

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



ITEM: 19.3
(ID # 10262)

MEETING DATE:
Tuesday, October 18, 2022

FROM : TREASURER-TAX COLLECTOR:

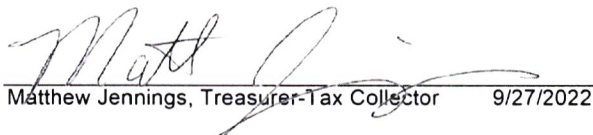
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item 525. Last assessed to: The Estate of Patrick Bruce Arnold. District 5. [\$156,483- Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Katherine Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 481171005-9;
2. Approve the claim from Megan Johnson AKA Megan (Kacarab) Johnson, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 481171005-9;

Continued on page 2

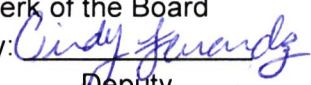
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 9/27/2022

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Spiegel 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: October 18, 2022
xc: Tax Collector

Kecia R. Harper
Clerk of the Board
By: 
Deputy

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

RECOMMENDED MOTION: That the Board of Supervisors:

3. Approve the claim from Michael Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 481171005-9;
4. Approve the claim from Matthew Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 481171005-9;
5. Authorize and direct the Auditor-Controller to issue a warrant to Katherine Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold in the amount of \$39,120.88, Megan Johnson AKA Megan (Kacarab) Johnson, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold in the amount of \$39,120.88, Michael Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold in the amount of \$39,120.88, and Matthew Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold in the amount of \$39,120.88, 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.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$156,483	\$ 0	\$156,483	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	22/23

C.E.O. RECOMMENDATION: Approve.

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 24, 2016 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 14, 2016. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 10, 2016, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an

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

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 4 claims for excess proceeds:

1. Claim from Katherine Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold based on a Grant Deed recorded July 24, 2007 as Instrument No. 2007-0477672, a notarized Affidavit for collection of personal property, and Certificates of Death for Julie E. Kacarab and Patrick Bruce Arnold.
2. Claim from Megan Johnson AKA Megan (Kacarab) Johnson, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold based on a Grant Deed recorded July 24, 2007 as Instrument No. 2007-0477672, a notarized Affidavit for collection of personal property, and Certificates of Death for Julie E. Kacarab and Patrick Bruce Arnold.
3. Claim from Michael Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold based on a Grant Deed recorded July 24, 2007 as Instrument No. 2007-0477672, a notarized Affidavit for collection of personal property, and Certificates of Death for Julie E. Kacarab and Patrick Bruce Arnold.
4. Claim from Matthew Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold based on a Grant Deed recorded July 24, 2007 as Instrument No. 2007-0477672, a notarized Affidavit for collection of personal property, and Certificates of Death for Julie E. Kacarab and Patrick Bruce Arnold.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Katherine Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold be awarded excess proceeds in the amount of \$39,120.88, Megan Johnson AKA Megan (Kacarab) Johnson, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold be awarded excess proceeds in the amount of \$39,120.88, Michael Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold be awarded excess proceeds in the amount of \$39,120.88 and Matthew Kacarab, heir to the Estate of Julie E. Kacarab AKA Julie Kacarab AKA Julie Ellen Kacarab heir to the Estate of Patrick Bruce Arnold be awarded excess proceeds in the amount of \$39,120.88. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to claimants by certified mail.

Impact on Residents and Businesses

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

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STATE OF CALIFORNIA

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Katherine

ATTACHMENT B. Claim Megan

ATTACHMENT C. Claim Michael

ATTACHMENT D. Claim Matthew


Steven Atkeson 10/10/2022

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

RECEIVED

2017 JUL 14 AM 8:51

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 525 Assessment No.: 481171005-9

Assessee: ARNOLD PATRICK BRUCE ESTATE OF

Situs: 24531 WEBSTER AVE MORENO VALLEY 92553

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$156,483.52 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. 007-0477672; recorded on 7/24/2011. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

- ① Claim Summary
- ② Explanation of Events
- ③ Original Death Certificates for Julie Kacaras, Patrick Arnold, Elizabeth Arnold, Orren Arnold, Brian Arnold
- ④ Copy of the Arnold Family Trust
- ⑤ Grant Deed for property to Patrick Arnold
- ⑥ Birth certificates for heirs - Katherine Kacaras, Megan Johnson, Michael Kacaras, Matthew Kacaras
- ⑦ Photo ID copies for each heir
- ⑧ Affidavits (notarized) for each heir (refer also to claim summary)

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 day of July, 2017 at Riverside, CA
County, State

Katherine Kacaras
Signature of Claimant

Signature of Claimant

Katherine Kacaras
Print Name

Print Name

1176 Collins Street
Street Address

Street Address

Riverside, CA, 92505
City, State, Zip

City, State, Zip

951-237-6455
Phone Number

Phone Number

DOC # 2007-0477672

07/24/2007 08:00A Fee:7.00

Page 1 of 1

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Julie Kacarab
7651 Frazer Drive
Riverside, Ca 92509



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			1						2
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
									512

A.P.N.: 481-171-005-9 TRA #: 021-329

GRANT DEED

C
512

THE UNDERSIGNED GRANTOR(S) DECLARE(S) THAT DOCUMENTARY TRANSFER TAX IS: COUNTY \$0 & CITY \$0

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- unincorporated area; City of Moreno Valley, and

FOR A VALUABLE CONSIDERATION, Receipt of which is hereby acknowledged,
Julie E. Kacarab, Successor Trustee of the Arnold Family Trust dated July 19, 2003

hereby GRANT(S) to **Patrick Bruce Arnold, A single man**
the following described property in the City of **Moreno Valley**, County of **Riverside** State of California;

Lot 217 of Edgemont Gardens, as shown by map on file in Book 15, page 90 of maps, Records of Riverside County, California.

Julie E. Kacarab, Successor Trustee
Julie E. Kacarab, Successor Trustee

Document Date: July 20, 2007

STATE OF CALIFORNIA)
COUNTY OF Riverside) JSS

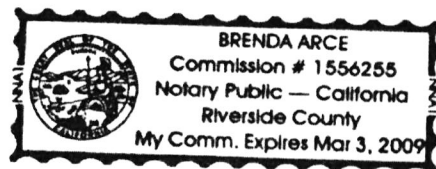
On July 20, 2007 before me, Brenda Arce, Notary Public
personally appeared Julie E. Kacarab, Successor Trustee

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

WITNESS my hand and official seal.

Signature *[Signature]*

This area for official notarial seal.



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Patrick Bruce Arnold died on February 6, 2008, in the County of San Bernardino, State of California.

2. 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. *(The death certificate was provided in the claim package that was submitted)*

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

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. An inventory and appraisal of the real property included in the decedent's estate is attached.
 There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess tax proceeds from the sale of property documented in Recorder's Document No. 2007-0477672 recorded on 7/24/2007. These proceeds total \$156,483.52.

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:
Katherine Kacarab, Megan Johnson (married name), Michael Kacarab, and Matthew Kacarab

8. The undersigned

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.

The affiant or declarant is 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.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 16 February 2019

Signed: Katherine Kacarab
(Signed in counter-part)

Katherine Kacarab

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 San Bernardino

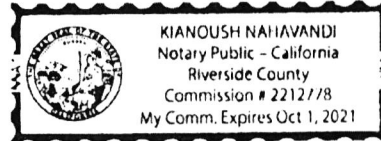
On February 17, 2019 before me, Kianoush Nahavandi, Notary Public
(insert name and title of the officer)

personally appeared Katherine Kacarab 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 Kianoush Nahavandi (Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052016211949

CERTIFICATE OF DEATH

3201633012412

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JULIE		2. MIDDLE ELLEN		3. LAST (Family) KACARAB	
4. DATE OF BIRTH mm/dd/yyyy 12/30/1953		5. AGE Yrs 62		6. SEX F	
5. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (SDP)* at Time of Death MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/27/2016		8. HOUR (24 Hours) 1120	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ADMINISTRATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) GOVERNMENT		19. YEARS IN OCCUPATION UNK	
20. DECEDENT'S RESIDENCE (Street and number, or location) 7651 FRAZER DR					
21. CITY RIVERSIDE		22. COUNTY/PROVINCE RIVERSIDE		25. STATE/FOREIGN COUNTRY CA	
23. ZIP CODE 92509		24. YEARS IN COUNTY 60			
26. INFORMANT'S NAME, RELATIONSHIP JOHN KACARAB, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7651 FRAZER DR, RIVERSIDE, CA 92509		
28. NAME OF SURVIVING SPOUSE/SDP - FIRST JOHN		29. MIDDLE HENRY		30. LAST (BIRTH NAME) KACARAB	
31. NAME OF FATHER/PARENT - FIRST ORREN		32. MIDDLE BRUCE		33. LAST ARNOLD	
34. BIRTH STATE UNK		35. NAME OF MOTHER/PARENT - FIRST ELIZABETH		36. MIDDLE FRANCIS	
37. LAST (BIRTH NAME) UNK		38. BIRTH STATE UNK			
39. DISPOSITION DATE mm/dd/yyyy 11/02/2016		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER FERNANDO CENTENO		43. LICENSE NUMBER EMB8275	
44. NAME OF FUNERAL ESTABLISHMENT INLAND MEMORIAL		45. LICENSE NUMBER FD1678		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 11/01/2016					
101. PLACE OF DEATH RESIDENCE					
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 7651 FRAZER DR		106. CITY RIVERSIDE	
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 ventilator dislodgment without showing the etiology. DO NOT ABBREVIATE. (a) LUNG CANCER					
108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
110. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. ALTOPIPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input 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 IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attested Since (A) mm/dd/yyyy : (B) mm/dd/yyyy 10/25/2016 : 10/27/2016		115. SIGNATURE AND TITLE OF CERTIFIER JEFFREY R SIMONS M.D.		116. LICENSE NUMBER G15540	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY R SIMONS M.D. 4199 FLAT ROCK DRIVE STE 200, RIVERSIDE, CA 92505		118. DATE mm/dd/yyyy 10/28/2016			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				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, Department of Public Health.

DATE ISSUED **Nov 7, 2016**

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

001457106

DR. CAMERON KAISER, MD
COUNTY HEALTH OFFICER



CARIVERSOJ

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3200836001625

1 of 2

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		3 LAST (Family)	
PATRICK		ARNOLD	
2 MIDDLE		4 DATE OF BIRTH mm/dd/yyyy	
BRUCE		04/15/1952	
5 AGE Yrs		6 SEX	
55		M	
9 BIRTH STATE/FOREIGN COUNTRY		12 MARITAL STATUS (at time of death)	
WA		NEVER MARRIED	
10 SOCIAL SECURITY NUMBER		7 DATE OF DEATH mm/dd/yyyy	
		02/06/2008	
11 EVER IN U.S. ARMED FORCES?		8 HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		2128 FND	
13 EDUCATION - Highest Level/Degree (See worksheet on back)		16 DECEDENT'S RACE - Up to 3 races may be stated (See worksheet on back)	
BACHELOR <input type="checkbox"/> YES <input type="checkbox"/> NO		CAUCASIAN	
14 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
AUTO MECHANIC		MAINTENANCE AND RESTORATION OF AUTOS	
19 YEARS IN OCCUPATION		30	
20 DECEDENT'S RESIDENCE (Street and number or location)		23 ZIP CODE	
1981 ADAMS STREET		92407	
21 CITY		24 YEARS IN COUNTY	
SAN BERNARDINO		27	
22 COUNTY/PROVINCE		25 STATE/FOREIGN COUNTRY	
SAN BERNARDINO		CA	
28 INFORMANT'S NAME, RELATIONSHIP		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
JULIE KACARAB, SISTER		7651 FRAZER DRIVE, RIVERSIDE, CA 92509	
29 NAME OF SURVIVING SPOUSE - FIRST		30 LAST (Maiden Name)	
31 NAME OF FATHER - FIRST		32 MIDDLE	
ORREN		BRUCE	
33 NAME OF MOTHER - FIRST		34 LAST	
ELIZABETH		ARNOLD	
35 MIDDLE		36 BIRTH STATE	
FRANCES		MI	
37 LAST (Maiden)		38 BIRTH STATE	
GRAY		OR	
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION	
02/20/2008		EVERGREEN MEMORIAL PARK 4414 14TH STREET, RIVERSIDE, CA 92501	
41 TYPE OF DISPOSITIONS:		42 SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT	
		STANLEY L DICKEY MORTUARY	
45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
FD931		MARGARET BEED, MD	
47 DATE mm/dd/yyyy		48 SIGNATURE OF LOCAL REGISTRAR	
02/19/2008		MARGARET BEED, MD	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
AT HOME		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
SAN BERNARDINO		1981 WEST ADAMS	
106 CITY		107 CAUSE OF DEATH	
MUSCOY		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 venous stasis/fat embolism without showing the etiology. DO NOT ABBREVIATE	
108 DEATH REPORTED TO CORNER?		Time Interval Between Onset and Death	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		700801130	
109 BIOPSY PERFORMED?		110 AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111 USED IN DETERMINING CAUSE?		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		113A IF FEMALE, PREGNANT IN LAST YEAR?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115 SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since		116 LICENSE NUMBER	
(A) mm/dd/yyyy (B) mm/dd/yyyy		117 DATE mm/dd/yyyy	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121 INJURY DATE mm/dd/yyyy		122 HOUR (24 hours)	
02/19/2008			
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	
		ANDREW AVERY	
127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
02/19/2008		ANDREW AVERY, DEP CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	
02-2-08 2-3-18			
012008000735200			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SAN BERNARDINO

DATE ISSUED Mar 13, 2008

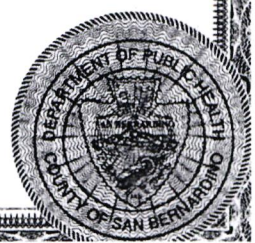
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

Margaret M Beed MD

ERIC FRYKMAN, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS



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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

2 of 2

STATE FILE NUMBER _____ LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3200836001625

PART I INFORMATION TO LOCATE RECORD			
1 NAME--FIRST (GIVEN) PATRICK	2 MIDDLE BRUCE	3 LAST (FAMILY) ARNOLD	4 SEX M
5 DATE OF EVENT--MM/DD/CCYY 02/06/2008 FND	6 CITY OF OCCURRENCE MUSCOY	7 COUNTY OF OCCURRENCE SAN BERNARDINO	

PART II STATEMENT OF CORRECTIONS		
8 CERTIFICATE ITEM NUMBER	9 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10 INFORMATION AS IT SHOULD APPEAR
107A	PENDING INVESTIGATION	GUNSHOT WOUNDS OF HEAD AND TORSO
107AT	-	MINUTES
112	-	NONE
113	-	NO
119	PENDING INVESTIGATION	HOMICIDE
120	-	NO
121	-	02/06/2008
122	-	2128
123	-	AT HOME
124	-	SHOT BY ASSAILANT(S)
125	-	1981 W. ADAMS, MUSCOY, CA 92407

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ▶ CHALONE RHEA-HUDGENS	12 DATE SIGNED--MM/DD/CCYY 03/05/2008	13 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEP CORONER
	14 ADDRESS--STREET AND NUMBER 175 SOUTH LENA ROAD	15 CITY SAN BERNARDINO	16 STATE : 17 ZIP CODE CA 92415
STATE/LOCAL REGISTRAR USE ONLY	18 OFFICE OF VITAL RECORDS OR SIGNATURE OF LOCAL REGISTRAR ▶ MARGARET BEED, MD	19 DATE ACCEPTED FOR REGISTRATION--MM/DD/YY 03/13/2008	

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS VS 24A (REV 10/03) "022008000103253" 1.1

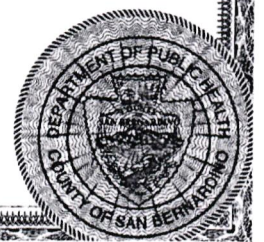
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN BERNARDINO } SS DATE ISSUED Mar 13, 2008

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

Margaret M Beed MD

Eric Frykman
ERIC FRYKMAN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS



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

AFFIDAVIT

I, Katherine Kacarab as an heir to the Estate of Arnold Patrick Bruce (via Julie Kacarab, his sister and my mother), do hereby declare:

1. I am over the age of 18 and a resident of Riverside, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and completely thereto.
2. Patrick Bruce Arnold left no surviving spouse or children. As a result, Julie Kacarab would have been an heir to the Estate of Patrick Bruce Arnold as she was his sister and the last living member of the Arnold family.
3. Patrick Bruce Arnold is one and the same person who is noted on Grant Deed as Document Number: 2007-0477672, recorded on 7/24/2007 in Riverside County, CA.
4. I, Katherine Kacarab, am a biological daughter of the decedent, Julie Kacarab.
5. Julie Kacarab is one and the same person as Julie Ellen Kacarab and Julie E. Kacarab.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 18 day of May, 2017 in Riverside, California.

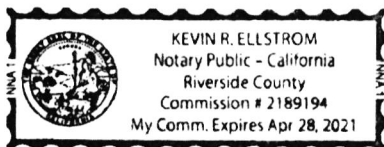
x Katherine Kacarab
Katherine Kacarab as an heir to the Estate of Patrick Bruce Arnold via Julie Kacarab

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 California
County of Riverside

Subscribed and sworn to (or affirmed) before me on this 17th day of May, 2017 by
Katherine Kacarab
Name of Signer



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

Signature Kevin R. Ellstrom
Signature of Notary Public

(Place Notary Seal Above)

CLAIM SUMMARY

DATE: July 12, 2017
TO: Riverside County Treasurer and Tax Collector

Assessor's Parcel Number: 481-171-005-9
Sale Date: July 14, 2016
TC: TC 207
Item Number: 525
Deadline: July 14, 2017

Dear Treasurer/Tax Collector:

1. Claimant(s): Katherine Elizabeth Kacarab

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

1. Claim for Excess Proceeds from the Sale of Tax-Defaulted Property signed by Katherine Kacarab as an heir to the Estate of Patrick Bruce Arnold (via mother, Julie Kacarab, who would have been heir to the Estate of Patrick Bruce Arnold)
2. Explanation of Events
3. Original Certificates of Death for Julie Ellen Kacarab, Patrick Bruce Arnold, Elizabeth Frances Arnold, Orren Bruce Arnold, and Brian Douglas Arnold
4. Copy of the Arnold Family Trust
5. Grant Deed granting interest to Patrick Bruce Arnold, a single man (now deceased) as Documents Number: 2007-0477672 recorded on 7/24/2007 in Riverside County, CA showing ownership
6. Certificates of Live Birth for Katherine Kacarab, Megan (Kacarab) Johnson, Michael Kacarab, and Matthew Kacarab showing Julie Kacarab as their mother
7. Copies of photo identification cards for Katherine Kacarab, Megan (Kacarab) Johnson, Michael Kacarab, and Matthew Kacarab
8. Affidavit for Katherine Kacarab, Megan (Kacarab) Johnson, Michael Kacarab, and Matthew Kacarab

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

- Four warrants totaling 25% each (to total 100%) of the amount of the excess proceeds made payable to the following beneficiaries:
 - Katherine Kacarab, 11176 Collin Street, Riverside, CA 92505
 - Megan Johnson, 11176 Collin Street, Riverside, CA 92505
 - Michael Kacarab, 1084 N. Orange Street, Apt 4, Riverside, CA 92501
 - Matthew Kacarab, 821 Donovan Court, Davis, CA 95618

Please address questions regarding the attached claim to Katherine Kacarab at 951-237-6455 or kekacarab@gmail.com.

Thank you in advance for your timely review and approval of the attached claim.

EXPLANATION OF EVENTS

Property: 481-171-005-9

- ❖ Patrick B. Arnold was the last record owner of the above property per the Grant Deed recorded on 7/24/2007.
- ❖ Julie E. Kacarab was the successor trustee to the Arnold Family Trust, which states that the above property would go to Patrick B. Arnold as part of his inheritance (Chapter 2, pg. 7 in the Arnold Family Trust).
- ❖ The above property was Grant Deeded to Patrick B. Arnold on 7/24/2007.
- ❖ Patrick B. Arnold passed away on 2/6/2008 without a surviving spouse or children. Julie Ellen Kacarab, his sister, was the final surviving Arnold family member and resulting heir.
- ❖ Julie E. Kacarab passed away on 10/27/2016. She left NO Last Will & Testament.
- ❖ Julie E. Kacarab left FOUR surviving biological children: Katherine Kacarab, Megan (Kacarab) Johnson, Michael Kacarab, and Matthew Kacarab.

The above named four Heirs are believed to be entitled to collect 100% of the Excess Proceeds (25% each) for the above property.

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 525 Assessment No.: 481171005-9

Assessee: ARNOLD PATRICK BRUCE ESTATE OF

Situs: 24531 WEBSTER AVE MORENO VALLEY 92553

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$156,483.52 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. 2007-0477672, recorded on 7/24/2007. 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.

PLEASE REFER TO CLAIM SUMMARY AND ATTACHED
DOCUMENTATION IN PACKAGE SUBMITTED BY KATHERINE
KACARAG.

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 25TH day of NOVEMBER, 2020 at RIVERSIDE, CA
County, State

Megan Johnson
Signature of Claimant

Signature of Claimant

MEGAN JOHNSON
Print Name

Print Name

11176 COLLIN STREET
Street Address

Street Address

RIVERSIDE, CA 92505
City, State, Zip

City, State, Zip

(951) 212-9018
Phone Number

Phone Number

Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA)

From: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Sent: Wednesday, October 21, 2020 11:08 AM
To: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA)
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA); sk8terbee83; Matthew K; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: [Non-DoD Source] RE: Update on Assessment 481171005-9 (Excess Proceeds)

I believe there is a drop box out front and our remote offices are taking appointments.

From: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA) <michael.kacarab@navy.mil>
Sent: Wednesday, October 21, 2020 10:21 AM
To: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA) <katherine.kacarab@navy.mil>; sk8terbee83 <sk8terbee83@gmail.com>; Matthew K <mtkacarab@gmail.com>; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: RE: Update on Assessment 481171005-9 (Excess Proceeds)

I would prefer to hand deliver it – is that possible to do right now?

v/r,
Michael Kacarab
Weapons Assessment Analyst, Code AR41
Acquisition & Readiness Department
NSWC Corona Division
Email: michael.kacarab@navy.mil
Work: (951) 393-4768
Mobile: (909) 265-0147

From: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Sent: Wednesday, October 21, 2020 10:04 AM
To: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA) <michael.kacarab@navy.mil>; RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA) <katherine.kacarab@navy.mil>; sk8terbee83 <sk8terbee83@gmail.com>; Matthew K <mtkacarab@gmail.com>; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: [Non-DoD Source] RE: Update on Assessment 481171005-9 (Excess Proceeds)

Can you mail in the original/wet ink copy?

From: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA) <michael.kacarab@navy.mil>
Sent: Tuesday, October 20, 2020 12:02 PM
To: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA) <katherine.kacarab@navy.mil>; sk8terbee83 <sk8terbee83@gmail.com>; Matthew K <mtkacarab@gmail.com>; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: RE: Update on Assessment 481171005-9 (Excess Proceeds)
Importance: High

Miriam;

Please see the attached. I went ahead and attached the email to the completed form and saved as a single PDF. Let me know if this is sufficient or if I need to submit anything else. We'll work on getting the rest of them to you shortly. Thanks again for all your help!

v/r,
Michael Kacarab
Weapons Assessment Analyst, Code AR41
Acquisition & Readiness Department
NSWC Corona Division
Email: michael.kacarab@navy.mil
Work: (951) 393-4768
Mobile: (909) 265-0147

From: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Sent: Monday, October 19, 2020 4:53 PM
To: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA) <michael.kacarab@navy.mil>
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA) <katherine.kacarab@navy.mil>; sk8terbee83@gmail.com; mtkacarab@gmail.com; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: [Non-DoD Source] RE: Update on Assessment 481171005-9 (Excess Proceeds)

No need, however if you needed to, please write that on a separate sheet OR submit with a copy of this email.

Kindest Regards,

Miriam C. Marquez
Sr. Accounting Assistant
Tax Sale Operations/Excess Proceeds



Tel 951 955-3336/Fax 951 955-3990
*4/10 Fridays off

From: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA) <michael.kacarab@navy.mil>
Sent: Monday, October 19, 2020 10:18 AM
To: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA) <katherine.kacarab@navy.mil>; sk8terbee83@gmail.com; mtkacarab@gmail.com; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: RE: Update on Assessment 481171005-9 (Excess Proceeds)

Miriam,

Thank you for all your time and effort on this! We really appreciate it. We do have a question regarding the claim form you sent for the rest of us to fill out. We wanted to know the best way to reference a tie back to the entire package that my sister submitted. We were thinking of something along the lines of, "Please refer to claim summary and attached

documents in package submitted by Katherine Kacarab. This form is being filled out by each claimant per Miriam Marquez's e-mail request dated 19 October 2020." Would that be sufficient?

v/r,
Michael Kacarab
Weapons Assessment Analyst, Code AR41
Acquisition & Readiness Department
NSWC Corona Division
Email: michael.kacarab@navy.mil
Work: (951) 393-4768
Mobile: (909) 265-0147

From: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Sent: Monday, October 19, 2020 9:20 AM
To: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA) <michael.kacarab@navy.mil>
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA) <katherine.kacarab@navy.mil>; sk8terbee83@gmail.com; mtkacarab@gmail.com; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: [Non-DoD Source] RE: Update on Assessment 481171005-9 (Excess Proceeds)

Good morning All,

I will request for status from management shortly. In the meantime, could I get each of you, (except Katherine) to fill out a claim form that I have attached. I structured the recommendation to show each of you as a claimant and pushed through as is, however I would like to include a claim from each of you in case county counsel asks, it will already be in the file.

My assumption is that this file should be ready for county counsel soon as I have really pressured our management chain at each level to review this file, however I will request status.

Kindest Regards,

Miriam C. Marquez
Sr. Accounting Assistant
Tax Sale Operations/Excess Proceeds



OFFICE OF THE TREASURER TAX COLLECTOR
RIVERSIDE COUNTY CALIFORNIA
Tel 951 955-3336/Fax 951 955-3990
*4/10 Fridays off

From: Kacarab, Michael C CIV USN NAVSURFWARCEN COR CA (USA) <michael.kacarab@navy.mil>
Sent: Thursday, October 15, 2020 12:09 PM
To: RCTTC Excess Proceeds <RCTTCExcessProceeds@rivco.org>
Cc: Kacarab, Katherine E CIV USN NAVSURFWARCEN COR CA (USA) <katherine.kacarab@navy.mil>; sk8terbee83@gmail.com; mtkacarab@gmail.com; kekacarab@gmail.com; cotangentbeta@gmail.com
Subject: Update on Assessment 481171005-9 (Excess Proceeds)
Importance: High

Hi Miriam,

I hope you all are doing well right now in the midst of everything that's going on! I just wanted to check up on this since it's been a while since I last asked about it. Is there any word from management about the status of our assessment TC 207 Item 525, 481171005-9?

Thanks for all your time and effort!

v/r,

Michael Kacarab

Data Analyst, Code AR41

Acquisition & Readiness Department

NSWC Corona Division

Email: michael.kacarab@navy.mil

Work: (951) 393-4768

Mobile: (909) 265-0147

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County of Riverside California

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 525 Assessment No.: 481171005-9

Assessee: ARNOLD PATRICK BRUCE ESTATE OF

Situs: 24531 WEBSTER AVE MORENO VALLEY 92553

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

RECEIVED
2017 JUL 14 AM 8:51
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$156,483.52 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. 2007-0477672; recorded on 7/24/2007. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

- ① Claim Summary
- ② Explanation of Events
- ③ Original Death Certificates for Julie Kacaras, Patrick Arnold, Elizabeth Arnold, Orrey Arnold, Brian Arnold
- ④ Copy of the Arnold Family Trust
- ⑤ Grant Deed for property to Patrick Arnold
- ⑥ Birth certificates for heirs: Katherine Kacaras, Megan Johnson, Michael Kacaras, Matthew Kacaras
- ⑦ Photo ID copies for each heir
- ⑧ Affidavits (notarized) for each heir (refer also to claim summary)

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 day of July, 2017 at Riverside, CA
County, State

Katherine Kacaras
Signature of Claimant

Signature of Claimant

Katherine Kacaras
Print Name

Print Name

11176 Colvin Street
Street Address

Street Address

Riverside, CA, 92505
City, State, Zip

City, State, Zip

951-237-6455
Phone Number

Phone Number

DOC # 2007-0477672

07/24/2007 08:00A Fee:7.00

Page 1 of 1

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Julie Kacarab
7651 Frazer Drive
Riverside, Ca 92509



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			1						2
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
									512

A.P.N.: 481-171-005-9 TRA #: 021-329

GRANT DEED



THE UNDERSIGNED GRANTOR(S) DECLARE(S) THAT DOCUMENTARY TRANSFER TAX IS: COUNTY \$0 & CITY \$0

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- unincorporated area; City of Moreno Valley, and

FOR A VALUABLE CONSIDERATION, Receipt of which is hereby acknowledged,
Julie E. Kacarab, Successor Trustee of the Arnold Family Trust dated July 19, 2003

hereby GRANT(S) to **Patrick Bruce Arnold, A single man**
the following described property in the City of **Moreno Valley**, County of **Riverside** State of California;

Lot 217 of Edgemont Gardens, as shown by map on file in Book 15, page 90 of maps, Records of Riverside County, California.

Julie E. Kacarab Successor Trustee
Julie E. Kacarab, Successor Trustee

Document Date: July 20, 2007

STATE OF CALIFORNIA)
COUNTY OF Riverside)

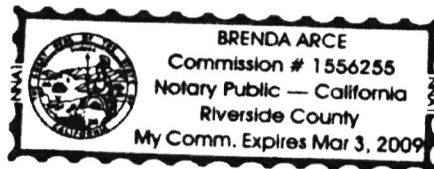
On July 20, 2007 before me, Brenda Arce, Notary Public
personally appeared Julie E. Kacarab, Successor Trustee

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

WITNESS my hand and official seal.

Signature *[Signature]*

This area for official notarial seal.



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Patrick Bruce Arnold died on February 6, 2008, in the County of San Bernardino, State of California.

2. 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.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

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. An inventory and appraisal of the real property included in the decedent's estate is attached.
 There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess tax proceeds from the sale of property documented in Recorder's Document No. 2007-0477672 recorded on 7/24/2007. These proceeds total \$156,483.52.

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

Katherine Kacarab, Megan Johnson (married name), Michael Kacarab, and Matthew Kacarab

8. The undersigned

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.

The affiant or declarant is 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.

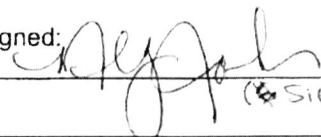
9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 17 February 2019

Signed:



(* SIGNED IN COUNTERPART)

MEGAN JOHNSON

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 San Bernardino

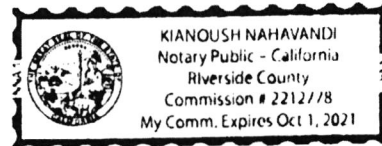
On February 17, 2019 before me, Kianoush Nahavandi, Notary Public
(insert name and title of the officer)

personally appeared Megan Johnson 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 Kianoush Nahavandi (Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052016211949

CERTIFICATE OF DEATH

3201633012412

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS VS-1 (REV. 1/15)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JULIE		2. MIDDLE ELLEN		3. LAST (Family) KACARAB	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/30/1953		5. AGE Yrs 62	
6. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) GOVERNMENT		19. YEARS IN OCCUPATION UNK	
20. DECEDENT'S RESIDENCE (Street and number, or location) 7651 FRAZER DR		21. CITY RIVERSIDE		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92509		24. YEARS IN COUNTY 60		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME RELATIONSHIP JOHN KACARAB, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route (number, city or town, state and zip)) 7651 FRAZER DR, RIVERSIDE, CA 92509			
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST JOHN		29. MIDDLE HENRY		30. LAST (BIRTH NAME) KACARAB	
31. NAME OF FATHER/PARENT-FIRST ORREN		32. MIDDLE BRUCE		33. LAST ARNOLD	
34. BIRTH STATE UNK		35. NAME OF MOTHER/PARENT-FIRST ELIZABETH		36. MIDDLE FRANCIS	
37. LAST (BIRTH NAME) UNK		38. BIRTH STATE UNK		39. DISPOSITION DATE mm/dd/yyyy 11/02/2016	
40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER FERNANDO CENTENO	
43. LICENSE NUMBER EMB8275		44. NAME OF FUNERAL ESTABLISHMENT INLAND MEMORIAL		45. LICENSE NUMBER FD1678	
46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		47. DATE mm/dd/yyyy 11/01/2016		48. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
49. DATE mm/dd/yyyy 11/01/2016		101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICP <input type="checkbox"/> OCA	
103. COUNTY RIVERSIDE		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 7651 FRAZER DR		105. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
106. CITY RIVERSIDE		107. CAUSE OF DEATH LUNG CANCER		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. IMMEDIATE CAUSE (If final disease or condition resulting in death) LUNG CANCER		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	
115. SIGNATURE AND TITLE OF CERTIFIER JEFFREY R SIMONS M.D.		116. LICENSE NUMBER G15540		117. DATE mm/dd/yyyy 10/28/2016	
118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE JEFFREY R SIMONS M.D. 4199 FLAT ROCK DRIVE STE 200, RIVERSIDE, CA 92505		119. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since: mm/dd/yyyy 10/25/2016		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number or location, and city and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		01000100332237			

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, Department of Public Health.

Nov 7, 2016

DATE ISSUED

001457106

Cameron Kaiser
DR. CAMERON KAISER, MD
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CARIVERSO1

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY AND FILL IN ALL SPACES. WRITE OUTS OR ABBREVIATIONS
 UNLESS OTHERWISE SPECIFIED

3200836001625

1 of 2

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT — FIRST (Given)		3 LAST (Family)	
PATRICK		ARNOLD	
2 MIDDLE		4 DATE OF BIRTH month/day	
BRUCE		04/15/1952	
5 AGE Yrs		6 SEX	
55		M	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
WA			
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		17 MARITAL STATUS (at time of death)	
		NEVER MARRIED	
13 EDUCATION — Highest Level/Degree (See instructions on back)		16 DECEDENT'S RACE — (Up to 3 races may be listed (see instructions on back))	
BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
AUTO MECHANIC		MAINTENANCE AND RESTORATION OF AUTOS	
20 DECEDENT'S RESIDENCE (Street and number or location)		19 YEARS IN OCCUPATION	
1981 ADAMS STREET		30	
21 CITY		23 ZIP CODE	
SAN BERNARDINO		92407	
22 COUNTY/PROVINCE		24 YEARS IN COUNTY	
SAN BERNARDINO		27	
25 STATE/FOREIGN COUNTRY		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state ZIP)	
CA		7651 FRAZER DRIVE, RIVERSIDE, CA 92509	
28 INFORMANT'S NAME, RELATIONSHIP		29 NAME OF SURVIVING SPOUSE — FIRST	
JULIE KACARAB, SISTER			
30 LAST (Maiden Name)		31 NAME OF FATHER — FIRST	
		ORREN	
32 MIDDLE		33 LAST	
BRUCE		ARNOLD	
34 BIRTH STATE		35 NAME OF MOTHER — FIRST	
MI		ELIZABETH	
36 MIDDLE		37 LAST (Maiden)	
FRANCES		GRAY	
38 BIRTH STATE		39 DISPOSITION DATE month/day	
OR		02/20/2008	
40 PLACE OF FINAL DISPOSITION		41 TYPE OF DISPOSITION(S)	
EVERGREEN MEMORIAL PARK 4414 14TH STREET, RIVERSIDE, CA 92501		CR/BU	
42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER	
NOT EMBALMED			
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	
STANLEY L DICKEY MORTUARY		FD931	
46 SIGNATURE OF LOCAL REGISTRAR		47 DATE month/day	
MARGARET BEED, MD		02/19/2008	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
AT HOME		<input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
SAN BERNARDINO		1981 WEST ADAMS	
106 CITY		107 CAUSE OF DEATH	
MUSCOY		Enter the chain of events — Obvious, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE	
108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110 BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115 SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since: month/day		116 LICENSE NUMBER	
Decedent Last Seen Alive: month/day		117 DATE month/day	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE	
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121 INJURY DATE month/day	
122 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122 HOUR (24 Hours)	
123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125 SIGNATURE OF CORONER / DEPUTY CORONER		126 DATE month/day	
ANDREW AVERY		02/19/2008	
127 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128 SIGNATURE OF REGISTRAR	
ANDREW AVERY, DEP CORONER		02-2-2008 2-3-18	
STATE REGISTRAR		CENSUS TRACT	
012008000735200			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

Mar 13, 2008

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

Margaret M Beed MD

ERIC FRYKMAN, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS



0 0 1 7 4 8 3 2 8

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STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
 351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
 USE BLACK INK ONLY

3200836001625

2 of 2

STATE FILE NUMBER

1.1

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION TO LOCATE RECORD			
1 NAME AS IT APPEARS ON RECORD	2 NAME—FIRST (GIVEN)	3 MIDDLE	4 LAST (FAMILY)
	PATRICK	BRUCE	ARNOLD
5 DATE OF EVENT—MM/DD/CCYY	6 CITY OF OCCURRENCE	7 COUNTY OF OCCURRENCE	8 SEX
02/06/2008 FND	MUSCOY	SAN BERNARDINO	M

PART II STATEMENT OF CORRECTIONS		
CERTIFICATE ITEM NUMBER	9 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10 INFORMATION AS IT SHOULD APPEAR
107A	PENDING INVESTIGATION	GUNSHOT WOUNDS OF HEAD AND TORSO
107AT	-	MINUTES
112	-	NONE
113	-	NO
119	PENDING INVESTIGATION	HOMICIDE
120	-	NO
121	-	02/06/2008
122	-	2128
123	-	AT HOME
124	-	SHOT BY ASSAILANT(S)
125	-	1981 W ADAMS, MUSCOY, CA 92407

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	12 DATE SIGNED—MM/DD/CCYY	13 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
	▶ CHALONE RHEA-HUDGENS	03/05/2008	DEP CORONER
STATE/LOCAL REGISTRAR USE ONLY	14 ADDRESS—STREET AND NUMBER	15 CITY	16 STATE 17 ZIP CODE
	175 SOUTH LENA ROAD	SAN BERNARDINO	CA 92415
	18 OFFICE OF VITAL RECORDS OR SIGNATURE OF LOCAL REGISTRAR	19 DATE ACCEPTED FOR REGISTRATION—MM/DD/YY	
	▶ MARGARET BEED, MD	03/13/2008	

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS VS 24A (REV 10/03) '02200800103253'

1.1

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SAN BERNARDINO

DATE ISSUED

Mar 13, 2008

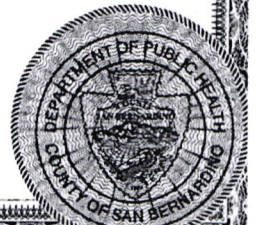
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

Margaret M Beed MD

ERIC FRYKMAN, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS



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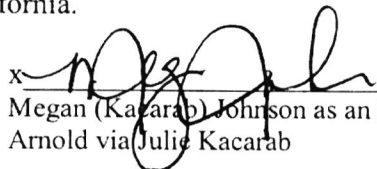


AFFIDAVIT

I, Megan (Kacarab) Johnson, as an heir to the Estate of Arnold Patrick Bruce (via Julie Kacarab, his sister and my mother), do hereby declare:

1. I am over the age of 18 and a resident of Riverside, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and completely thereto.
2. Patrick Bruce Arnold left no surviving spouse or children. As a result, Julie Kacarab would have been an heir to the Estate of Patrick Bruce Arnold as she was his sister and the last living member of the Arnold family.
3. Patrick Bruce Arnold is one and the same person who is noted on Grant Deed as Document Number: 2007-0477672, recorded on 7/24/2007 in Riverside County, CA.
4. I, Megan (Kacarab) Johnson, am a biological daughter of the decedent, Julie Kacarab.
5. Julie Kacarab is one and the same person as Julie Ellen Kacarab and Julie E. Kacarab.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 18 day of May, 2017 in Riverside, California.

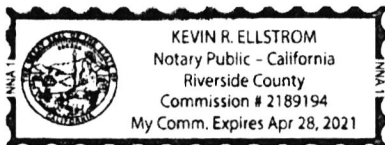
x 
Megan (Kacarab) Johnson as an heir to the Estate of Patrick Bruce
Arnold via Julie Kacarab

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 he truthfulness, accuracy, or validity of that document.


State of Cal. form. ca
County of Riverside

Subscribed and sworn to (or affirmed) before me
on this 19th day of May, 2017 by
Megan (Kacarab) Johnson
Name of Signer



(Place Notary Seal Above)

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

Signature 
Signature of Notary Public