive at the applicable date, the beneficiary's share is distributed to said beneficiary and issue do not

LAST WILL AND TESTAMENT of SANDRA L. KELLUM
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take as beneficiaries, but if a beneficiary of this will is deceased as of the applicable date and the will provisions provide that the beneficiary's issue "by right of representation" take the deceased beneficiary's share, then that beneficiary's lineal descendants, *per stirpes*, take, inherit, and/or benefit as the deceased beneficiary's issue by representation or issue by right of representation. Issue shall mean lineal blood descendants and legally adopted descendants, unless stated otherwise. The phrase *per stirpes* shall mean (1) the division of distributable property into the number of equal shares sufficient to create one such share with respect to each then living descendant occupying the oldest generation in which there is at least one then living person, and one such share with respect to each deceased descendant occupying the same generation who is then survived by one or more descendants, and (2) distribution of each share so created with respect to a then living descendant to such descendant, and distribution of each deceased descendant's share equally among or between the deceased descendant's children, also *per stirpes* as defined in (1) above.

- (3) The word "testamentary" shall be construed as meaning *arising after death*, and shall not be construed to imply any requirement of a probate proceeding of any type. All references to I.R.C. § and/or Reg. § or Regulation § shall include any amendments and/or equivalent successor section to said code or regulation. Trustee(s) includes any person(s), corporation(s) or other entity(ies) from time to time holding that office as sole or co-trustee. Executor includes any person or corporation from time to time holding that office and also includes a special administrator.

O. GENERATION SKIPPING TAX PROVISIONS:

- (1) These provisions shall apply to any trust(s) in existence at the time of my death or created pursuant to the terms of this document that are created upon my death and in which there is property that is or may become subject to the federal generation-skipping transfer tax (hereinafter GST). Upon written notification by my executor or by anyone filing a 706 federal estate tax return for my estate (hereinafter "706 Filer"), that the 706 Filer intends to allocate any part of the generation-skipping transfer tax exemption (hereinafter GST exemption) that is available to my estate under I.R.C. §2631(a) to some but not all of the property in any trust(s) created by the terms of this document, the executor may, in the executor's discretion, divide that trust into two separate trusts, to be designated as the Exempt Trust and the Non-Exempt Trust.
- (2) If the executor elects to divide a trust in the manner provided herein, the Exempt Trust shall contain the share of the property of that trust equal in value to the amount of the GST exemption that the 706 Filer intends to allocate to the trust. The Non-Exempt Trust shall contain the balance of the property of that trust. (If the amount of my GST exemption actually allocated to a trust is equal to the value of the property of that trust so that the entire trust has an inclusion ratio of zero for GST purposes, the entire trust shall be referred to as the Exempt Trust, or, if no part of my GST exemption is actually allocated to the trust by the 706 Filer so that the entire trust has an inclusion ratio of one

LAST WILL AND TESTAMENT of SANDRA L. KELLUM
Page 7 of 8

for GST purposes, or if I am not the transferor of that trust for GST purposes, the entire trust shall be referred to as the Non-Exempt Trust.) It is my intention that the 706 Filer actually allocate the GST exemption to the Exempt Trust and not to the Non-Exempt Trust so that the Exempt Trust shall have an inclusion ratio of zero, and the Non-Exempt Trust shall have an inclusion ratio of one for GST purposes. The executor shall not be liable for relying on the written instruction(s) of the 706 Filer when acting in accordance with these provisions.

- (3) In allocating assets between the Exempt Trust and Non-Exempt Trust, the executor shall allocate the trust assets between the Exempt Trust and Non-Exempt Trust in cash or in kind, or partly in each, on a pro rata or non pro rata basis, and in undivided interests or not. Appropriate interest shall be paid pursuant to Treasury Regulation §26.2642-2(b)(4). For purposes of allocation, assets shall be valued at their values as finally determined for federal estate tax purposes, provided that any assets allocated in kind shall be allocated between the Exempt Trust and the Non-Exempt Trust in a manner that fairly reflects the net appreciation or depreciation in the value of the assets in the trust being divided, measured from the date of my death to the date of payment.
- (4) The trustees may, but are not required to, administer the trust(s) in such a manner that distributions authorized in the provisions of this document, which distribution(s) are made during the trust term(s) to 'skip persons' (as defined in I.R.C. §2613(a)) are made from the Exempt Trust, and distributions made during the trust term(s) to 'non-skip persons' (as defined in I.R.C. §2613(b)) are made from Non-Exempt trust(s).
- (5) The purpose of these provisions is to allow the trust(s) to be administered so as to decrease the amount of GST owed on generation-skipping transfers from the trust(s). Any other tax and non-tax issues shall be considered and GST consequences may be disregarded to the extent deemed necessary to carry out my intentions in creating the trust(s).
- (6) If, in the executor's judgment, any statute, regulation, court decision, or administrative ruling imposes different or additional requirements on my estate or any trust(s) funded with estate assets in connection with the GST, the executor may petition the court to amend the term(s) of the trust(s) to meet those requirements and achieve the purpose of these provisions.
- (7) All references to I.R.C. sections and/or Reg. sections shall include any amendments and/or equivalent successor section to said code or regulation.

Signed on 4 27, 2010, at Oakland, California.


SANDRA L. KELLUM

LAST WILL AND TESTAMENT of SANDRA L. KELLUM
Page 5 of 5

Each of the undersigned states the following:

- (a) This instrument, consisting of nine (9) pages, including the pages on which the signatures of the testator and the witnesses are affixed, was, at the date thereof, signed by the testator, SANDRA L. KELLUM, as her will in the presence of us and each of us, all being present at the same time, who, with the understanding that this is the testatrix's will and in each other's presence have subscribed our names as witnesses thereto.
- (b) At the time the testator signed the foregoing instrument the testator was over the age of eighteen (18) years and appeared to be of sound mind.
- (c) I have no knowledge of any facts indicating that the foregoing instrument, or any part of it, was procured by duress, menace, fraud, or undue influence.

Each of the undersigned, on his or her own behalf but not on behalf of the others, declares under penalty of perjury that the foregoing instrument is true and correct and that this declaration is executed on April 27, 2010, at Oakland, California.

Leslie K. Townsend residing at 201 Santa Rosa Ave #8, Oakland, CA
 Witness Street Address 94610

Leslie K. Townsend
 Print Name Oakland CA 94610
 City, State, Zip

Edward L. Blum residing at 24E SUTHERLAND AVE
 Witness Street Address

EDWARD L. BLUM
 Print Name BERKELEY CA 94707
 City, State, Zip

_____ residing at _____
 Witness Street Address

 Print Name _____
 City, State, Zip

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDS

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201001005471

STATE FILE NUMBER		3201001005471	
1. NAME OF DECEDENT - FIRST (Given) SANDRA		2. MIDDLE L	3. LAST (Family) KELLUM
AKA, ALZO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
9. BIRTH STATE/FOREIGN COUNTRY SD	10. SOCIAL SECURITY NUMBER E	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/PROF. IN TIME OF DEATH DIVORCED
4. DATE OF BIRTH mm/dd/yyyy 11/21/1941	5. AGE Yrs 68	6. SEX F	7. DATE OF DEATH mm/dd/yyyy 08/28/2010
13. EDUCATION - Highest Level (Degree) BACHELOR	14/15. WAS DEAF? (Spanish or Spanish?) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 9 races may be listed (see worksheet on back) CAUCASIAN	8. HOUR (24 Hours) 1010
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PARALEGAL	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real contractor, employment agency, etc.) LAW	19. YEARS IN OCCUPATION 30	
28. DECEDENT'S RESIDENCE (Street and number, or location) 758 KINGSTON AVENUE, #305			
21. CITY PIEDMONT	22. COUNTY/PINCHANCE ALAMEDA	23. ZIP CODE 94811	24. YEARS IN COUNTY 33
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LAURA IRVING, NIECE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8481 E. FOOTHILL STREET, ANAHEIM, CA 92808			
29. NAME OF SURVIVING SPOUSE/PROX - FIRST BERNARD		28. MIDDLE	30. LAST (BIRTH NAME)
31. NAME OF FATHER/PARENT - FIRST BERNARD		32. MIDDLE	33. LAST KELLUM
34. NAME OF MOTHER/PARENT - FIRST IRENE		35. MIDDLE	36. LAST (BIRTH NAME) SOLVEY
37. BIRTH STATE SD		38. BIRTH STATE MT	
39. DISPOSITION DATE mm/dd/yyyy 09/03/2010	40. PLACE OF FINAL DISPOSITION RES-LAURA IRVING 8481 E. FOOTHILL STREET, ANAHEIM, CA 92808		
41. TYPE OF DISPOSITION CR/RES	42. SIGNATURE OF EMBALMER NOT EMBALMED		
43. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE CHIMES		44. LICENSE NUMBER FD1254	45. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.
46. LICENSE NUMBER		47. DATE mm/dd/yyyy 09/03/2010	
101. PLACE OF DEATH OWN RESIDENCE			
104. COUNTY ALAMEDA	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 758 KINGSTON AVENUE, APT 305		
106. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE METASTATIC LUNG CANCER 108. CITY PIEDMONT			
109. DAYS		110. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. YEARS		112. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
113. ALTOPIY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		114. LISTED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 115? If yes, list type of operation and date. LYMPH NODE BIOPSY 11/-/2007			
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN FROM THE CAUSE SHOWN. Decedent, Attended Birth		118. SIGNATURE AND TITLE OF CERTIFIER HEIDI LASSILA LARSEN M.D.	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HEIDI LASSILA LARSEN M.D. 280 WEST MACARTHUR BLVD, OAKLAND, CA 94811		120. LICENSE NUMBER G75068	121. DATE mm/dd/yyyy 09/01/2010
122. 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			
123. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
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	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency

DATE ISSUED 09/08/2010

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR FALSURE VOIDSTH CERTIFICATE



9/18/2018

Gmail - RE: 650164009-7 \$8, 765.73 Georgina Slevin

Is it only us saying she left no will?

Please confirm.

Thanks

On Thu, Sep 6, 2018 at 4:31 PM Marquez, Miriam C. <MCMarquez@rivco.org> wrote:

RE: TC 209 Item 446

APN 650164009-7

Good Afternoon Georgina,

Perfect, I will add the certificates to the file when I receive them.

For the form 13101, I go onto google and just type in "Form 13101."

The results that are generated on my end show a .pdf from the State Controllers office as the very first result.

Because this is not a form that is issued by our office, I cannot provide you with a copy of one. The form is basically a declaration that your siblings and self are Bonnie Jeanette Reynolds only heirs since she left no will/trust.

I hope this helps, should you have further questions in regards you may email me or contact me at the number listed below.

Kindest Regards,

Miriam C. Marquez

Sr. Accounting Assistant

Tax Sale Operations/Excess Proceeds

Error! Filename not specified.

Tel 951 955-3336/Fax 951 955-3990

The exact reason I need to have Form 13101 filled out.

Nello - 11/17/2018
Let's Georgina
Here are the correct certificates you need for file.
Probate Forms to
Georgina 445-228-2215 Follow

From: George <georgina.slim@gmail.com>
Sent: Thursday, September 6, 2018 4:11 PM
To: Marquez, Miriam C. <MCMarquez@RIVCO.ORG>
Cc: Georgina Slim <georgina.slim@gmail.com>
Subject: RE: 650164009-7 \$8, 765.73 Georgina Slevin



Controller Betty T. Yee
 California State Controller's Office
 Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

- That Bonnie Jeanette Reynolds [Name of Decedent], hereinafter "Decedent," died in the City of Orange, County of Orange, State of California on 2/27, 201984.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
 - No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
- 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).
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. 650164009-7 TC 209 Item 446
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
 - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
 - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.
 The name of the successor of the Decedent is: _____
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Signature Georgina Slavin Name [Print or Type] Georgina Slavin Date 11/28/2018
 Signature Signed in counterpart Name [Print or Type] _____ Date: _____
 Signature _____ Name [Print or Type] _____ Date _____

**SEE ATTACHED
 NOTARIAL CERTIFICATE**

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Orange)
On November 28, 2018 before me, Alex Cooper, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Georgina Slevin
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Corporate Officer -- Title(s): _____
- Partner -- Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Corporate Officer -- Title(s): _____
- Partner -- Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____




Controller Betty T. Yee
 California State Controller's Office
 Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Bonnie Jeanette Reynolds [Name of Decedent], hereinafter "Decedent," died in the City of Orange, County of Orange, State of California on 2/27, 201904.
2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
3. Check one of the following appropriate boxes.
 - No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. 650164009-7 TC 209 Item 446
6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.
 - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
 - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.
 The name of the successor of the Decedent is: _____
7. No other person has a superior right to the interest of the Decedent in the described property.
8. The declarants request that the described property be paid, delivered, or transferred to the declarants.
9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

 Signature	<u>Laura Irving</u> Name [Print or Type]	<u>12-5-18</u> Date
<u>Signed in counterpart</u> Signature	Name [Print or Type]	Date
Signature	Name [Print or Type]	Date

California All-Purpose Acknowledgment

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

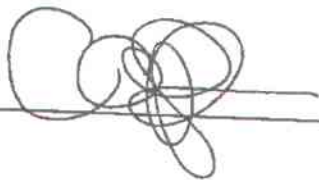
State of California

County of Orange

On 12/05/18 before me, Michael John Casler, notary public, personally appeared ***Laura Cherie Irving***, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature  (Seal)



Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal of this reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ # of Pages: _____

Signer(s) Other Than Named Above: _____



Controller Betty T. Yee
 California State Controller's Office
 Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

- That Bonnie Jeanette Reynolds [Name of Decedent], hereinafter "Decedent," died in the City of Orange, County of Orange, State of California on 2/27, 201904.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
 - No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
- 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).
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. 650164009-7 TC 209 Item 4410
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
 - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
 - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.
 The name of the successor of the Decedent is: _____
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

[Handwritten Signature]
 Signature

Name [Print or Type] Marla Reynolds Date: DEC 6/18

Signed in counterpart
 Signature

Name [Print or Type] _____ Date: _____

Signature

Name [Print or Type] _____ Date: _____

ACKNOWLEDGEMENT

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 Orange

On 12/6/18 before me, Marta Coronel a notary public personally appeared

Mark Reynolds

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

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

WITNESS my hand and official seal.

[Signature]



(Optional)

Title/Type of the document: Declaration Under Probate Code Section 13101

Document Date: 12/6/18

Number of Pages 1 + 1



Controller Betty T. Yee
 California State Controller's Office
 Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

- That Bonnie Jeanette Reynolds [Name of Decedent], hereinafter "Decedent," died in the City of Orange, County of Orange, State of California on 2/27, 2019.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
 - No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
- 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).
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. 650164609-7 TC 209 Item 446
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
 - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
 - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.
 The name of the successor of the Decedent is: _____
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

[Handwritten Signature] LISA SIM 12/2/18
 Signature Name [Print or Type] Date

Signed in counterpart
 Signature Name [Print or Type] Date

Signature Name [Print or Type] Date

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

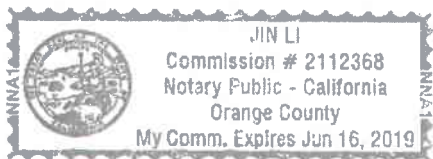
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of Orange }

On December 12th, 2018, before me, Jin LI, Notary Public,
personally appeared Lisa Slim

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 State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

SIGNATURE [Signature]

PLACE NOTARY SEAL ABOVE

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of attached document

Title or type of document: Controller Betty T. Yee

Document Date: 12/12/2018 Number of Pages: 1

Signer(s) Other than Named Above: _____

COUNTY OF ORANGE

CLERK-RECORDER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 01907

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
2B. HOUR		2C. HOUR	
3. SEX		4. RACE/ETHNICITY	
5. RELIGION		6. DATE OF BIRTH	
7. AGE		8. SEX AT BIRTH	
9. PLACE OF BIRTH (CITY AND COUNTY)		10. STATE AND BIRTH PLACE OF MOTHER	
11. CITIZENSHIP OF DECEASED		12. SOCIAL SECURITY NUMBER	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF DIFF. ENTER DATE MARRIED)	
15. PRIMARY OCCUPATION		16. KIND OF INDUSTRY OR BUSINESS	
17. EMPLOYER (IF EMPLOYED, BY STREET)		18. KIND OF INDUSTRY OR BUSINESS	
19A. USUAL RESIDENCE—STREET NUMBER (RIVER AND RAILROAD LOCATIONS)		19B. CITY OR TOWN	
19C. STATE		19D. ZIP CODE	
20. PLACE OF DEATH		21. NAME AND ADDRESS OF INFORMANT (IF KNOWN)	
22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)		23. DATE DEATH REPORTED TO COUNTY	
24. OTHER CONDITIONS CONTRIBUTING TO DEATH (IF ANY)		25. DATE DEATH CERTIFICATE ISSUED	
26. PHYSICIAN'S CERTIFICATION		27. SIGNATURE AND ADDRESS OF PHYSICIAN	
28. SPECIFY ACCIDENT SOURCE, ETC.		29. PLACE OF INJURY	
30. LOCATION (STREET AND NUMBER, REGISTRATION DISTRICT AND CITY OR TOWN)		31. INJURY (IF ANY)	
32. DATE—MONTH, DAY, YEAR		33. NAME AND ADDRESS OF CEMETERY OR CREMATOR	
34. NAME OF FUNERAL HOME (IF ANY) AND ADDRESS		35. LOCAL REGISTRAR (NAME AND ADDRESS)	
36. NAME AND ADDRESS OF MORTUARY		37. DATE ACCEPTED BY LOCAL REGISTRAR	

114762



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

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DATE ISSUED: **SEP 24 2018**

This copy not valid unless printed on engraved border displaying seal and signature of Clerk-Recorder



Hugh Nguyen
HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

209-440

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's claim 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 Georgia Stevin 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 APN 050164009-7 sold at public auction on May 2, 2017. I understand that the total of excess proceeds available for refund is \$ 8,465.73 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]
(Signature of Party of Interest/Assignor)

Mark Allan Reynolds
(Name Printed)

1610 Roblin Rd
(Address)

STATE OF CALIFORNIA)
COUNTY OF Orange)ss.

Orange ca 92868
(City/State/Zip)

714 469-0687
(Area Code/Telephone Number)

On 06/28/2019 before me, Ian Delgado, Notary Public personally appeared Mark Allan Reynolds, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



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.

Georgia Stevin
(Signature of Assignee)

Georgia Stevin
(Name Printed)

123 12 Pearl Ave.
(Address)

STATE OF CALIFORNIA)
COUNTY OF Orange)ss.

N.B. Pa. 92662
(City/State/Zip)

On 5 July 2019 before me, the undersigned, a Notary Public in and for said State, personally appeared Georgia Stevin, 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.

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)

(This area for official seal)



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's claim 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 Georgia Stevin 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 APN 050114009-7 sold at public auction on May 2, 2017. I understand that the total of excess proceeds available for refund is \$ 8765.73 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.

John C. [Signature]
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.

Laura C Irving
(Name Printed)
8481 E. Foothill St
(Address)
Anaheim Ca 92809
(City/State/Zip)
714-273-7982
(Area Code/Telephone Number)

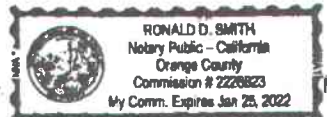
STATE OF CALIFORNIA)ss.
COUNTY OF Orange

On May 31, 2019 before me, Ronald D. Smith Notary Public, personally appeared Laura C. Irving, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



(This area for official seal)

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.

Georgia Stevin
(Signature of Assignee)

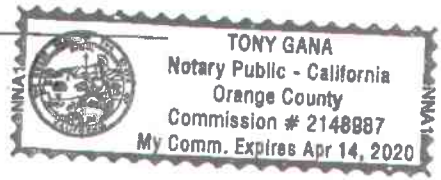
Georgia Stevin
(Name Printed)
123 1/2 Pearl Ave
(Address)
N.B. Ca. 92662
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF Orange

On 25 June 2019 before me, the undersigned, a Notary Public in and for said State, personally appeared Georgia Stevin, 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.

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



(This area for official seal)

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's claim 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 Georgia Slavin 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 APN 050164009-7 sold at public auction on May 2, 2017. I understand that the total of excess proceeds available for refund is \$ 8,765.73 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]
(Signature of Party of Interest/Assignor)

USA Slim
(Name Printed)

8 Cerrito
(Address)

IRVINE CA 92612
(City/State/Zip)

949-922-6126
(Area Code/Telephone Number)

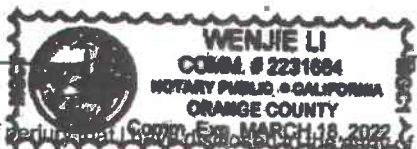
STATE OF CALIFORNIA)
COUNTY OF Orange)ss.

On June 8th, 2019 before me, Wenjie Li, Notary Public personally appeared Lisa Slim, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



(This area for official seal)

I, the undersigned, certify under penalty of perjury that I am a 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.

Georgia Slavin
(Signature of Assignee)

Georgia Slavin
(Name Printed)

123 1/2 Pearl Ave
(Address)

N.B. Ca. 92662
(City/State/Zip)

STATE OF CALIFORNIA)
COUNTY OF Orange)ss.

On 25 June 2019 before me, the undersigned, a Notary Public in and for said State, personally appeared Georgia Slavin, 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.

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



(This area for official seal)