

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



**ITEM: 19.4
(ID # 10527)**

MEETING DATE:

Tuesday, May 23, 2023

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 209, Item 227. Last assessed to: The Estate of James Dooley. District 5. [\$64,944 - Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., Assignee for James Michael Dooley, heir to the Estate of James Harvey Dooley, last assessee, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 448332022-8;
2. Approve the claim from Global Discoveries, Ltd., Assignee for Judith Lee Horning, heir to the Estate of James Harvey Dooley, last assessee, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 448332022-8;
3. Deny the claim from the State of California, Franchise Tax Board for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 448332022-8;
4. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., Assignee for James Michael Dooley, heir to the Estate of James Harvey Dooley in the amount of \$32,472.36, and Global Discoveries, Ltd., Assignee for Judith Lee Horning, heir to the Estate of James Harvey Dooley in the amount of \$32,472.37, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

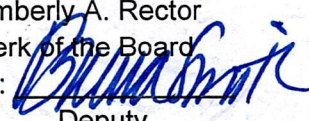
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 5/10/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, 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: May 23, 2023
xc: Tax-Collector, Auditor Controller

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$64,944	\$ 0	\$64,944	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	22/23

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 2, 2017 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 21, 2017. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 24, 2017, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Global Discoveries, Ltd., assignee for James Michael Dooley, heir to the Estate of James Harvey Dooley based on an Assignment of Right to Collect Excess Proceeds notarized September 5, 2017, a Grant Deed recorded September 18, 1995 as Instrument No. 1995-0306049, an Affidavit- Death of Joint Tenant recorded February 24, 2006 as Instrument No. 2006-0135223 for Dorothy Lorraine Dooley, a Certificate of Death for James Harvey Dooley, and Affidavit for Collection of Personal Property notarized August 01, 2018.
2. Claim from Global Discoveries, Ltd., assignee for Judith Lee Horning, heir to the Estate of James Harvey Dooley based on an Assignment of Right to Collect Excess Proceeds notarized September 15, 2017, a Grant Deed recorded September 18, 1995 as Instrument No. 1995-0306049, an Affidavit- Death of Joint Tenant recorded February 24, 2006 as Instrument No. 2006-0135223 for Dorothy Lorraine Dooley, a Certificate of Death for James Harvey Dooley, and Affidavit for Collection of Personal Property notarized August 31, 2018.
3. Claim from the State of California, Franchise Tax Board, based on an Order to Withhold Personal Income Tax dated September 1, 2017.

Pursuant to Section 4675 of California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., Assignee for James Michael Dooley, heir to the Estate of James Harvey Dooley be awarded excess proceeds in the amount of \$32,472.36, and Global Discoveries, Ltd., Assignee for Judith Lee Horning, heir to the Estate of James Harvey Dooley

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

be awarded excess proceeds in the amount of \$32,472.37. The claim from the State of California, Franchise Tax Board be denied since their debtor did not hold title and was not a party of interest at the time of the sale. 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.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim GlobalJD

ATTACHMENT B. Claim GlobalJH

ATTACHMENT C. Claim FTB


Stephanie Perez, Principal Management Analyst 5/16/2023


Kristine Bell-Valdez, Supervising Deputy County Counsel 5/3/2023



Date: September 1, 2017
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 448332022-8
Last Assessee: DOOLEY JAMES ESTATE OF
Sale Date: 4/27/2017
TC: TC209
Item Number: 227

Dear Treasurer/Tax Collector:

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

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

1. **Explanation of Events**
2. Grant Deed granting interest to James Dooley and Dorothy Dooley, Husband and Wife as Joint Tenants as Document Number: 306049, Recorded on September 18, 1995 in Riverside County, CA.
3. **Certified** Affidavit – Death of Joint Tenant as Document Number: 2006-0135223, Recorded on February 24, 2006. (**Please Note:** The **603 SAN MARINO HEMET CA 92543** address listed as the Informant address is one and the same property for the above referenced parcel)
4. **Certified** Certificate of Death for James Harvey Dooley (**Please Note:** The **3950 AIRPORT DRIVE #G, PALM SPRINGS CA 92264** address listed as Informant address is one and the same address that Riverside County recognizes as the tax mailing address)
5. Probate Affidavit (**Please Note: The Original Signed Probate Affidavit is currently with Judith Lee Horning awaiting her signature. We will submit to County as soon as her notarized signature is returned.**)
6. Certificate of Live Birth for Michael James Dooley (**Please Note:** James Harvey Dooley is listed as “Father”)
7. Riverside County Property Tax Bill referencing the **603 SAN MARINO ST HEMET CA 92545** address; which is one and the same property for the above referenced parcel.
8. Affidavit
9. Assignment of Rights To Collect Excess Proceeds signed by James Michael Dooley, as heir to the Estate of James Harvey Dooley
10. Claim form(s) signed by Global Discoveries
11. Photo ID for Assignor: James Michael Dooley

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

- One warrant in the amount of \$32,472.36 or 100% of the claimant’s share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

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

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

Certified Tracking Number: 7017-1450-0000-8509-0221



EXPLANATION OF EVENTS:

Property: 448-332-022-8

(603 SAN MARINO ST HEMET CA 92545)

James Dooley was the last record owner of the above referenced property per the Affidavit Death of Joint Tenant recorded on February 24, 2006.

James Dooley passed away on December 10, 2009, a Widower. He died with 2 biological children; James Michael Dooley and Judith Lee Horning.

To our knowledge, James Dooley died with NO Last Will and Testament nor was his Estate ever probated in the State of California.

James Michael Dooley and Judith Lee Horning are each entitled to collect 50% and/or \$32,472.36+- each of the \$64,944.73+- excess proceeds available for the above referenced property.

******At this time, we are only filing on behalf of James Michael Dooley******

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 448332022-8 Tax Sale Number TC209, Item 227 sold at public auction on 4/27/2017. I understand that the total of excess proceeds available for refund is \$ 64,944.73+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

James Michael Dooley 8-28-17
(Signature of Party of Interest/Assignor) (Date)

James Michael Dooley, as heir to the Estate of James Harvey Dooley
(Name Printed)
3950 Airport Center # G
(Address)
Palm Springs, CA, 92264-1228
(City/State/Zip)
760-250-7708
(Area Code/Telephone Number)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of CALIFORNIA

County of RIVERSIDE

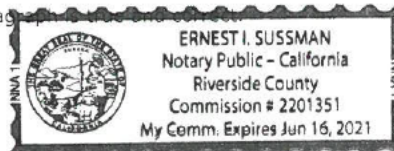
On 8-28-2017 before me, ERNEST I. SUSSMAN NOTARY PUBLIC, personally appeared

JAMES MICHAEL DOOLEY, 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.

Ernest I. Sussman (seal)
Signature of Notary Public



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

Jed Byerly
(Signature of Assignee)

Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS#

Global Discoveries Ltd.
(Address)

P.O. Box 1748
Modesto, CA 95353-1748
(City/State/Zip)

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

County of Stanislaus

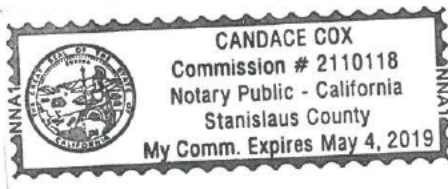
On 9/15/2017 before me, Candace Cox, Notary Public, personally appeared

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

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

WITNESS my hand and official seal.

Candace Cox (seal)
Signature of Notary Public



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

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 448332022-8
Tax Sale Number: TC209
Item Number: 227
Date of Sale: 4/27/2017

The undersigned claimant, Global Discoveries, Ltd., claims \$32,472.36+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

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

Please refer to Claim Summary and attached Documents

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

Executed this 1st day of Sept, 2017 at Modesto, California.

By: [Signature]
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID ;
P.O. Box 1748
Modesto, CA 95353-1748

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

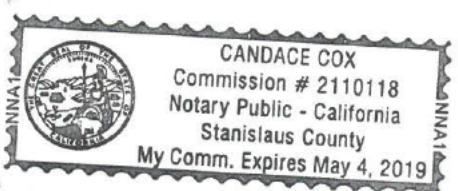
County of Stanislaus

On 9/10/2017 before me, Candace Cox Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.
[Signature] (seal)
Signature of Notary Public



RECORDED
9 18 95
1 10 00
TOS DIVISION
UNION TITLE

306049
RECEIVED FOR RECORD
AT 8:20 O'CLOCK

SEP 18 1995

PAID
Doc. Transfer Tax
FRANK K. JOHNSON
Riv. Co. Recorder

Recorder & Official Public
of Riverside County, California
Recorder
Fee \$

Recording Requested By

Order No. _____
Escrow No. First American Title Insurance Company
Loan No. _____

WHEN RECORDED MAIL TO:
JAMES DOOLEY AND
DOROTHY DOOLEY
603 San Marino Street
Hemet, CA 92545

MAIL TAX STATEMENTS TO:
as shown above

SPACE ABOVE THIS LINE FOR RECORDER'S USE
DOCUMENTARY TRANSFER TAX \$ 61.60
 Computed on the consideration or value of property conveyed; OR
 Computed on the consideration or value less liens or encumbrances remaining at time of sale
the undersigned
Signature of Declarant or Agent determining tax-Firm Name

APN: 441-303-022
TRA: 006-275

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
PACIFIC CAPITAL COMPANY, a partnership

hereby GRANT(S) to
JAMES DOOLEY AND DOROTHY DOOLEY, HUSBAND AND WIFE AS JOINT TENANTS

the real property in the City of Hemet State of California, described as
County of Riverside
Lot 57 of Tract No. 5566, as shown by map on file in Book 83, Pages 48, 49 and 50 of
maps, Records of Riverside County, California.

Dated July 20, 1995
STATE OF CALIFORNIA)
COUNTY OF San Diego) ss.
On August 21, 1995 before me,
Sharon Lee Johnson
personally appeared Loran Winans

PACIFIC CAPITAL COMPANY, a partnership
BY: _____
BY: _____

personally known to me (or proved to me on the basis of some history
evidencing 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
acted, executed the instrument.



WITNESS my hand and official seal
Signature Sharon Lee Johnson

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (1/94)

RECORDING REQUESTED BY:

DOC # 2006-0135223

02/24/2006 08:00A Fee: 13.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder

AND WHEN RECORDED MAIL TO:

James Dooley
603 San Marino Street
Hemet, CA 92545



PUBLIC RECORD

M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC	
	1		3							
A	R	L				COPY	LONG	REFUND	NCHG	EXAM

A.P.N.: 441-303-022-9 ✓

Order No.: 65632067 - ✓

Escrow No.: SB03028231-TC

TRASH 006-075.

13
T
CM

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE } ss.

James Dooley, of legal age, being first duly sworn, deposes and says:

That Dorothy Lorraine Dooley the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy Dooley, named as one of the parties in that certain Grant Deed dated July 20, 1995, executed by James Dooley and Dorothy Dooley, husband and wife, as joint tenants, recorded as Instrument No. 306049, on September 18, 1995 of Official Records of Riverside County, California covering the following described real property situated in the County of Riverside, State of California:

Lot(s) 57 of Tract No. 5566, In the City of Hemet, County of Riverside, State of California, as shown by Map on file in Book 83; Page(s) 48 to 50 inclusive, of Maps, in the office of the County Recorder of said County.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

Dated:

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } ss.

Subscribed and sworn to (or affirmed) before me on this 10th day of FEBRUARY, 2006, by JAMES DOOLEY

JOE ALANIS, a Notary Public
James N. Dooley
James Dooley

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me



WITNESS my hand and official seal.

Signature [Signature]
Notary Public in and for said County and State

(This Area for Official Notary Seal)

3.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
CERTIFICATE OF DEATH

32005330119882

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
DOROTHY		DOOLEY	
2. MIDDLE		4. DATE OF BIRTH (mm/dd/yyyy)	
LORRAINE		03/19/1923	
5. AGE Yrs.		6. SEX	
82		F	
7. BIRTH STATE/FOREIGN COUNTRY		8. MARITAL STATUS (at Time of Death)	
CA		MARRIED	
9. SOCIAL SECURITY NUMBER		10. DATE OF DEATH (mm/dd/yyyy)	
[REDACTED]		12/03/2005	
11. EDUCATION - Highest Level Attained (See instructions on back)		12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		CAUCASIAN	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		14. YEARS IN OCCUPATION	
CLERK		24	
15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			
RETAIL SALES			
16. DECEDENT'S RESIDENCE (Street and number or location)			
603 SAN MARINO			
17. CITY		18. STATE/FOREIGN COUNTRY	
HEMET		CA	
19. COUNTY/PROVINCE		20. ZIP CODE	
RIVERSIDE		92543	
21. YEARS IN COUNTY		22. DECEDENT'S MAILING ADDRESS (Street and number or care route number, city or town, state, ZIP)	
75		603 SAN MARINO, HEMET, CA 92543	
23. INFORMANT'S NAME RELATIONSHIP			
JAMES DOOLEY, HUSBAND			
24. NAME OF SURVIVING SPOUSE - FIRST		25. LAST (Middle Initial)	
JAMES		DOOLEY	
26. NAME OF FATHER - FIRST		27. MIDDLE	
WALLACE		J.	
28. NAME OF MOTHER - FIRST		29. LAST (Middle)	
LORRAINE		UNKNOWN	
30. BIRTH STATE		31. BIRTH STATE	
AZ		UNKNOWN	
32. PLACE OF FINAL DISPOSITION (Street and number or location)			
RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518			
33. TYPE OF DISPOSITION(S)			
CR/BU			
34. SIGNATURE OF EMBALMER			
NOT EMBALMED			
35. LICENSE NUMBER			
-			
36. NAME OF FUNERAL ESTABLISHMENT		37. SIGNATURE OF LOCAL REGISTRAR	
MILLER-JONES MORTUARY AND CREM		GARY M FELDMAN, MD	
38. LICENSE NUMBER		39. DATE (mm/dd/yyyy)	
-		12/07/2005	
40. PLACE OF DEATH			
HEMET VALLEY MEDICAL CENTER			
41. COUNTY			
RIVERSIDE			
42. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
1117 EAST DEVONSHIRE AVE			
43. CITY			
HEMET			
44. CAUSE OF DEATH (Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or convulsion. Indicate without showing the etiology. DO NOT ABBREVIATE.)			
(a) IMMEDIATE CAUSE OF DEATH (State or condition resulting in death)			
CARDIORESPIRATORY ARREST			
(b) UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death)			
ARTERIOSCLEROTIC HEART DISEASE			
100. IF HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Outpatient <input type="checkbox"/> Nursing Home/ LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
101. IF OTHER THAN HOSPITAL, SPECIFY ONE			
-			
102. TIME FROM DEATH TO REPORT (Date and Time)			
(a) MINS			
103. BIRTH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
104. BIRTH REPORTED TO VITALS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
105. BIRTH REPORTED TO VITALS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
106. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101			
NONE			
108. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109? (If yes, list type of operation and date)			
NO			
109. IF FEMALE, PREGNANT IN LAST YEAR?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
110. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		111. SIGNATURE AND TITLE OF CERTIFIER	
[Signature]		[Signature]	
112. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		113. LICENSE NUMBER	
HEMCHAND KOLLI M.D. 1275 EAST LATHAM AVE #C, HEMET, CA 92543		-	
114. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		115. LICENSE NUMBER	
HEMCHAND KOLLI M.D. 1275 EAST LATHAM AVE #C, HEMET, CA 92543		-	
116. CERTIFY TIME IN MY OWN DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED			
12/03/2005 12/03/2005			
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
HEMCHAND KOLLI M.D. 1275 EAST LATHAM AVE #C, HEMET, CA 92543			
118. INJURED AT WORK?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
119. INJURY DATE (mm/dd/yyyy)			
-			
120. HOUR (24 Hours)			
-			
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
-			
122. DESCRIBE HOW INJURY OCCURRED (Explain which resulted injury)			
-			
123. LOCATION OF INJURY (Street and number or location, and city and ZIP)			
-			
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[Signature]		-	
126. DATE (mm/dd/yyyy)		127. DATE (mm/dd/yyyy)	
-		-	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

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

DATE ISSUED 12/21/2005

[Signature]
 Gary Feldman M.D., Local Registrar
 RIVERSIDE COUNTY, CALIFORNIA



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNDER THE PROVISION OF THE GOVERNMENT CODE 23761.7, I CERTIFY
UNDER PENALTY OF PERJURY THAT THE NOTARY SEAL ON THE DOCUMENT
TO WHICH THIS STATEMENT IS ATTACHED READS AS FOLLOWS:

NAME OF NOTARY: Joe Alanis
COMMISSION NUMBER: 1474001
COUNTY WHERE BOND IS FILED: San Bernardino
STATE WHERE BOND IS FILED: CA
DATE COMMISSION EXPIRES: 3-9-08
PLACE OF EXECUTION: Riverside

DATE: 2/15/06
SIGNATURE: N. Dekterov
PRINT NAME: N. DEKTEROV



(Faint, mirrored text from the reverse side of the page)
I hereby certify the foregoing instrument to
which this stamp has been affixed consisting
of _____ pages to be a full, true and
correct copy of the original on file and
of record in _____
Assessor - County Clerk - Recorder
County of Riverside, State of California

Certification must be in red to be a
"CERTIFIED COPY"

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052009218394

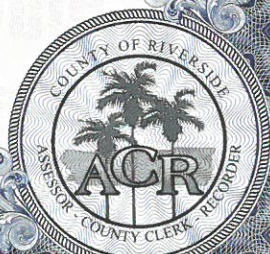
CERTIFICATE OF DEATH

3200933012264

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INCOMMUNICATED, SPOUSE AND PARENT INFORMATION, FUNERAL DIRECTOR LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIANS CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, birth date, marital status, occupation, residence, and cause of death.

INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

CARIVERS02



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

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

DATE ISSUED

JUN 10 2016

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



034582476

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. James Harvey Dooley died on 12/10/2009 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$64,944.73 +-, generated from Assessor's Parcel Number(s) 448332022-8, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/27/2017.

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

James Michael Dooley
Judith Lee Horning

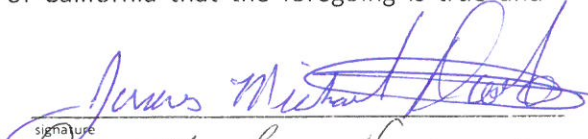
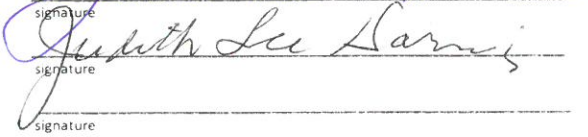
7. The undersigned (please check which box(s) applies):

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

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

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

<p><u>8-01-2018</u> (DATE)</p> <p><u>8-31-2018</u> (DATE)</p> <p>_____ (DATE)</p> <p>_____ (DATE)</p> <p>_____ (DATE)</p>	<p><u>James Michael Dooley</u> Printed Name</p> <p><u>Judith Lee Horning</u> Printed Name</p> <p>_____ Printed Name</p> <p>_____ Printed Name</p> <p>_____ Printed Name</p>
---	---

<p> signature</p> <p> signature</p> <p>_____ signature</p> <p>_____ signature</p>

(Attach Additional Sheet if Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of CALIFORNIA)

County of RIVERSIDE)

On AUG. 01, 2018 before me, ERNEST I. SUSSMAN
(Date) (here insert name and title of the officer) NOTARY PUBLIC, personally appeared

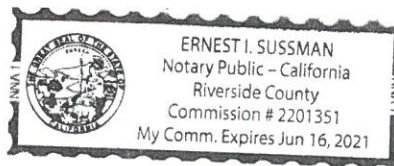
JAMES MICHAEL DOOLEY, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that he/~~she~~ they executed the same in his/~~her~~ their authorized capacity(~~ies~~), and that by his/~~her~~ their 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.

 (seal)

Signature of Notary Public



CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

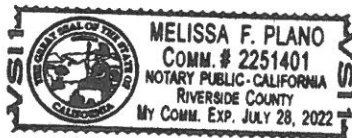
County of Riverside

On 8-31-18 before me, Melissa F. Plano, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Judith Lee Horning, 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.

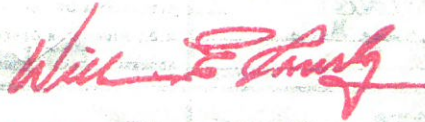
WITNESS my hand and official seal.
Melissa F. Plano (seal)
Signature of Notary Public



1. FULL NAME OF CHILD James Michael Dooley		MAIDEN SURNAME OF MOTHER Lee	
2. PLACE OF BIRTH: (A) COUNTY Riverside (B) CITY OR TOWN Riverside (C) NAME OF HOSPITAL OR INSTITUTION Riverside Osteopathic Hospital (D) MOTHER'S STAY BEFORE DELIVERY: 18 hr IN HOSPITAL OR INSTITUTION 18 yr IN THIS COMMUNITY. SPECIFY WHETHER YEARS, MONTHS OR DAYS		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA (B) STATE California 24 (C) COUNTY Riverside 18 MONTHS 18 YEARS (D) CITY OR TOWN Riverside 18 MONTHS 18 YEARS (E) STREET AND NUMBER Rt. 1 Box 470A	
4. SEX Male	5. TWIN OR TRIPLET _____ IF SO—BORN 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY 8 1/2	7. DATE OF BIRTH December 24, 1947
8. FULL NAME James Harry Dooley		15. FULL MAIDEN NAME Dorothy Lee	
9. COLOR OR RACE white		16. COLOR OR RACE white	
10. AGE AT TIME OF THIS BIRTH 26 YEARS		17. AGE AT TIME OF THIS BIRTH 24 YEARS	
11. LENGTH OF RESIDENCE IN CALIFORNIA 17 YEARS MONTHS _____ DAYS _____		18. BIRTHPLACE California	
12. BIRTHPLACE Indiana		19. USUAL OCCUPATION Housewife	
13. USUAL OCCUPATION Store Clerk		20. INDUSTRY OR BUSINESS Own home	
14. INDUSTRY OR BUSINESS Safeway Grocers		22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: Rt. 1 Box 470A Riverside, California	
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? 1 (C) HOW MANY CHILDREN WERE BORN DEAD? 0			
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 8:27 A. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Dorothy Dooley RELATED TO THIS CHILD AS mother			
24. DATE RECEIVED BY LOCAL REGISTRAR 12/30/47		ATTENDANT'S OWN SIGNATURE Dr. Alden S. Bordwell	
25. REGISTRAR'S SIGNATURE W. F. Fox, M.D.		M.D., MIDWIFE OR OTHER D.O. DATE SIGNED 12/28/47	
26. GIVEN NAME ADDED _____ DATE _____ BY _____ REGISTRAR _____		ADDRESS 223 Loring Bldg. Riverside	
27. (A) PREGNANCY, COMPLICATIONS OF: none		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? no DESCRIBE: _____	
(B) LABOR, COMPLICATIONS OF: Disproportion, History of long hard labor previous INDUCED? _____		BIRTH INJURY? no DESCRIBE: _____	
(C) WAS THERE AN OPERATION FOR DELIVERY? Caesarean Section STATE ALL OPERATIONS: _____		(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? yes	
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? Yes YES OR NO _____		IF SO, AT WHAT PERIOD OF GESTATION? 5 mos. Mos _____	
IF YES, STATE DRUG Ag No 1		IF NOT, WHY NOT? _____	

This must be in red to be a
"CERTIFIED COPY"

Each document to which this certificate
is attached is certified to be a full,
true and correct copy of the original
on file and of record in my office.



WILLIAM E. CONERLY, COUNTY CLERK
County of Riverside, State of California

OCT 19 1992

Dated: _____



Certification must be in red to be a
"CERTIFIED COPY"

AFFIDAVIT

I, James Michael Dooley, as heir to the Estate of James Harvey Dooley, do hereby declare:

1. I am over the age of 18 and a resident of Palm Springs, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am a surviving biological son to James Dooley who was one and the same person noted on the Affidavit Death of Joint Tenant as Document Number: 2006-0135223, Recorded on February 24, 2006 in Riverside County, CA.
3. I, James Michael Dooley am one and the same person as James M. Dooley and James Dooley
4. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 448-332-022-8.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 28th day of August, 2017, in Palm Springs, CA.

X [Signature]
James Michael Dooley, as heir to the Estate of James Harvey Dooley

JURAT

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

State of CALIFORNIA

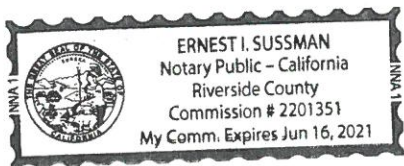
County of RIVERSIDE

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

28th day of AUGUST, 2017, by
Date Month Year
JAMES MICHAEL DOOLEY

Name of Signer

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



Signature [Signature]
Signature of Notary Public

(Place Notary Seal Above)

CLAIM SUMMARY

Date: September 15, 2017
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 448332022-8
Last Assessee: DOOLEY JAMES ESTATE OF
Sale Date: 4/27/2017
TC: TC209
Item Number: 227
Deadline: 6/21/2018

2017 NOV - 1 AM 11:10
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. Explanation of Events

2. Grant Deed granting interest to James Dooley and Dorothy Dooley, Husband and Wife as Joint Tenants as Document Number 306049, Recorded on September 18, 1995 in Riverside County, CA.
3. **Certified** Affidavit – Death of Joint Tenant as Document Number: 2006-0135223, Recorded on February 24, 2006 (**Please Note:** The **603 SAN MARINO HEMET CA 92543** address listed as Informant address is one and the same property for the above referenced parcel)
4. **Certified** Certificate of Death for James Harvey Dooley (**Please Note:** The **3950 AIRPORT DRIVE #G, PALM SPRINGS CA 92264** address listed as informant's address is one and the same that Riverside County recognizes as the tax mailing address)
5. Probate Affidavit – (**Please Note:** This document references both original signature for Judith Horning & James Dooley)
6. Certificate of Live Birth for Judith Lee Dooley (**Please Note:** James Harvey Dooley is listed as "Father")
7. Decree of Divorce between Gary Wyatt Olafson and Judy Lee Olafson
8. Marriage Certificate between Gary Chester Horning and Judith Lee Olafson
9. Affidavit
10. Assignment of Rights To Collect Excess Proceeds signed by Judith Lee Horning, as heir to the Estate of James Harvey Dooley
11. Claim form(s) signed by Global Discoveries
12. Photo ID for Assignor: Judith Lee Horning

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

- One warrant in the amount of \$32,472.36 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

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

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

Certified Tracking Number: 7017-1450-0000-8509-0900

EXPLANATION OF EVENTS:

Property: 448-332-022-8

(603 SAN MARINO ST HEMET CA 92545)

James Dooley was the last record owner of the above referenced property per the Affidavit Death of Joint Tenant recorded on February 24, 2006.

James Dooley passed away on December 10, 2009, a Widower. He died with 2 biological children; James Michael Dooley and Judith Lee Horning.

To our knowledge, James Dooley died with NO Last Will and Testament nor was his Estate ever probated in the State of California.

James Michael Dooley and Judith Lee Horning are each entitled to collect 50% and/or \$32,472.36+- each of the \$64,944.73+- excess proceeds available for the above referenced property.

*******On September 5, 2017 Global Discoveries, Ltd. previously submitted a claim on behalf of James Michael Dooley 50% portion of the Excess Proceeds available for the above referenced property; We are now submitting a claim for Judith Lee Horning's 50% Interest*******

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 448332022-8 Tax Sale Number TC209, Item 227 sold at public auction on 4/27/2017. I understand that the total of excess proceeds available for refund is \$ 64,944.73+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Judith Lee Horning (Signature of Party of Interest/Assignor) 8/31/17 (Date) Judith Lee Horning, as heir to the Estate of James Harvey Dooley (Name Printed) 30601 Palm Avenue (Address) Hemet, CA, 92543-9621 (City/State/Zip) 951-767-3130 (Area Code/Telephone Number)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

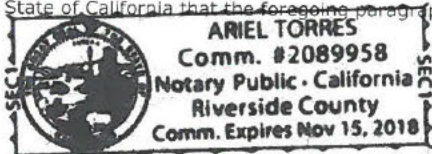
State of California County of Riverside On 8/31/17 before me, Ariel Torres Notary Public, personally appeared Judith Lee Horning (here insert name and title of the officer)

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.

Ariel Torres (Signature of Notary Public) (seal)



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

Jed Byerly, Managing Member (Signature of Assignee) (Name Printed)

Tax ID/SS# Global Discoveries Ltd. (Address) P.O. Box 1748 Modesto, CA 95353-1748 (City/State/Zip) Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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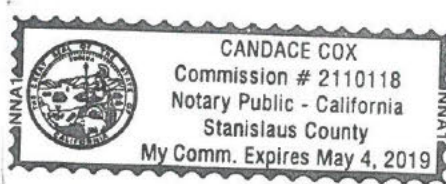
State of California County of Stanislaus On 9/15/2017 before me, Candace Cox Notary Public, personally appeared Jed Byerly (here insert name and title of the officer)

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.

Candace Cox (Signature of Notary Public) (seal)



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

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 448332022-8
Tax Sale Number: TC209
Item Number: 227
Date of Sale: 4/27/2017

The undersigned claimant, Global Discoveries, Ltd., claims \$32,472.36+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

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

Please refer to Claim Summary and attached Documents

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

Executed this 15th day of Sept, 2017 at Modesto, California.

By: [Signature]
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID :
P.O. Box 1748
Modesto, CA 95353-1748

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

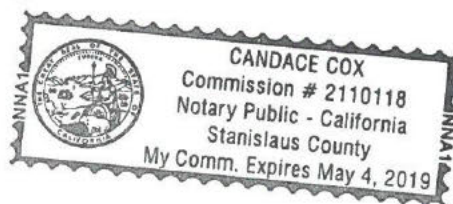
County of Stanislaus

On 9/15/2017 before me, Candace Cox - Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.
[Signature] (seal)
Signature of Notary Public



Recording Requested By
Order No. _____
Escrow No. _____
Loan No. _____
First American Title Insurance Company

WHEN RECORDED MAIL TO:

JAMES DOOLEY AND
DOROTHY DOOLEY
603 San Marino Street
Hemet, CA 92545

PAID
Doc. Transfer Tax
FRANK K. JOHNSON
Riv. Co. Recorder

306049
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

SEP 18 1995
Recorded in Official Records
of Riverside County, California
Recorder
Page 6

MAIL TAX STATEMENTS TO:
as shown above

SPACE ABOVE THIS LINE FOR RECORDER'S USE
DOCUMENTARY TRANSFER TAX \$ 61,60
 Computed on the consideration or value of property conveyed; OR
 Computed on the consideration or value less liens or
encumbrances remaining at time of sale
the undersigned
Signature of Declarant or Agent determining tax-Firm Name

APN: 441-303-022
TRA: 006-275

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
PACIFIC CAPITAL COMPANY, a partnership

hereby GRANT(S) to
JAMES DOOLEY AND DOROTHY DOOLEY, HUSBAND AND WIFE AS JOINT TENANTS

the real property in the City of Hemet State of California, described as
County of Riverside
Lot 57 of Tract No. 5566, as shown by map on file in Book 83, Pages 48, 49 and 50 of
maps, Records of Riverside County, California.

Dated July 20, 1995

PACIFIC CAPITAL COMPANY, a partnership

STATE OF CALIFORNIA)
COUNTY OF San Diego) ss.
On August 21, 1995 before me,
Sharon Lee Johnson
personally appeared Lorán Winans

BY: _____
BY: _____

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



WITNESS my hand and official seal
Signature Sharon Lee Johnson

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (1/94)

9 18 95
1:00
COS DIVISION
UNION TITLE

RECORDING REQUESTED BY:

DOC # 2006-0135223

02/24/2006 08:00A Fee:13.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder

AND WHEN RECORDED MAIL TO:

James Dooley
603 San Marino Street
Hemet, CA 92545



PUBLIC RECORD

A.P.N.: 441-303-022-9 ✓
Order No.: 65632067 - ✓
Escrow No.: SB03028231-TC

M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC
	1		3						
A	R	L							
					COPY	LONG	REFUND	NCHG	EXAM

TRASH 006-075

13
T
CM

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE } ss.

James Dooley, of legal age, being first duly sworn, deposes and says:

That Dorothy Lorraine Dooley the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy Dooley, named as one of the parties in that certain Grant Deed dated July 20, 1995, executed by James Dooley and Dorothy Dooley, husband and wife, as joint tenants, recorded as Instrument No. 306049, on September 18, 1995 of Official Records of Riverside County, California covering the following described real property situated in the County of Riverside, State of California:

Lot(s) 57 of Tract No. 5566, in the City of Hemet, County of Riverside, State of California, as shown by Map on file in Book 83, Page(s) 48 to 50 inclusive, of Maps, in the office of the County Recorder of said County.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

Dated:

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE } ss.

Subscribed and sworn to (or affirmed) before me/on this 10th day of February, 2006, by JAMES DOOLEY

Joe Alanis, a Notary Public

James N. Dooley
James Dooley

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me



WITNESS my hand and official seal.

(This Area for Official Notary Seal)

Signature Joe Alanis
Notary Public in and for said County and State

3.

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
CERTIFICATE OF DEATH

3200533011552

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (last in)		3. LAST (Family)	
DOROTHY		DOOLEY	
2. MIDDLE		LOCAL REGISTRATION NUMBER	
LORRAINE			
4. DATE OF BIRTH (month/day/year)		5. AGE (Yrs)	
03/19/1923		82	
6. SEX		7. DATE OF DEATH (month/day/year)	
F		12/03/2005	
8. HOURS (24 hours)		9. MARRIAGE STATUS (at time of death)	
1051		MARRIED	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
[REDACTED]		[X] YES [] NO [] UNK	
12. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))		13. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
CAUCASIAN		CAUCASIAN	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
CLERK		RETAIL SALES	
16. YEARS IN OCCUPATION		17. YEARS IN BUSINESS OR INDUSTRY	
24			
18. DECEDENT'S RESIDENCE (Street and number or P.O. Box)			
603 SAN MARINO			
19. CITY		20. COUNTY/PROVINCE	
HEMET		RIVERSIDE	
21. ZIP CODE		22. YEARS IN COUNTY	
92543		75	
23. STATE/FOREIGN COUNTRY		24. DECEDENT'S NAME - RELATIONSHIP	
CA		JAMES DOOLEY, HUSBAND	
25. INFORMANT'S NAME AND ADDRESS (Street and number or P.O. Box, state, ZIP)		26. DECEDENT'S MAILING ADDRESS (Street and number or P.O. Box, state, ZIP)	
603 SAN MARINO, HEMET, CA 92543		603 SAN MARINO, HEMET, CA 92543	
27. NAME OF SURVIVING SPOUSE - FIRST		28. MIDDLE	
JAMES		HARVEY	
29. LAST (Married name)		30. LAST (Married name)	
DOOLEY		DOOLEY	
31. NAME OF FATHER - FIRST		32. MIDDLE	
WALLACE		J.	
33. LAST		34. BIRTH STATE	
LEE		AZ	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
LORRAINE		-	
37. LAST (Maiden)		38. BIRTH STATE	
UNKNOWN		UNKNOWN	
39. DISPOSITION DATE (month/year)		40. PLACE OF FINAL DISPOSITION	
12/07/2005		RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
		MILLER-JONES MORTUARY AND CREM	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
		GARY M FELDMAN, MD	
47. DATE (month/year)		48. DATE (month/year)	
12/07/2005		12/07/2005	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
HEMET VALLEY MEDICAL CENTER		[X] IP [] SNOP [] DCA [] Hospice [] Nursing Home [] Home [] Other	
103. COUNTY		104. CITY	
RIVERSIDE		HEMET	
105. FACILITY ADDRESS OR LOCATION (Street and number or location)		106. CITY	
1117 EAST DEVONSHIRE AVE		HEMET	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER (Check and Date)	
IMMEDIATE CAUSE (If not disease or condition resulting in death)		[] YES [X] NO	
I (a) CARDIORESPIRATORY ARREST		MIN	
I (b) ARTERIOSCLEROTIC HEART DISEASE		YRS	
I (c) [] YES [X] NO		109. BIOPSY PERFORMED?	
I (d) [] YES [X] NO		110. AUTOPSY PERFORMED?	
I (e) [] YES [X] NO		111. LEAD IN DETERMINING CAUSE?	
I (f) [] YES [X] NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107	
NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
NO		[] YES [X] NO [] UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
12/03/2005 12/03/2005		[Signature] HEMCHAND KOLLI M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE (month/year)	
1275 EAST LATHAM AVE #C, HEOMET, CA 92543		12/05/2005	
118. I CERTIFY THAT ANY OTHER DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		119. LICENSE NUMBER	
[] YES [X] NO [] UNK		120. LICENSE NUMBER	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE (month/year)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. INJURY DATE (month/year)	
125. LOCATION OF INJURY (Street and number, or location, and city and ZIP)		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
		[Signature]	
127. SIGNATURE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[Signature]		[Signature]	
129. DATE (month/year)		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
12/21/2005		[Signature]	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

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



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

DATE ISSUED 12/21/2005

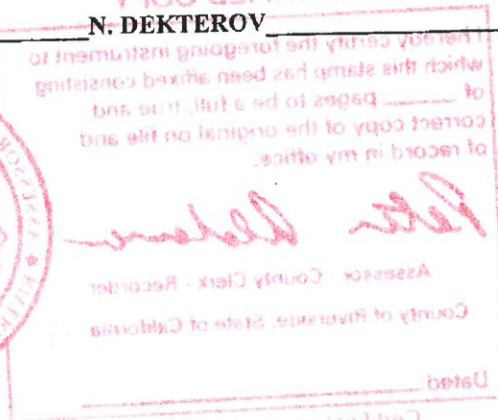
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



UNDER THE PROVISION OF THE GOVERNMENT CODE 23761.7, I CERTIFY UNDER PENALTY OF PERJURY THAT THE NOTARY SEAL ON THE DOCUMENT TO WHICH THIS STATEMENT IS ATTACHED READS AS FOLLOWS:

NAME OF NOTARY: Joe Alanis
COMMISSION NUMBER: 1474001
COUNTY WHERE BOND IS FILED: San Bernardino
STATE WHERE BOND IS FILED: CA
DATE COMMISSION EXPIRES: 3-9-08
PLACE OF EXECUTION: Riverside

DATE: 2/15/06
SIGNATURE: N. Dekterov
PRINT NAME: N. DEKTEROV



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052009218394

CERTIFICATE OF DEATH

3200933012264

Form containing fields for decedent's personal data, usual residence, spouse and parent information, funeral director information, place of death, cause of death, physician's certification, and coroner's use only.

CERTIFIED COPY OF VITAL RECORD

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

DATE ISSUED

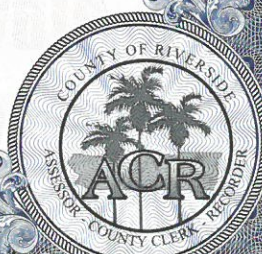
JUN 15 2016

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



034582794

Peter Aldana, Assessor-County Clerk-Recorder, Riverside County, California



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. James Harvey Dooley died on 12/10/2009 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$64,944.73 +-, generated from Assessor's Parcel Number(s) 448332022-8, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/27/2017.

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

James Michael Dooley
Judith Lee Horning

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

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

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

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

8-01-2018
(DATE)
8-31-2018
(DATE)

James Michael Dooley
Printed Name

Judith Lee Horning
Printed Name

(DATE)

Printed Name

(DATE)

Printed Name

(DATE)

Printed Name

(Attach Additional Sheet if Necessary)

James Michael Dooley
signature

Judith Lee Horning
signature

signature

signature

signature

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of CALIFORNIA)

County of RIVERSIDE)

On AUG. 01, 2018 before me, ERNEST I. SUSSMAN
(Date) (here insert name and title of the officer) NOTARY PUBLIC, personally appeared

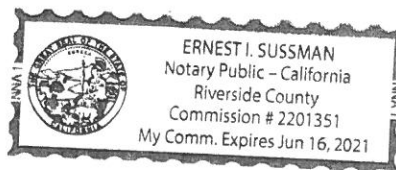
JAMES MICHAEL DOOLEY, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the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

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

WITNESS my hand and official seal.

[Signature] (seal)

Signature of Notary Public



CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California)

County of Riverside)

On 8-31-18 before me, Melissa F. Plano, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Judith Lee Horning, 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.

Melissa F. Plano (seal)
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

63

REGISTRATION DISTRICT No.	3301	REGISTRAR'S NUMBER	171	CERTIFICATE OF LIVE BIRTH		STATE FILE NO.	
THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME			
	Judith		Lee		Dooley		
PLACE OF BIRTH	2. SEX	3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET?		3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?		4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR
	Female		Single				Feb. 1, 1949
USUAL RESIDENCE OF OTHER (WHERE DOES MOTHER LIVE?)	5a. PLACE OF BIRTH—CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN)					5b. COUNTY	
	Riverside					Riverside	
MOTHER OF CHILD	5c. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS AND LOCATION)					6a. RESIDENCE OF MOTHER—STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	Riverside's Osteopathic Hospital, 2205 Walnut St., Riverside, California					6b. COUNTY	
FATHER OF CHILD	6c. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN)					6d. STATE	
	Riverside					California	
INFORMANT'S CERTIFICATION	7a. MAIDEN NAME OF MOTHER—FIRST NAME		7b. MIDDLE NAME		7c. LAST NAME		8. COLOR OR RACE OF MOTHER
	Dorothy		Lorraine		Lee		White
ATTENDANT'S CERTIFICATION	9. AGE OF MOTHER (AT TIME OF THIS BIRTH)		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. USUAL ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE)		13. COLOR OR RACE OF FATHER
	25 YEARS		California		Above		
REGISTRAR'S CERTIFICATION	12a. NAME OF FATHER—FIRST NAME		12b. MIDDLE NAME		12c. LAST NAME		16a. KIND OF BUSINESS OR INDUSTRY
	James		Harvey		Dooley		
INFORMANT'S CERTIFICATION	14. AGE OF FATHER (AT TIME OF THIS BIRTH)		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		16a. USUAL OCCUPATION		17b. DATE SIGNED
	27 YEARS		Indiana		Grocer		
ATTENDANT'S CERTIFICATION	17a. SIGNATURE OF PARENT OR OTHER INFORMANT					<input type="checkbox"/> PARENT <input type="checkbox"/> OTHER, SPECIFY	18b. ADDRESS
	▶ James H. Dooley						
REGISTRAR'S CERTIFICATION	18a. SIGNATURE OF ATTENDANT					DEGREE OR TITLE	21. DATE ON WHICH GIVEN NAME ADDED
	▶ Dr. Aldon S. Bordwell,					D.O.	
INFORMANT'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR					20. SIGNATURE OF LOCAL REGISTRAR	
	Feb. 8, 1949					▶ Robert S. Westphal,	
					M.D.		

INFORMATIONAL

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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

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

DATE ISSUED

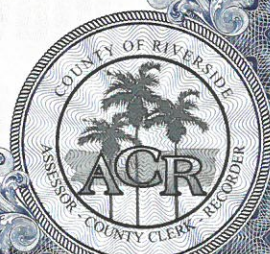
JUL 01 2016

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



034584665

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARIVERSOR

Marriage Certificate

State of Nevada }
County of Clark, } ss. No. A 562617

This is to Certify that the undersigned Minister
did on the 12th day of April A. D. 19 75
at Courthouse Wedding Chapel Las Vegas Nevada

(Address or Church)

(City)

join in lawful wedlock GARY CHESTER HORNING

of SAN JACINTO State of CALIFORNIA

and JUDITH LEE OLAFSON

of SAN JACINTO State of CALIFORNIA

with their mutual consent, in the presence of Cheryl Welch

and Robert Hoffman who were witnesses.

Rev. Frank Hutchinson

(Sign this in official capacity.)

TO BE GIVEN TO THE PARTIES MARRIED

LORETTA BOWMAN
CLERK

BY MARY STACK

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CLARK

GARY WYATT OLAFSON,

Plaintiff,

vs.

JUDY LEE OLAFSON,

Defendant.

DECREE OF DIVORCE

The above entitled action coming on regularly for trial this day before the above entitled court, sitting without a jury, the plaintiff appearing in person and by his attorney, DWIGHT B. CLAAR, JR., ESQ., and the defendant having filed an answer in proper person wherein she consented to the trial of this action and waived the right to findings of fact, conclusions of law and written notice of entry of judgment; and the court having heard and duly considered the evidence, and finding that it has complete jurisdiction in the premises both as to the subject of this action and as to the parties hereto, that all allegations of plaintiff's complaint for divorce on file herein are true, that the plaintiff for more than six weeks immediately prior to the commencement of this action was, and now is, a bona fide and actual resident and domiciliary of the State of Nevada, that the division of the community property requested by both parties hereto in their respective pleadings herein is reasonable and proper, and that the plaintiff is entitled to an absolute decree of divorce on the grounds set forth in his complaint.

NOW THEREFORE, by reason of the law in such cases made and provided, the court deeming this a proper case therefor, on motion of DWIGHT B. CLAAR, JR., attorney for the plaintiff, it is hereby

ORDERED, ADJUDGED AND DECREED that the bonds of matrimony now and

3 and each of the parties hereto is hereby restored to the status of a single,
4 unmarried person.

5 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the parties'
6 house and lot located at 836 North 21st Street, Las Vegas, Clark County, Nevada
7 more particularly described as Lot Eighty Two (82) in Block Six (6) GREATER LAS
8 VEGAS ADDITION No. 3, Unit No. 2, as shown by map thereof on file in Book 5 of
9 Plats, page 43, in the Office of the County Recorder of Clark County, Nevada,
10 together with all household furniture, appliances and effects therein located,
11 the 1971 Sidewinder ski boat and the 1968 Chevrolet El Camino automobile be, and
12 the same hereby are, awarded to the plaintiff as his sole and separate property;
13 and the defendant is hereby ordered to execute any and all documents necessary and
14 proper to effect conveyances of record of said property to him.

15 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the parties'
16 1965 Volkswagen automobile, their Frididaire automatic washer and their Frigidaire
17 dryer be, and the same hereby are, awarded to the defendant as her sole and separate
18 property; and the plaintiff is hereby ordered to execute any and all documents
19 necessary and proper to effect conveyances of record of said property to her.

20 DATED and DONE in open court this 15th day of August, 1974.

21
22 HOWARD W. BABCOCK
23 _____
24 DISTRICT JUDGE

24 Dwight B. Claar, Jr.
25 DWIGHT B. CLAAR, JR.
26 Attorney For Plaintiff
27 118 North Third Street
28 Las Vegas, Nevada 89101
29
30
31
32

Certification of Copy

STATE OF NEVADA,)
COUNTY OF CLARK) ss.

I, LORETTA BOWMAN, the duly elected, qualified and acting Clerk of Clark County, in the State of Nevada, and Ex-Officio Clerk of the District Court, do hereby certify that the foregoing is a true, full and correct copy of the original: **Decree of Divorce**

CASE NO. A 128431

GARY WYATT OLAFSON,

Plaintiff,

vs.

JUDY LEE OLAFSON,

Defendant.

now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Court at my office, Las Vegas, Nevada, the 15 day of August, A.D. 19 74.

LORETTA BOWMAN, Clerk

Mary Stack
Deputy Clerk.

AFFIDAVIT

I, Judith Lee Horning, as heir to the Estate of James Harvey Dooley, do hereby declare:

1. I am over the age of 18 and a resident of Hemet, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am a surviving biological daughter to James Dooley who was one and the same person noted on the Affidavit Death of Joint Tenant as Document Number: 2006-0135223, Recorded on February 24, 2006 in Riverside County, CA.
3. I, Judith Lee Horning am one and the same person as Judith L. Horning and Judith Horning
4. I Cannot provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills, or any other supporting documentation to reference the **603 SAN MARINO ST HEMET CA 92545** address; which is one and the same address that is mentioned on the above referenced Affidavit Death of Joint Tenant.
5. I cannot provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills, or any other supporting documentation to reference the **3950G AIRPORT CENTER DR PALM SPRINGS CA 92264** address; which is one and the same address that Riverside County recognizes as the tax mailing address.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 448-332-022-8.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 31 day of Aug 2017, in Hemet, Calif.

x Judy Lee Horning
Judith Lee Horning, as heir to the Estate of James Harvey Dooley

JURAT

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

State of California
County of Riverside

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

31st day of August, 20 17, by
Date Month Year
Judith Lee Horning
Name of Signer



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

Signature Ariel Torres
Signature of Notary Public

(Place Notary Seal Above)

STATE OF CALIFORNIA

FRANCHISE TAX BOARD

COLLECTION ADVISORY TEAM, M/S A-240
P. O. BOX 2952
SACRAMENTO CA 95812-2952



RECEIVED

2018 AUG 14 AM 8:06

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

August 8, 2018

COUNTY OF RIVERSIDE
JON CHRISTENSEN – TREASURER-TAX COLLECTOR
ATTN EXCESS PROCEEDS – MIRIAM MARQUEZ
PO BOX 12005
RIVERSIDE CA 92502-2205

Subject : ORDER TO WITHHOLD PERSONAL INCOME TAX
Taxpayer : James M. Dooley
FTB ID-No. :
Real Property : 603 San Marino St, Hemet, CA 92545
Parcel No. : 448332022-8
T.S. Date : May 24, 2016 (previous County of Riverside notice indicated May 2, 2017)

When the Franchise Tax Board receives a request for a claim to excess proceeds and there is an unpaid balance for California Personal Income Tax that is not secured by a recorded lien, this department may issue to the trustee an ORDER TO WITHHOLD PERSONAL INCOME TAX. Pursuant to Revenue and Taxation Code 18670(a), this order attaches to all credits, personal property or other things of value in your control belonging to JAMES M. DOOLEY. **This OTW is in addition and supplement to the Franchise Tax Board Claim For Surplus Funds.** When paying the Franchise Tax Board by check, it is essential that the FTB account number appear on the check. Referencing any other number will delay the processing of the check.

If you have any questions regarding this claim, please contact the undersigned.

Patricia Rojas, Specialist
Collection Advisory Team
(916) 845-4130

TC 2009#227



STATE OF CALIFORNIA
 Franchise Tax Board, M/S A-240
 PO BOX 2952
 SACRAMENTO CA 95812-2952
 (916)845-4130

**ORDER TO WITHHOLD
 PERSONAL INCOME TAX**

PART 1 — RETAIN FOR YOUR RECORDS

Date: AUGUST 8, 2018

COUNTY OF RIVERSIDE
 JON CHRISTENSEN – TREASURER-TAX
 COLLECTOR
 ATTN EXCESS PROCEEDS – MIRIAM
 MARQUEZ
 PO BOX 12005
 RIVERSIDE CA 92502-2205

Case No.:
 Acct. No.:
 SSN:
 Tax Year(s): 1998

Taxpayer's Name and Address:

JAMES M. DOOLEY
 603 SAN MARINO ST
 HEMET CA 92545

AMOUNT DUE \$ 5,706.94

We are issuing THIS ORDER TO WITHHOLD to enforce payment of an amount due for California Personal Income Tax. The taxpayer has not paid the amount due, shown above. (See reverse side for applicable sections of the California Revenue and Taxation Code.)

THIS ORDER ATTACHES TO ALL CREDITS, PERSONAL PROPERTY, OR OTHER THINGS OF VALUE IN YOUR POSSESSION OR UNDER YOUR CONTROL BELONGING TO THE TAXPAYER. THIS INCLUDES, BUT IS NOT LIMITED TO, PAYMENTS DUE THE TAXPAYER AS A RESULT OF THE TRUSTEE SALE, FILE 448332022-8, ON MAY 24, 2016. THIS ORDER PERTAINS TO A LIABILITY NOT CLAIMED HEREIN.

YOU ARE REQUIRED TO WITHHOLD the lesser of (1) the amount due shown above, or (2) the amount in your possession or under your control belonging to the taxpayer at the time you received this Order.

IN COMPLYING WITH THIS ORDER, WE REQUEST THAT YOU:

1. NOTIFY the taxpayer that you are withholding funds pursuant to the order by delivering PART 3 to the taxpayer as soon as possible.
2. RETAIN ANY FUNDS WITHHELD FOR 10 BUSINESS DAYS FROM THE DATE YOU RECEIVED THIS ORDER OR UNTIL THE DISTRIBUTION OF FUNDS HAVE BECOME FINAL, WHICHEVER IS LATER. AT THE END OF THE HOLDING PERIOD, REMIT ANY FUNDS WITHHELD UNLESS YOU HAVE RECEIVED A RELEASE FROM THIS DEPARTMENT. PLEASE INCLUDE A COPY OF THIS ORDER WITH YOUR REMITTANCE.
3. COMPLETE the questionnaire on PART 2. Please attach your remittance, if any, to that page and mail it to the Franchise Tax Board office shown at the top of this page (envelope enclosed).
4. ADVISE any interested parties to present claims to the Franchise Tax Board.
5. REFER to PART 2 if you possess or control any property other than cash, payments or credits belonging to the taxpayer.

EXCERPTS FROM CALIFORNIA REVENUE AND TAXATION CODE

18670. NOTICE TO WITHHOLD, HOW SERVED

(a) The Franchise Tax Board may by notice, served personally or by first-class mail, require any employer, person, officer or department of the state, political subdivision or agency of the state, including the Regents of the University of California, a city organized under a freeholders' charter, or a political body not a subdivision or agency of the state, having in their possession, or under their control, any credits or other personal property or other things of value, belonging to a taxpayer or to an employer or person who has failed to withhold and transmit amounts due pursuant to this article, to withhold, from the credits or other personal property or other things of value, the amount of any tax, interest, or penalties due from the taxpayer or the amount of any liability incurred by that employer or person for failure to withhold and transmit amounts due from a taxpayer under this part and to transmit the amount withheld to the Franchise Tax Board at the times that it may designate. However, in the case of a depository institution, as defined in Section 19(b) of the Federal Reserve Act 12 U.S.C. Sec. 461(b)(1)(A), amounts due from a taxpayer under this part shall be transmitted to the Franchise Tax Board not less than 10 business days from receipt of the notice. To be effective, the notice shall state the amount due from the taxpayer and shall be delivered or mailed to the branch or office reported in information returns filed with the Franchise Tax Board, or the branch or office where the credits or other property is held, unless another branch or office is designated by the employer, person, officer or department of the state, political subdivision or agency of the state, including the Regents of the University of California, a city organized under a freeholders' charter, or a political body not a subdivision or agency of the state.

(b) (1) At least 45 days before sending a notice to withhold to the address indicated on the information return, the Franchise Tax Board shall request a depository institution to do either of the following:

(A) Verify that the address on its information return is its designated address for receiving notices to withhold.

(B) Provide the Franchise Tax Board with a designated address for receiving notices to withhold.

(2) Once the depository institution has specified a designated address pursuant to paragraph (1), the Franchise Tax Board shall send all notices to that address unless the depository institution provides notification of another address. The Franchise Tax Board shall send all notices to withhold to a new designated address 30 days after notification.

(3) Failure to verify or provide a designated address within 30 days of receiving the request shall be deemed verification of the address on the information return as the depository institution's designated address.

(c) Any corporation or person failing to withhold the amounts due from any taxpayer and transmit them to the Franchise Tax Board after service of the notice shall be liable for those amounts. However, in the case of a depository institution, if a notice to withhold is mailed to the branch where the account is located or principal banking office, the depository institution shall be liable for a failure to withhold only to the extent that the accounts can be identified in information normally maintained at that location in the ordinary course of business.

18672. FAILURE TO WITHHOLD, LIABILITY

Any employer or person failing to withhold the amount due from any taxpayer and transmit the same to the Franchise Tax Board after service of a notice pursuant to Section 18670 or 18671 is liable for those amounts.

18674. WITHHOLD AGENT, MUST PAY WITHOUT RESORTING TO ACTION

(a) Any employer or person required to withhold and transmit any amount pursuant to this article shall comply with the requirement without resort to any legal or equitable action in a court of law or equity. Any employer or person paying to the Franchise Tax Board any amount required by it to be withheld is not liable therefor to the person from whom withheld unless the amount withheld is refunded to the withholding agent. However, if a depository institution, as defined in 12 U.S.C. Section 461 (b)(1)(A) withholds and pays to the Franchise Tax Board pursuant to this article any monies held in a deposit account in which the delinquent taxpayer and another person or persons have an interest, or in an account held in the name of a third party or parties in which the delinquent taxpayer is ultimately determined to have no interest, the depository institution paying those monies to the Franchise Tax Board is not liable therefor to any of the persons who have an interest in the account, unless the amount withheld is refunded to the withholding agent.

(b) In the case of a deposit account or accounts for which this notice to withhold applies, the depository institution shall send a notice by first-class mail to each person named on the account or accounts included in the notice from the Franchise Tax Board, provided a current address for each person is available to the institution. This notice shall inform each person as to the reason for the hold placed on the account or accounts, the amount subject to being withheld and the date by which this amount is to be remitted to the Franchise Tax Board. An institution may assess the account or accounts of each person receiving this notice a reasonable service charge not to exceed three dollars (\$3).



STATE OF CALIFORNIA
 Franchise Tax Board, M/S A-240
 PO BOX 2952
 SACRAMENTO CA 95812-2952
 (916)845-4130

**ORDER TO WITHHOLD
 PERSONAL INCOME TAX**
PART 2 — RETURN WITH PAYMENT

Date: AUGUST 8, 2018

COUNTY OF RIVERSIDE
 JON CHRISTENSEN – TREASURER-TAX
 COLLECTOR
 ATTN EXCESS PROCEEDS – MIRIAM
 MARQUEZ
 PO BOX 12005
 RIVERSIDE CA 92502-2205

Case No.:
 Acct. No.:
 SSN:
 Tax Year(s): 1998

Taxpayer's Name and Address:

JAMES M. DOOLEY
 603 SAN MARINO ST
 HEMET CA 92545

<p>AMOUNT DUE \$ 5,706.94</p>

PLEASE COMPLETE THE QUESTIONNAIRE BELOW.

A. Payment of \$ _____ is attached.

Payment is not attached because (check one):

- B. Account closed
- C. Unable to locate account
- D. No funds/nothing to report
- E. Other (Please attach explanation.)

NOTICE:

If you possess or control any property other than cash or credits belonging to the taxpayer, (1) do NOT convert such property to cash as a result of this order, but provide us with a description of the property under your control and hold the property until you receive a release from this department. (2) If such property is sold for other reasons, remit the cash proceeds to this department.

Property other than cash may include, but is not limited to, stocks, bonds, stock options, stock rights, contents of safe deposit boxes, etc.

Contact this office at the address shown above if you are not sure how to proceed in special or unusual circumstances.



STATE OF CALIFORNIA
 Franchise Tax Board, M/S A-240
 PO BOX 2952
 SACRAMENTO CA 95812-2952
 (916)845-4130

**ORDER TO WITHHOLD
 PERSONAL INCOME TAX**
PART 3 — FURNISH TO TAXPAYER

Date: AUGUST 8, 2018

COUNTY OF RIVERSIDE
 JON CHRISTENSEN – TREASURER-TAX
 COLLECTOR
 ATTN EXCESS PROCEEDS – MIRIAM
 MARQUEZ
 PO BOX 12005
 RIVERSIDE CA 92502-2205

Case No.:
 Acct. No.:
 SSN: x
 Tax Year(s): 1998

Taxpayer's Name and Address:

JAMES M. DOOLEY
 603 SAN MARINO ST
 HEMET CA 92545

AMOUNT DUE \$ 5,706.94

The Franchise Tax Board has issued an ORDER TO WITHHOLD to the addressee shown above under authorization of Section 18670 of the California Revenue and Taxation Code to enforce payment of an amount due for California Personal Income Tax.

The addressee has been instructed to deduct and withhold the amount due, shown above, from any credits or payments of any nature due, owing, and unpaid to you. Such credits and payments include, but are not limited to, deposits in financial institutions, declared dividends, rents, royalties, deposits in vacation or holiday trust funds, Individual Retirement Accounts, Keogh Accounts and other personal property in the possession of or controlled by the addressee.

The amount withheld by the addressee will be paid to the Franchise Tax Board and applied to your account for the tax years noted above. You should determine the amount withheld by the addressee and, if it is less than the amount due, you should forward payment of the remaining unpaid balance immediately to avoid further collection action. Please make your check or money order payable to the FRANCHISE TAX BOARD, attach it to this notice, and mail it to the Franchise Tax Board office shown at the top of this page.

SPECIAL INFORMATION CONCERNING TAXPAYER RIGHTS

<p>If we levy upon your bank account in error, we can reimburse you for bank charges incurred as a result of our error. To receive reimbursement, you must write to us at the above address within 90 days from the date of the levy.</p>

<p>If immediate, full payment of the amount due will create an undue hardship, or if you have already paid the amount due, or if the amount is not due, contact us immediately. Please telephone the number shown at the <u>top</u> of this form for account information. You should have this notice with you when you call.</p>

<p>The Franchise Tax Board has a Taxpayer Advocate who reviews those cases where taxpayers have been unable to resolve their problems with the Franchise Tax Board through normal channels. To contact the Taxpayer Advocate, write to: Taxpayer Advocate Bureau, PO Box 157, Rancho Cordova CA 95741-0157. FAX (916) 845-6614. You may also email the Advocate at http://www.ftb.ca.gov.</p>
