

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



ITEM: 19.3  
(ID # 10729)

MEETING DATE:  
Tuesday, April 18, 2023

FROM : TREASURER-TAX COLLECTOR:

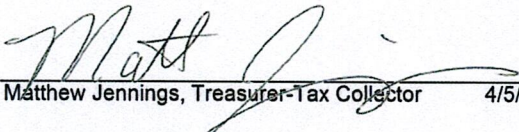
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item(s) 965, 966, & 967. Last assessed to: Olive Poli, an undivided one-fourth interest; Vivy Ann Van Dorn, an undivided one-fourth interest; Bessie O'Donovan, an undivided one-fourth interest and Adella M. O'Donovan, a one-fourth undivided interest. District 4. [\$18,498-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claims from Robert J. Morris, heir to the Estate of Bessie O'Donovan AKA Bessie D. O'Donovan, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 709190001-9, 709190004-2 & 709190005-3;

Continued on Page 2

ACTION:Policy

  
Matthew Jennings, Treasurer-Tax Collector 4/5/2023

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MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Gutierrez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: April 18, 2023  
xc: Tax Collector

Kimberly Rector  
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:

2. Approve the claims from Wallace L. Huddleston heir to the Estate of Noreen O'Donovan Huddleston, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 709190001-9, 709190004-2 & 709190005-3;
3. Approve the claims from Leahla Cochell, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 709190001-9, 709190004-2 & 709190005-3;
4. Authorize and direct the Auditor-Controller to issue a warrant to Robert J. Morris, heir to the Estate of Bessie O'Donovan AKA Bessie D. O'Donovan, in the amount of \$11,099.31, to Wallace L. Huddleston heir to the Estate of Noreen O'Donovan Huddleston, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, in the amount of \$3,699.78, and to Leahla Cochell, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, in the amount of \$3,699.78, 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;
5. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$25,898.35 to the County General Fund pursuant to Revenue and Taxation Code Section 4674.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
<b>COST</b>	\$18,498	\$ 0	\$18,498	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	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 examination of Parties of Interest Report, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

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 title 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 4676 (b).

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 of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on July 14, 2016.

The Treasurer-Tax Collector has received three claims per parcel for excess proceeds:

1. Claim from Robert J. Morris, heir to the Estate of Bessie O'Donovan AKA Bessie D. O'Donovan, based on an Order Settling First and Final Account and Report of Administratrix recorded April 03, 1986 as Instrument No. 1986-76445, an Order Approving Final Report and for Distribution recorded August 13, 1986 as Instrument No. 1986-193728, a Certificate of Death for Bessie Delores O'Donovan, and a copy of the Last Will and Testament of Bessie D. Morris AKA Bessie D. O'Donovan.
2. Claim from Wallace L. Huddleston, heir to the Estate of Noreen O'Donovan Huddleston, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, based on an Order Settling First and Final Account and Report of Administratrix recorded April 03, 1986 as Instrument No. 1986-76445, an Order Approving Final Report and for Distribution recorded August 13, 1986 as Instrument No. 1986-193728, a Certificate of Death for Allare O. Poli, an Affidavit under California Probate Code, Section 13101 for the Estate of Allare Poli, a Certificate of Death for Noreen O'Donovan Huddleston, and an Affidavit under California Probate Code, Section 13100 for the Estate of Noreen O'Donovan Huddleston.
3. Claim from Leahla Cochell, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, based on an Order Settling First and Final Account and Report of Administratrix recorded April 03, 1986 as Instrument No. 1986-76445, an

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

Order Approving Final Report and for Distribution recorded August 13, 1986 as Instrument No. 1986-193728, a Certificate of Death for Allare O. Poli, and an Affidavit under California Probate Code, Section 13101 for the Estate of Allare O. Poli.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Robert J. Morris, heir to the Estate of Bessie O'Donovan AKA Bessie D. O'Donovan, be awarded \$11,099.31, Wallace L. Huddleston, heir to the Estate of Noreen O'Donovan Huddleston, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, be awarded excess proceeds in the amount of \$3,699.78, and Leahla Cochell, heir to the Estate of Olive Poli AKA Allare O'Donovan Penman AKA Allare O. Poli, be awarded excess proceeds in the amount of \$3,699.78. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$25,898.35 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 claimants by certified mail.

EP 207	ITEM 965	709190001-9	\$15,560.72
EP 207	ITEM 966	709190004-2	\$18,281.72
EP 207	ITEM 967	709190005-3	\$10,554.78
TOTAL			\$44,397.22

**Impact on Residents and Businesses**

Excess proceeds will be released to the heirs to the estates of the last assesses of the properties and transferred to the County General Fund.

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

**ATTACHMENT A. Claim Morris**

**ATTACHMENT B. Claim Huddleston**

**ATTACHMENT C. Claim Cochell**

  
Stephanie Perez, Principal Management Analyst 4/10/2023

  
Ronak Patel, Deputy County Counsel 3/14/2023

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2016 JUL 23 AM 11:48

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREASURER-TAX COLLECTOR

TC 207 Item 965 Assessment Number: 709190001-9

Assessee: ODOOVAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$15,560.72 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.

Assessee <sup>orig</sup> Death Cert, <sup>copy</sup> Will + Codicile, heir Birth Cert.

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 16<sup>th</sup> day of August, 2016 at San Luis Obispo, CA  
County, State

Robert J Morris  
Signature of Claimant

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

Robert J Morris  
Print Name

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

8880 Junipero Ave  
Street Address

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

Atascadero, CA 93422  
City, State, Zip

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

805-466-2884  
Phone Number

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

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2016 JUL 23 AM 11:48

Re: Claim for Excess Proceeds

TC 207 Item 966 Assessment Number: 709190004-2

RIVERSIDE COUNTY  
TREASURER-TAX COLLECTOR

Assessee: ODOOVAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$18,281.72 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.

Assessee Orig. Death Cert, Copy of Will + Codicils & her  
Birth Cert.

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 16<sup>th</sup> day of August, 2016 at San Luis Obispo, CA 93422  
County, State

Robert J Morris  
Signature of Claimant

Signature of Claimant

Robert J Morris  
Print Name

Print Name

8880 Juniper Ave  
Street Address

Street Address

Atascadero, CA 93422  
City, State, Zip

City, State, Zip

805-466-2884  
Phone Number

Phone Number

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2016 JUL 23 AM 11:48

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREASURER-TAX COLLECTOR

TC 207 Item 967 Assessment Number: 709190005-3

Assessee: ODOVONAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$ 10,554.78 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.

Assessee <sup>orig</sup> Death Cert, <sup>copy</sup> Will + Codicile, her Birthcert.

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 16<sup>th</sup> day of August, 2016 at San Luis Obispo, CA  
County, State

Robert J. Morris  
Signature of Claimant

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

Robert J. Morris  
Print Name

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

8880 Juniper Ave  
Street Address

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

Atascadero, CA 93422  
City, State, Zip

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

805-416-2884  
Phone Number

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

76445

NO COR FILED

WHEN RECORDED RETURN TO:

HUGH & LEWIS  
ATTORNEYS AT LAW  
SUMITOMO BANK BLDG FOURTH FLOOR  
444 WEST OCEAN BOULEVARD  
LONG BEACH CALIFORNIA 90802  
TELEPHONE AREA CODE 714  
432 6263  
432 6013

Attorney for Bessie O'Donovan  
Administratrix

RECEIVED FOR RECORD  
AT 11:00 O'CLOCK A.M.

APR - 3 1986

Recorded in Official Records  
of Riverside County, California

RECORDER

FILED

FEB 28 1986

RICHARD D. DEAN, County Clerk  
DEBORA KUSCH  
Deputy County Clerk

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF VENTURA

Estate of  
RAYMOND J. O'DONOVAN,  
aka, RAY J. O'DONOVAN,  
aka, R. J. O'DONOVAN  
Deceased.

No: P-58214

ORDER SETTLING FIRST AND FINAL  
ACCOUNT AND REPORT OF ADMINIS-  
TRATRIX, PETITION FOR STATUTORY  
COMMISSIONS AND ATTORNEYS FEES;  
FOR EXTRAORDINARY FEES AND  
COMMISSION; FOR PRORATION OF  
FEDERAL ESTATE TAXES, AND FOR  
FINAL DISTRIBUTION.

Bessie O'Donovan, administratrix of the Estate of  
Raymond J. O'Donovan, also known as Ray J. O'Donovan, also known  
as R. J. O'Donovan, deceased, files herewith her first and final  
account and report of administratrix and petition for its settle-  
ment, for allowance of executor's commissions and attorney's  
fees for ordinary services, for allowance of commissions and  
fees for extraordinary services, proration of federal estate  
taxes and for final distribution.

The report and petition were heard on February 28,



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444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90803  
TELEPHONE AREA CODE 714  
338-7000

1 1986, at Department No. 42, the Honorable Heleen Mearns, TEMPORARY JUDGE  
2 Judge Presiding.

3 The Court finds:

4 The representative was and still is authorized to  
5 administer the estate without court supervision under The  
6 Independent Administration of Estates Act.

7 Notice of hearing of the petition has been regularly  
8 given as prescribed by law.

9 All allegations of the petition are true.

10 Raymond J. O'Donovan, also known as Ray J. O'Donovan,  
11 also known as R. J. O'Donovan, died intestate on April 15, 1980,  
12 in Ventura County, California, at death a resident of that  
13 county.

14 Notice of Death was given, the time for filing or  
15 presenting claims has expired, and the estate is now in a  
16 condition to be closed.

17 All claims filed or presented against the estate have  
18 been allowed by the administratrix, approved by this Court, and  
19 paid.

20 All debts of decedent and of the estate and all  
21 expenses of administration have been paid, except closing  
22 expenses including charges for preparation of closing fiduciary  
23 tax returns by the accountant, commissions of petitioner as  
24 executor, and of fees of Hagee & Lewis, her attorney.

25 All inheritance taxes have been paid by the estate.

26 All personal property taxes due or payable by the

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444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
TELEPHONE (714) 438-8011

1 estate have been paid.

2 A federal estate tax return has been filed for this  
3 estate, and the tax shown to be due has been paid. The return  
4 has been audited and the executor has been released from  
5 personal liability for the federal estate tax.

6 All California and federal income taxes due and payable  
7 by the estate have been paid. The California fiduciary tax  
8 returns for decedent for the years 1980 through 1985 have not as  
9 yet been audited. Petitioner is hereby authorized to maintain a  
10 reserve of \$1,800.00 for closing costs, accountants's fees and a  
11 reserve pending final audit of all tax returns, and for any  
12 liabilities that may be determined to be due from the estate.

13 The value of the assets of the estate on hand at this  
14 time exceed \$150,000.00.

15 The certificate of the California Franchise Tax Board  
16 required by Revenue and Taxation Code sections 19262 is on file.

17 All assets of the estate are the decedent's separate  
18 property.

19 Executor requests that the federal estate taxes be  
20 allocated equally to the persons receiving under this estate.

21 Distribution should be ordered as specified below.

22  
23 IT IS ORDERED that:

- 24 (1) The administration of the estate is brought to a close.  
25 (2) The administratrix has in her possession belonging to  
26 the esate, after deducting credits to which she is

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entitled, a balance at the appraised value of \$150,393.27, of which \$43,651.61 is in cash. The first and final account, petition, and report of the administratrix is approved.

(3) All acts of the administratrix relating to the matters in the account, petition, and report are approved.

(4) The administratrix is authorized to retain \$1800.00 from this distribution to pay closing expenses, accountant's fees, and as a reserve for potential tax liabilities. Any unexpended portion of the reserve shall be distributed prorata to the distributees.

(5) The administratrix is authorized to pay to Adella M. O'Donovan as administratrix of the Estate of James F. O'Donovan, Deceased, \$1500.00, being a part of the statutory commission earned by James F. O'Donovan as co-administrator before his death, and to pay the balance of such statutory commission, in the amount of \$4378.33, to petitioner.

(6) The administratrix is authorized to pay to herself \$2700.00 for extraordinary services in administration of this estate.

(7) The administratrix is authorized to pay Hagee & Lewis, her attorneys, \$5878.33 for statutory attorney fees for services in administration of this estate, and ~~\$4740.00~~<sup>\$3,950.00 NA.</sup> <sub>OK</sub> as compensation for extraordinary services in administration of this estate.

1 (8) All of the remaining property in the hands of  
 2 administratrix, and any other property of this estate  
 3 not now known or discovered that may belong to the  
 4 estate or in which decedent or the estate may have an  
 5 interest, shall be distributed as follows:

- 6 ✓
- 7 1. Adella M. O'Donovan An undivided one-fourth  
 8 Administrator of the interest.  
 9 Estate of James F.  
 10 O'Donovan, Deceased
- 11 2. Olive Poli - Sister An undivided one-fourth  
 12 interest.
- 13 3. Vivy Ann Van Dorn An undivided one-fourth  
 14 interest.
- 15 4. Bessie O'Donovan An undivided one-fourth  
 16 interest.

15	<u>Item</u>	<u>Description</u>	<u>Value</u>
16	1	Cash on Hand	\$43,651.61
17	2	43 Shares of Stock in North 18 Ventura Raod Development Corp.	4,773.00
19	3	Promissory Note dated 6/1/76 from 20 North Ventura Road Development Corp. 21 interest 8%, interest only payable 22 monthly at 369.50 per month unpaid 23 balance	55,470.60
24	4	87.70 acres of undeveloped land being 25 a portion of NW 1/4 of Section 7, 26 Township 6 South, Range 13 East, Riverside County, California	22,500.00

SUMITOMO BANK BLDG FOURTH FLOOR  
 444 WEST OCEAN BOULEVARD  
 LONG BEACH, CALIFORNIA 90801  
 Telephone: (714) 434-3111  
 Telex: 388301Y

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84.95 acres of undeveloped desert land,  
being the South 1/2 portion of Section  
9, Township 6 South, Range 12 East,  
Riverside County, California 24,000.00  
TOTAL \$150,395.27

DATED: FEB 28 1986

John Meade  
TEMPORARY JUDGE JUDGE OF THE SUPERIOR COURT

I hereby certify that the annexed instrument  
is a true and correct copy of the original on  
file in my office. RICHARD D. DEAN, County  
Clerk of the County of Ventura, State of  
California and ex-officio Clerk of the  
Superior Court therein.

Dated FEB 28 1986

By Richard D. Dean  
Deputy County Clerk



SUMITOMO BANK BLDG FOURTH FLOOR  
444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
TELEPHONE AREA CODE 714  
438-8800

When recorded mail to:  
ADELLA M. O'DONOVAN  
418 S. Sloan  
Compton, CA 90220 ✓

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

June 27, 1986

Order and Decree No. 106

Dept. SC "A" of the above entitled Court convened, the Honorable  
Kenneth W. Gale, Judge Presiding, and the following proceedings were had:

No. SCP- 1013

Estate of JAMES F. O'DONOVAN,  
Deceased.

ORDER APPROVING FINAL REPORT AND FOR DISTRIBUTION ✓

Attorney(s) appearing for Petitioner(s): Solton, Jacobs and Weiss.

The final report and petition for distribution herein of Adella M. O'Donovan, as administratrix of the estate of said deceased, coming on this day for hearing and approval by the Court, all notices of said hearing having been given as required by law, the Court, after hearing the evidence, and finding that all personal property taxes due and payable by said estate have been paid, approves said report and orders distribution of said estate as follows:

It is Ordered, Adjudged and Decreed by the Court that due notice to the creditors of said deceased has been given; that said administratrix has/have in her possession belonging to said estate, an accounting being waived a balance consisting of cash in the sum of \$7,358.74, and the property hereinafter described at the value of the appraisal, and said report is hereby approved and allowed accordingly; that the sum of \$1,278.73 is hereby ordered paid to said attorney(s) as statutory fees; that said deceased left surviving as her only heir(s)-atlaw, the person(s) hereinafter named; and the residue of cash, and the property hereinafter described, and all other property belonging to said estate, whether described herein or not, be and hereby is distributed to Adella M. O'Donovan. ✓

The property of said estate, hereby distributed, so far as the same is known, is described as follows:

Residue of cash;

10.75 Shares of Stock in North Ventura Road Development Corp.

A 1/4th undivided interest in and to:

Promissory Note dated June 1, 1976, from North Ventura Road Development Corp. interest 8% interest only payable monthly at \$369.50 per month unpaid balance.

A 1/4th undivided interest in and to:

87.70 Acres of undeveloped land being a portion of NW 1/4 of Section 7, Township 6 South, Range 13 East, Riverside County, California.

A 1/4 undivided interest in and to:

84.95 Acres of undeveloped desert land, being the South 1/2 portion of Section 9, Township 6 South, Range 12 East, Riverside County, California.

193728

BETTER  
COPY

PROBATE ORDER AND DECREE ✓

**AFFIDAVIT**

to comply with California Probate Code §§ 13100-13115

- 1. The undersigned hereby declare(s):
- 2. [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.
- 3. [Name of decedent] died at 648 Felton Way #98, while a resident of the City of San Luis Obispo, County of San Luis Obispo, California, on or about June 15 2002, leaving [a/no] will.
- 4. 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.
- 5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
- 6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred
- 7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]

1967 Ford Mustang

- 8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] 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. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]

Robert James Morris, 8880 Junipero Ave, Atascadero, CA, Son, Age 74

- 11. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
- 12. [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it may] incur because of the transfer, payment, or delivery to [me/us] of the property.
- 13. 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: May 3 2018

Signature: Robert James Morris

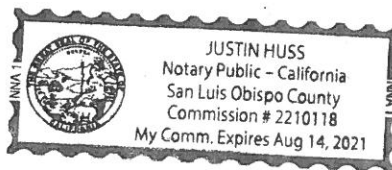
Dated: \_\_\_\_\_

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

Subscribed and sworn to me before this 3rd day of May, 20018

Justin Huss, San Luis Obispo, CA  
Notary Public in and for said County and State

My Commission expires on: 8/14/2021



**AFFIDAVIT**

To comply with California Probate Code §§13100-13115

PRO30095

FILED  
JAN 17 1946  
WAYNE HALL

LAST WILL AND TESTAMENT

of

BESSIE D. MORRIS

-----

I, BESSIE D. MORRIS, residing in the City of Los Angeles, County of Los Angeles, and State of California, and being over the age of thirty-two years do hereby make, publish and declare this to be my Last Will and Testament, that is to say:

FIRST: I direct the payment of all my just debts and funeral expenses.

SECOND: All the rest, residue and remainder of my estate, whether real, personal or mixed, and wherever situated, and of whatever kind or description, I give, devise and bequeath to my beloved son, Robert James Morris, *B.J.M.*

THIRD: I further declare that I was divorced from my husband, James A. Morris, on January 23, 1946;

FOURTH: I hereby nominate and appoint my brother, James O'Donovan, now residing at 4164 South Normandie Avenue, Los Angeles 37, California, to be the Executor of this my Last Will and Testament; and it is my wish that he be permitted to serve without bond.

FIFTH: I hereby revoke all former Wills and Codicils to Wills by me made at any time heretofor.

IN WITNESS WHEREOF I have hereunto signed my name this 23rd day of January, 1946.

Bessie D. Morris  
Testatrix

The foregoing instrument was at the date hereof, by the said BESSIE D. MORRIS, signed, published and declared to us by the said testatrix to be her Last Will and Testament, in the presence of us and each of us, who, at her request and in her presence, and in the presence of each other, have hereunto signed our names as subscribing witnesses thereto, the day and year last above written, to-wit, January 23, 1946.

Raymond J. Truman Residing 815 1/2 Beechwood Ave  
South Gate, Calif.

Ethel A. Peffly Residing 3032 Shasta Circle No.  
Los Angeles 41, Calif.



PRD30095

FILED

JAN 17 1972

WAYNE PA

i. O'Connell  
Deputy Clerk

Cocidal to my will dated January 33, 1945

I hereby revoke the appointment of my brother, James O'Donovan, as executor, and substitute my son, Robert James Morris, as executor of this my last will, to act without bond

I hereby authorize my said executor to sell property of my estate with or without notice as may be required by law.

January 3, 1972

Bessie D. O'Donovan

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

**COUNTY OF SAN LUIS OBISPO**  
 SAN LUIS OBISPO, CALIFORNIA

**CERTIFICATE OF DEATH**

320024000938

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>BESSIE</b>		2. MIDDLE <b>DELORES</b>		3. LAST (FAMILY) <b>O'DONOVAN</b>	
4. DATE OF BIRTH M/M/DD/CCYY <b>09/21/1913</b>		5. AGE YRS <b>88</b>		6. SEX <b>FE</b>	
7. DATE OF DEATH M/M/DD/CCYY <b>06/15/2002</b>		8. HOUR <b>0915</b>			
9. STATE OF BIRTH <b>ND</b>		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Divorced</b>		13. EDUCATION—YEARS COMPLETED <b>16</b>			
14. RACE <b>Caucasian</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Los Angeles County</b>	
17. OCCUPATION <b>Teacher/Junior High</b>		18. KIND OF BUSINESS <b>Education</b>		19. YEARS IN OCCUPATION <b>20</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>648 Felton Way #9B</b>					
21. CITY <b>San Luis Obispo</b>		22. COUNTY <b>San Luis Obispo</b>		23. ZIP CODE <b>93401</b>	
24. YRS IN COUNTY <b>10</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>			
26. NAME, RELATIONSHIP <b>Robert Morris, Son</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>8880 Junipero Ave., Atascadero, CA 93422</b>					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
31. NAME OF FATHER—FIRST <b>James</b>		32. MIDDLE <b>Francis</b>		33. LAST <b>O'Donovan</b>	
34. BIRTH STATE <b>WI</b>		35. NAME OF MOTHER—FIRST <b>Martha</b>		36. MIDDLE <b>Schpak</b>	
37. LAST (MAIDEN) <b>Russia</b>		38. BIRTH STATE <b>Russia</b>			
39. DATE M/M/DD/CCYY <b>06/19/2002</b>					
40. PLACE OF FINAL DISPOSITION <b>Scatter off coast of Morro Bay, CA</b>					
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR <b>Chapel of the Roses</b>		45. LICENSE NO. <b>FD290</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>David Ralston</i>	
47. DATE M/M/DD/CCYY <b>06/19/2002</b>		48. SIGNATURE OF LOCAL REGISTRAR			
101. PLACE OF DEATH <b>Residence</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY <b>San Luis Obispo</b>		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>648 Felton Way #9B</b>		106. CITY <b>San Luis Obispo</b>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE <b>(A) CARDIAC ARREST</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>02R-0471</b>	
DUE TO <b>(B) CORONARY ARTERY DISEASE</b>		YEARS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO <b>(C)</b>				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO <b>(D)</b>				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Atrial Fibrillation, Hypertension, Hyperlipidemia</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 IF YES, LIST TYPE OF OPERATION AND DATE <b>Angiogram of Coronary Arteries in 1992</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY <b>02/01/1995</b> DECEDENT LAST SEEN ALIVE M/M/DD/CCYY <b>04/09/2002</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>David Ralston</i> <b>David Ralston, MD</b>		116. LICENSE NO. <b>6032733</b>	
117. DATE M/M/DD/CCYY <b>06/18/2002</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>1941 Johnson Ave. Ste. 303 San Luis Obispo, CA 93401</b>			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
120. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO					
121. INJURY DATE M/M/DD/CCYY					
122. HOUR					
123. PLACE OF INJURY					
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER					
127. DATE M/M/DD/CCYY					
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # <b>7842</b> CENSUS TRACT	

150366

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA  
 COUNTY SAN LUIS OBISPO

} SS DATE ISSUED: **JUL 01 2002**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.

*David Ralston MD*  
 HEALTH OFFICER

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

DISTRICT NO. 1901 REGISTRAR'S NO. 2429

1. Robert James Morris O'Donovan  
FULL NAME OF CHILD MAIDEN SURNAME OF MOTHER

2. PLACE OF BIRTH: (A) COUNTY Los Angeles  
 (B) CITY OR TOWN Los Angeles  
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL  
 (C) NAME OF HOSPITAL OR INSTITUTION Wilshire Hospital  
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION  
 (D) MOTHER'S STAY BEFORE DELIVERY: 4hrs IN THIS COMMUNITY 7yrs  
SPECIFY WHETHER YEARS, MONTHS OR DAYS

3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA:  
 (B) STATE California 7 YEARS MONTHS DAYS  
 (C) COUNTY Los Angeles 7 YEARS MONTHS DAYS  
 (D) CITY OR TOWN Los Angeles 7 YEARS MONTHS DAYS  
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL  
 (E) STREET AND NUMBER 1257 W Browning Blvd.

4. SEX Male 5. TWIN OR TRIPLET \_\_\_\_\_ IF SO—BORN 1ST \_\_\_\_\_ 2D \_\_\_\_\_ 3D \_\_\_\_\_

6. NUMBER OF MONTHS OF PREGNANCY 9 7. DATE OF BIRTH January 25, 1944  
MONTH BY NAME DAY YEAR

FATHER OF CHILD

MOTHER OF CHILD

8. FULL NAME James Arthur Morris  
 9. COLOR OR RACE White 10. AGE AT TIME OF THIS BIRTH 34 YEARS  
 11. LENGTH OF RESIDENCE IN CALIFORNIA 9 YEARS MONTHS DAYS  
 12. BIRTHPLACE North Dakota  
 13. USUAL OCCUPATION Electrician  
 14. INDUSTRY OR BUSINESS Lockheed  
 21. CHILDREN BORN TO THIS MOTHER:  
 (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 0  
 (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0  
 (C) HOW MANY CHILDREN WERE BORN DEAD? 0

15. FULL MAIDEN NAME Bessie Delores O'Donovan  
 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH 30 YEARS  
 18. BIRTHPLACE North Dakota  
 19. USUAL OCCUPATION Housewife  
 20. INDUSTRY OR BUSINESS Own home  
 22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:  
Mrs Bessie Morris  
1257 W Browning Blvd  
Los Angeles, 37, California

23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 10:49P M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Mrs Morris RELATED TO THIS CHILD AS Mother

24. DATE RECEIVED BY LOCAL REGISTRAR FEB 4 1944  
 25. REGISTRAR'S SIGNATURE George W. M. A.  
 26. GIVEN NAME ADDED \_\_\_\_\_ BY \_\_\_\_\_ REGISTRAR

ATTENDANT'S OWN SIGNATURE Leuk Boy  
 M. D., MIDWIFE OR OTHER Res DATE SIGNED 1/27/44  
 ADDRESS 11300 Santa Barbara St. L.A.

27. (A) PREGNANCY, COMPLICATIONS OF: no  
 (B) LABOR, COMPLICATIONS OF: no  
 (C) WAS THERE AN OPERATION FOR DELIVERY? yes STATE ALL OPERATIONS: Episiotomy  
 (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? yes  
 IF YES, STATE DRUG: Agms 3

(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? no DESCRIBE: \_\_\_\_\_  
 BIRTH INJURY: no DESCRIBE: \_\_\_\_\_  
 (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? yes  
 IF SO, AT WHAT PERIOD OF GESTATION? 3rd Mos.  
 IF NOT, WHY NOT? \_\_\_\_\_

STATE OF CALIFORNIA  
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE  
 BUREAU OF THE CENSUS

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

Conny B. McCormack

CONNIE B. MCCORMACK  
 Registrar-Recorder/County Clerk

JAN 02 2001

19-178702

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



COUNTY OF RIVERSIDE

JON CHRISTENSEN  
TREASURER  
TAX COLLECTOR



April 16, 2018

Robert J Morris  
8880 Junipero Ave  
Atascadero CA 93422

Re: APN: 709190001-9, 709190004-2 & 709190005-3  
TC 207 Item 965-967  
Date of Sale: May 24, 2016

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Notarized Affidavit under CA Probate Code 13100/13101      | <input type="checkbox"/> Original Note/Payment Book   |
| <input type="checkbox"/> Notarized Statement of different/misspelled                           | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale)                                      |
| <input type="checkbox"/> Original Notarized Authorization for Agent to Collect Excess Proceeds | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)                          |
| <input type="checkbox"/> Notarized Assignment of Right to Collect Excess Proceeds              | <input type="checkbox"/> Court Order Appointing Administrator   |
| <input type="checkbox"/> Certified Death Certificate for                                       | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)  |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input checked="" type="checkbox"/> Other – Notarized statement for Bessie Delores O'donovan stating all the aka names. |
| <input type="checkbox"/> Copy of Marriage Certificate for                                      |   |

Please send in all documents within 30 days (**May 16, 2018**). If you should have any questions, please contact me at the number listed below.

Sincerely,

*Jennifer Romero*

Tax Sale Operations Unit  
(951) 955-3945  
(951) 955-3990 Fax  
[jiromero@RivCo.org](mailto:jiromero@RivCo.org)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
EP 207- ITEM 965  
Robert J Morris  
8880 Junipero Ave  
Atascadero CA 93422



9590 9402 1680 6053 9895 02

2. Article Number (Transfer from service label)  
7003 2260 0004 1556 9758

PS Form 3811, July 2015 PSN 7530-02-000-9053

County of Riverside, Treasurer-Tax Collector

4080 LEMON STREET, 4TH FLOOR \* P.O. BOX 12005 \* RIVERSIDE, CALIFORNIA 92502  
WWW.COUNTYTREASURER.ORG \* (951) 955-3900 \* 1 (877) 748-2689 \* FAX (951) 955-3923

May 3, 2018

I, Robert J. Morris, son and sole heir of Bessie D O'Donovan, hereby declare the following known alias' for the decedent:

Bessie Delores O'Donovan

Bessie D. O'Donovan

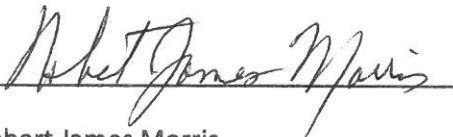
Bessie O'Donovan

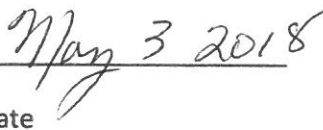
Bessie Delores Morris

Bessie D. Morris

Bessie Morris

I declare these to be the only names used to the best of my knowledge and understanding.

  
Robert James Morris

  
Date

See Attached Notary  
Acknowledgment Certificate

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

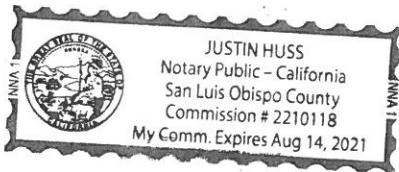
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of San Luis Obispo )  
On May 3rd 2018 before me, Justin Huss, Notary Public,  
Date Here Insert Name and Title of the Officer  
personally appeared Robert James Morris  
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: \_\_\_\_\_

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

RECEIVED

2016 SEP 22 PM 12: 35

RIVERSIDE COUNTY  
TREAS - TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 965 Assessment Number: 709190001-9

Assessee: ODOOVAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$ \_\_\_\_\_ 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. 7; recorded on 7-14-16. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

7114 7344 2820 2557 1951

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

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 12<sup>th</sup> day of SEPTEMBER, 2016 at ORANGE, CA  
County, State

Wallace L. Huddleston  
Signature of Claimant

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

WALLACE L. HUDDLESTON  
Print Name

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

23662 VIA PELLICER  
Street Address

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

MISSION VIEJO, CA 92692  
City, State, Zip

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

949-874-8740  
Phone Number

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

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 966 Assessment Number: 709190004-2

Assessee: ODOOVAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$\_\_\_\_\_ 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. 7; recorded on 7-14-16. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

7114 7344 2820 2557 2033

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 12<sup>th</sup> day of SEPTEMBER, 2016 at ORANGE, CA  
County, State

Wallace L. Huddleston  
Signature of Claimant

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

WALLACE L. HUDDLESTON  
Print Name

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

23667 VIA PELLICER  
Street Address

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

MISSION VIEJO, CA 92692  
City, State, Zip

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

949-874-8740  
Phone Number

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



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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

2016 SEP 22 PM 12:35

TC 207 Item 967 Assessment Number: 709190005-3

RIVERSIDE COUNTY  
TREAS. TAX COLLECTOR

Assessee: ODOVANO, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$ \_\_\_\_\_ 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. 7; recorded on 7-14-16. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

7114 7344 2820 2587 2118

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

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 12<sup>th</sup> day of SEPTEMBER, 2016 at ORANGE, CA  
County, State

Wallace L. Huddleston  
Signature of Claimant

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

WALLACE L. HUDDLESTON  
Print Name

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

23662 VIA PELLICER  
Street Address

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

MISSION VIEJO, CA 92692  
City, State, Zip

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

949-874-8740  
Phone Number

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

TO: DON KENT, TREASURER-TAX COLLECTOR

FROM: WALLACE L. HUDDLESTON

RE: CLAIM FOR EXCESS PROCEEDS

Per my discussion with your office  
I have included the following:

1) CLAIM FORMS - 3

A) ITEM 965

B) ITEM 966

C) ITEM 967

2) DEATH CERTIFICATE OF ALLAN O. POLI

3) BIRTH CERTIFICATE OF NOREEN O'DONOVAN PERMAN

4) MARRIAGE CERTIFICATE OF:

WALLACE LEE HUDDLESTON & NOREEN O'DONOVAN PERMAN

5) DEATH CERTIFICATE OF NOREEN O'DONOVAN HUDDLESTON

PLEASE LET ME KNOW IF YOU NEED  
ANYTHING ELSE FROM ME.

Thank you,  
WALLY

949-581-8391 or 949-874-8746

23662 VIA PELLICER

MISSION VIEJO, CA 92692

NO COR FILED

**FILED**

FEB 28 1986

THOMAS D. DEAN, County Clerk  
DEBORA KUSCH  
Deputy County Clerk

RECEIVED FOR RECORD  
AT 11:00 O'CLOCK A.M.

APR - 3 1986

Recorded in Official Records  
of Riverside County, California

RECORDER

*William S. Smith*  
1575

WHEN RECORDED RETURN TO:

HAGEE & LEWIS  
ATTORNEYS AT LAW  
SUMIYOMO BANK BLDG FOURTH FLOOR  
444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
TELEPHONE AREA CODE 714  
434 8057  
434 8017

Attorney for Bessie O'Donovan  
Administratrix

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF VENTURA

Estate of  
RAYMOND J. O'DONOVAN,  
aka, RAY J. O'DONOVAN,  
aka, R. J. O'DONOVAN  
Deceased.

No: P-58214

ORDER SETTLING FIRST AND FINAL  
ACCOUNT AND REPORT OF ADMINIS-  
TRATRIX, PETITION FOR STATUTORY  
COMMISSIONS AND ATTORNEYS FEES;  
FOR EXTRAORDINARY FEES AND  
COMMISSION; FOR PRORATION OF  
FEDERAL ESTATE TAXES, AND FOR  
FINAL DISTRIBUTION.

Bessie O'Donovan, administratrix of the Estate of  
Raymond J. O'Donovan, also known as Ray J. O'Donovan, also known  
as R. J. O'Donovan, deceased, files herewith her first and final  
account and report of administratrix and petition for its settle-  
ment, for allowance of executor's commissions and attorney's  
fees for ordinary services, for allowance of commissions and  
fees for extraordinary services, proration of federal estate  
taxes and for final distribution.

The report and petition were heard on February 28,

76445

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1 1986, at Department No. 42, the Honorable HELEN MERZER, TEMPORARY JUDGE  
2 Judge Presiding.

3 The Court finds:

4 The representative was and still is authorized to  
5 administer the estate without court supervision under The  
6 Independent Administration of Estates Act.

7 Notice of hearing of the petition has been regularly  
8 given as prescribed by law.

9 All allegations of the petition are true.

10 Raymond J. O'Donovan, also known as Ray J. O'Donovan,  
11 also known as R. J. O'Donovan, died intestate on April 15, 1980,  
12 in Ventura County, California, at death a resident of that  
13 county.

14 Notice of Death was given, the time for filing or  
15 presenting claims has expired, and the estate is now in a  
16 condition to be closed.

17 All claims filed or presented against the estate have  
18 been allowed by the administratrix, approved by this Court, and  
19 paid.

20 All debts of decedent and of the estate and all  
21 expenses of administration have been paid, except closing  
22 expenses including charges for preparation of closing fiduciary  
23 tax returns by the accountant, commissions of petitioner as  
24 executor, and of fees of Hagee & Lewis, her attorney.

25 All inheritance taxes have been paid by the estate.

26 All personal property taxes due or payable by the

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444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
TELEPHONE AREA CODE 714  
433-2001

1 estate have been paid.

2 A federal estate tax return has been filed for this  
3 estate, and the tax shown to be due has been paid. The return  
4 has been audited and the executor has been released from  
5 personal liability for the federal estate tax.

6 All California and federal income taxes due and payable  
7 by the estate have been paid. The California fiduciary tax  
8 returns for decedent for the years 1980 through 1985 have not as  
9 yet been audited. Petitioner is hereby authorized to maintain a  
10 reserve of \$1,800.00 for closing costs, accountants's fees and a  
11 reserve pending final audit of all tax returns, and for any  
12 liabilities that may be determined to be due from the estate.

13 The value of the assets of the estate on hand at this  
14 time exceed \$150,000.00.

15 The certificate of the California Franchise Tax Board  
16 required by Revenue and Taxation Code sections 19262 is on file.

17 All assets of the estate are the decedent's separate  
18 property.

19 Executor requests that the federal estate taxes be  
20 allocated equally to the persons receiving under this estate.

21 Distribution should be ordered as specified below.

22  
23 IT IS ORDERED that:

- 24 (1) The administration of the estate is brought to a close.  
25 (2) The administratrix has in her possession belonging to  
26 the esate, after deducting credits to which she is

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444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
TELEPHONE AREA CODE 714  
318-2007

- 1 entitled, a balance at the appraised value of  
2 \$150,393.27, of which \$43,651.61 is in cash. The first  
3 and final account, petition, and report of the  
4 administratrix is approved.
- 5 (3) All acts of the administratrix relating to the matters  
6 in the account, petition, and report are approved.
- 7 (4) The administratrix is authorized to retain \$1800.00  
8 from this distribution to pay closing expenses,  
9 accountant's fees, and as a reserve for potential tax  
10 liabilities. Any unexpended portion of the reserve  
11 shall be distributed prorata to the distributees.
- 12 (5) The administratrix is authorized to pay to Adella M.  
13 O'Donovan as administratrix of the Estate of James F.  
14 O'Donovan, Deceased, \$1500.00, being a part of the  
15 statutory commission earned by James F. O'Donovan as  
16 co-administrator before his death, and to pay the  
17 balance of such statutory commission, in the amount of  
18 \$4378.33, to petitioner.
- 19 (6) The administratrix is authorized to pay to herself  
20 \$2700.00 for extraordinary services in administration  
21 of this estate.
- 22 (7) The administratrix is authorized to pay Hagee & Lewis,  
23 her attorneys, \$5878.33 for statutory attorney fees for  
24 services in administration of this estate, and ~~\$4740.00~~<sup>\$3,950.00 MA.</sup><sub>OK</sub>  
25 as compensation for extraordinary services in adminis-  
26 tration of this estate.

1 (8) All of the remaining property in the hands of  
 2 administratrix, and any other property of this estate  
 3 not now known or discovered that may belong to the  
 4 estate or in which decedent or the estate may have an  
 5 interest, shall be distributed as follows:

- 6 ✓
- 7 1. Adella M. O'Donovan An undivided one-fourth  
 8 Administrator of the interest.  
 9 Estate of James F.  
 10 O'Donovan, Deceased
- 11 2. Olive Poli - Sister An undivided one-fourth  
 12 interest.
- 13 3. Vivy Ann Van Dorn An undivided one-fourth  
 14 interest.
- 15 4. Bessie O'Donovan An undivided one-fourth  
 16 interest.

15	<u>Item</u>	<u>Description</u>	<u>Value</u>
16	1	Cash on Hand	\$43,651.61
17	2	43 Shares of Stock in North Ventura Road Development Corp.	4,773.00
18			
19	3	Promissory Note dated 6/1/76 from North Ventura Road Development Corp. interest 8%, interest only payable monthly at 369.50 per month unpaid balance	55,470.60
20			
21			
22			
23	4	87.70 acres of undeveloped land being a portion of NW 1/4 of Section 7, Township 6 South, Range 13 East, Riverside County, California	22,500.00
24			
25			
26			

SUMITOMO BANK BLDG FOURTH FLOOR  
 444 WEST OCEAN BOULEVARD  
 LONG BEACH, CALIFORNIA 90802  
 TEL: (562) 434-2000  
 FAX: (562) 434-2001

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84.95 acres of undeveloped desert land,  
being the South 1/2 portion of Section  
9, Township 6 South, Range 12 East,  
Riverside County, California

24,000.00

TOTAL

\$150,395.27

DATED: FEB 28 1966

Richard D. Deam  
TEMPORARY JUDGE OF THE SUPERIOR COURT

I hereby certify that the annexed instrument  
is a true and correct copy of the original on  
file in my office. RICHARD D. DEAM, County  
Clerk of the County of Ventura, State of  
California and ex-officio Clerk of the  
Superior Court therein.

Dated FEB 28 1966

By Richard D. Deam  
Deputy County Clerk



SUMITOMO BANK BLDG FOURTH FLOOR  
444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
TELEPHONE AREA CODE 562 433-2000



When recorded mail to:  
ADELLA M. O'DONOVAN  
418 S. Sloan  
Compton, CA 90220 ✓

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

June 27, 1986

Order and Decree No. 106

Dept. SC "A" of the above entitled Court convened, the Honorable  
Kenneth W. Gale, Judge Presiding, a/m the following proceedings were had:

No. SCP- 1013

Estate of JAMES F. O'DONOVAN,  
Deceased.

ORDER APPROVING FINAL REPORT AND FOR DISTRIBUTION ✓

Attorney(s) appearing for Petitioner(s): Solton, Jacobs and Weiss.

The final report and petition for distribution herein of Adella M. O'Donovan, as administratrix of the estate of said deceased, coming on this day for hearing and approval by the Court, all notices of said hearing having been given as required by law, the Court, after hearing the evidence, and finding that all personal property taxes due and payable by said estate have been paid, approves said report and orders distribution of said estate as follows:

It is Ordered, Adjudged and Decreed by the Court that due notice to the creditors of said deceased has been given; that said administratrix has/have in her possession belonging to said estate, an accounting being waived a balance consisting of cash in the sum of \$7,358.74, and the property hereinafter described at the value of the appraisement, and said report is hereby approved and allowed accordingly; that the sum of \$1,278.73 is hereby ordered paid to said attorney(s) as statutory fees; that said deceased left surviving as her only heir(s)-at-law, the person(s) hereinafter named; and the residue of cash, and the property hereinafter described, and all other property belonging to said estate, whether described herein or not, be and hereby is distributed to Adella M. O'Donovan. ✓

The property of said estate, hereby distributed, so far as the same is known, is described as follows:

Residue of cash;

10.75 Shares of Stock in North Ventura Road Development Corp.

A 1/4th undivided interest in and to:

Promissory Note dated June 1, 1976, from North Ventura Road Development Corp. interest 8% interest only payable monthly at \$369.50 per month unpaid balance.

A 1/4th undivided interest in and to:

87.70 Acres of undeveloped land being a portion of NW 1/4 of Section 7, Township 6 South, Range 13 East, Riverside County, California.

A 1/4 undivided interest in and to:

84.95 Acres of undeveloped desert land, being the South 1/2 portion of Section 9, Township 6 South, Range 12 East, Riverside County, California.

PROBATE ORDER AND DECREE ✓

BETTER  
COPY

193728

CERTIFICATION OF VITAL RECORD

GLENN COUNTY  
WILLOWS, CALIFORNIA

35

CERTIFICATE OF DEATH

3199711000035

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 11/86)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN) <b>Allare</b>		2. MIDDLE <b>O.</b>		3. LAST (FAMILY) <b>Poli</b>	
4. DATE OF BIRTH M/M/DD/CYY <b>04/30/1911</b>		5. AGE YRS. <b>85</b>		6. SEX <b>F</b>	
7. DATE OF DEATH M/M/DD/CYY <b>04/01/1997</b>		8. HOUR <b>1440</b>			
9. STATE OF BIRTH <b>ND</b>		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>16</b>			
14. RACE <b>Caucasian</b>		15. USUAL EMPLOYER <b>Self</b>			
17. OCCUPATION <b>Homemaker</b>		18. KIND OF BUSINESS <b>Own Home</b>		19. YEARS IN OCCUPATION <b>41</b>	
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>6170 Francis Lane</b>					
21. CITY <b>Orland</b>		22. COUNTY <b>Glenn</b>		23. ZIP CODE <b>95963</b>	
24. YRS IN COUNTY <b>1</b>		25. STATE OR FOREIGN COUNTRY <b>California</b>			
26. NAME, RELATIONSHIP <b>Nevio Poli - Husband</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>6170 Francis Lane Orland, Calif. 95963</b>					
28. NAME OF SURVIVING SPOUSE—FIRST <b>Nevio</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>Poli</b>	
31. NAME OF FATHER—FIRST <b>UNK</b>		32. MIDDLE <b>UNK</b>		33. LAST <b>Benson</b>	
34. NAME OF MOTHER—FIRST <b>Martha</b>		35. MIDDLE <b>-</b>		36. LAST (MAIDEN) <b>Spak</b>	
37. BIRTH STATE <b>UNK</b>		38. BIRTH STATE <b>Russia</b>			
39. DATE M/M/DD/CYY <b>04/04/1997</b>					
40. PLACE OF FINAL DISPOSITION <b>Residence- 6170 Francis Lane Orland, Calif.</b>					
41. TYPE OF DISPOSITION <b>CR/RES</b>		42. SIGNATURE OF ENBALMER <b>Not Embalmed</b>		43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>F. D. Sweet &amp; Son - Orland</b>		45. LICENSE NO. <b>FD 350</b>		46. SIGNATURE OF REGISTRAR <i>[Signature]</i>	
47. DATE M/M/DD/CYY <b>04/04/1997</b>					
101. PLACE OF DEATH <b>Glenn Co. Fairgrounds</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY <b>Glenn</b>		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>221 E. Yolo St.</b>		106. CITY <b>Orland</b>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>97-1704-20</b>	
IMMEDIATE CAUSE (A) <b>Aspiration</b>		<b>Immed.</b>			
DUE TO (B) <b>Dysphasia S/P CVA</b>		<b>6 Mo.</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) <b>Alzheimers</b>		<b>3 Yrs.</b>		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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. DECEASED ATTENDED SINCE [ ] INCIDENT LAST BEEN ALIVE M/M/DD/CYY [ ] M/M/DD/CYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. <b>A 037428</b>	
117. DATE M/M/DD/CYY <b>04/03/1997</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Ross W. Tye MD-123 E. Walker St. Orland, Calif. 95963</b>			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # CENSUS TRACT	

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

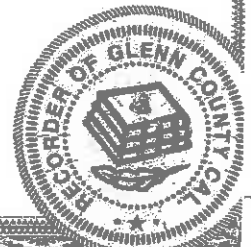


This is a true and exact reproduction of the document officially registered and placed on file in the office of the GLENN COUNTY CLERK-RECORDER.

DATE ISSUED **MAY - 2 2005**

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

VINCE T. MINTO  
GLENN COUNTY CLERK-RECORDER



P. HENRY LANAUZE

DEPUTY RECORDER

BIRTHS, MARRIAGES AND DEATHS

PARISH OF ORLEANS

OFFICE OF Recorder of Births, Marriages and Deaths  
PARISH OF ORLEANS

MUNICIPAL OFFICE BUILDING, CARONDELET AND LAFAYETTE STREETS No. 17782

This is to Certify, that NOREEN O'DONOVAN PENNAN,  
lawful DAUGHTER of LESLIE WESTLAND PENNAN  
and ALLARE O'DONOVAN was born on  
the 15TH day of NOV. 1939, and registered in Book  
No. 207 Folio 1695, on the 6TH day of NOVEMBER 1939

*P. Henry Lanauze*

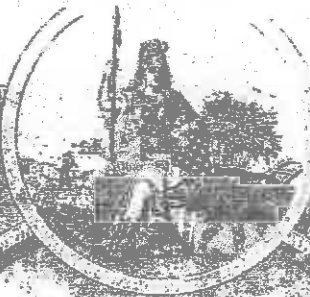
KEEP THIS FOR FUTURE REFERENCE

DEPUTY RECORDER.

State of California

County of Los Angeles

MARRIAGE



CERTIFICATE

I Hereby Certify that on November 18th 1955  
at St Marks Methodist Church in Los Angeles California, under authority  
of a license issued by the County Clerk of the County of Los Angeles, I, the undersigned,  
as a Methodist Minister, joined in marriage,  
Wallace Lee Huddleston and Norcas O'Donovan Peerman  
in the presence of Eli Huddleston, residing at Los Angeles  
California, and Patricia MacTingle, residing at Los Angeles  
California.

Gilbert S. Zimmerman  
Signature of person solemnizing marriage

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3052915219998

**CERTIFICATE OF DEATH**

3201530016928

STATE FILE NUMBER		DEPARTMENT OF PUBLIC HEALTH <small>USE BLACK INK ONLY / WRITE IN CAPITAL LETTERS OR NUMBERS PLEASE PRINT CLEAR</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST NAME (Family Name)	
NOREEN		O'DONOVAN		HUDDLESTON	
4. DATE OF BIRTH mm/dd/yyyy					
11/15/1939		5. AGE Yrs.		75	
6. SEX					
F					
7. MARITAL STATUS (M) (MARRIED) (D) (DIVORCED) (S) (SEPARATED) (W) (WIDOWED) (U) (UNMARRIED)					
MARRIED					
8. DATE OF DEATH mm/dd/yyyy					
11/16/2015		9. HOUR (M) (Hour)		1602	
10. EDUCATION - Highest Level/Degree (see worksheet on back)					
10					
11. DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)					
NO					
12. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)					
CALUCASIAN					
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
HOMEMAKER					
14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)					
OWN HOME					
15. YEARS IN OCCUPATION					
25					
16. DECEASED'S RESIDENCE (Street and room no., or location)					
23662 VIA PELLICER					
17. CITY					
MISSION VIEJO		18. COUNTY/PROVINCE		ORANGE	
19. ZIP CODE		20. YEARS RESIDENT		21. STATE/FOREIGN COUNTRY	
92692		40		CA	
22. INFORMANT'S NAME, RELATIONSHIP					
WALLACE L. HUDDLESTON, HUSBAND					
23. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
23662 VIA PELLICER, MISSION VIEJO, CA 92692					
24. NAME OF SURVIVING SPOUSE/BRDP - FIRST					
WALLACE		25. MIDDLE		26. LAST (BIRTH NAME)	
LESLIE		LEE		HUDDLESTON	
27. NAME OF FATHER/PARENT - FIRST					
LESLIE		28. MIDDLE		29. LAST	
LESLIE		LESLIE		PENMAN	
30. NAME OF MOTHER/PARENT - FIRST					
RITA		31. MIDDLE		32. LAST (BIRTH NAME)	
RITA		OLARE		BENSON	
33. BIRTH STATE					
SD					
34. BIRTH STATE					
SD					
35. DISPOSITION DATE mm/dd/yyyy					
11/16/2015		36. PLACE OF FINAL DISPOSITION (RESIDENCE OF WALLACE L. HUDDLESTON 23662 VIA PELLICER, MISSION VIEJO, CA 92692)			
37. TYPE OF DISPOSITION					
CR/RES					
38. SIGNATURE OF EMBALMER					
NOT EMBALMED					
39. LICENSE NUMBER					
FD1280		40. SIGNATURE OF LOCAL REGISTRAR		41. DATE mm/dd/yyyy	
ERIC G. HANDLER, M.D.		ERIC G. HANDLER, M.D.		11/16/2015	
42. PLACE OF DEATH					
RESIDENCE - HOSPICE					
43. IF HOSPITAL, SPECIFY ONE					
P <input type="checkbox"/> ERVC <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other <input type="checkbox"/>					
44. IF OTHER THAN HOSPITAL, SPECIFY ONE					
Nursing Home <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other <input type="checkbox"/>					
45. COUNTY					
ORANGE		46. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and location)		47. CITY	
ORANGE		23662 VIA PELLICER		MISSION VIEJO	
48. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
CARDIOPULMONARY ARREST					
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN (M107)					
OVARIAN CANCER WITH METASTASIS TO LUNGS AND LIVER					
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN (M107)					
NONE					
51. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 49 OR 50? (If yes, list type of operation and date)					
NO					
52. IF FEMALE, PREGNANT IN LAST YEAR?					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
54. SIGNATURE AND TITLE OF CERTIFIER		55. LICENSE NUMBER		56. DATE mm/dd/yyyy	
MICHAEL JAMES FARRELL D.O.		20A12688		11/16/2015	
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
MICHAEL JAMES FARRELL D.O.					
58. I CERTIFY THAT MY OWNERSHIP OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					
59. MANNER OF DEATH					
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>					
60. INJURED AT WORK?					
YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
61. INJURY DATE mm/dd/yyyy					
62. HOUR (24 Hour)					
63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
64. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
65. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
66. SIGNATURE OF CORONER / DEPUTY CORONER					
67. DATE mm/dd/yyyy		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		69. COUNTY	
				ORANGE	
70. STATE REGISTRAR					
A B C D E					
71. COUNTY					
ORANGE					
72. FAX AUTHORITY					
73. CENSUS TRACT					

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

DATE ISSUED

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

**DEC 16 2015**



This copy not valid unless prepared on engraved border displaying seal and signature of State Registrar.  
 (Rev. 02/15)



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF RIVERSIDE

JON CHRISTENSEN  
TREASURER  
TAX COLLECTOR



April 16, 2018

Wallace L Huddleston  
23662 Via Pellicer  
Mission Viejo CA 92692

Re: APN: 709190001-9, 709190004-2 & 709190005-3  
TC 207 Item 965-967  
Date of Sale: May 24, 2016

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.**

- |  |   |
|--|---|
| <input type="checkbox"/> Notarized Affidavit under CA Probate Code 13100/13101                 | <input type="checkbox"/> Original Note/Payment Book   |
| <input type="checkbox"/> Notarized Statement of different/misspelled                           | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale)                        |
| <input type="checkbox"/> Original Notarized Authorization for Agent to Collect Excess Proceeds | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) *          |
| <input type="checkbox"/> Notarized Assignment of Right to Collect Excess Proceeds              | <input type="checkbox"/> Court Order Appointing Administrator   |
| <input checked="" type="checkbox"/> Certified Death Certificate for Olive Poli & Nevio Poli    | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)  |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input checked="" type="checkbox"/> Other - Notarized statement for Olive Poli stating all the aka names. |
| <input checked="" type="checkbox"/> Copy of Marriage Certificate for Olive Poli                |   |

Please send in all documents within 30 days (**May 16, 2018**). If you should have any questions, please contact me at the number listed below.

Sincerely,

*Jennifer Romero*

Tax Sale Operations Unit  
(951) 955-3945  
(951) 955-3990 Fax  
[jromero@RivCo.org](mailto:jromero@RivCo.org)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Wallace L Huddleston  
23662 Via Pellicer  
Mission Viejo CA 92692



9590 9402 1680 6053 9897 62

2. Article Number (Transfer from service label)

7003 2260 0004 1556 9727

PS Form 3811, July 2015 PSN 7530-02-000-9053

County of Riverside, Treasurer-Tax Collector

4080 LEMON STREET, 4TH FLOOR \* P.O. BOX 12005 \* RIVERSIDE, CALIFORNIA 92502  
WWW.COUNTYTREASURER.ORG \* (951) 955-3900 \* 1 (877) 748-2689 \* FAX (951) 955-3923

May 1, 2018

County of Riverside

Treasurer-Tax Collector

To Whom It May Concern,

This is our notarized statement for Olive Poli stating all the aka names that we are aware of:

Olive Poli

Allare O. Poli

Rita Poli

Allare O'Donovan Penman

Rita Martinez (professional wrestling name)

*Sheri L. Heysek*  
SHERI L. HEYSEK

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

s.s.

County of ORANGE

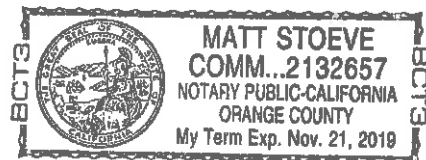
Subscribed and sworn to (or affirmed) before me on this 2ND day of MAY,

2018, by SHERI L. HEYSEK and

\_\_\_\_\_, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

*[Signature]*



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

BOOK **3888** PAGE **257**  
 LOCAL REGISTRAR'S NUMBER **4068**

### CERTIFICATE OF REGISTRY OF MARRIAGE

(PERSONAL DATA, LICENSE TO MARRY, CERTIFICATION OF MARRIAGE)

<b>GROOM PERSONAL DATA</b>	1A. NAME OF GROOM—FIRST NAME <b>Nevio</b>	1B. MIDDLE NAME	1C. LAST NAME <b>Poli</b>	1E. AGE OF GROOM (LAST BIRTHDAY) <b>31</b>	
	3A. USUAL RESIDENCE OF GROOM—STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1723 1/2 Middleton Pl</b>		3B. CITY OR TOWN <b>Los Angeles</b>	3C. COUNTY <b>Los Angeles</b>	
	4. COLOR OR RACE <b>White</b>	5. NEVER MARRIED, WIDOWED, DIVORCED, MARRIAGE ANNULLED <b>Divorced</b>	6. NUMBER OF TIMES PREVIOUSLY MARRIED (EXCLUDING THIS MARRIAGE) <b>One</b>	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>New York</b>	
	8A. NAME OF FATHER OF GROOM <b>Nick Poli</b>	8B. BIRTHPLACE OF FATHER <b>Italy</b>	8C. MAIDEN NAME OF MOTHER OF GROOM <b>Angelina Immediata</b>	8D. BIRTHPLACE OF MOTHER <b>Italy</b>	
<b>BRIDE PERSONAL DATA</b>	10A. NAME OF BRIDE—FIRST NAME <b>Allare</b>	10B. MIDDLE NAME <b>O'Donovan</b>	10C. LAST NAME <b>Penman</b>	11. AGE OF BRIDE (LAST BIRTHDAY) <b>35</b>	
	12A. USUAL RESIDENCE OF BRIDE—STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1723 Middleton Pl</b>		12B. CITY OR TOWN <b>Los Angeles</b>	12C. COUNTY <b>Los Angeles</b>	
	13. COLOR OR RACE <b>White</b>	14. NEVER MARRIED, WIDOWED, DIVORCED, MARRIAGE ANNULLED <b>Div. &amp; Annulled</b>	15. NUMBER OF TIMES PREVIOUSLY MARRIED (EXCLUDING THIS MARRIAGE) <b>One</b>	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>North Dakota</b>	
	17A. NAME OF FATHER OF BRIDE <b>James Francis O'Donovan</b>	17B. BIRTHPLACE OF FATHER <b>Nebr</b>	17C. MAIDEN NAME OF MOTHER OF BRIDE <b>Martha Schpak</b>	17D. BIRTHPLACE OF MOTHER <b>Russia</b>	
18. MAIDEN NAME OF BRIDE IF PREVIOUSLY MARRIED <b>Allare O'Donovan</b>					
We, the bride and groom named in this certificate, each for himself, state that the foregoing information is correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license to authorize the same is known to us, and hereby apply for license to marry.					
<b>LICENSE TO MARRY</b>	20A. BRIDE (SIGN FULL NAME) <i>Allare O'Donovan Penman</i>		20B. GROOM (SIGN FULL NAME) <i>Nevio Poli</i>		
	21A. AUTHORIZATION AND LICENSE IN WEDNESDAY, FEBRUARY 2, 1956, TO CELEBRATE A MARRIAGE (GENERAL) TO CELEBRATE THE MARRIAGE OF THE ABOVE NAMED BRIDE AND GROOM (BOTH RESIDING IN THE COUNTY OF LOS ANGELES) TO BE PERFORMED BY THE ABOVE NAMED MINISTER OF THE GOSPEL, IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA, IN WITNESS WHEREOF, I HAVE HEREBY SET MY HAND AND SEAL OF OFFICE AT LOS ANGELES, CALIFORNIA, THIS 2-2-56.	21B. SUBSCRIBED AND SWORN TO BEFORE ME ON <b>2-2-56</b>	21C. COUNTY CLERK <b>Harold J. Ostly</b>	21D. COUNTY CLERK <i>J. Sailer</i> DEPUTY	
21E. COUNTY OF ISSUE OF LICENSE <b>Los Angeles</b>		21F. DATE LICENSE ISSUED <b>February 2 1956</b>	21G. LICENSE NUMBER <b>1362</b>		
<b>CERTIFICATION OF PERSON PERFORMING CEREMONY AND WITNESS</b>	22. I hereby certify that the above named bride and groom were joined by me in marriage in accordance with the laws of the State of California on <b>FEBRUARY 2 1956</b> at <b>LOS ANGELES</b> , California.				
	23A. SIGNATURE OF WITNESS <i>Bessie O'Donovan</i>		24A. SIGNATURE OF PERSON PERFORMING CEREMONY <i>C. S. Sailer</i>		
	23B. ADDRESS OF WITNESS—STREET ADDRESS <b>1257 W. Broadway Blvd</b>		24B. OFFICIAL TITLE AND DENOMINATION (PRIEST OR MINISTER) <b>Minister of the Gospel</b>		
	23C. ADDRESS OF WITNESS—CITY OR TOWN AND STATE <b>Los Angeles, California</b>		24C. ADDRESS OF PERSON PERFORMING CEREMONY <b>4227 Hollywood Blvd, L.A. Calif</b>		
<b>LOCAL REGISTRAR (COUNTY RECORDER)</b>	25. DATE RECEIVED BY LOCAL REGISTRAR (COUNTY RECORDER) <b>FILED FEB 16 1956</b>		26. LOCAL REGISTRAR (COUNTY RECORDER) <b>Ray E. Lee</b>		
			27. LOCAL REGISTRAR (COUNTY CLERK) <b>Los Angeles County</b>		
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC LIBERTY					

CALOSANGOR



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

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

MAY 09 2018

100002380571



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



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORDS**

**COUNTY OF BUTTE**

155 NELSON AVENUE  
 OROVILLE, CALIFORNIA 95965

**CERTIFICATE OF DEATH** **3200304000183**

STATE FILE NUMBER		1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	3. LAST (Surname)	LOCAL REGISTRATION NUMBER				
		Nevio		-	Poli	3200304000183				
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	IF UNDER ONE YEAR		IF UNDER 90 DAYS		6. SEX	
		03/29/1924		78	Months Days		Hours Minutes		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. ANNUAL SECURITY NUMBER		11. EVER U.S. ARMED FORCES		12. MARITAL STATUS (Status of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)
New York				R Yes No UNK		Married		01/26/2003		0730
13. EDUCATION - Highest Level/degree (see instructions on back)		14/15. WAS DECEDENT SPANISH/Spanol/LATINO? (Yes, see instruction on back)		16. DECEDENT'S RACE - (If 2 or more races apply be listed from most to least on back)						
Some College		Yes No		White						
17. USUAL OCCUPATION - Type of work for which he/she DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION						
Electrical Mechanic		Tracking		45						
20. DECEDENT'S RESIDENCE (Street and number or location)		21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY
6170 Francis LN		Orland		Glenn		95963		5		CA
26. INFORMANT'S NAME RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city, state, ZIP)								
Damiano Poli - Brother		6177 Francis LN Orland, CA 95963								
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Mother/Memo)						
Rachel		N		Bipous						
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE				
Nicola				Poli		Italy				
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Mother)		38. BIRTH STATE				
Angelina				Immediata		Italy				
39. DEPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION								
01/30/2003		Scatter in the Sierra Nevada Mtns north of Lake Tahoe, CA								
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMPALMER		43. LICENSE NUMBER						
CR/SCAT		Not embalmed								
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy				
F.D. Sweet & Son - Orland		FD350		Mark A. Lundberg MD MD		01/30/2003				
791. PLACE OF DEATH		792. IF HOSPITAL, SPECIFY ONE		793. IF OTHER THAN HOSPITAL, SPECIFY ONE						
Enloe Medical Center		IP ER/OP DOA		Respite Nursing Home/LTC Decedent's Home Other						
794. COUNTY		795. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		796. CITY						
Butte		1531 Esplanade		Chico						
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER		109. BIOPSY PERFORMED?						
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		24hrs		X YES NO						
Aspiration Pneumonia		DO3-0127		NO						
(B) (Immediately, list conditions, if any, leading to cause on Line A. Under UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST)		24hrs		YES NO						
Bowel Obstruction				X YES NO						
Dementia		Yrs		YES NO						
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107)										
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		112. IF FEMALE, PRESENT IN LAST YEAR								
		YES NO 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 CORONER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy				
Decedent Attended Since Decedent Last Seen Alive		Nehel M.D.		A81352		01/29/2003				
118. I CERTIFY THAT MY OPINION OF DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE								
MANNER OF DEATH Natural Accident Homicide Suicide Indeterminate Could not be determined		Tayeb Al-Hafez, MD 1531 Esplanade Chico, CA 95926								
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)						
YES NO UNK										
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)										
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)										
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)										
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER						
STATE REGISTRAR		A B C D E		FAX AUTH. #		CENSUS TRACT				



\* 000274366 \*

**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF BUTTE

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

DATE ISSUED: **MAY 03 2018**

*Candace J. Grubbs*  
 CANDACE J. GRUBBS  
 COUNTY CLERK-RECORDER

This copy is not valid unless prepared on engraved border, displaying the date, seal and signature of the County Clerk-Recorder.  
 FRENDO (Rev.) 02/16



COUNTY OF RIVERSIDE

JON CHRISTENSEN  
TREASURER  
TAX COLLECTOR



MATTHEW JENNINGS  
ASSISTANT TREASURER-TAX COLLECTOR  
GIOVANE PIZANO  
CHIEF INVESTMENT MANAGER

April 16, 2018

Wallace L. Huddleston  
23662 Via Pellicer  
Mission Viejo CA 92692

RECEIVED  
2018 MAY 16 AM 8:34  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

Re: APN: 709190001-9, 709190004-2 & 709190005-3  
TC 207 Item 965-967  
Date of Sale: May 24, 2016

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.**

- |  |   |
|--|---|
| <input type="checkbox"/> Notarized Affidavit under CA Probate Code 13100/13101                 | <input type="checkbox"/> Original Note/Payment Book   |
| <input type="checkbox"/> Notarized Statement of different/misspelled                           | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale)                        |
| <input type="checkbox"/> Original Notarized Authorization for Agent to Collect Excess Proceeds | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)            |
| <input type="checkbox"/> Notarized Assignment of Right to Collect Excess Proceeds              | <input type="checkbox"/> Court Order Appointing Administrator   |
| <input checked="" type="checkbox"/> Certified Death Certificate for Olive Poli & Nevio Poli    | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)  |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input checked="" type="checkbox"/> Other - Notarized statement for Olive Poli stating all the aka names. |
| <input checked="" type="checkbox"/> Copy of Marriage Certificate for Olive Poli                |   |

Please send in all documents within 30 days (May 16, 2018). If you should have any questions, please contact me at the number listed below.

Sincerely,

*Jennifer Romero*

Tax Sale Operations Unit  
(951) 955-3945  
(951) 955-3990 Fax  
[jiromero@RivCo.org](mailto:jiromero@RivCo.org)

*Hi Jennifer,  
I spoke to you on 5/8 regarding 1 of the 3 items that I'm waiting on from Los Angeles County may not arrive by May 16<sup>th</sup>. You said to mail everything at once when I receive it, and you made a note on our file. Thank you,*

County of Riverside, Treasurer-Tax Collector

*Wallace*



**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 ALLARE POLI [Name of Decedent], hereinafter "Decedent," died in the City of ORLAND, County of GLENN, State of CA on 4-1, X 1997.
- 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. 709190001-9; 709190004-2; 709190005-3; TC 207 ITEM 965-967
- 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: NOREEN O'DONOVAN HUDDLESTON (deceased)
- 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.

Wallace L. Huddleston WALLACE L. HUDDLESTON  
 Signature Name [Print or Type]

9-8-18  
 Date:

Signature Name [Print or Type]

Date:

Signature Name [Print or Type]

Date:

September 8, 2018

County of Riverside

Treasurer-Tax Collector

To Whom It May Concern,

This is our notarized statement for Olive Poli stating all the aka names that we are aware of:

Olive Poli

Allare O. Poli

Rita Poli

Allare O'Donovan Penman

Rita Martinez (professional wrestling name)

Rita Olare Benson

x Wallace L. Huddleston

Wallace L. Huddleston

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

Subscribed and sworn to (or affirmed) before me on this 8<sup>th</sup> day of SEPTEMBER,  
20 18, by WALLACE L. HUDDLESTON

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

SEE ATTACHED

# California Jurat Certificate

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

S.S.

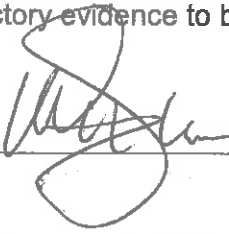
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 8th day of SEPTEMBER,

2018, by WALLACE L HUDDLESTON and

\_\_\_\_\_, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
\_\_\_\_\_



## OPTIONAL INFORMATION

### Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

### Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:  
 form(s) of identification     credible witness(es)

Notarial event is detailed in notary journal on:

Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

Other

Affiant(s) Thumbprint(s)     Describe: \_\_\_\_\_

**AFFIDAVIT**

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):
2. [I/We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.
3. (NOREEN O'DONOVAN HUDDLESTON)  
 [Name of decedent] died at HOME, while a resident of the City of MISSION VIEJO, County of ORANGE, California, on or about 11-10 2015, leaving [a/no] will.
4. 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.
5. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred
7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]  
APN: 709190001-9  
APN: 709190004-2  
APN: 709190005-3
8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] 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. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]  
WALLACE L. HUDDLESTON - HUSBAND - 81 yrs. OLD.  
23662 VIA PELICER  
MISSION VIEJO, CA 92692
11. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.
12. [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it may] incur because of the transfer, payment, or delivery to [me/us] of the property.
13. 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: 9-8-18

X Signature: Wallace J. Huddleston

Dated: \_\_\_\_\_

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

Subscribed and sworn to me before this 8<sup>th</sup> day of SEPTEMBER, 20 18

SEE ATTACHED  
Notary Public in and for said County and State

My Commission expires on: 11/21/19

**AFFIDAVIT**

To comply with California Probate Code §§13100-13115

# California Jurat Certificate

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

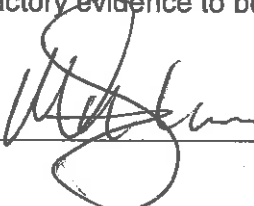
S.S.

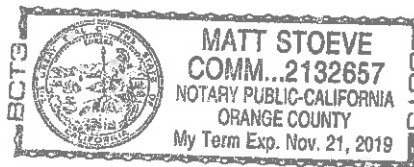
Subscribed and sworn to (or affirmed) before me on this 8TH day of SEPTEMBER

20 18, by WALLACE L. HUDDLESTON and

\_\_\_\_\_, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_



## OPTIONAL INFORMATION

### Description of Attached Document

The certificate is attached to a document titled/for the purpose of

AFFIDAVIT TO COMPLY WITH  
CALIFORNIA PROBATE CODE  
§§ 13100 - 13115

containing 1 pages, and dated \_\_\_\_\_

### Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:  
 form(s) of identification  credible witness(es)

Notarial event is detailed in notary journal on:

Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

Other

Affiant(s) Thumbprint(s)  Describe: \_\_\_\_\_

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2017 MAY 15 AM 7:38

Re: Claim for Excess Proceeds

TC 207 Item 965 Assessment Number: 709190001-9 RIVERSIDE COUNTY TREAS-TAX COLLECTOR

Assessee: ODOVONAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$ \_\_\_\_\_ 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 7-14-16. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Four horizontal lines for listing documentation.

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 30th day of OCT, 2016 at San Luis Obispo County, State

Signature of Claimant: Lealla Cochell

Print Name: LEALLA COCHELL

Street Address: 1281 MESSINA CT.

City, State, Zip: GROVER BEACH, CA 93433

Phone Number: 805-458-1408

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number



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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

2017 MAY 15 AM 7:38

TC 207 Item 966 Assessment Number: 709190004-2

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

Assessee: ODOVONAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$ \_\_\_\_\_ 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 7-14-16. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 30<sup>th</sup> day of OCT, 2016 at San Louis Obispo  
County, State

Leahla Cochell  
Signature of Claimant

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

LEAHLA COCHELL  
Print Name

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

1281 MESSINA CT.  
Street Address

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

GROVER BEACH, CA 93433  
City, State, Zip

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

805-458-1408  
Phone Number

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

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

RECEIVED

2017 MAY 15 AM 7:39

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item: 967 Assessment Number: 709190005-3

Assessee: ODOVONAN, ADELLA M & POLI, OLIVE & VANDORN, VIVYANN & BESSIE

Situs: NONE

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 \$\_\_\_\_\_ 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 7-14-16. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 30<sup>th</sup> day of OCT., 2016 at San Luis Obispo  
County, State

Leahla Cochell  
Signature of Claimant

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

LEAHLA COCHELL  
Print Name

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

1281 MESSINA CT.  
Street Address

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

GROVER BEACH, CA 93433  
City, State, Zip

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

805-458-1408  
Phone Number

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

76445

NO COR FILED

WHEN RECORDED RETURN TO:

HAGUE & LEWIS  
ATTORNEYS AT LAW  
SUMITOMO BANK BLDG FOURTH FLOOR  
440 WEST OCEAN BOULEVARD  
LONG BEACH CALIFORNIA 90802  
TELEPHONE AREA CODE 714  
434-8400  
434-8017

Attorney for Bessie O'Donovan  
Administratrix

RECEIVED FOR RECORD  
AT 11:00 O'CLOCK A.M.

APR - 3 1986

Recorded in Official Records  
of Riverside County, California  
1575

FILED

FEB 28 1986

RICHARD D. DEAN, County Clerk  
DEBORA KUSCH  
Deputy County Clerk

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF VENTURA

Estate of  
RAYMOND J. O'DONOVAN,  
aka, RAY J. O'DONOVAN,  
aka, R. J. O'DONOVAN  
Deceased.

No: P-58214

ORDER SETTLING FIRST AND FINAL  
ACCOUNT AND REPORT OF ADMINIS-  
TRATRIX, PETITION FOR STATUTORY  
COMMISSIONS AND ATTORNEYS FEES;  
FOR EXTRAORDINARY FEES AND  
COMMISSION; FOR PRORATION OF  
FEDERAL ESTATE TAXES, AND FOR  
FINAL DISTRIBUTION.

Bessie O'Donovan, administratrix of the Estate of  
Raymond J. O'Donovan, also known as Ray J. O'Donovan, also known  
as R. J. O'Donovan, deceased, files herewith her first and final  
account and report of administratrix and petition for its settle-  
ment, for allowance of executor's commissions and attorney's  
fees for ordinary services, for allowance of commissions and  
fees for extraordinary services, proration of federal estate  
taxes and for final distribution.

The report and petition were heard on February 28,

SUMITOMO BANK BLDG FOURTH FLOOR  
444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90803  
TELEPHONE 434-0000 113  
FACSIMILE 434-0001

1 1986, at Department No. 42, the Honorable HELEN MERZER, TEMPORARY JUDGE  
2 Judge Presiding.

3 The Court finds:

4 The representative was and still is authorized to  
5 administer the estate without court supervision under The  
6 Independent Administration of Estates Act.

7 Notice of hearing of the petition has been regularly  
8 given as prescribed by law.

9 All allegations of the petition are true.

10 Raymond J. O'Donovan, also known as Ray J. O'Donovan,  
11 also known as R. J. O'Donovan, died intestate on April 15, 1980,  
12 in Ventura County, California, at death a resident of that  
13 county.

14 Notice of Death was given, the time for filing or  
15 presenting claims has expired, and the estate is now in a  
16 condition to be closed.

17 All claims filed or presented against the estate have  
18 been allowed by the administratrix, approved by this Court, and  
19 paid.

20 All debts of decedent and of the estate and all  
21 expenses of administration have been paid, except closing  
22 expenses including charges for preparation of closing fiduciary  
23 tax returns by the accountant, commissions of petitioner as  
24 executor, and of fees of Hagee & Lewis, her attorney.

25 All inheritance taxes have been paid by the estate.

26 All personal property taxes due or payable by the

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444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
Telephone (714) 433-3333  
Telex 433333

1 estate have been paid.

2 A federal estate tax return has been filed for this  
3 estate, and the tax shown to be due has been paid. The return  
4 has been audited and the executor has been released from  
5 personal liability for the federal estate tax.

6 All California and federal income taxes due and payable  
7 by the estate have been paid. The California fiduciary tax  
8 returns for decedent for the years 1980 through 1985 have not as  
9 yet been audited. Petitioner is hereby authorized to maintain a  
10 reserve of \$1,800.00 for closing costs, accountants's fees and a  
11 reserve pending final audit of all tax returns, and for any  
12 liabilities that may be determined to be due from the estate.

13 The value of the assets of the estate on hand at this  
14 time exceed \$150,000.00.

15 The certificate of the California Franchise Tax Board  
16 required by Revenue and Taxation Code sections 19262 is on file.

17 All assets of the estate are the decedent's separate  
18 property.

19 Executor requests that the federal estate taxes be  
20 allocated equally to the persons receiving under this estate.

21 Distribution should be ordered as specified below.

22  
23 IT IS ORDERED that:

- 24 (1) The administration of the estate is brought to a close.  
25 (2) The administratrix has in her possession belonging to  
26 the esate, after deducting credits to which she is

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444 WEST OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
ATTORNEY GENERAL'S OFFICE

1 entitled, a balance at the appraised value of  
2 \$150,393.27, of which \$43,651.61 is in cash. The first  
3 and final account, petition, and report of the  
4 administratrix is approved.

5 (3) All acts of the administratrix relating to the matters  
6 in the account, petition, and report are approved.

7 (4) The administratrix is authorized to retain \$1800.00  
8 from this distribution to pay closing expenses,  
9 accountant's fees, and as a reserve for potential tax  
10 liabilities. Any unexpended portion of the reserve  
11 shall be distributed prorata to the distributees.

12 (5) The administratrix is authorized to pay to Adella M.  
13 O'Donovan as administratrix of the Estate of James F.  
14 O'Donovan, Deceased, \$1500.00, being a part of the  
15 statutory commission earned by James F. O'Donovan as  
16 co-administrator before his death, and to pay the  
17 balance of such statutory commission, in the amount of  
18 \$4378.33, to petitioner.

19 (6) The administratrix is authorized to pay to herself  
20 \$2700.00 for extraordinary services in administration  
21 of this estate.

22 (7) The administratrix is authorized to pay Hagee & Lewis,  
23 her attorneys, \$5878.33 for statutory attorney fees for  
24 services in administration of this estate, and <sup>\$3,950.00 DA.</sup> ~~\$1740.00 BK.~~  
25 as compensation for extraordinary services in adminis-  
26 tration of this estate.

SUMITOMO BANK BLDG FOURTH FLOOR  
 444 WEST OCEAN BOULEVARD  
 LONG BEACH, CALIFORNIA 90802  
 TEL: (714) 434-0000  
 FAX: (714) 434-0001

1 (8) All of the remaining property in the hands of  
 2 administratrix, and any other property of this estate  
 3 not now known or discovered that may belong to the  
 4 estate or in which decedent or the estate may have an  
 5 interest, shall be distributed as follows:

- 6 ✓
- 7 1. Adella M. O'Donovan An undivided one-fourth  
 Administrator of the interest.  
 Estate of James F.  
 O'Donovan, Deceased
- 8
- 9 2. Olive Poli - Sister An undivided one-fourth  
 interest.
- 10
- 11 3. Vivy Ann Van Dorn An undivided one-fourth  
 interest.
- 12
- 13 4. Bessie O'Donovan An undivided one-fourth  
 interest.
- 14

15	<u>Item</u>	<u>Description</u>	<u>Value</u>
16	1	Cash on Hand	\$43,651.61
17	2	43 Shares of Stock in North Ventura Road Development Corp.	4,773.00
18			
19	3	Promissory Note dated 6/1/76 from North Ventura Road Development Corp. interest 8%, interest only payable monthly at \$69.50 per month unpaid balance	55,470.60
20			
21			
22	4	87.70 acres of undeveloped land being a portion of NW 1/4 of Section 7, Township 6 South, Range 13 East, Riverside County, California	22,500.00
23			
24			
25			
26			

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84.95 acres of undeveloped desert land,  
being the South 1/2 portion of Section  
9, Township 6 South, Range 12 East,  
Riverside County, California

24,000.00

TOTAL

\$150,395.27

DATED: FEB 28 1966

Richard Dean  
TEMPORARY JUDGE JUDGE OF THE SUPERIOR COURT

I hereby certify that the annexed instrument  
is a true and correct copy of the original on  
file in my office. RICHARD D. DEAN, County  
Clerk of the County of Ventura, State of  
California and ex-officio Clerk of the  
Superior Court therein.

Dated FEB 28 1966

By Richard Dean  
Deputy County Clerk



SUMITOMO BANK BLDG FOURTH FLOOR  
444 WEBB OCEAN BOULEVARD  
LONG BEACH, CALIFORNIA 90802  
Telephone area code 714  
438-6001



When recorded mail to:  
ADELLA M. O'DONOVAN  
418 S. Siban  
Compton, CA 90220 ✓

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

June 27, 1986

Order and Decree No. 106

Dept. SC "A" of the above entitled Court convened, the Honorable  
Kenneth W. Gale, Judge Presiding, and the following proceedings were had:

No. SCP- 1013

Estate of JAMES F. O'DONOVAN,  
Deceased.

ORDER APPROVING FINAL REPORT AND FOR DISTRIBUTION ✓

Attorney(s) appearing for Petitioner(s): Solton, Jacobs and Weiss.

The final report and petition for distribution herein of Adella M. O'Donovan, as administratrix of the estate of said deceased, coming on this day for hearing and approval by the Court, all notices of said hearing having been given as required by law, the Court, after hearing the evidence, and finding that all personal property taxes due and payable by said estate have been paid, approves said report and orders distribution of said estate as follows:

It is Ordered, Adjudged and Decreed by the Court that due notice to the creditors of said deceased has been given; that said administratrix has/have in her possession belonging to said estate, an accounting being waived a balance consisting of cash in the sum of \$7,358.74, and the property hereinafter described at the value of the appraisal, and said report is hereby approved and allowed accordingly; that the sum of \$1,278.73 is hereby ordered paid to said attorney(s) as statutory fees; that said deceased left surviving as her only heir(s)-atlaw, the person(s) hereinafter named; and the residue of cash, and the property hereinafter described, and all other property belonging to said estate, whether described herein or not, be and hereby is distributed to Adella M. O'Donovan. ✓

The property of said estate, hereby distributed, so far as the same is known, is described as follows:

Residue of cash;

10.75 Shares of Stock in North Ventura Road Development Corp.

A 1/4th undivided interest in and to:

Promissory Note dated June 1, 1976, from North Ventura Road Development Corp. interest 8% interest only payable monthly at \$369.50 per month unpaid balance.

A 1/4th undivided interest in and to:

87.70 Acres of undeveloped land being a portion of NW 1/4 of Section 7, Township 6 South, Range 13 East, Riverside County, California.

A 1/4 undivided interest in and to:

84.95 Acres of undeveloped desert land, being the South 1/2 portion of Section 9, Township 6 South, Range 12 East, Riverside County, California.

PROBATE ORDER AND DECREE ✓

BETTER  
COPY

133728

CERTIFICATION OF VITAL RECORD

GLENN COUNTY

WILLOWS, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/88)

3199711000035

LOCAL REGISTRATION NUMBER

35

STATE FILE NUMBER		3199711000035	
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE	
Allare		O.	
3. LAST (FAMILY)		Poli	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.	
04/30/1911		85	
6. SEX		7. DATE OF DEATH MM/DD/CCYY	
F		04/01/1997	
8. HOUR		1440	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
ND			
11. MILITARY SERVICE		12. MARITAL STATUS	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Married	
13. EDUCATION—YEARS COMPLETED		16	
14. RACE		15. HISPANIC—SPECIFY	
Caucasian		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER		17. OCCUPATION	
Self		Homemaker	
18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
Own Home		41	
20. RESIDENCE—STREET AND NUMBER OR LOCATION			
6170 Francis Lane			
21. CITY			
Orland			
22. COUNTY		23. ZIP CODE	
Glenn		95963	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY	
1		California	
26. NAME, RELATIONSHIP			
Nevio Poli - Husband			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
6170 Francis Lane Orland, Calif. 95963			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE	
Nevio			
30. LAST (MARRIED NAME)		31. NAME OF FATHER—FIRST	
Poli		UNK	
32. MIDDLE		33. LAST	
UNK		Benson	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST	
UNK		Martha	
36. MIDDLE		37. LAST (MARRIED)	
		Spak	
38. BIRTH STATE		39. DATE MM/DD/CCYY	
Russia		04/04/1997	
40. PLACE OF FINAL DISPOSITION			
Residence- 6170 Francis Lane Orland, Calif.			
41. TYPE OF DISPOSITION(S)			
CR/RES			
42. SIGNATURE OF EMBALMER			
Not Embalmed			
43. LICENSE NO.			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.	
F. D. Sweet & Son - Orland		FD 350	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY	
		04/04/1997	
101. PLACE OF DEATH			
Glenn Co. Fairgrounds			
102. IF HOSPITAL, SPECIFY ONE:			
<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			
103. FACILITY OTHER THAN HOSPITAL:			
<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER			
104. COUNTY			
Glenn			
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			
221 E. Yolo St.			
106. CITY			
Orland			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
IMMEDIATE CAUSE (A)		TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER
Aspiration		Immed.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (B)		6 Mo.	109. BIOPSY PERFORMED
Dysphasia S/P CVA			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (C)		3 Yrs.	110. AUTOPSY PERFORMED
Alzheimers			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (D)			111. USED IN DETERMINING CAUSE
			<input type="checkbox"/> YES <input type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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. OCCIDENT ATTENDED SINCE I DECEASED LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER	
11/01/1996		03/30/1997	
		Ross W. Tye MD-123 E. Walker St. Orland, Calif. 95963	
116. LICENSE NO.		117. DATE MM/DD/CCYY	
A 037428		04/03/1997	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
119. MANNER OF DEATH			
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE			
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			
120. INJURY AT WORK			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
121. INJURY DATE MM/DD/CCYY			
122. HOUR			
123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR			
A B C D E F G H FAX AUTH. # CENSUS TRACT			

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the GLENN COUNTY CLERK-RECORDER.

DATE ISSUED **MAY - 2 2005**

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



VINCE T. MINTO  
GLENN COUNTY CLERK-RECORDER



COUNTY OF RIVERSIDE

JON CHRISTENSEN  
TREASURER  
TAX COLLECTOR



April 16, 2018

Leahla Cochell  
1281 Messina Ct.  
Grover Beach, CA 93433

Re: APN: 709190001-9, 709190004-2 & 709190005-3  
TC 207 Item 965-967  
Date of Sale: May 24, 2016

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.**

- Notarized Affidavit under CA Probate Code 13100/13101
- Notarized Statement of different/misspelled
- Original Notarized Authorization for Agent to Collect Excess Proceeds
- Notarized Assignment of Right to Collect Excess Proceeds
- Certified Death Certificate for Olive Poli & Nevio Poli
- Copy of Birth Certificates for
- Copy of Marriage Certificate for Olive Poli & Leahla Cochell

- Original Note/Payment Book
- Updated Statement of Monies Owed (as of date of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other – Notarized statement for Olive Poli & Leahla Cochell stating all the aka names.

Please send in all documents within 30 days (**May 16, 2018**). If you should have any questions, please contact me at the number listed below.

Sincerely,

*Jennifer Romero*

Tax Sale Operations Unit  
(951) 955-3945  
(951) 955-3990 Fax  
[jiromero@RivCo.org](mailto:jiromero@RivCo.org)

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
EP 207 ITEM 965-967  
Leahla Cochell  
1281 Messina Ct.  
Grover Beach, CA 93433



9590 9402 1680 6053 9894 96

2. Article Number (transfer from service label)

7003 2260 0004 1556 9710

PS Form 3811, July 2015 PSN 7530-02-000-9053

County of Riverside, Treasurer-Tax Collector

\*\*\*\*\*

4080 LEMON STREET, 4TH FLOOR \* P.O. BOX 12005 \* RIVERSIDE, CALIFORNIA 92502  
WWW.COUNTYTREASURER.ORG \* (951) 955-3900 \* 1 (877) 748-2689 \* FAX (951) 955-3923

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

BOOK **3888** PAGE **257**

LOCAL REGISTRAR'S NUMBER **4065**

### CERTIFICATE OF REGISTRY OF MARRIAGE

(PERSONAL DATA - LICENSE TO MARRY, CERTIFICATION OF MARRIAGE)

<b>GROOM PERSONAL DATA</b>	1A. NAME OF GROOM - FIRST NAME <b>Nevio</b>	1B. MIDDLE NAME	1C. LAST NAME <b>Poli</b>	2. AGE OF GROOM (LAST BIRTHDAY) <b>31</b>	
	3A. USUAL RESIDENCE OF GROOM - STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1723 1/2 Middleton Pl</b>	3B. CITY OR TOWN AND COUNTY (IF RURAL, GIVE COUNTY NAME AND COUNTY)		3C. COUNTY (IF RURAL, GIVE COUNTY NAME)	
	4. COLOR OR RACE <b>White</b>	5. NEVER MARRIED, WIDOWED, DIVORCED, MARRIAGE ANNULLED <b>Divorced</b>	6. NUMBER OF TIMES PREVIOUSLY MARRIED (IF RURAL, GIVE FULL RESIDENCE) <b>One</b>	7. BIRTHPLACE (GIVE IN FULL OR LOCATION) <b>New York</b>	
	8A. NAME OF FATHER OF GROOM <b>Nick Poli</b>	8B. BIRTHPLACE OF FATHER (GIVE IN FULL OR COUNTY) <b>Italy</b>	9A. MAIDEN NAME OF MOTHER OF GROOM <b>Angelina Immediata</b>		9B. BIRTHPLACE OF MOTHER (GIVE IN FULL OR COUNTY) <b>Italy</b>
<b>BRIDE PERSONAL DATA</b>	10A. NAME OF BRIDE - FIRST NAME <b>Allare</b>	10B. MIDDLE NAME <b>O'Donovan</b>	10C. LAST NAME <b>Penman</b>	11. AGE OF BRIDE (LAST BIRTHDAY) <b>35</b>	
	12A. USUAL RESIDENCE OF BRIDE - STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1723 Middleton Pl</b>	12B. CITY OR TOWN AND COUNTY (IF RURAL, GIVE COUNTY NAME AND COUNTY)		12C. COUNTY (IF RURAL, GIVE COUNTY NAME)	
	13. COLOR OR RACE <b>White</b>	14. NEVER MARRIED, WIDOWED, DIVORCED, MARRIAGE ANNULLED <b>Div. &amp; Annulled</b>	15. NUMBER OF TIMES PREVIOUSLY MARRIED (IF RURAL, GIVE FULL RESIDENCE) <b>One</b>	16. BIRTHPLACE (GIVE IN FULL OR LOCATION) <b>North Dakota</b>	
	17A. NAME OF FATHER OF BRIDE <b>James Francis O'Donovan</b>	17B. BIRTHPLACE OF FATHER (GIVE IN FULL OR COUNTY) <b>Nebr</b>	18A. MAIDEN NAME OF MOTHER OF BRIDE <b>Martha Schpak</b>		18B. BIRTHPLACE OF MOTHER (GIVE IN FULL OR COUNTY) <b>Russia</b>
19. MAIDEN NAME OF BRIDE (IF PREVIOUSLY MARRIED) <b>Allare O'Donovan</b>					
We, the bride and groom named in this certificate, each for himself, state that the foregoing information is correct to the best of our knowledge and belief, that no legal objection to the marriage has to the best of our knowledge to the same is known to us, and hereby apply for license to marry.					
<b>LICENSE TO MARRY</b>	20A. BRIDE (SIGN FULL NAME) <i>Allare O'Donovan Penman</i>		20B. GROOM (SIGN FULL NAME) <i>Nevio Poli</i>		
	21A. SUBSCRIBED AND SWORN TO (WRITE FULL NAME) <b>2-2-56</b>	21B. COUNTY CLERK <b>Harold J. Ostly</b>	21C. COUNTY CLERK DEPUTY <i>J. Sailer</i>		21D. LICENSE NUMBER <b>1362</b>
21. COUNTY OF ISSUE OF LICENSE <b>Los Angeles</b>		22. DATE LICENSE ISSUED <b>February 2 1956</b>			
<b>CERTIFICATION OF PERSON PERFORMING CEREMONY AND WITNESS</b>	23. I hereby certify that the above-named bride and groom were joined by me in marriage in accordance with the laws of the State of California on <b>FEBRUARY 14 1956</b> at <b>LOS ANGELES</b> , California.				
	23A. SIGNATURE OF WITNESS <i>James O'Donovan</i>		23B. SIGNATURE OF PERSON PERFORMING CEREMONY <i>J. S. Sailer</i>		
	23C. ADDRESS OF WITNESS - STREET ADDRESS <b>1257 W. Beverly Blvd</b>		23D. OFFICIAL TITLE AND DENOMINATION, (PRIEST, OR MINISTER) <b>Minister of Jehovah's Witness</b>		
	23E. ADDRESS OF WITNESS - CITY OR TOWN AND STATE <b>Los Angeles, California</b>		23F. ADDRESS OF PERSON PERFORMING CEREMONY <b>4227 Hollywood Blvd, L.A. Calif</b>		
25. DATE RECEIVED BY LOCAL REGISTRAR (COUNTY RECORDER) <b>FILED FEB 14 1956</b>	26. LOCAL REGISTRAR (COUNTY RECORDER) <b>Ray E. Lee</b>		27. LOCAL REGISTRAR DEPUTY <i>R. Stamp</i>		
STATE OF CALIFORNIA		COUNTY OF LOS ANGELES			

CALOSANG02

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

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

MAY 09 2018



100002380573

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



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

**COUNTY OF BUTTE**

155 NELSON AVENUE  
 OROVILLE, CALIFORNIA 95965

**CERTIFICATE OF DEATH**      **3200304000183**

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST NAME	
Nevio		Poli	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
		03/29/1924	
AKA, ALSO KNOWN AS - (Include 1st AKA FIRST, MIDDLE, LAST)		5. AGE Yrs	
		78	
6. BIRTH STATE/PROV/COUNTRY		7. DATE OF DEATH mm/dd/yyyy	
New York		04/26/2003	
10. SOCIAL SECURITY #		8. SEX	
		M	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (If now of birth)	
K YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		Married	
13. EDUCATION - Highest Level/Degree (See instructions on back)		14. DECEDENT'S RACE (If race not listed, use work sheet on back)	
Some College <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Electrical Mechanic		Trucking	
19. DECEDENT'S RESIDENCE (Street and number or location)		18. YEARS IN OCCUPATION	
6170 Francis LN		45	
21. CITY		22. COUNTY/PROVINCE	
Orland		Glenn	
23. ZIP CODE		24. YEARS IN COUNTY	
95963		5	
25. STATE/FOREN. COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		Damiano Poli - Brother	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
6177 Francis LN Orland, CA 95963		Rachel	
29. NAME OF FATHER - FIRST		30. LAST ( maiden name)	
Nicola		Bipous	
31. NAME OF MOTHER - FIRST		32. LAST ( maiden name)	
Angelina		Poli	
33. BIRTH STATE		34. BIRTH STATE	
Italy		Italy	
35. BIRTH STATE		36. BIRTH STATE	
Italy		Italy	
37. LAST ( maiden name)		38. LAST ( maiden name)	
Immediata		Immediata	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
01/30/2003		Scatter in the Sierra Nevada Mtns north of Lake Tahoe, CA	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/SCAT		Not Embalmed	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
F.D. Sweet & Son - Orland		FD350	
45. PLACE OF DEATH		46. SIGNATURE OF LOCAL REGISTRAR	
Enloe Medical Center		Mark A. Lundberg MD MD	
47. COUNTY		48. DATE mm/dd/yyyy	
Butte		01/30/2003	
49. FACILITY ADDRESS OR LOCATION (Where found - Street and number or location)		50. CITY	
1531 Esplanade		Chico	
51. CAUSE OF DEATH		52. IF HOSPITAL, SPECIFY ONE	
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		X Hospital <input type="checkbox"/> ER/ICU <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
Aspiration Pneumonia		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
(B) Bowel Obstruction		104. DEATH REPORTED TO CORONER	
(C) Dementia		105. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
106. BODYSY PERFORMED?		107. BODYSY PERFORMED?	
24hrs		24hrs	
108. BODYSY PERFORMED?		109. BODYSY PERFORMED?	
24hrs		24hrs	
110. USED IN DETERRMINING CAUSE?		111. USED IN DETERRMINING CAUSE?	
Yrs		Yrs	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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 CORONER	
Decedent Attended Since		Decedent Last Seen Alive	
01/25/2003		01/26/2003	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
Tayeb Al-Hafez, MD 1531 Esplanade Chico, CA 95926		01/29/2003	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. MANNER OF DEATH	
		Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. HOUR (24 Hours)	
124. LOCATION OF INJURY (Street and number, or location, and city and ZIP)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E			
		CENSUS TRACT	



**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF BUTTE

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

DATE ISSUED: **MAY 03 2018**

*Candace J. Grubbs*  
 CANDACE J. GRUBBS  
 COUNTY CLERK-RECORDER

This copy is not valid unless prepared on engraved border, displaying the date, seal and signature of the County Clerk-Recorder.  
 PBCDC (Rev) 03/16



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

DISTRICT NO. 901 REGISTRATION NO. 22449

FULL NAME OF CHILD: LEELAH C. ANNEN Penman MOTHER'S SURNAME: O'Donovan

1. PLACE OF BIRTH (a) COUNTY: Los Angeles (b) USUAL RESIDENCE OF MOTHER: (c) LENGTH OF RESIDENCE IN CALIFORNIA:  
 (b) CITY OR TOWN: Los Angeles (c) STATE: California (c) YEARS: 12

(c) NAME OF HOSPITAL OR INSTITUTION: Los Angeles County General Hospital (c) COUNTY: Los Angeles (c) CITY OR TOWN: Los Angeles  
 (c) DATE: 1944 (c) MONTH: 10 (c) DATE: 1944

(d) MOTHER'S GESTATION PERIOD: 9 days (c) STREET AND NUMBER: 1723 Middleton Place  
 (d) IN HOSPITAL OR INSTITUTION: 13 1/2 hr. (c) CITY OR TOWN: Los Angeles (c) STATE: California (c) DATE: 1944

4. SEX: Female 5. TWIN OR TRIPLET: No 6. NUMBER OF MONTHS OF PREGNANCY: 9 7. DATE OF BIRTH: October 14, 1944

FATHER OF CHILD: MOTHER OF CHILD

8. FULL NAME: Leslie Penman 15. FULL NAME: Allare O'Donovan  
 9. COLOR OR RACE: Cauc. 10. AGE AT TIME OF THIS BIRTH: 36 16. COLOR OR RACE: Cauc. 17. AGE AT TIME OF THIS BIRTH: 32  
 11. LENGTH OF RESIDENCE IN CALIFORNIA: 11 18. BIRTHPLACE: North Dakota  
 12. BIRTHPLACE: Ohio 19. USUAL OCCUPATION: Housewife  
 13. USUAL OCCUPATION: Salesman 20. INDUSTRY OR BUSINESS: ---  
 14. INDUSTRY OR BUSINESS: AUTO Accessories 21. CHILDREN BORN TO THIS MOTHER:  
 (a) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING: 2  
 (b) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD: 0  
 (c) HOW MANY CHILDREN WERE BORN DEAD: 0

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:  
1723 Middleton Place  
Los Angeles 37  
California

23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 4:45 P. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Allare Penman RELATED TO THIS CHILD AS Mother

24. DATE RECEIVED BY LOCAL REGISTRAR: OCT 21 1944  
 25. REGISTRAR'S SIGNATURE: [Signature] ATTENDANT'S OWN SIGNATURE: [Signature]  
 M.D., MIDWIFE OR OTHER: [Signature] DATE SIGNED: 10/14/44  
 26. GIVEN NAME ADDED: --- BY: [Signature] ADDRESS: 1200 N. State St., Los Angeles, Calif.

27. (a) PREGNANCY, COMPLICATIONS OF: No (b) DID THE BIRTH HAVE ANY CONSTITUTIONAL MANIFESTATIONS: No  
 (c) COMPLICATIONS OF: No (c) BIRTH INJURY: No DESCRIBE: ---  
 (d) WAS THERE AN OPERATION FOR DELIVERY: No STATE ALL OPERATIONS: --- (d) WAS A SEPTOLOGICAL TEST MADE FOR STREPTOCOCCI IN THIS WOMAN: Yes  
 (e) WAS A PROPHYLACTIC DRUG USED IN THE BIRTH: Yes IF SO, AT WHAT PERIOD OF GESTATION: 8th MONTHS  
 IF YES, STATE DRUG: ABN03 IF NOT, WHY NOT: ---

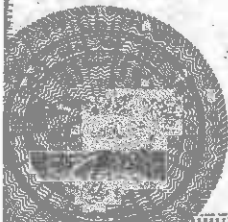
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
 CERTIFICATE OF LIVE BIRTH  
 FEDERAL SECURITY AGENCY  
 U. S. Public Health Service

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

*Beatriz Valdez*  
 BEATRIZ VALDEZ  
 Registrar-Recorder/County Clerk

AUG 11 1955  
 19-395680

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



# MARRIAGE



# CERTIFICATE

State of California

County of Orange

I hereby Certify that on June 26 1965  
MONTH DAY

at 7854 Talbert Avenue A.B. California, under authority

of a license issued by the County Clerk of the County of Orange, I, the

undersigned, as a Minister, joined in marriage,

James Joseph Cochran and Shirley O'Harmon Rouse

in the presence of Karen O. Huddleston, residing at 402 Crestwood, Corona

California, and Charles W. King, residing at 1215 E. 1st St., Corona, Ca.

California.

Harold Soli  
SIGNATURE OF PERSON SOLEMNIZING MARRIAGE

COUNTY OF RIV

JON CHRISTENSEN  
TREASURER  
TAX COLLECTOR



August 30, 2018

Leahla Cochell  
1281 Messina Ct.  
Grover Beach, CA 93433

Re: APN: 709190001-9, 709190004-2 & 709190005-3  
TC 207 Item 965-967  
Date of Sale: May 24, 2016

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.

- Notarized Affidavit under CA Probate Code 13101 for Olive Poli
- Notarized Statement of different/misspelled
- Original Notarized Authorization for Agent to Collect Excess Proceeds
- Notarized Assignment of Right to Collect Excess Proceeds
- Certified Death Certificate for Craig J. Jure
- Copy of Birth Certificates for
- Copy of Marriage Certificate for
- Original Note/Payment Book

- Updated Statement of Monies Owed (as of date of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other: Notarized statement for Olive Poli stating all AKA names, including "Rita Olare Benson"

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

Sincerely,

*Miriam C. Marquez*

Sr. Accounting Assistant  
Tax Sale Operations/Excess Proceeds

Tel 951 955-3336/Fax 951 955-3990

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TC 207 Item 965-967  
Leahla Cochell  
1281 Messina Ct.  
Grover Beach, CA 93433

9590 9402 1680 6053 9896 32

2. Article Number (Transfer from service label)  
7003 2260 0004 1556 9987

PS Form 3811, July 2015 PSN 7530-02-000-9053

County of Riverside, Treasurer-Tax Collector

\*\*\*\*\*  
4080 LEMON STREET, 4TH FLOOR \* P.O. BOX 12005 \* RIVERSIDE, CALIFORNIA 92502  
WWW.COUNTYTREASURER.ORG \* (951) 955-3900 \* 1 (877) 748-2689 \* FAX (951) 955-3923



CERTIFIED MAIL™



7003 2260 0004 1556 9994  
7003 2260 0004 1556 9994

JON CRISTENSEN  
TREASURER-TAX COLLECTOR  
P.O. BOX 12005  
RIVERSIDE, CA 92502-2205

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL™ RECEIPT**  
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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To TC 207 Item 965-967  
 Wallace L. Huddleston  
 Street, or PO Box 23662 Pellicer  
 City, State, ZIP+4® Mission Viejo, CA 92692

PS Form 3800, July 2002



**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 Allare C. Poli [Name of Decedent], hereinafter "Decedent," died in the City of Orlando, County of GLENN, State of California on 4/01/1997, 20    .
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. \_\_\_\_\_
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.

Leah O. Cochell  
 Signature Name [Print or Type]

9-14-18  
 Date:

Signature Name [Print or Type]

Date:

Signature Name [Print or Type]

Date:

\* see Attached Doc for info. [Signature]

**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 San Luis Obispo

On 9/14/18 before me, Guillermo Valdez Notary  
Date Here Insert Name and Title of the Officer

personally appeared Leahla O Cocheil  
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 and/or Stamp Above

**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: Dedication Under Probate Code Section 15101

Document Date: 9/14/18 Number of Pages: 109

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 of Conservator  
 Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer – Title(s): \_\_\_\_\_  
 Partner –  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian of Conservator  
 Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_

