

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



**ITEM: 19.12  
(ID # 12719)**

**MEETING DATE:**  
Tuesday, May 23, 2023

**FROM :** TREASURER-TAX COLLECTOR:

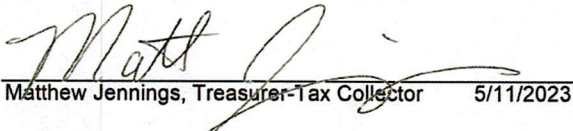
**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 209, Item 404. Last assessed to: Sebastian Aiello, a married man as his sole and separate property as an undivided 25% interest; Sunday Aiello, an unmarried man an undivided 25% interest; Angelo Commore, an unmarried man an undivided 25% interest; and Brian Macdonald, a married man as his sole and separate property an undivided 25% interest. District 4. [\$747-Fund 65595 Excess Proceeds from Tax Sale]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from Charlene Echard, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 635226005-3;

Continued on Page 2

**ACTION:Policy**

  
Matthew Jennings, Treasurer-Tax Collector 5/11/2023

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**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**

**RECOMMENDED MOTION:** That the Board of Supervisors:

2. Approve the claim from Barbara A. Mizikar AKA Barbara Mizikar, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 635226005-3;
3. Authorize and direct the Auditor-Controller to issue a warrant to Charlene Echard, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello in the amount of \$373.60 and to Barbara A. Mizikar AKA Barbara Mizikar, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello in the amount of \$373.59, 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.
4. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$2,241.54 to the County General Fund pursuant to Revenue and Taxation Code Section 4674.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
<b>COST</b>	\$747	\$ 0	\$747	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	22/23

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

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

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

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

1. Examined Parties of Interest reports to notify all parties of interest attached to the parcel.
2. Researched all last assessee's through the County's Property Tax System for any additional addresses.
3. Used Accurint (people finder) to notify any new addresses that may be listed for our last assessees.
4. Advertised in newspapers for three consecutive weeks in the Desert Sun, Palo Verde Valley Times and The Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4676 (b).

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on June 21, 2017.

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

1. Claim from Charlene Echard, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello based on an Affidavit Re Real Property of Small Value recorded November 12, 2004 as Instrument No. 2004-0900266, a copy of the Last Will and Testament of Sebastian S. Aiello, and a Certificate of Death for Sebastian S. Aiello.
2. Claim from Barbara A. Mizikar AKA Barbara Mizikar, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello based on an Affidavit Re Real Property of Small Value recorded November 12, 2004 as Instrument No. 2004-0900266, a copy of the Last Will and Testament of Sebastian S. Aiello, and a Certificate of Death for Sebastian S. Aiello.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Charlene Echard, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello be awarded excess proceeds in the amount of \$373.60 and Barbara A. Mizikar AKA Barbara Mizikar, Executrix to the Estate of Sebastian S. Aiello AKA Sebastian Aiello be awarded excess proceeds in the amount of \$373.59. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$2,241.54 will be transferred to the County General Fund. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

**Impact on Residents and Businesses**

Excess proceeds will be released to executrices of the last assessee of the property and transferred to the County General Fund.

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Echard

ATTACHMENT B. Claim Mizikar

  
Stephanie Patel, Principal Management Analyst 5/16/2023

  
Ronak Patel, Assistant HR Director 4/4/2023

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2018 MAY 14 AM 9:05

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC 209 Item 404 Assessment Number: 635226005-3

Assessee: AIELLO, SEBASTIAN & SUNDAY

Situs:

Date Sold: May 2, 2017

Date Deed to Purchaser Recorded: June 21, 2017

Final Date to Submit Claim: June 21, 2018

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 2988.23 from the sale of the above mentioned real property. I/We were the  lienholder(s),  property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. \_\_\_\_\_; recorded on \_\_\_\_\_. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

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

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

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

Executed this 29<sup>th</sup> day of APRIL, 2018 at Westmoreland, Pennsylvania  
County, State

Barbara A. Mizikar  
Signature of Claimant

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

Barbara A. Mizikar  
Print Name

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

125 Mizikar Road  
Street Address

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

Mt. Pleasant, Pa. 15666  
City, State, Zip

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

724-423-2616  
Phone Number

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

PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY:

MICHAEL S. KAHN, ESQ.

AND WHEN RECORDED MAIL TO:

Michael S. Kahn, Attorney

Post Office Box 2286

Palm Springs, CA 92263-2286

THIS

DOC # 2004-0900266 X

11/12/2004 08:00A Fee:22.00

Page 1 of 6

Recorded in Official Records  
County of Riverside

Gary L. Orso  
Assessor, County Clerk & Recorder



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AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE X

Title of Document

23



THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION  
(\$3.00 Additional Recording Fee Applies)

84104

11/12/2004 08:00A Fee:22.00

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, street number, and address):  
 After recording return to : SBN 52512  
**MICHAEL S. KAHN, Attorney at Law**  
 777 Tahquitz Canyon Way, #200  
 Post Office Box 2286  
 Palm Springs, CA 92263-2286 X  
 TELEPHONE NO.: (760) 320-5656  
 FAX NO. (Optional) :  
 E-MAIL ADDRESS (Optional) :  
 ATTORNEY FOR (Name):


SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE  
 STREET ADDRESS: 82-675 Highway 111 - 1B  
 MAILING ADDRESS: 46-200 Oasis Street  
 CITY AND ZIP CODE: Indio, CA 92201  
 BRANCH NAME: Indio Branch

MATTER OF (Name):  
 GUY E. AIELLO,

FOR RECORDER'S USE ONLY

DECEDENT  
 AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE X  
 (\$20,000 or Less)

CASE NUMBER:  
 INP 019654

FOR COURT USE ONLY  
**FILED**  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF RIVERSIDE  
 OCT 27 2004  
 A. COSIO  


1. Decedent (name): GUY E. AIELLO  
 died on (date): 7/1/02
2. Decedent died at (city, state): Roswell, New Mexico
3. At least six months have elapsed since the date of death of decedent as shown in the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.)
4. a.  Decedent was domiciled in this county at the time of death.  
 b.  Decedent was not domiciled in California at the time of death. Decedent died owning real property in this county.
5. a. The following is a legal description of decedent's real property claimed by the declarants (copy description from deed or other legal instrument):  
 described in an attachment labeled Attachment 5a.

b. Decedent's interest in this real property is as follows (specify): 100% - separate property of the decedent

6. Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is
  - a.  (will) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.)
  - b.  (no will) a person who succeeded to the property under Probate Code sections 6401 and 6402.
7. Names and addresses of each guardian or conservator of decedent's estate at date of death  
 none  are as follows\* (specify):

8. The gross value of all real property in decedent's estate located in California as shown by the Inventory and Appraisal, excluding the real property described in Probate Code section 13050 (joint tenancy, property passing to decedent's spouse, etc.), does not exceed \$20,000.
9. An Inventory and Appraisal of decedent's real property in California is attached. The Inventory and Appraisal was made by a probate referee appointed for the county in which the property is located. (You may use Judicial Council form DE-160.)
10. No proceeding is now being or has been conducted in California for administration of decedent's estate.

\* You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7. Page 1 of 2

MATTER OF (Name): <b>GUY E. AIELLO</b>	CASE NUMBER: <b>DECEDENT</b>
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11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.]

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

Date: 8/18/04

SEBASTIAN AIELLO  
(TYPE OR PRINT NAME)

Date: 7/6/04

SUNDAY AIELLO  
(TYPE OR PRINT NAME)

*Sebastian Aiello, under*  
*Charles E. Cloud, P.O.A.*  
*Sunday Aiello, under*  
*Carl L. Aiello, P.O.A.*  
 SIGNATURE OF ADDITIONAL DECLARANTS ATTACHED

**NOTARY ACKNOWLEDGMENTS** (NOTE: No notary acknowledgment may be affixed as a rider (small strip) to this page. If additional notary acknowledgments are required, they must be attached as 8-1/2- by 11-inch pages.)

PENNSYLVANIA  
STATE OF ~~CALIFORNIA~~, COUNTY OF (specify): Westmoreland

On (date): August 18, 2004, before me (name and title):  
personally appeared (name): **SEBASTIAN AIELLO**

*Paul of Abby*  
A. BRUNO KING, District Justice  
10 Mount Pleasant Blvd.  
Scotts Run Borough  
Summit, PA 15003

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the instrument in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.  
WITNESS my hand and official seal.

*J. Bruno King*  
(SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)  
J. Bruno King, District Justice  
10-3-10 PA Magisterial District 10-3-10  
Westmoreland County, PA  
My Commission Expires  
Monday in January 2006

PENNSYLVANIA  
STATE OF ~~CALIFORNIA~~, COUNTY OF (specify):

On (date): 7/6/04, before me (name and title):  
personally appeared (names): **SUNDAY AIELLO**

personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the instrument in their authorized capacities, and that by their signatures on the instrument the persons, or the entity or entities upon behalf of which the persons acted, executed the instrument.  
WITNESS my hand and official seal.

*Douglas A. Graft*  
(SIGNATURE OF NOTARY PUBLIC) 7-6-2004

(NOTARY SEAL)  
Notarial Seal  
Douglas A. Graft, Notary Public  
Scottsdale Boro, Westmoreland County  
My Commission Expires October 7, 2006  
Member, Pennsylvania Association Of Notaries



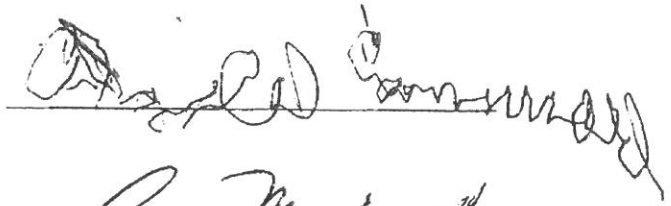
**CLERK'S CERTIFICATE**  
I certify that the foregoing, including any attached notary acknowledgments and any attached legal description of the property (but excluding other attachments), is a true and correct copy of the original affidavit on file in my office. (Certified copies of this affidavit do not include the (1) death certificate, (2) will, or (3) inventory and appraisal. See Probate Code section 13202.)  
Date: **OCT 28 2004** Clerk, by *AM Cosiv*, Deputy



IN RE THE MATTER OF GUY E. AIELLO, Deceased  
ATTACHMENT TO AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE  
(Signatures of additional declarants - cont'd)

Date: 7/6/04

ANGELO COMMORE



Date: 7/22/04

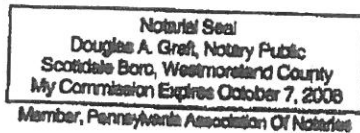
BRIAN MACDONALD




STATE OF PENNSYLVANIA )  
 ) ss.  
COUNTY OF WESTMORELAND )

On July 6 2004, 2004, before me, DOUGLAS A GRAFT, Notary Public, personally appeared ANGELO COMMORE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



  
Notary Public

(SEAL)

STATE OF MARYLAND )  
 ) ss.  
COUNTY OF Baltimore )

Brian Gray Macdonald  
On July 22, 2004, before me, Christopher Hall Bateman, Notary Public, personally appeared [REDACTED]; personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

  
Notary Public



(SEAL)

IN RE THE MATTER OF GUY E. AIELLO, Deceased  
ATTACHMENT TO AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE

ATTACHMENT 5a.

The property hereinafter described to be vested as follows:

An undivided 25% interest to SEBASTIAN AIELLO, a married man as his sole and separate property; ✓

An undivided 25% interest to SUNDAY AIELLO, an unmarried man; ✓

An undivided 25% interest to ANGELO COMMORE, an unmarried man; and ✓

An undivided 25% interest to BRIAN MACDONALD, a married man as his sole and separate property. ✓

Unimproved real property located in the unincorporated area of Riverside County, California, legally described as:

Lot 348 on Record of Survey captioned "Record of Survey of Section 33, Township 6 South, Range 5 East, and the West one-half of the West one-half of the fractional Section 3 and a portion of the East one-half of the East one-half of Section 9, Township 7 South, Range 5 East, SBB&M", as shown by Map on file in Book 31, Pages 39 to 43, inclusive, of Records of Survey, Riverside County Records.

APN: 635-226-005-3

ATTACHMENT 5a TO AFFIDAVIT RE REAL  
PROPERTY OF SMALL VALUE

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.

Superior Court of California  
County of Riverside

By

*Angel M. Casero*  
DEPUTY  
10/28/04

Dated:



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

LAST WILL AND TESTAMENT


I, SEBASTIAN S. AIELLO, of Upper Tyrone Township, Fayette County, Commonwealth of Pennsylvania, being of sound mind, memory and understanding, do make, publish and declare this to be my Last Will and Testament, hereby revoking and declaring null and void any and all wills and codicils by me at any time heretofore made.

FIRST: I direct that all my just debts and funeral expenses be paid at the earliest possible convenience.

SECOND: I give, devise and bequeath all the rest, residue and remainder of my estate, real, personal and mixed, of whatsoever kind and wheresoever situate unto my beloved wife, Helen R. Aiello, absolutely. In the event my beloved wife predeceases me, I then give, devise and bequeath all the rest, residue and remainder of my estate, real, personal and mixed, of whatsoever kind and wheresoever situate unto my beloved children, Barbara Mizikar and Charlene Echard, in equal shares, share and share alike, per stirpes.

THIRD: In the event my wife and I should die either simultaneously or under circumstances which do not afford sufficient evidence as to determine who was the survivor, it is my intention that it be deemed that I survived my wife.

FOURTH: I hereby nominate, constitute and appoint my beloved daughters, Barbara Mizikar and Charlene Echard, Executrices of this my

  
Sebastian S. Aiello, Testator

Last Will and Testament, to serve without bond.

IN WITNESS WHEREOF, I, SEBASTIAN S. AIELLO, have hereunto set my hand and seal this 16 day of July, 1991.

Sebastian S. Aiello (SEAL)  
Sebastian S. Aiello, Testator

Signed, sealed, published and declared by the above named Testator as and for his Last Will and Testament, in the presence of us who have hereunto subscribed our names at his request, in his presence and in the presence of each other.

Erin J. Blum Esq.                      Caressany Palma. 15601  
Barbara A. McKello                      Barbara A. McKello

REGISTER OF WILLS  
WESTMORELAND COUNTY, PENNSYLVANIA

**OATH OF SUBSCRIBING WITNESS(ES)**

Estate of SEBASTIAN S. AIELLO, Deceased

BARBARA A. MCKETTA, ~~XXXXX~~ (each) a subscribing witness to  
(Print Name/s)  
the  Will  Codicil(s) presented herewith, (each) being duly qualified according to law, depose(s) and  
say(s) that she ~~XXXXXX~~ was ~~XXXXX~~ present and saw the above Testator ~~XXXXXX~~ sign the  
same and that she ~~XXXXXX~~ signed the same and that she ~~XXXXXX~~ signed as a witness at the  
request of the Testator ~~XXXXXX~~ in ~~XXXX~~ his presence and in the presence of ~~each~~ the other witness.

*Barbara A. McKetta*  
(Signature)  
116 whitetail lane  
(Street Address)  
Acme Pa 15601  
(City, State)

*[Signature]*  
(Signature) (Barbara A. McKetta)  
116 Whitetail Lane  
(Street Address)  
Acme, PA 15610  
(City, State)

**Executed in Register's Office**

Sworn to or affirmed and subscribed  
before me this 4 day  
of April, 2008.

*Carl S. Keim II*  
Deputy for Register of Wills



Sworn to or affirmed and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_

Notary Public  
My Commission Expires:  
(Signature and Seal of Notary or other official qualified to  
administer oaths. Show date of expiration of Notary's Commission.)

NOTE: To be taken by Officer authorized to administer oaths. Please have present the original or copy of instrument(s) at time of notarization.

REGISTER OF WILLS  
WESTMORELAND COUNTY, PENNSYLVANIA

OATH OF SUBSCRIBING WITNESS(ES)

Estate of SEBASTIAN S. AIELLO, Deceased

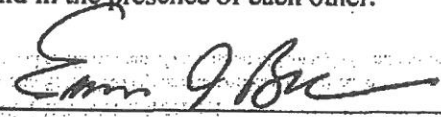
EDWARD J. BILIK, ~~(each)~~ a subscribing witness to

*(Print Name/s)*  
the  Will  Codicil(s) presented herewith, ~~(each)~~ being duly qualified according to law, depose(s) and say(s) that ~~she~~ / he / ~~they~~ was / ~~were~~ present and saw the above Testator / ~~Testatrix~~ sign the same and that ~~she~~ / he / ~~they~~ signed the same and that ~~she~~ / he / ~~they~~ signed as a witness at the request of the Testator / ~~Testatrix~~ in ~~her~~ / his presence and in the presence of each other.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City, State)*

  
\_\_\_\_\_  
*(Signature)* (Edward J. Bilik)

126 S. Pennsylvania Avenue  
\_\_\_\_\_  
*(Street Address)*

Greensburg, PA 15601  
\_\_\_\_\_  
*(City, State)*

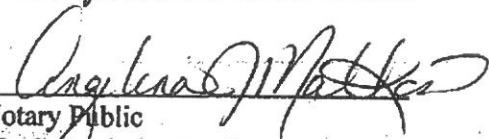
*Executed in Register's Office*

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Deputy for Register of Wills

*Executed out of Register's Office*

Sworn to or affirmed and subscribed before me this 10<sup>th</sup> day of April, 2008.

  
\_\_\_\_\_  
Notary Public  
My Commission Expires:

(Signature and Seal of Notary or other official qualified to administer oaths. Show date of expiration of Notary's Commission.)

NOTE: To be taken by Officer authorized to administer oaths. Please have present the original or copy of the will.



This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

**WARNING: It is illegal to duplicate this copy by photostat or photograph.**

*Calvin B. Johnson*  
 Calvin B. Johnson, M.D., M.P.H.  
 Secretary of Health



*Frank Yeropoli*  
 Frank Yeropoli  
 State Registrar

4043595

No.

MAR 07 2007

Date

H105.143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

020932

TYPE/PRINT  
 IN  
 PERMANENT  
 BLACK INK

**CERTIFICATE OF DEATH**

STATE FILE NUMBER

1. <b>SEBASTIAN S. AIELLO</b>		SEX 2. <b>Male</b>	SOCIAL SECURITY NUMBER	DATE OF DEATH (Month, Day, Year) 4. <b>February 27, 2005</b>
AGE (Last Birthday) 5. <b>86</b> Yrs.	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Month, Day, Year) 7. <b>Mar. 30, 1918</b>	BIRTHPLACE (City and State or Foreign Country) 7. <b>Scottsdale, PA</b>
COUNTY OF DEATH 8b. <b>Westmoreland</b>	CITY, BORO, TWP OF DEATH 8c. <b>Mt. Pleasant</b>	FACILITY NAME (If not institution, give street and number) 8d. <b>Harmon House</b>		PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
DECEDENT'S USUAL OCCUPATION 11a. <b>Pattern Maker</b>		KIND OF BUSINESS / INDUSTRY 11b. <b>Duraloy-Blaw-Knox Corp.</b>	DECEDENT'S EDUCATION (Specify only highest grade completed) 13. <b>College (1-4 or 5+)</b>	MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 14. <b>Married</b>
DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 16. <b>Box 279 Scottsdale, PA 15683</b>		DECEDENT'S ACTUAL RESIDENCE (See instructions on other side) 17b. <b>Fayette</b>	17a. <b>State Pennsylvania</b>	17c. <input checked="" type="checkbox"/> Yes, decedent lived in <b>Upper Tyrone</b> twp. 17d. <input type="checkbox"/> No, decedent lived within actual limits of _____ city/boro.
FATHER'S NAME (First, Middle, Last) 18. <b>Angelio Aiello</b>		MOTHER'S NAME (First, Middle, Maiden Surname) 19. <b>Calaguria</b>		
INFORMANT'S NAME (Type/Print) 20a. <b>Helen R. Aiello</b>		INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 20b. <b>Box 279, Scottsdale, Pennsylvania 15683</b>		
METHOD OF DISPOSITION 21a. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		DATE OF DISPOSITION (Month, Day, Year) 21b. <b>March 3, 2005</b>	PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place 21c. <b>St. John Parish Cemetery</b>	LOCATION - City/Town, State, Zip Code 21d. <b>Scottsdale, Pennsylvania, 15683</b>
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 22a. <i>Frank Kapr</i>		LICENSE NUMBER 22b. <b>010347-L</b>	NAME AND ADDRESS OF FACILITY 22c. <b>Frank Kapr Funeral Home, Inc. Scottsdale, PA 15683</b>	
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death. 23a. <i>Matthew S. Williams Do</i>		To the best of my knowledge, death occurred at the time, date and place stated. 23b. <i>Matthew S. Williams Do</i>	LICENSE NUMBER 23b. <b>050051700</b>	DATE SIGNED (Month, Day, Year) 23c. <b>FEBRUARY 28 2005</b>
Items 24-26 must be completed by person who pronounces death. 24. <b>7:45 P.M.</b>		TIME OF DEATH 24. <b>7:45 P.M.</b>	DATE PRONOUNCED DEAD (Month, Day, Year) 25. <b>FEBRUARY 27 2005</b>	26. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. <b>ENDSTAGE PROSTATE CARCINOMA</b>		PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. <b>6 MONTHS</b>		
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF):				
WAS AN AUTOPSY PERFORMED? 28a. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 28b. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>	DATE OF INJURY (Month, Day, Year) 30a. _____	TIME OF INJURY 30b. _____ M. _____
CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. _____ <input type="checkbox"/>		SIGNATURE AND TITLE OF CERTIFIER 31b. <i>Matthew S. Williams Do</i>		
*PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. _____ <input type="checkbox"/>		LICENSE NUMBER 31c. <b>050051700</b>		
*MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. _____ <input type="checkbox"/>		DATE SIGNED (Month, Day, Year) 31d. <b>FEBRUARY 28 2005</b>		
REGISTRAR'S SIGNATURE AND NUMBER 33. <i>William J. Peroni</i> <b>165593</b>		NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print 32. <b>Matthew S. Williams Do 30 SENECA AVE, SCOTTSDALE PA 15683</b>		
34. <b>MARCH 1, 2005</b>		DATE FILED (Month, Day, Year)		

ALIAS USED

PRONOUNCING PHYSICIAN ONLY (See definition on other side)

CAUSE OF DEATH (See instructions on other side)

NAME OF DECEDENT

CERTIFIER (See definitions on other side)