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

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

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

www.globaldiscoveries.com

GLOBAL DISCOVERIES, LTD

Ph: 209-593-3900 or 800-370-0372 | Fx: 209-549-9299 | info@gd-ltd.com 1120 13th Street, Suite A | Modesto, CA 95354

CLAIM SUMMARY

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

GD Number: 30323-205196

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)

Tax ID/SS#

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 (Date) before me, ERNEST I. SUSSMAN NOTARY PUBLIC (here insert name and title of the officer), 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

ERNEST I. SUSSMAN
Notary Public - California
Riverside County
Commission # 2201351
My Comm. Expires Jun 16, 2021

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.

(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 9/5/2017 (Date) before me, Candace Cox-Notary Public (here insert name and title of the officer), 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.

(seal)
Signature of Notary Public

CANDACE COX
Commission # 2110118
Notary Public - California
Stanislaus County
My Comm. Expires May 4, 2019

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: _____
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 9/5/2017 (Date) before me, Candace Cox Notary Public (here insert name and title of the officer), 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.

_____ (seal)
Signature of Notary Public

CANDACE COX
Commission # 2110118
Notary Public - California
Stanislaus County
My Comm. Expires May 4, 2019

GD Number: 30323-205196

Order No.
Escrow No. 2
Loan No.

Recording Requested By
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
Fees $ 6

MAIL TAX STATEMENTS TO:

as shown above

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX $ 61.60
X 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: 006-075

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
County of Riverside State of California, described as

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.

20 370543

Dated July 20, 1995

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

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

PACIFIC CAPITAL COMPANY, a partnership
BY:
BY:

SHARON LEE JOHNSON
Commission #
Notary Public - California
San Diego County
My Commission Expires August 29, 1996

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (1/94)

UNION TITLE
CS DIVISION

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

James Dooley
603 San Marino Street
Hemet, CA 92545

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

TRA# 006-075.

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

PUBLIC RECORD

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

13

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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

JOE ALANIS
Comm. # 1474001
NOTARY PUBLIC - CALIFORNIA
San Bernardino County
My Comm. Expires March 9, 2008

(This Area for Official Notary Seal)

WITNESS my hand and official seal.

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

3.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 10/03)

STATE FILE NUMBER: 3200533011552

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): DOROTHY
2. MIDDLE: LORRAINE
3. LAST (Family): DOOLEY
AKA (ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)):
4. DATE OF BIRTH (mm/dd/yyyy): 03/19/1923
5. AGE (Yrs.): 82
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? YES [ ] NO [X] UNK [ ]
12. MARITAL STATUS (at Time of Death): MARRIED
7. DATE OF DEATH (mm/dd/yyyy): 12/03/2005
8. HOUR (24 Hours): 1051
13. EDUCATION — Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) YES [ ] NO [X]
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: CLERK
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): RETAIL SALES
19. YEARS IN OCCUPATION: 24

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 603 SAN MARINO
21. CITY: HEMET
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92543
24. YEARS IN COUNTY: 75
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: JAMES DOOLEY, HUSBAND
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 603 SAN MARINO, HEMET, CA 92543

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: JAMES
29. MIDDLE: HARVEY
30. LAST (Maiden Name): DOOLEY
31. NAME OF FATHER — FIRST: WALLACE
32. MIDDLE: J.
33. LAST: LEE
34. BIRTH STATE: AZ
35. NAME OF MOTHER — FIRST: LORRAINE
36. MIDDLE: -
37. LAST (Maiden): UNKNOWN
38. BIRTH STATE: UNKNOWN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy): 12/07/2005
40. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518
41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: 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 (mm/dd/yyyy): 12/07/2005

PLACE OF DEATH

101. PLACE OF DEATH: HEMET VALLEY MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 1117 EAST DEVONSHIRE AVE
106. CITY: HEMET

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) CARDIORESPIRATORY ARREST
(AT) MINS

(b) ARTERIOSCLEROTIC HEART DISEASE
(BT) YRS

Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(c)
(CT)
(d)
(DT)

Time Interval Between Onset and Death

108. DEATH REPORTED TO CORONER? YES [ ] NO [X] AUTOPSY NUMBER
109. BIOPSY PERFORMED? YES [ ] NO [X]
110. AUTOPSY PERFORMED? YES [ ] NO [X]
111. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? YES [ ] NO [X] UNK [ ]

PHYSICIAN'S CERTIFICATION

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: (h) mm/dd/yyyy: 12/03/2005
Decedent Last Seen Alive: (h) mm/dd/yyyy: 12/03/2005
115. SIGNATURE AND TITLE OF CERTIFIER:
116. LICENSE NUMBER:
117. DATE (mm/dd/yyyy):
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: HEMCHAND KOLLI M.D.
1275 EAST LATHAM AVE #C, HEMET, CA 92543

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? YES [ ] NO [ ] UNK [ ]
121. INJURY DATE (mm/dd/yyyy):
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE (mm/dd/yyyy):
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR

A | B | C | D | E

0120050001198 86

FAX AUTH #: 000119886
000119886

CENSUS TRACT:

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS

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

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

000339738

DATE ISSUED 12/21/2005

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE

American Banknote Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNDER THE PROVISION OF THE GOVERNMENT CODE 23761.7. I CERTITY 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
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS 11(REV 1/04)

3200933012264
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1 NAME OF DECEDENT — FIRST (Given): JAMES
2 MIDDLE: HARVEY
3 LAST (Family): DOOLEY
AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4 DATE OF BIRTH mm/dd/ccyy: 11/16/1921
5 AGE Yrs: 88
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6 SEX: M
9 BIRTH STATE/FOREIGN COUNTRY: IN
10 SOCIAL SECURITY NUMBER: [redacted]
11 EVER IN U S ARMED FORCES? [X] YES [ ] NO [ ] UNK
12 MARITAL STATUS (at Time of Death): WIDOWED
7 DATE OF DEATH mm/dd/ccyy: 12/10/2009
8 HOUR (24 Hours): 0400
13 EDUCATION — Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) [ ] YES [X] NO
16 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): WHITE
17 USUAL OCCUPATION — Type of work for most of life DO NOT USE RETIRED: MANAGER
18 KIND OF BUSINESS OR INDUSTRY (e g , grocery store, road construction, employment agency, etc): FINANCIAL
19 YEARS IN OCCUPATION: 24

USUAL RESIDENCE

20 DECEDENT'S RESIDENCE (Street and number or location): 201 SUNRISE WAY
21 CITY: PALM SPRINGS
22 COUNTY/PROVINCE: RIVERSIDE
23 ZIP CODE: 92262
24 YEARS IN COUNTY: 47
25 STATE/FOREIGN COUNTRY: CA

INFORMANT

26 INFORMANT'S NAME, RELATIONSHIP: DEBORAH DOOLEY, DAUGHTER-IN-LAW
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, town or post office, state, ZIP): 3950 AIRPORT CENTER DRIVE #G, PALM SPRINGS, CA 92264

SPOUSE AND PARENT INFORMATION

28 NAME OF SURVIVING SPOUSE — FIRST: -
29 MIDDLE: -
30 LAST (Maiden name): -
31 NAME OF FATHER — FIRST: BRADDY
32 MIDDLE: -
33 LAST: DOOLEY
34 BIRTH STATE: NY
35 NAME OF MOTHER — FIRST: MARGARET
36 MIDDLE: -
37 LAST (Maiden): HARVEY
38 BIRTH STATE: IN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39 DISPOSITION DATE mm/dd/ccyy: 12/16/2009
40 PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518
41 TYPE OF DISPOSITION(S): CR/BU
42 SIGNATURE OF EMBALMER: [redacted]
43 LICENSE NUMBER: -
44 NAME OF FUNERAL ESTABLISHMENT: MILLER-JONES MORTUARY & CREM
45 LICENSE NUMBER: FD1286
46 SIGNATURE OF LOCAL REGISTRAR: [redacted]
47 DATE mm/dd/ccyy: 12/15/2009

PLACE OF DEATH

101 PLACE OF DEATH: DESERT REGIONAL MEDICAL CENTER
102 IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103 IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104 COUNTY: RIVERSIDE
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 1150 N INDIAN CANYON DRIVE
106 CITY: PALM SPRINGS

CAUSE OF DEATH

107 CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology DO NOT ABBREVIATE

Time Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(A) RESPIRATORY FAILURE — (AT) 1 DAY
(B) MYOCARDIAL INFARCTION — (BT) 3 DAYS
(C) CORONARY ARTERY DISEASE — (CT) YRS
(D) — (DT)

Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

108 DEATH REPORTED TO CORONER? [ ] YES [X] NO — REFERRAL NUMBER
109 BIOPSY PERFORMED? [ ] YES [X] NO
110 AUTOPSY PERFORMED? [ ] YES [X] NO
111 USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO
113A IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

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 (A) mm/dd/ccyy: 12/07/2009
Decedent Last Seen Alive (B) mm/dd/ccyy: 12/09/2009
115 SIGNATURE AND TITLE OF CERTIFIER: [redacted]
116 LICENSE NUMBER: G25848
117 DATE mm/dd/ccyy: 12/14/2009
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: ELBER SAMUEL CAMACHO M.D. 1180 NORTH INDIAN CANYON DRIVE, PALM SPRINGS, CA 92262

CORONER'S USE ONLY

119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending investigation [ ] Could not be determined
120 INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121 INJURY DATE mm/dd/ccyy
122 HOUR (24 Hours)
123 PLACE OF INJURY (e g , home, construction site, wooded area, etc):
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126 SIGNATURE OF CORONER / DEPUTY CORONER: [redacted]
127 DATE mm/dd/ccyy
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E
010001001376995
FAX AUTH. #
CENSUS TRACT

CARIVERS02

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

034582476

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

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

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR · COUNTY CLERK · RECORDER — ACR

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.

(DATE)	Printed Name	signature
8-01-2018	James Michael Dooley	James Michael Dooley
8-31-2018	Judith Lee Horning	Judith Lee Horning

(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 (Date) before me, ERNEST I. SUSSMAN NOTARY PUBLIC (here insert name and title of the officer), 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/sh~~e/they~~ executed the same in his/h~~er/the~~ir authorized capacity(~~ies~~), and that by his/her/~~the~~ir 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

ERNEST I. SUSSMAN
Notary Public – California
Riverside County
Commission # 2201351
My Comm. Expires Jun 16, 2021

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

MELISSA F. PLANO
COMM. # 2251401
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
MY COMM. EXP. JULY 28, 2022

District No. 3301 Registrar's No. 2106

1. James Michael Dooley — Full name of child
Lee — Maiden surname of mother

2. Place of Birth: (A) County: Riverside
(B) City or town: Riverside — If outside city or town limits, write rural
(C) Name of hospital or institution: Riverside Osteopathic Hospital — If not in hospital or institution, give street number or location
(D) Mother's stay before delivery: In hospital or institution: 18 hr. In this community: 16 yr. — Specify whether years, months or days

3. Usual Residence of Mother: (A) Length of residence in California
(B) State: California — 24 years
(C) County: Riverside — 16 years
(D) City or town: Riverside — 16 years — If outside city or town limits, write rural
(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: 8½
7. Date of birth: December 24, 1947 — Month of name, day, year

FATHER OF CHILD

8. Full name: James Harvey Dooley
9. Color or race: white
10. Age at time of this birth: 26 years
11. Length of residence in California: 17 years
12. Birthplace: Indiana
13. Usual occupation: Store Clerk
14. Industry or business: Safeway Grocers

MOTHER OF CHILD

15. Full maiden name: Dorothy Lee
16. Color or race: white
17. Age at time of this birth: 24 years
18. Birthplace: California
19. Usual occupation: Housewife
20. Industry or business: Own home

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

22. Mother's mailing address for registration notice:
Rt. 1 Box 470A
Riverside, California

23. I hereby certify, that I attended the birth of this child who was born alive at the hour of 8:27 A.M. on the date above stated and that the information given was furnished by Dorothy Dooley related to this child as mother

Attendant's own signature: Dr. Alden S. Bordwell
M.D., Midwife or Other: D.O. Date signed: 12/28/47
Address: 223 Loring Bldg. Riverside

24. Date received by local registrar: 12/30/47
25. Registrar's signature: W. F. Fox, M.D.
26. Given name added: Date ____ By ____ Registrar

27. (A) Pregnancy, complications of: none
(B) Labor, complications of: Disproportion. History of long hard labor previous — Induced?
(C) Was there an operation for delivery? Yes — State all operations: Caesarean Section
(D) Was a prophylactic drug used in the baby's eyes? Yes — Yes or no
If yes, state drug: Ag. No. 5
(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? 5 mos. Mos
If not, why not?

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

FEDERAL SECURITY AGENCY
U. S. Public Health Service

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

Dated: OCT 19 1992

COUNTY RECORDER RIVERSIDE COUNTY CALIFORNIA

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 _____
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, 20 17, 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.

ERNEST I. SUSSMAN
Notary Public – California
Riverside County
Commission # 2201351
My Comm. Expires Jun 16, 2021

Signature _____
Signature of Notary Public

(Place Notary Seal Above)

www.globaldiscoveries.com

GLOBAL DISCOVERIES, LTD

Ph: 209-593-3900 or 800-370-0372 | Fx: 209-549-9299 | Info@gd-ltd.com 1120 13th Street, Suite A | Modesto, CA 95354

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

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

GD Number: 30323-205197

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 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.

Judy Lee Horning 8-31-17

(Signature of Party of Interest/Assignor) (Date)

Tax ID/SS#

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 (Date) before me, Ariel Torres Notary Public (here insert name and title of the officer), personally appeared 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.

Ariel Torres (seal)

Signature of Notary Public

ARIEL TORRES
Comm. #2089958
Notary Public - California
Riverside County
Comm. Expires Nov 15, 2018

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.

(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

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State of California)

County of Stanislaus)

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

CANDACE COX
Commission # 2110118
Notary Public - California
Stanislaus County
My Comm. Expires May 4, 2019

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: _____
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 (Date) before me, Candace Cox Notary Public (here insert name and title of the officer), 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.

_____ (seal)
Signature of Notary Public

CANDACE COX
Commission # 2110118
Notary Public - California
Stanislaus County
My Comm. Expires May 4, 2019

GD Number: 30323-205197

Order No.
Escrow No.
Loan No.

Recording Requested By
First American Title Insurance Company

WHEN RECORDED MAIL TO:

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

306049
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

SEP 18 1995

Recorded in Official Records
of Riverside County, California
Recorder
Fees $ 6

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

MAIL TAX STATEMENTS TO:

as shown above

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX $ 61.60
X 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: 006-075

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
County of Riverside State of California, described as

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.

20370543

UNION TITLE
CS DIVISION

Dated July 20, 1995

PACIFIC CAPITAL COMPANY, a partnership

BY:

BY:

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

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.

SHARON LEE JOHNSON
Commission 1000000
Notary Public - California
San Diego County
My Commission Expires August 28, 1998

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:

AND WHEN RECORDED MAIL TO:

James Dooley
603 San Marino Street
Hemet, CA 92545

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

TRA# 006-075.

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

PUBLIC RECORD

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13

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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 Dooley

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

JOE ALANIS
Comm. # 1474001
NOTARY PUBLIC - CALIFORNIA
San Bernardino County
My Comm. Expires March 9, 2008

(This Area for Official Notary Seal)

WITNESS my hand and official seal.

Signature _____
Notary Public in and for said County and State

3.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
(8-18REV 1/04)

STATE FILE NUMBER: 3200533011652

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): DOROTHY
2. MIDDLE: LORRAINE
3. LAST (Family): DOOLEY
AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)
4. DATE OF BIRTH mm/dd/yyyy: 03/19/1923
5. AGE Yrs: 82
If UNDER ONE YEAR: Months / Days
If UNDER 24 HOURS: Hours / Minutes
6. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? YES [ ] NO [X] UNK [ ]
12. MARITAL STATUS (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/yyyy: 12/03/2005
8. HOUR (24 Hours): 1051
13. EDUCATION — Highest Level Completed (see instructions on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) YES [ ] NO [X]
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: CLERK
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): RETAIL SALES
19. YEARS IN OCCUPATION: 24

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 603 SAN MARINO
21. CITY: HEMET
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92543
24. YEARS IN COUNTY: 75
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: JAMES DOOLEY, HUSBAND
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 603 SAN MARINO, HEMET, CA 92543

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: JAMES
29. MIDDLE: HARVEY
30. LAST (Maiden Name): DOOLEY
31. NAME OF FATHER — FIRST: WALLACE
32. MIDDLE: J.
33. LAST: LEE
34. BIRTH STATE: AZ
35. NAME OF MOTHER — FIRST: LORRAINE
36. MIDDLE: -
37. LAST (Maiden): UNKNOWN
38. BIRTH STATE: UNKNOWN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/yyyy: 12/07/2005
40. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518
41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: 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 mm/dd/yyyy: 12/07/2005

PLACE OF DEATH

101. PLACE OF DEATH: HEMET VALLEY MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 1117 EAST DEVONSHIRE AVE
106. CITY: HEMET

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(a) CARDIORESPIRATORY ARREST
(b) ARTERIOSCLEROTIC HEART DISEASE
(c)
(d)

Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

Time Interval Between Onset and Death: (a) MINS; (b) YRS; (c); (d)

108. DEATH REPORTED TO CORONER? YES [ ] NO [X] Referral Number:
109. BIOPSY PERFORMED? YES [ ] NO [X]
110. AUTOPSY PERFORMED? YES [ ] NO [X]
111. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? YES [ ] NO [X] UNK [ ]

PHYSICIAN'S CERTIFICATION

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: (A) mm/dd/yyyy 12/03/2005
Decedent Last Seen Alive: (B) mm/dd/yyyy 12/03/2005
115. SIGNATURE AND TITLE OF CERTIFIER:
116. LICENSE NUMBER:
117. DATE mm/dd/yyyy: 12/05/2005
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: HEMCHAND KOLLI M.D., 1275 EAST LATHAM AVE #C, HEMET, CA 92543

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? YES [ ] NO [ ] UNK [ ]
121. INJURY DATE mm/dd/yyyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE mm/dd/yyyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR: A | B | C | D | E
0120050011986C
FAX AUTH. #: 000119886 000119886
CENSUS TRACT:

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS

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

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

0 0 0 3 3 9 7 3 8

DATE ISSUED 12/21/2005

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE

UNDER THE PROVISION OF THE GOVERNMENT CODE 23761.7. I CERTITY 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 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS 11a(REV 1/04)

3200933012264 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1 NAME OF DECEDENT — FIRST (Given)	2 MIDDLE	3 LAST (Family)
JAMES	HARVEY	DOOLEY

AKA ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)

4 DATE OF BIRTH mm/dd/ccyy	5 AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6 SEX
11/16/1921	88					M

9 BIRTH STATE/FOREIGN COUNTRY	10 SOCIAL SECURITY NUMBER	11 EVER IN U S ARMED FORCES?	12 MARITAL STATUS (at Time of Death)	7 DATE OF DEATH mm/dd/ccyy	8 HOUR (24 Hours)
IN	[redacted]	[X] YES [ ] NO [ ] UNK	WIDOWED	12/10/2009	0400

13 EDUCATION — Highest Level/Degree (see worksheet on back)	14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	[ ] YES [X] NO	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)	19 YEARS IN OCCUPATION
MANAGER	FINANCIAL	24

USUAL RESIDENCE

20 DECEDENT'S RESIDENCE (Street and number or rural location)	21 CITY	22 COUNTY/PROVINCE	23 ZIP CODE	24 YEARS IN COUNTY	25 STATE/FOREIGN COUNTRY
201 SUNRISE WAY	PALM SPRINGS	RIVERSIDE	92262	47	CA

INFORMANT

26 INFORMANT'S NAME, RELATIONSHIP	27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
DEBORAH DOOLEY, DAUGHTER-IN-LAW	3950 AIRPORT CENTER DRIVE #G, PALM SPRINGS, CA 92264

SPOUSE AND PARENT INFORMATION

28 NAME OF SURVIVING SPOUSE — FIRST	29 MIDDLE	30 LAST (Maiden Name)
-		

31 NAME OF FATHER — FIRST	32 MIDDLE	33 LAST	34 BIRTH STATE
BRADDY		DOOLEY	KY

35 NAME OF MOTHER — FIRST	36 MIDDLE	37 LAST (Maiden)	38 BIRTH STATE
MARGARET		HARVEY	IN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39 DISPOSITION DATE mm/dd/ccyy	40 PLACE OF FINAL DISPOSITION
12/16/2009	RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518

41 TYPE OF DISPOSITION(S)	42 SIGNATURE OF EMBALMER	43 LICENSE NUMBER
CR/BU	[redacted]	-

44 NAME OF FUNERAL ESTABLISHMENT	45 LICENSE NUMBER	46 SIGNATURE OF LOCAL REGISTRAR	47 DATE mm/dd/ccyy
MILLER-JONES MORTUARY & CREM	FD1286	[redacted]	12/15/2009

PLACE OF DEATH

101 PLACE OF DEATH	102 IF HOSPITAL, SPECIFY ONE	103 IF OTHER THAN HOSPITAL, SPECIFY ONE
DESERT REGIONAL MEDICAL CENTER	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104 COUNTY	105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106 CITY
RIVERSIDE	1150 N INDIAN CANYON DRIVE	PALM SPRINGS

CAUSE OF DEATH

107 CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology DO NOT ABBREVIATE

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) RESPIRATORY FAILURE	(AT) 1 DAY
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) MYOCARDIAL INFARCTION	(BT) 3 DAYS
	(C) CORONARY ARTERY DISEASE	(CT) YRS
	(D)	(DT)

108 DEATH REPORTED TO CORONER?	109 BIOPSY PERFORMED?	110 AUTOPSY PERFORMED?	111 USED IN DETERMINING CAUSE?
[ ] YES [X] NO REFERRAL NUMBER	[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [ ] NO

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
NONE

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (If yes, list type of operation and date) — NO

113A IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

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 (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy
12/07/2009	12/09/2009

115 SIGNATURE AND TITLE OF CERTIFIER	116 LICENSE NUMBER	117 DATE mm/dd/ccyy
[redacted]	G25848	12/14/2009

118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
ELBER SAMUEL CAMACHO M.D.
1180 NORTH INDIAN CANYON DRIVE, PALM SPRINGS, CA 92262

CORONER'S USE ONLY

119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending investigation [ ] Could not be determined

120 INJURED AT WORK? [ ] YES [ ] NO [ ] UNK

121 INJURY DATE mm/dd/ccyy

122 HOUR (24 Hours)

123 PLACE OF INJURY (e g , home, construction site, wooded area, etc)

124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

126 SIGNATURE OF CORONER / DEPUTY CORONER	127 DATE mm/dd/ccyy	128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
[redacted]		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
						010001001376995		

CARIVERS02

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

034582794

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

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

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

COUNTY OF RIVERSIDE — ASSESSOR · COUNTY CLERK · RECORDER — ACR

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.

(DATE)	Printed Name	signature
8-01-2018	James Michael Dooley	James Michael Dooley
8-31-2018	Judith Lee Horning	Judith Lee Horning

(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 (Date) before me, ERNEST I. SUSSMAN NOTARY PUBLIC (here insert name and title of the officer), 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/sh~~e/the~~y executed the same in his/her~~/the~~ir authorized capacity(~~ies~~), and that by his/her~~/the~~ir 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

ERNEST I. SUSSMAN
Notary Public – California
Riverside County
Commission # 2201351
My Comm. Expires Jun 16, 2021

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

MELISSA F. PLANO
COMM. # 2251401
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
MY COMM. EXP. JULY 28, 2022

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

REGISTRATION DISTRICT No. 3301 REGISTRAR'S NUMBER 171

CERTIFICATE OF LIVE BIRTH

STATE FILE NO. 63

THIS CHILD (TYPE OR PRINT NAME)	1A. CHILD'S FIRST NAME: Judith	1B. MIDDLE NAME: Lee	1C. LAST NAME: Dooley	
	2. SEX: Female	3A. THIS BIRTH. SINGLE. TWIN. OR TRIPLET? Single	3B. IF TWIN OR TRIPLET. THIS CHILD BORN 1ST. 2ND. 3RD?	4A. DATE OF BIRTH — MONTH. DAY. YEAR: Feb. 1, 1949 / 4B. HOUR: 8:45A M.
PLACE OF BIRTH	5A. PLACE OF BIRTH — CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL AND NAME OF NEAREST TOWN): Riverside		5B. COUNTY: Riverside	
	5C. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION): Riverside's Osteopathic Hospital, 4095 Walnut St., Riverside, California			
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	6A. RESIDENCE OF MOTHER – STREET ADDRESS (IF RURAL. GIVE LOCATION): 6465 1st Street		6B. COUNTY: Riverside	
	6C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL AND NAME OF NEAREST TOWN): Perley		6D. STATE: California	
MOTHER OF CHILD	7A. MAIDEN NAME OF MOTHER—FIRST NAME: Dorothy	7B. MIDDLE NAME: Lorraine	7C. LAST NAME: Lee	8. COLOR OR RACE OF MOTHER: White
	9. AGE OF MOTHER (AT TIME OF THIS BIRTH): 25 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California	11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE): Above	
FATHER OF CHILD	12A. NAME OF FATHER – FIRST NAME: James	12B. MIDDLE NAME: Harvey	12C. LAST NAME: Dooley	13. COLOR OR RACE OF FATHER: White
	14. AGE OF FATHER (AT TIME OF THIS BIRTH): 27 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana	16A. USUAL OCCUPATION: Grocer	16B. KIND OF BUSINESS OR INDUSTRY: Safeway Stores
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17A. SIGNATURE OF PARENT OR OTHER INFORMANT: James H. Dooley	☒ PARENT ☐ OTHER. SPECIFY	17B. DATE SIGNED: 2/2/49
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR AND DATE STATED ABOVE.	18A. SIGNATURE OF ATTENDANT: Dr. Aldon S. Bordwell,	DEGREE OR TITLE: D.O.	18B. ADDRESS: 223 Loring Bldg., Riv.
REGISTRAR'S CERTIFICATION	19. DATE RECEIVED BY LOCAL REGISTRAR: Feb. 8, 1949	20. SIGNATURE OF LOCAL REGISTRAR: Robert S. Westphal,	M.D.	21. DATE ON WHICH GIVEN NAME ADDED

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.

034584665

DATE ISSUED JUL 01 2016

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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 X Cheryl Welch

and X 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

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

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

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

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

HOWARD W. BABCOCK

DISTRICT JUDGE

Dwight B. Claar, Jr.
DWIGHT B. CLAAR, JR.
Attorney For Plaintiff
118 North Third Street
Las Vegas, Nevada 89101

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, 2017, 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

ARIEL TORRES
Comm. #2089958
Notary Public · California
Riverside County
Comm. Expires Nov 15, 2018

(Place Notary Seal Above)

GD Number: 30323-205197

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
COLLECTION ADVISORY TEAM, M/S A-240
P. O. BOX 2952
SACRAMENTO CA 95812-2952

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 209#277

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

AMOUNT DUE
$ 5,706.94

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

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.

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 top of this form for account information. You should have this notice with you when you call.

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.**