

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



ITEM: 19.17
(ID # 21743)

MEETING DATE:
Tuesday, June 27, 2023

FROM : TREASURER-TAX COLLECTOR:

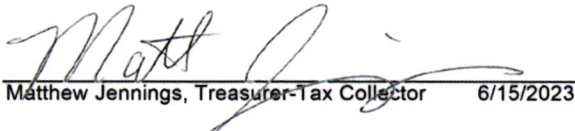
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 112. Last assessed to: Joseph L. Duncan and Eleanor F. Duncan, husband and wife, as joint tenants. District 2. [\$36,242-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., Assignee for Eva C. Duncan, heir to the Estate of Joseph L. Duncan for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 323030014-6;

Continued on Page 2

ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 6/15/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Washington 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: June 27, 2023
xc: Tax-Collector

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 Global Discoveries, Ltd., Assignee for Michele Duncan, heir to the Estate of Joseph L. Duncan for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 323030014-6;
3. Approve the claim from Global Discoveries, Ltd., Assignee for Rosalynne D. Givens, heir to the Estate of Joseph L. Duncan for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 323030014-6;
4. Approve the claim from Global Discoveries, Ltd., Assignee for Joseph S. Duncan, heir to the Estate of Joseph L. Duncan for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 323030014-6;
5. Approve the claim from Global Discoveries, Ltd., Assignee for Anthony Sharpe Holliday, heir to the Estate of Estella D. Holliday who was heir to the Estate of Joseph L. Duncan for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 323030014-6;
6. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., Assignee for Eva C. Duncan, heir to the Estate of Joseph L. Duncan in the amount of \$7,248.57, to Global Discoveries, Ltd., Assignee for Michele Duncan, heir to the Estate of Joseph L. Duncan in the amount of \$7,248.57, to Global Discoveries, Ltd., Assignee for Rosalynne D. Givens, heir to the Estate of Joseph L. Duncan in the amount of \$7,248.57, to Global Discoveries, Ltd., Assignee for Joseph S. Duncan, heir to the Estate of Joseph L. Duncan in the amount of \$7,248.56 and to Global Discoveries, Ltd., Assignee for Anthony Sharpe Holliday, heir to the Estate of Estella D. Holliday who was heir to the Estate of Joseph L. Duncan in the amount of \$7,248.56, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$36,242	\$ 0	\$36,242	\$ 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 1, 2018 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 26, 2018. 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 18, 2018, to parties of interest as

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

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 five claims for excess proceeds:

1. Claim from Global Discoveries, Ltd., Assignee for Eva C. Duncan, heir to the Estate of Joseph L. Duncan based on an Assignment of Right to Collect Excess Proceeds notarized June 26, 2019, a Corporation Grant Deed recorded October 2, 1973 as Instrument No. 1973-128712, an Affidavit of Death of Spouse recorded September 10, 2007 as Instrument No. 2007-0573578, an Affidavit for Collection of Personal Property California Probate Code Section 13100 notarized June 21, 2019 and a Certificate of Death for Joseph Lee Duncan.
2. Claim from Global Discoveries, Ltd., Assignee for Michele Duncan, heir to the Estate of Joseph L. Duncan based on an Assignment of Right to Collect Excess Proceeds notarized June 26, 2019, a Corporation Grant Deed recorded October 2, 1973 as Instrument No. 1973-128712, an Affidavit of Death of Spouse recorded September 10, 2007 as Instrument No. 2007-0573578, an Affidavit for Collection of Personal Property California Probate Code Section 13100 notarized June 22, 2019 and a Certificate of Death for Joseph Lee Duncan.
3. Claim from Global Discoveries, Ltd., Assignee for Rosalynne D. Givens, heir to the Estate of Joseph L. Duncan based on an Assignment of Right to Collect Excess Proceeds notarized June 26, 2019, a Corporation Grant Deed recorded October 2, 1973 as Instrument No. 1973-128712, an Affidavit of Death of Spouse recorded September 10, 2007 as Instrument No. 2007-0573578, an Affidavit for Collection of Personal Property California Probate Code Section 13100 notarized June 21, 2019 and a Certificate of Death for Joseph Lee Duncan.
4. Claim from Global Discoveries, Ltd., Assignee for Joseph S. Duncan, heir to the Estate of Joseph L. Duncan based on an Assignment of Right to Collect Excess Proceeds notarized June 26, 2019, a Corporation Grant Deed recorded October 2, 1973 as Instrument No. 1973-128712, an Affidavit of Death of Spouse recorded September 10, 2007 as Instrument No. 2007-0573578, an Affidavit for Collection of Personal Property California Probate Code Section 13100 notarized June 22, 2019 and a Certificate of Death for Joseph Lee Duncan.
5. Claim from Global Discoveries, Ltd., Assignee for Anthony Sharpe Holliday, heir to the Estate of Estella D. Holliday who was heir to the Estate of Joseph L. Duncan based on an Assignment of Right to Collect Excess Proceeds notarized June 26, 2019, a Corporation Grant Deed recorded October 2, 1973 as Instrument No. 1973-128712, an Affidavit of Death of Spouse recorded September 10, 2007 as Instrument No. 2007-0573578, Affidavits for Collection of Personal Property California Probate Code Section 13100 notarized June 25, 2019, Affidavit of Notice Regarding Estate of Estella Eleanor Duncan Holliday for Probate Case recorded on October 14, 2015, Certificates of Death for Joseph Lee Duncan and Estella Eleanor Duncan Holliday, and License and Certificate of Marriage for Anthony Holliday and Estella Duncan.

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

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., Assignee for Eva C. Duncan, heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$7,248.57, Global Discoveries, Ltd., Assignee for Michele Duncan, heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$7,248.57, Global Discoveries, Ltd., Assignee for Rosalyne D. Givens, heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$7,248.57, Global Discoveries, Ltd., Assignee for Joseph S. Duncan, heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$7,248.56 and Global Discoveries, Ltd., Assignee for Anthony Sharpe Holliday, heir to the Estate of Estella D. Holliday who was heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$7,248.56. 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 last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim GlobalE

ATTACHMENT B. Claim GlobalM

ATTACHMENT C. Claim GlobalR

ATTACHMENT D. Claim GlobalJ

ATTACHMENT E. Claim GlobalA


Cesar Bernal, PRINCIPAL MGMT ANALYST 6/15/2023


Kristine Bell-Valdez, Supervising Deputy County Counsel 5/10/2023

CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030014-6
Last Assessee: DUNCAN JOSEPH L DUNCAN ELEANOR F
Sale Date: 4/26/2018
TC: TC 212
Item Number: 112
Deadline: 6/26/2019

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. Corporation Grant Deed granting interest to Joseph L. Duncan and Eleanor F. Duncan, husband and wife, as joint tenants as Document Number: 128712, Recorded on October 2, 1973 in Riverside County, CA.
3. **Certified** Affidavit – Death of Spouse as Document Number: 2007-0573578, Recorded on September 10, 2007 in Riverside County, CA.
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
 - b. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
5. Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph Lee Duncan as Case Number: BP147822, Filed on November 25, 2015 in Los Angeles County, CA.
 - a. Eva Duncan is listed as Administrator of the Estate of Joseph Duncan
 - b. The above referenced parcel is to be distributed among following Beneficiaries/Heirs: Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Estella D. Holliday.
6. Administrator/Personal Representative Consent Affidavit signed by Eva C. Duncan, Administrator.
7. Probate Affidavits for the Estate of Joseph Lee Duncan signed by the following; Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Anthony Sharpe Holliday.
8. **Certified** Certificate of Death for Estella D. Holliday
 - a. **This Vital Record is To Follow**
9. Probate Documents for the Estate of Estella Duncan Holliday as Fiduciary Number: recorded on 10/14/2015 in Fairfax County, VA.
 - a. Anthony Sharpe Holliday is listed as Husband and Sole Heir at Law

10. Marriage Certificate between Estella D. Holliday and Anthony Sharpe Holliday
 - a. **This Vital Record is To Follow**
11. Probate Affidavit for the Estate of Estella D. Holliday
12. Certificate of Birth records for the following: Eva Duncan, Joseph Smithfield Duncan, Rosalyne Gail Duncan.
 - a. Joseph Lee Duncan is listed as Father
 - b. **Certificate of Birth for Michele Duncan To Follow**
 - c. **Certificate of Birth for Estella D. Holliday To Follow**
13. Marriage Certificate between Rosalyne Gail Duncan and Edward Ronald Givens
14. Affidavits signed by Eva C. Duncan, Michele Duncan, Rosalyne Duncan, Joseph S. Duncan and Anthony Sharpe Holliday declaring under penalty of perjury the following:
 - a. Identity
 - b. Name Variations
15. Assignment of Rights To Collect Excess Proceeds signed by Eva C. Duncan, Michele Duncan, Rosalyne Givens, Joseph S. Duncan, Anthony Sharpe Holliday
16. Claim form(s) signed by Global Discoveries
17. Photo ID for Assignor(s): Eva Cora. Duncan, Michele Marie Duncan, Rosalyne Gail Givens, Joseph Smithfield Duncan and Anthony Sharpe Holliday

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

- One warrant in the amount of \$36,242.83 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: 7018-0040-0000-8203-8492

AFFIDAVIT

I, Eva C. Duncan as Administrator and/or heir to the Estate of Joseph L Duncan, do hereby declare:

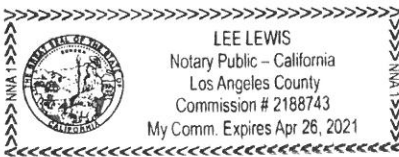
1. I am over the age of 18 and a resident of Glendora, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Joseph L. Duncan is one and the same person who is listed on the Corporation Grant Deed as Document Number: 128712, Recorded in Riverside County on 10/02/1973.
3. Joseph L. Duncan is one and the same person as Joseph Lee Duncan and Joseph Duncan.
4. I, Eva C. Duncan am one and the same person who is listed as the Administrator and Beneficiary on the Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph L. Duncan Filed on November 25, 2015 In the Superior Court of California, County of Los Angeles.
5. I, Eva C. Duncan am one and the same person as Eva Duncan and Eva Cora Duncan.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number(s) 323030016-8 & 323030014-6.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21st day of June, 2019 in Glendora, CA.
Eva C. Duncan
Eva C. Duncan as Administrator and/or heir to the Estate of Joseph L Duncan

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 Los Angeles



Subscribed and sworn to (or affirmed) before me on this
21st day of June, 2019, by
Date Month Year
Eva C. Duncan
Name of Signer

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

Signature Lee Lewis
Signature of Notary Public

(Place Notary Seal Above)

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 323030014-6 Tax Sale Number TC 212, Item 112 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 36,242.83+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Eva C. Duncan 6/21/19
Signature of Party of Interest/Assignor (Date)

Eva C. Duncan as Administrator and/or heir to the Estate of Joseph L. Duncan
(Name Printed)

657 Scott Place #5
Glendora, CA
(909) 344-8458
(Address)
(City/State/Zip)
(Area Code/Telephone Number)

Tax ID/SS#

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 Los Angeles

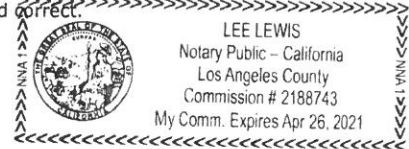
On June 21 2019 before me, Lee Lewis Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Eva C. Duncan, 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.

Lee Lewis (seal)
Signature of Notary Public



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

Jed Byerly
(Signature of Assignee)

Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS#

Global Discoveries Ltd.
(Address)

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

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California
County of Stanislaus

On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Maria Mendoza (seal)
Signature of Notary Public



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

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

County of Los Angeles

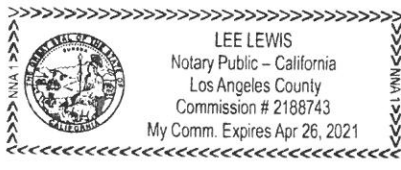
On June 21 2019 before me, Lee Lewis Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Eva C. Duncan, 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.

Lee Lewis (seal)
Signature of Notary Public



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030014-6
Tax Sale Number: TC 212
Item Number: 112
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$36,242.83+/- 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 26th day of June, 2019 at Modesto, California.

By: Jed Byerly
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

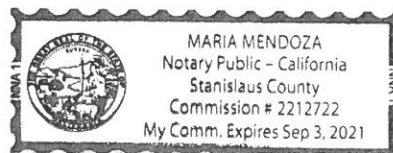
On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Maria Mendoza (seal)
Signature of Notary Public



128712

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME MR. & MRS. JOSEPH L. DUNCAN
ADDRESS 1296 West 6th Street
CITY & STATE Pomona, Calif. 91766

RECEIVED FOR RECORD
OCT 2 1973
AT 9:00 O'CLOCK A.M.
At Request of
SECURITY TITLE INSURANCE CO.
Book 1973, Page 128712
Recorded in Office of Recorder
of Riverside County, California
W.W. Doherty Recorder
FEE \$ 1.50

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME SAME AS ABOVE
ADDRESS
CITY & STATE

Documentary transfer tax \$ 2.20
 Computed on full value of property conveyed, or
 Computed on full value less liens & encumbrances
remaining through 4 years of
SECURITY TITLE INSURANCE CORPORATION
Signature of declarant or agent determining tax firm name
 Incorporated area City of

Corporation Grant Deed

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

RINCO CORPORATION

a corporation organized under the laws of the State of CALIFORNIA
hereby GRANTS to

JOSEPH L. DUNCAN and ELEANOR F. DUNCAN, husband and wife, as joint tenants

the following described real property in the
county of riverside state of California

The West half of the North half of the South half of the West half
of the Southeast quarter in Section 28, Township 4 South, Range 4
West, San Bernardino Base and Meridian.

Dated July 17, 1973

RINCO CORPORATION

BY *Robert Westrick*

BY *Joseph I. Westrick*

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
On 21 September

Before me the undersigned Notary Public in and for said County and State personally appeared ROBERT H. ARCHER

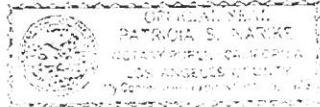
known to me to be the President, and JOSEPH I. WESTRICK known to me to be

Secretary of the corporation that executed the within instrument, known to me to be the persons who executed the within instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the within instrument pursuant to its bylaws or resolution of its board of directors.

Patricia S. Narike
Signature of Notary

PATRICIA S. NARIKE
Name (Type or Printed) of Notary

FOR NOTARY SEAL OR STAMP



Title Order No. Escrow No. Parcel #1 in 4-25-479

Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

JOSEPH L. DUNCAN
1296 W. 6TH STREET
POMONA, CALIFORNIA 91766

S										RFD	COPY
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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM		
PUBLIC RECORD										513	

APN: _____

TRA: _____

AFFIDAVIT - DEATH OF SPOUSE

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS.

C
513

JOSEPH L. DUNCAN, being first duly sworn, deposes and says:
That he ~~was~~ was validly married to ELEANOR F. DUNCAN immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property: SEE ATTACHED TWO PARCELS

That the affiant and the above-named decedent were married on OCTOBER 1, 1953 and affiant is the widow/widower of decedent; and

That ELEANOR F. DUNCAN died on JUNE 17, 2007 as evidenced by a certified copy of the Certificate of Death attached hereto and

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects and belongings, and is certain that either

- 1) no will was executed or otherwise declared by the decedents based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted, or
- 2) if a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of First American Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated _____
State of _____)
California)
County of _____)

"I CERTIFY UNDER PENALTY OF PERJURY THAT
THE FOREGOING IS TRUE AND CORRECT."
Joseph L. Duncan
September 10, 2007

SUBSCRIBED and sworn to (or affirmed) before me on this _____ day of _____, 20____.

by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

Signature _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

3200719025254

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) ELEANOR		2. MIDDLE MAE		3. LAST (Family) DUNCAN	
4. DATE OF BIRTH mm/dd/yyyy 01/21/1929 5. AGE Yrs 78					
9. BIRTH STATE/FOREIGN COUNTRY IOWA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree MASTER'S		14/15. WAS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SPD* (at time of death) MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER & COUNSELOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		7. DATE OF DEATH mm/dd/yyyy 06/17/2007 8. HOUR (24 Hours) 2005	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1296 W. 6TH STREET		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91766	
21. CITY POMONA		24. YEARS IN COUNTY 60		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP JOSEPH DUNCAN, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1296 W. 6TH ST., POMONA, CA 91766			
28. NAME OF SURVIVING SPOUSE/SPD-FIRST JOSEPH		29. MIDDLE -		30. LAST (BIRTH NAME) DUNCAN	
31. NAME OF FATHER/PATIENT-FIRST SOLOMON		32. MIDDLE -		33. LAST FINLAYSON	
35. NAME OF MOTHER/PATIENT-FIRST EVA		36. MIDDLE MAE		37. LAST (BIRTH NAME) McGUIGAN	
39. DISPOSITION DATE mm/dd/yyyy 06/22/2007		40. PLACE OF FINAL DISPOSITION POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766			
41. TYPE OF DISPOSITIONS		42. SIGNATURE OF EMBALMER <i>Eleanor M. Richardson</i>		43. LICENSE NUMBER 7668	
44. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		45. LICENSE NUMBER FD110		46. SIGNATURE OF LOCAL REGISTRAR <i>Jonathan E. Felding no 13</i>	
47. DATE mm/dd/yyyy 06/20/2007					
101. PLACE OF DEATH POMONA VALLEY HOSPITAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> EHV <input type="checkbox"/> DDA <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1798 N. GAREY AVENUE		106. CITY POMONA	
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BODY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 HYPERTENSION		110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
HYPERLIPIDEMIA					
CHRONIC KIDNEY DISEASE					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY					
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since <input type="checkbox"/> mm/dd/yyyy Decedent Last Seen Alive <input type="checkbox"/> mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jonathan E. Felding MD</i>		116. LICENSE NUMBER 06/19/2007	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HENRY WAYDEMAN, MD., 250 W. SAN JOSE, CLAREMONT, CA 91711					
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

2697-6573578
69/10/2007 06:59
2 of 4



* H00771840 *

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Felding MD 016
DATE ISSUED **JUN 21 2007**
Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Joseph Lee died on 01/04/2012, in the County of Los Angeles, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
OR
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

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

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

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$36,242.83 +-, generated from Assessor's Parcel Number(s) 323030014-6, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

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

Eva C. Duncan, Michele Duncan, Rosalyne D. Givens, The Estate of Estella D. Holiday & Joseph Duncan

8. The undersigned

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

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

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

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

6/21/19
(DATE)

Eva C. Duncan, Administrator and/or Heir
Printed Name


Signature

(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 Los Angeles)

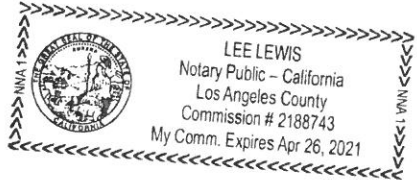
On June 21, 2019 before me, Lee Lewis, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Eva C. Duncan, 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.

Lee Lewis (seal)
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052012001958

CERTIFICATE OF DEATH

3201219000314

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, residence, cause of death, and physician information.

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

Signature of Dean C. Logan, Registrar-Recorder/County Clerk.

JUN 21 2019

Barcode and number 100003066359

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



ALERT: STAY UPDATED ON POST OFFICE CLOSURES AND SERVICE DISRUPTIONS DUE TO SEVERE WEATHER IN THE G...

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Your item was picked up at a postal facility at 8:42 am on July 1, 2019 in RIVERSIDE, CA 92501.

Delivered

July 1, 2019 at 8:42 am
Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501

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July 1, 2019, 8:42 am

Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501

Your item was picked up at a postal facility at 8:42 am on July 1, 2019 in RIVERSIDE, CA 92501.

June 28, 2019, 9:44 am

Available for Pickup
RIVERSIDE, CA 92501

June 28, 2019, 8:52 am

Arrived at Unit
RIVERSIDE, CA 92501

June 27, 2019, 2:27 pm

Arrived at USPS Regional Facility
MORENO VALLEY CA DISTRIBUTION CENTER

June 27, 2019

In Transit to Next Facility

June 26, 2019, 10:19 pm

Arrived at USPS Regional Facility

SACRAMENTO CA DISTRIBUTION CENTER

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FAQs

Feedback

CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030014-6
Last Assessee: DUNCAN JOSEPH L DUNCAN ELEANOR F
Sale Date: 4/26/2018
TC: TC 212
Item Number: 112
Deadline: 6/26/2019

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. Corporation Grant Deed granting interest to Joseph L. Duncan and Eleanor F. Duncan, husband and wife, as joint tenants as Document Number: 128712, Recorded on October 2, 1973 in Riverside County, CA.
3. **Certified** Affidavit – Death of Spouse as Document Number: 2007-0573578, Recorded on September 10, 2007 in Riverside County, CA.
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
 - b. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
5. Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph Lec Duncan as Case Number: BP147822, Filed on November 25, 2015 in Los Angeles County, CA.
 - a. Eva Duncan is listed as Administrator of the Estate of Joseph Duncan
 - b. The above referenced parcel is to be distributed among following Beneficiaries/Heirs: Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalynne D. Givens and Estella D. Holliday.
6. Administrator/Personal Representative Consent Affidavit signed by Eva C. Duncan, Administrator.
7. Probate Affidavits for the Estate of Joseph Lee Duncan signed by the following; Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalynne D. Givens and Anthony Sharpe Holliday.
8. **Certified** Certificate of Death for Estella D. Holliday
 - a. **This Vital Record is To Follow**
9. Probate Documents for the Estate of Estella Duncan Holliday as Fiduciary Number: Recorded on 10/14/2015 in Fairfax County, VA.
 - a. Anthony Sharpe Holliday is listed as Husband and Sole Heir at Law



10. Marriage Certificate between Estella D. Holliday and Anthony Sharpe Holliday
 - a. **This Vital Record is To Follow**
11. Probate Affidavit for the Estate of Estella D. Holliday
12. Certificate of Birth records for the following: Eva Duncan, Joseph Smithfield Duncan, Rosalyne Gail Duncan.
 - a. Joseph Lee Duncan is listed as Father
 - b. **Certificate of Birth for Michele Duncan To Follow**
 - c. **Certificate of Birth for Estella D. Holliday To Follow**
13. Marriage Certificate between Rosalyne Gail Duncan and Edward Ronald Givens
14. Affidavits signed by Eva C. Duncan, Michele Duncan, Rosalyne Duncan, Joseph S. Duncan and Anthony Sharpe Holliday declaring under penalty of perjury the following:
 - a. Identity
 - b. Name Variations
15. Assignment of Rights To Collect Excess Proceeds signed by Eva C. Duncan, Michele Duncan, Rosalyne Givens, Joseph S. Duncan, Anthony Sharpe Holliday
16. Claim form(s) signed by Global Discoveries
17. Photo ID for Assignor(s): Eva Cora. Duncan, Michele Marie Duncan, Rosalyne Gail Givens, Joseph Smithfield Duncan and Anthony Sharpe Holliday

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

- One warrant in the amount of \$36,242.83 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: 7018-0040-0000-8203-8492

AFFIDAVIT

I, Michele Duncan as heir to the Estate of Joseph L. Duncan, do hereby declare:

1. I am over the age of 18 and a resident of Santa Monica 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. Joseph L. Duncan is one and the same person who is listed on the Corporation Grant Deed as Document Number: 128712, Recorded in Riverside County on 10/02/1973.
3. Joseph L. Duncan is one and the same person as Joseph Lee Duncan and Joseph Duncan.
4. I, Michele Duncan am one and the same person as Michele Marie Duncan and Michele M. Duncan.
5. I, Michele Duncan am one and the same person who is listed as a Beneficiary on the Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph L. Duncan Filed on November 25, 2015 In the Superior Court of California, County of Los Angeles.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number(s) 323030016-8 & 323030014-6.

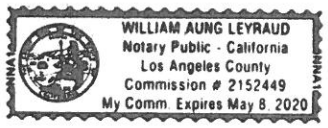
I declare under penalty of perjury that the foregoing is true and correct. Executed this 22ND day of June, 2019, in Santa Monica, CA.

x Michele Duncan
 Michele Duncan as heir to the Estate of Joseph L. Duncan

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 Los Angeles



Subscribed and sworn to (~~or affirmed~~) before me on this 22 day of June, 20 19, by
 Date Month Year
Michele Marie Duncan
 Name of Signer

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

Signature [Signature]
 Signature of Notary Public

(Place Notary Seal Above)

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 323030014-6 Tax Sale Number TC 212, Item 112 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 36,242.83+/-, 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.

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

Tax ID/SS#

Michele Duncan as heir to the Estate of Joseph L Duncan (Name Printed)

1902-18th St., Santa Monica, CA 90404 (Address)

(City/State/Zip) 310-396-4840 (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 Los Angeles

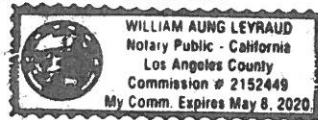
On 06/22/2019 before me, William Aung Leyraud, Notary Public, personally appeared (Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

(Signature of Notary Public) (seal)



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

(Signature of Assignee)

Jed Byerly, Managing Member (Name Printed)

Global Discoveries Ltd. (Address)

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

Phone: (209) 593-3913

Tax ID/SS#

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

County of Stanislaus

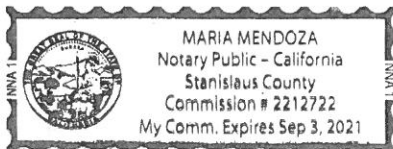
On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared (Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

(Signature of Notary Public) (seal)



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

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030014-6
Tax Sale Number: TC 212
Item Number: 112
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$36,242.83+/- 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 26th day of June, 2019 at Modesto, California.

By: Jed Byerly
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

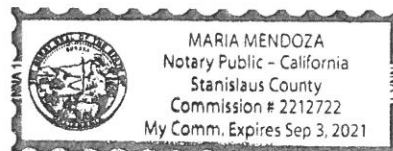
On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Maria Mendoza (seal)
Signature of Notary Public



128712

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME MR. & MRS. JOSEPH L. DUNCAN
ADDRESS 1296 West 6th Street
CITY & STATE Pomona, Calif. 91766

P A I D
INC. Transfer Tax
W. D. BALOGH
RECORDER

RECEIVED FOR RECORD
OCT 2 1973

AT 9:00 O'CLOCK A.M.
At Request of
SECURITY TITLE INSURANCE CO.

Book 1973, Page 128712
Recorded in Office Records
of Riverside County, California

W. W. D. D. Recorder
FEE \$ 1.50

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME SAME AS ABOVE
ADDRESS
CITY & STATE

Documentary transfer tax \$ 2.20
 Computed on full value of property conveyed, or
 Computed on full value less liens & encumbrances
remaining thereon at time of sale
SECURITY TITLE INSURANCE CORPORATION
Signature of declarant or agent determining tax - firm name
 Unincorporated area City of

Corporation Grant Deed

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

RINCO CORPORATION

a corporation organized under the laws of the State of CALIFORNIA
hereby GRANTS to

JOSEPH L. DUNCAN and ELEANOR F. DUNCAN, husband and wife, as joint tenants

the following described real property in the
county of riverside state of California:

The West half of the North half of the South half of the West half
of the Southeast quarter in Section 28, Township 4 South, Range 4
West, San Bernardino Base and Meridian.

Dated July 17, 1973

RINCO CORPORATION

BY *Robert H. Archer*

BY *Joseph I. Westrick*

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES
On 21 September

I, a Notary Public in and for said County and State, personally
appeared **ROBERT H. ARCHER**

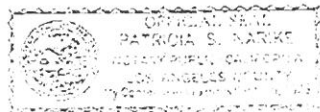
known to me to be the President, and
JOSEPH I. WESTRICK known to me to be

Secretary of the corporation that executed the
within instrument, known to me to be the persons who executed the
within instrument on behalf of the corporation therein named, and
acknowledged to me that such corporation executed the within
instrument pursuant to its by laws or resolution of its board of
directors.

Patricia S. Narike
Signature of Notary

PATRICIA S. NARIKE
Name (Printed or Printed of Notary)

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. Parcel #1 in 4-25-479

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

JOSEPH L. DUNCAN
1296 W. G STREET
POMONA, CALIFORNIA 91766

S	K	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY	UM
1			4						6	
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM	
PUBLIC RECORD									513	

APN: _____

TRA: _____

AFFIDAVIT - DEATH OF SPOUSE

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS.

C
513

JOSEPH L. DUNCAN

, being first duly sworn, deposes and says:

That he/~~she~~ was validly married to ELEANOR F. DUNCAN immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property: SEE ATTACHED TWO PARCELS

That the affiant and the above-named decedent were married on OCTOBER 1, 1953 and affiant is the widow/widower of decedent; and

That ELEANOR F. DUNCAN died on JUNE 17, 2007 as evidenced by a certified copy of the Certificate of Death attached hereto and

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects and belongings, and is certain that either

- 1) no will was executed or otherwise declared by the decedents based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted, or
- 2) if a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of First American Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated _____
State of California }
County of _____ }

"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT."

Joseph L. Duncan
September 10, 2007

SUBSCRIBED and sworn to (or affirmed) before me on this _____ day of _____, 20____.

by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

(SEAL)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

3200719025254

6. STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS NO. 11 (POST 3/90)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ELEANOR		MAE		DUNCAN	
AKA. AS SO KNOWN AS - Include All AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
01/21/1929		78		F	
9. BIRTH STATE OR FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
IOWA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. TE. Will U. PUBLISH? (If yes, see worksheet on back)		12. MARITAL STATUS/ROP (In Year of Death)	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
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.)		7. DATE OF DEATH mm/dd/yyyy	
TEACHER & COUNSELOR		EDUCATION		06/17/2007	
20. DECEDENT'S RESIDENCE (Street and number, or location)		19. YEARS IN OCCUPATION		8. HOUR (24 Hour)	
1296 W. 6TH STREET		35		2005	
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
POMONA		LOS ANGELES		91766	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
60		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
JOSEPH DUNCAN, HUSBAND		1296 W. 6TH ST., POMONA, CA 91766			
28. NAME OF SURVIVING SPOUSE/ROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
JOSEPH		-		DUNCAN	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
SOLOMON		-		FINLAYSON	
34. BIRTH STATE		36. MIDDLE		37. LAST (BIRTH NAME)	
BAHAMAS		MAE		McCUIGAN	
38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
IOWA		06/22/2007		POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF BURIALMER		43. LICENSE NUMBER	
BU		<i>Eleanor M. Richardson</i>		7668	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
TODD MEMORIAL CHAPEL		FD110		<i>Jonathan E. Fielding no 12</i>	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
06/20/2007		<i>Jonathan E. Fielding no 12</i>			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
POMONA VALLEY HOSPITAL MEDICAL CENTER		<input type="checkbox"/> F <input checked="" type="checkbox"/> EHVOP <input type="checkbox"/> DCA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
LOS ANGELES		1798 N. GAREY AVENUE		POMONA	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIRTH REPORTED TO CORONER?	
NAME/DATE CAUSE (Final cause or condition resulting in death) (A) CARDIOPULMONARY ARREST (B) HYPERTENSION (C) HYPERLIPIDEMIA (D) CHRONIC KIDNEY DISEASE 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		(YES) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (MINS) 2007-54318 (YRS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (YRS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (YRS) <input type="checkbox"/> YES <input type="checkbox"/> NO		(YES) <input type="checkbox"/> YES <input type="checkbox"/> NO (YES) <input type="checkbox"/> YES <input type="checkbox"/> NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Aged at Death: 78 Decedent Last Seen Alive: 05/04/2007		<i>Jonathan E. Fielding MD</i>		06/19/2007	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
HENRY WAYDEMAN, MD., 250 W. SAN JOSE, CLAREMONT, CA 91711		HENRY WAYDEMAN, MD., 250 W. SAN JOSE, CLAREMONT, CA 91711		07/18/1995	
118. I CERTIFY THAT IN ANY COMMON DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?	
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
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		FAX AUTH.#		CENBUS TRACT	
A B C D E					

2007-6573578
69/19/2007 08:58P
2 of 4



* H00771840 *

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding 016 JUN 21 2007
Director of Health Services and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Joseph Lee died on 01/04/2012, in the County of Los Angeles, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
OR
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

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

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

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$36,242.83 +/-, generated from Assessor's Parcel Number(s) 323030014-6, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

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

Eva C. Duncan, Michele Duncan, Rosalynne D. Givens, The Estate of Estella D. Holiday & Joseph Duncan

8. The undersigned
 The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

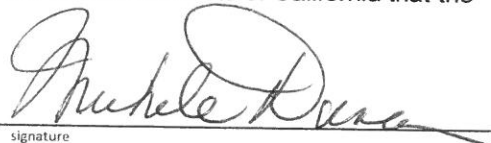
9. No other person has a superior right to the interest of the decedent in the described property.

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

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

June 20, 2019
(DATE)

Michele Duncan, Heir
Printed Name


signature

(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 Los Angeles

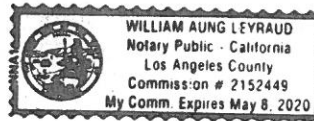
On 06/22/2019 before me, William Aung Leyraud, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Michele Marie Duncan, 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.

WAO (seal)
Signature of Notary Public



COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

3052012001958

CERTIFICATE OF DEATH

3201219000314

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, social security number, cause of death, and physician information.

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

Signature of Dean C. Logan, Registrar-Recorder/County Clerk.

JUN 21 2019



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



CALOSANG02

ALERT: STAY UPDATED ON POST OFFICE CLOSURES AND SERVICE DISRUPTIONS DUE TO SEVERE WEATHER IN THE G...



FAQs >

Track Another Package +

Tracking Number: 70180040000082038492

Remove X

Your item was picked up at a postal facility at 8:42 am on July 1, 2019 in RIVERSIDE, CA 92501.

Delivered

July 1, 2019 at 8:42 am
Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501

Get Updates

Feedback

Text & Email Updates

Tracking History

July 1, 2019, 8:42 am
Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501
Your item was picked up at a postal facility at 8:42 am on July 1, 2019 in RIVERSIDE, CA 92501.

June 28, 2019, 9:44 am
Available for Pickup
RIVERSIDE, CA 92501

June 28, 2019, 8:52 am
Arrived at Unit
RIVERSIDE, CA 92501

June 27, 2019, 2:27 pm
Arrived at USPS Regional Facility
MORENO VALLEY CA DISTRIBUTION CENTER

June 27, 2019
In Transit to Next Facility

June 26, 2019, 10:19 pm

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER

Product Information



See Less ^

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Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030014-6
Last Assessee: DUNCAN JOSEPH L DUNCAN ELEANOR F
Sale Date: 4/26/2018
TC: TC 212
Item Number: 112
Deadline: 6/26/2019

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. Corporation Grant Deed granting interest to Joseph L. Duncan and Eleanor F. Duncan, husband and wife, as joint tenants as Document Number: 128712, Recorded on October 2, 1973 in Riverside County, CA.
3. **Certified** Affidavit – Death of Spouse as Document Number: 2007-0573578, Recorded on September 10, 2007 in Riverside County, CA.
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
 - b. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
5. Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph Lee Duncan as Case Number: BP147822, Filed on November 25, 2015 in Los Angeles County, CA.
 - a. Eva Duncan is listed as Administrator of the Estate of Joseph Duncan
 - b. The above referenced parcel is to be distributed among following Beneficiaries/Heirs: Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Estella D. Holliday.
6. Administrator/Personal Representative Consent Affidavit signed by Eva C. Duncan, Administrator.
7. Probate Affidavits for the Estate of Joseph Lee Duncan signed by the following; Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Anthony Sharpe Holliday.
8. **Certified** Certificate of Death for Estella D. Holliday
 - a. **This Vital Record is To Follow**
9. Probate Documents for the Estate of Estella Duncan Holliday as Fiduciary Number: Recorded on 10/14/2015 in Fairfax County, VA.
 - a. Anthony Sharpe Holliday is listed as Husband and Sole Heir at Law

10. Marriage Certificate between Estella D. Holliday and Anthony Sharpe Holliday
 - a. **This Vital Record is To Follow**
11. Probate Affidavit for the Estate of Estella D. Holliday
12. Certificate of Birth records for the following: Eva Duncan, Joseph Smithfield Duncan, Rosalyne Gail Duncan.
 - a. Joseph Lee Duncan is listed as Father
 - b. **Certificate of Birth for Michele Duncan To Follow**
 - c. **Certificate of Birth for Estella D. Holliday To Follow**
13. Marriage Certificate between Rosalyne Gail Duncan and Edward Ronald Givens
14. Affidavits signed by Eva C. Duncan, Michele Duncan, Rosalyne Duncan, Joseph S. Duncan and Anthony Sharpe Holliday declaring under penalty of perjury the following:
 - a. Identity
 - b. Name Variations
15. Assignment of Rights To Collect Excess Proceeds signed by Eva C. Duncan, Michele Duncan, Rosalyne Givens, Joseph S. Duncan, Anthony Sharpe Holliday
16. Claim form(s) signed by Global Discoveries
17. Photo ID for Assignor(s): Eva Cora. Duncan, Michele Marie Duncan, Rosalyne Gail Givens, Joseph Smithfield Duncan and Anthony Sharpe Holliday

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

- One warrant in the amount of \$36,242.83 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: 7018-0040-0000-8203-8492

AFFIDAVIT

I, Rosalyn D. Givens as heir to the Estate of Joseph L. Duncan, do hereby declare:

1. I am over the age of 18 and a resident of San Bernardino County. 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. Joseph L. Duncan is one and the same person who is listed on the Corporation Grant Deed as Document Number: 128712, Recorded in Riverside County on 10/02/1973.
3. Joseph L. Duncan is one and the same person as Joseph Lee Duncan and Joseph Duncan.
4. I, Rosalyn D. Givens am one and the same person as Rosalyn Givens and Rosalyn Gail Givens.
5. I, Rosalyn D. Givens am one and the same person who is listed as a Beneficiary on the Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph L. Duncan Filed on November 25, 2015 In the Superior Court of California, County of Los Angeles.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number(s) 323030016-8 & 323030014-6.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21 day of June 2019, in Ontario, California

x Rosalyn D. Givens
Rosalyn D. Givens as heir to the Estate of Joseph L. Duncan

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.

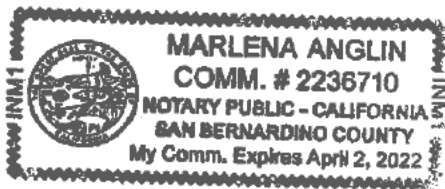
State of California
County of San Bernardino

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

21 day of June, 20 19, by
Date Month Year
Rosalyn Givens
Name of Signer

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

Signature Marlene [Signature]
Signature of Notary Public



(Place Notary Seal Above)

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 323030014-6 Tax Sale Number TC 212, Item 132 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 36,242.83+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Rosalynne D. Givens as heir to the Estate of Joseph L. Duncan
(Signature of Party of Interest/Assignor)

6-21-2019
(Date)

Tax ID/SS#

Rosalynne D. Givens as heir to the Estate of Joseph L. Duncan
(Name Printed)

1915 E. 5th Street
(Address)
ONTARIO, CA 91764
(City/State/Zip)
909 948-8845
(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 San Bernardino)

On June 21, 2019 before me, Martena Anglin, personally appeared
(Date) (here insert name and title of the officer)

Rosalynne Duncan Givens, 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.

Martena Anglin (seal)
Signature of Notary Public

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

Jed Byerly
(Signature of Assignee)

Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS#

Global Discoveries Ltd.
(Address)

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

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California)
County of Stanislaus)

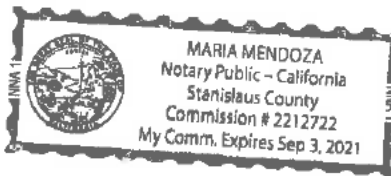
On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Maria Mendoza (seal)
Signature of Notary Public



ACKNOWLEDGMENT

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

State of California

County of San Bernardino

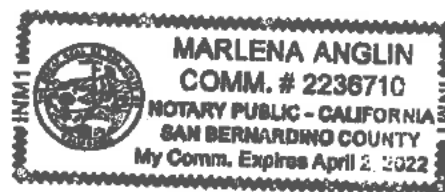
On June 21, 2019 before me, Marlena Anglin
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature Marlena Anglin (Seal)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030014-6
Tax Sale Number: TC 212
Item Number: 112
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$36,242.83+/- 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 26th day of June, 2019 at Modesto, California.

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

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

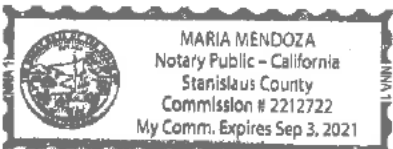
County of Stanislaus

On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared Jed Byerly (here insert name and title of the officer)

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

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

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



128712

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME MR. & MRS. JOSEPH L. DUNCAN
ADDRESS 1296 West 6th Street
Pomona, Calif. 91766
CITY & STATE

PAID
INC. TERRY TAYLOR
W. D. BALOGH
REC. CO. RECORDER

RECEIVED FOR RECORD

OCT 2 1973

AT 9:00 O'CLOCK A.M.

At request of
SECURITY TITLE INSURANCE CO.

Book 1973, Page 128712

Recorded in Office of Recorder
of Riverside County, California

W.H.O. Balogh Recorder

FEE \$ 3.00

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME SAME AS ABOVE
ADDRESS
CITY & STATE

Documentary transfer tax \$ 2.20
 Computed on full value of property conveyed, or
 Computed on full value less liens & encumbrances
Security Title Insurance Corporation
Signature of declarant or agent determining tax - firm name
 Unincorporated area City of

Corporation Grant Deed

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

RINCO CORPORATION
a corporation organized under the laws of the State of CALIFORNIA
hereby GRANTS to

JOSEPH L. DUNCAN and ELEANOR F. DUNCAN, husband and wife, as joint tenants

the following described real property in the
county of Riverside, State of California:

The West half of the North half of the South half of the West half
of the Southeast quarter in Section 28, Township 4 South, Range 4
West, San Bernardino Base and Meridian.

Date: July 17, 1973

RINCO CORPORATION

Robert F. Albrecht

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES
On 21 September

signed a Notary Public in and for said County and State, personally
appeared ROBERT H. ARCHER

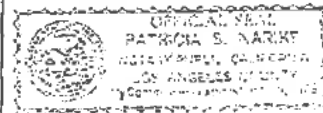
known to me to be the President, and
JOSEPH I. WESTRICK known to me to be

Secretary of the corporation that executed the
within instrument, known to me to be the persons who executed the
within instrument on behalf of the corporation therein named, and
acknowledged to me that said corporation executed the within
instrument pursuant to its bylaws or resolution of its board of
directors.

Patricia S. Narike
Signature of Notary

PATRICIA S. NARIKE
Name (Title or Position of Notary)

FOR NOTARY SEAL OR STAMP



Title Order No. Escrow No. Parcel #1 in 4-25-479

Page 1 of 4
Recorded in Official Records
County of Riverside
Larry H. Ward
Assessor, County Clerk & Recorder

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

JOSEPH L. DUNCAN
1896 W. 6TH STREET
POMONA, CALIFORNIA 91766

S										RFD	COPY
S	K	U	FASE	SIZE	DA	MISC	LONG	RFD	COPY	WM	
1			4						6		
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM	513	

APN: _____
TRA: _____

AFFIDAVIT - DEATH OF SPOUSE

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS.

C
513

JOSEPH L. DUNCAN, being first duly sworn, deposes and says:
That he/~~she~~ was validly married to ELEANOR F. DUNCAN immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property: SEE ATTACHED TWO PARCELS

That the affiant and the above-named decedent were married on OCTOBER 1, 1953 and affiant is the widow/widower of decedent; and

That ELEANOR F. DUNCAN died on JUNE 17, 2007 as evidenced by a certified copy of the Certificate of Death attached hereto and

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects and belongings, and is certain that either

- 1) no will was executed or otherwise declared by the decedents based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted, or
- 2) if a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of First American Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated _____
State of _____)
California)
County of _____)

"I CERTIFY UNDER PENALTY OF PERJURY THAT
THE FOREGOING IS TRUE AND CORRECT."
Joseph L. Duncan
September 10, 2007

SUBSCRIBED and sworn to (or affirmed) before me on this _____ day of _____, 20____

by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

Signature _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

3200719025254

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Fam)	
ELEANOR		MAE		DUNCAN	
4. DATE OF BIRTH mm/dd/yyyy 01/21/1929 5. AGE Yrs. 78					
6. SEX F					
7. DATE OF DEATH mm/dd/yyyy 06/17/2007 8. HOUR of Hour 2005					
9. MARITAL STATUS (at time of death) MARRIED					
10. SOCIAL SECURITY NUMBER					
11. EVER IN U.S. ARMED FORCES					
12. DECEASED'S RACE - Up to 3 record may be listed (see instructions on back)					
BLACK					
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED				14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.)	
TEACHER & COUNSELOR				EDUCATION	
15. YEARS IN OCCUPATION 35					
16. DECEDENT'S RESIDENCE (Street and number, or location)					
1296 W. 6TH STREET					
17. CITY		18. COUNTY/PROVINCE		19. STATE/PROVINCE COUNTRY	
POMONA		LOS ANGELES		CALIFORNIA	
20. INFORMANT'S NAME, RELATIONSHIP					
JOSEPH DUNCAN, HUSBAND					
21. INFORMANT'S HOME ADDRESS (Street and number, or rural route number, city or town, state and zip)					
1296 W. 6TH ST., POMONA, CA 91766					
22. NAME OF SURVIVED SPOUSE/FIRST		23. MIDDLE		24. LAST (Given Name)	
JOSEPH		-		DUNCAN	
25. NAME OF FATHER/MOTHER-FIRST		26. MIDDLE		27. LAST	
SOLOMON		-		FINLAYSON	
28. NAME OF MOTHER/FATHER-FIRST		29. MIDDLE		30. LAST (Given Name)	
EVA		MAE		McGULGAN	
31. BIRTH STATE BAHAMAS					
32. BIRTH DATE IOWA					
33. DEPOSITION DATE mm/dd/yyyy 06/22/2007					
34. PLACE OF FINAL DISPOSITION POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766					
35. TYPE OF DEPOSITION BU					
36. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL					
37. LICENSE NUMBER FD110					
38. SIGNATURE OF LOCAL REGISTRAR Jonathan E. Fielding no 02					
39. DATE mm/dd/yyyy 06/20/2007					
40. PLACE OF DEATH					
POMONA VALLEY HOSPITAL MEDICAL CENTER					
41. COUNTY		42. FACILITY ADDRESS OR LOCATION (Street and number, or location)		43. CITY	
LOS ANGELES		1798 N. GAREY AVENUE		POMONA	
44. CAUSE OF DEATH: Enter in plain English - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation unless showing the etiology. DO NOT abbreviate.					
45. REPORTED TO CORONER? YES [X] NO []					
46. MINS 2007-34318					
47. YRS YES [] NO [X]					
48. YRS YES [] NO [X]					
49. YRS YES [] NO [X]					
50. YRS YES [] NO [X]					
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN BY)					
GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY					
52. WAS OPERATOR EVER COMED FOR ANY CONDITION IN ITEM 45 OR 51? (If yes, list type of operation and date.)					
NO					
53. I CERTIFY TRUE TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE REPORTED FROM THE CHIEF OF STATE.					
54. SIGNATURE AND TITLE OF REGISTRAR					
55. LICENSE NUMBER 06/19/2007					
56. DATE mm/dd/yyyy 07/18/1995 05/04/2007					
57. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE HENRY WAYDEMAN, MD., 250 W. SAN JOSE, CLAREMONT, CA 91711					
58. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE REPORTED FROM THE CHIEF OF STATE.					
59. MANNER OF DEATH: Natural [] Accidental [] Homicide [] Suicide [] Pending Investigation [] Could not be determined []					
60. INJURED AT WORK? YES [] NO [X] LINK []					
61. INJURY DATE mm/dd/yyyy					
62. HOUR of Hour					
63. PLACE OF INJURY (e.g., home, administration site, unoccupied area, etc.)					
64. DESCRIBE HOW INJURY OCCURRED (e.g., when resulted in injury)					
65. LOCATION OF INJURY (Street and address, or location, state, city, and zip)					
66. SIGNATURE OF CORONER/DEPUTY CORONER					
67. DATE mm/dd/yyyy					
68. TYPE RANK, TITLE OF CORONER/DEPUTY CORONER					
69. STAR REGISTRAR A B C D E					
70. PAN AUTHZ					
71. CHIEF OF STATE					

2887-8573578
69/19/2667 88:889
2 of 4



HD0771840

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding no 016 JUN 21 2007
DATE ISSUED

Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Joseph Lee died on 01/04/2012, in the County of Los Angeles, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
OR
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

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

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

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$36,242.83 +/-, generated from Assessor's Parcel Number(s) 323030014-6, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

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

Eva C. Duncan, Michele Duncan, Rosalyne D. Givens, The Estate of Estella D. Holiday & Joseph Duncan

8. The undersigned

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

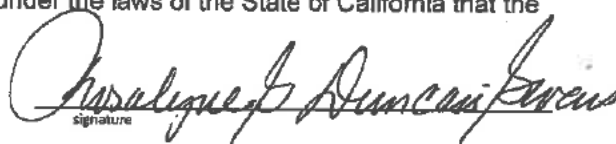
9. No other person has a superior right to the interest of the decedent in the described property.

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

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

6-21-2019
(DATE)

Rosalynne D. Givens, Heir
Printed Name


signature

(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 San Bernardino)

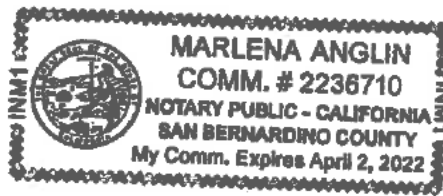
On June 21, 2019 before me, Marlena Anglin, personally appeared
(Date) (here insert name and title of the officer)

Rosalynne Duncan Giens, 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.

Marlena Anglin (seal)
Signature of Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052012001958

CERTIFICATE OF DEATH

3201219000314

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSEPH		3. LAST FIRM DUNCAN	
2. MIDDLE LEE		4. DATE OF BIRTH mm/dd/yyyy 01/24/1925	
5. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		6. AGE Yrs. 88	7. DATE OF DEATH mm/dd/yyyy 01/04/2012
10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at time of death) WIDOWED
13. EDUCATION - Highest Level Degree DOCTORATE		18. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) BLACK	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REALTOR		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1298 WEST 6TH STREET		26. YEARS IN COUNTY 85	
21. CITY POMONA		26. STATE/FOREIGN COUNTRY CALIFORNIA	
22. COUNTY/PARADISE LOS ANGELES		27. ZIP CODE 91766	
25. INFORMANT'S NAME, RELATIONSHIP JOSEPH S. DUNCAN, SON		28. INFORMANT'S MAILING ADDRESS (Street, apt. number, or rural route number, city or town, state and zip) 2012 19TH STREET, SANTA MONICA, CA 90404	
29. NAME OF SURVIVING SPOUSE (if any) - FIRST ROBERT		30. LAST BIRTH NAME DUNCAN	
31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE S.	
33. NAME OF MOTHER/PARENT - FIRST CORA		34. BIRTH STATE TX	
35. MIDDLE E.		37. LAST BIRTH NAME HUTCHINSON	
36. BIRTH STATE AR		38. BIRTH STATE AR	
39. DISPOSITION DATE mm/dd/yyyy 01/11/2012		40. PLACE OF FINAL DISPOSITION POMONA VALLEY MEMORIAL PARK 502 EAST FRANKLIN AVENUE, POMONA, CA 91766	
41. TYPE OF DISPOSITION(S) BU		42. LICENSE NUMBER 7668	
43. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		44. DATE mm/dd/yyyy 01/09/2012	
101. PLACE OF DEATH CLAREMONT CARE CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, location) 219 EAST FOOTHILL BLVD. POMONA	
107. CAUSE OF DEATH IMMEDIATE CAUSE: W END STAGE ALZHEIMER'S DEMENTIA		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST END STAGE CONGESTIVE HEART FAILURE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (E.g., END STAGE CONGESTIVE HEART FAILURE)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. SURGICAL OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE OF PHYSICIAN (Typed name and printed name) THET NAING OO M.D.		116. LICENSE NUMBER A71774	
117. DATE mm/dd/yyyy 01/02/2011		117. DATE mm/dd/yyyy 01/06/2012	
118.1. DATE, TIME AND PLACE OF DEATH (Street and number, location) 9961 SIERRA AVENUE, FONTANA, CA 92336		118.2. HOURS OF DEATH 01:04 PM	
118.3. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122. HOUR (24 Hour)	
125. LOCATION OF INJURY (Street and number, or location, and city and zip)		124. SIGNATURE OF CORONER / DEPUTY CORONER	
126. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



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

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

JUN 21 2019



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANGDE

ALERT: STAY UPDATED ON POST OFFICE CLOSURES AND SERVICE DISRUPTIONS DUE TO SEVERE WEATHER IN THE G...

USPS Tracking®

[FAQs >](#)

[Track Another Package +](#)

Tracking Number: 70180040000082038492

[Remove X](#)

Your item was picked up at a postal facility at 8:42 am on July 1, 2019 in RIVERSIDE, CA 92501.

Delivered

July 1, 2019 at 8:42 am
Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501

[Get Updates](#) 

Feedback

Text & Email Updates 

Tracking History 

July 1, 2019, 8:42 am
Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501
Your item was picked up at a postal facility at 8:42 am on July 1, 2019 in RIVERSIDE, CA 92501.

June 28, 2019, 9:44 am
Available for Pickup
RIVERSIDE, CA 92501

June 28, 2019, 8:52 am
Arrived at Unit
RIVERSIDE, CA 92501

June 27, 2019, 2:27 pm
Arrived at USPS Regional Facility
MORENO VALLEY CA DISTRIBUTION CENTER

June 27, 2019
In Transit to Next Facility

June 26, 2019, 10:19 pm

Arrived at USPS Regional Facility

SACRAMENTO CA DISTRIBUTION CENTER

Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030014-6
Last Assessee: DUNCAN JOSEPH L DUNCAN ELEANOR F
Sale Date: 4/26/2018
TC: TC 212
Item Number: 112
Deadline: 6/26/2019

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. Corporation Grant Deed granting interest to Joseph L. Duncan and Eleanor F. Duncan, husband and wife, as joint tenants as Document Number: 128712, Recorded on October 2, 1973 in Riverside County, CA.
3. **Certified** Affidavit – Death of Spouse as Document Number: 2007-0573578, Recorded on September 10, 2007 in Riverside County, CA.
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
 - b. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
5. Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph Lee Duncan as Case Number: BP147822, Filed on November 25, 2015 in Los Angeles County, CA.
 - a. Eva Duncan is listed as Administrator of the Estate of Joseph Duncan
 - b. The above referenced parcel is to be distributed among following Beneficiaries/Heirs: Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Estella D. Holliday.
6. Administrator/Personal Representative Consent Affidavit signed by Eva C. Duncan, Administrator.
7. Probate Affidavits for the Estate of Joseph Lee Duncan signed by the following; Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Anthony Sharpe Holliday.
8. **Certified** Certificate of Death for Estella D. Holliday
 - a. **This Vital Record is To Follow**
9. Probate Documents for the Estate of Estella Duncan Holliday as Fiduciary Number Recorded on 10/14/2015 in Fairfax County, VA.
 - a. Anthony Sharpe Holliday is listed as Husband and Sole Heir at Law

10. Marriage Certificate between Estella D. Holliday and Anthony Sharpe Holliday
 - a. **This Vital Record is To Follow**
11. Probate Affidavit for the Estate of Estella D. Holliday
12. Certificate of Birth records for the following: Eva Duncan, Joseph Smithfield Duncan, Rosalyne Gail Duncan.
 - a. Joseph Lee Duncan is listed as Father
 - b. **Certificate of Birth for Michele Duncan To Follow**
 - c. **Certificate of Birth for Estella D. Holliday To Follow**
13. Marriage Certificate between Rosalyne Gail Duncan and Edward Ronald Givens
14. Affidavits signed by Eva C. Duncan, Michele Duncan, Rosalyne Duncan, Joseph S. Duncan and Anthony Sharpe Holliday declaring under penalty of perjury the following:
 - a. Identity
 - b. Name Variations
15. Assignment of Rights To Collect Excess Proceeds signed by Eva C. Duncan, Michele Duncan, Rosalyne Givens, Joseph S. Duncan, Anthony Sharpe Holliday
16. Claim form(s) signed by Global Discoveries
17. Photo ID for Assignor(s): Eva Cora. Duncan, Michele Marie Duncan, Rosalyne Gail Givens, Joseph Smithfield Duncan and Anthony Sharpe Holliday

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

- One warrant in the amount of \$36,242.83 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: 7018-0040-0000-8203-8492

AFFIDAVIT

I, Joseph S. Duncan as heir to the Estate of Joseph L Duncan, do hereby declare:

1. I am over the age of 18 and a resident of Gardena, California. 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. Joseph L. Duncan is one and the same person who is listed on the Corporation Grant Deed as Document Number: 128712, Recorded in Riverside County on 10/02/1973.
3. Joseph L. Duncan is one and the same person as Joseph Lee Duncan and Joseph Duncan.
4. I Joseph S. Duncan am one and the same person as Joseph Smithfield Duncan and Joseph Duncan.
5. I, Joseph Duncan am one and the same person who is listed as a Beneficiary on the Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph L. Duncan Filed on November 25, 2015 In the Superior Court of California, County of Los Angeles.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number(s) 323030016-8 & 323030014-6.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 22 day of June, 2019, in Gardena, California

X [Signature]
Joseph S. Duncan as heir to the Estate of Joseph L Duncan

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.

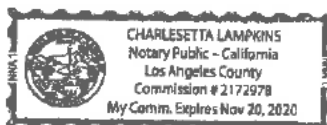
State of California

County of Los Angeles

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

22 day of June, 20 19, by
Date Month Year
Joseph S. Duncan
Name of Signer

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



Signature [Signature]
Signature of Notary Public

(Place Notary Seal Above)

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 323030014-6 Tax Sale Number TC 212, Item 112 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 36,242.83+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

(Signature of Party of Interest/Assignor)

(Date)

Joseph S. Duncan as heir to the Estate of Joseph L. Duncan
(Name Printed)

Tax ID/SS#

236 Ruby Court
(Address)

Gardena CA 90248
(City/State/Zip)

310 455 6831
(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 Los Angeles

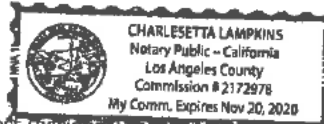
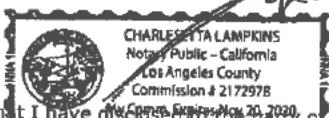
On June 22, 2019 before me, Charleetta Lampkins, Notary Public, personally appeared Joseph S. Duncan (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Charleetta Lampkins (seal)
Signature of Notary Public



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

Jed Byerly
(Signature of Assignee)

Jed Byerly, Managing Member
(Name Printed)

Tax ID/SS#

Global Discoveries Ltd.
(Address)

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

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

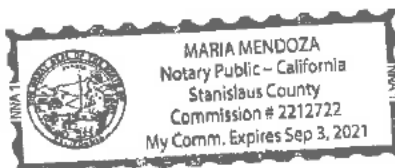
County of Stanislaus

On 6/26/19 before me, Maria Mendoza, Notary Public personally appeared Jed Byerly (here insert name and title of the officer)

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.

Maria Mendoza (seal)
Signature of Notary Public



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

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030014-6
Tax Sale Number: TC 212
Item Number: 112
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$36,242.83+/- 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 20th day of June, 2019 at Modesto, California.

By: Jed Byerly
Jed Byerly, Managing Member
Global Discoveries Ltd. Tax ID: [REDACTED]
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

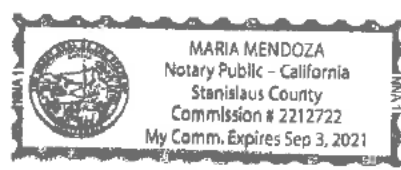
County of Stanislaus

On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.
Maria Mendoza (seal)
Signature of Notary Public



128712

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME MR. & MRS. JOSEPH L. DUNCAN
ADDRESS 1296 West 6th Street
CITY & STATE POMONA, Calif. 91766

RECEIVED FOR RECORD
OCT 2 1973
AT 9:00 O'CLOCK A.M.
AS REQUESTED BY
SECURITY TITLE INSURANCE CO.
Doc# 1973, Page 128712
Recorded in Official Records
of Riverside County, California
W.H. Doolittle Recorder
FEES \$3.00

MAIL TAX STATEMENTS TO

PLACE ABOVE THIS LINE FOR RECORDER'S USE

NAME SAME AS ABOVE
ADDRESS
CITY & STATE

Documentary transfer tax \$ 2.20
 Computed on full value of property conveyed, or
 Computed on full value less liens & encumbrances
Signature of declarant or agent determining tax - firm name
 Unincorporated area City of

Corporation Grant Deed

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

RINCO CORPORATION

a corporation organized under the laws of the State of CALIFORNIA
hereby GRANTS to

JOSEPH L. DUNCAN and ELEANOR F. DUNCAN, husband and wife, as joint tenants

the following described real property in the
County of Riverside, State of California:

The West half of the North half of the South half of the West half
of the Southeast quarter in Section 28, Township 4 South, Range 4
West, San Bernardino Base and Meridian.

Dated: July 17, 1973

RINCO CORPORATION

By: *Robert H. Archer*

Joseph I. Westrick

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES

On 21 September

appeared a Notary Public in and for said County and State personally
appointed ROBERT H. ARCHER

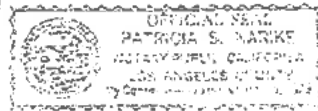
known to me to be the President, and
JOSEPH I. WESTRICK known to me to be

Secretary of the corporation that executed the
within instrument, known to me to be the persons who executed the
within instrument on behalf of the corporation therein named, and
acknowledged to me that such corporation executed the within
instrument pursuant to its bylaws or resolution of its board of
directors.

Patricia S. Narike
Signature of Notary

PATRICIA S. NARIKE
Name (Typed or Printed of Notary)

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Easement No. _____ Parcel #1 in 4-25-479

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

JOSEPH L. DUNCAN
1296 W. G STREET
POMONA, CALIFORNIA 91766

S										RFD	COPY
S	K	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY	UM	
1			4								
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM		
PUBLIC RECORD										513	

APN: _____

TRA: _____

AFFIDAVIT - DEATH OF SPOUSE

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS.

C
513

JOSEPH L. DUNCAN, being first duly sworn, deposes and says:
That he/she was validly married to ELEANOR F. DUNCAN immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property: SEE ATTACHED TWO PARCELS

That the affiant and the above-named decedent were married on OCTOBER 1, 1953 and affiant is the widow/widower of decedent; and

That ELEANOR F. DUNCAN died on JUNE 17, 2007 as evidenced by a certified copy of the Certificate of Death attached hereto and

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects and belongings, and is certain that either

- 1) no will was executed or otherwise declared by the decedents based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted; or
- 2) if a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of First American Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated _____
State of California)
County of _____)

"I CERTIFY UNDER PENALTY OF PERJURY THAT
THE FOREGOING IS TRUE AND CORRECT."
Joseph L. Duncan
September 10, 2007

SUBSCRIBED and sworn to (or affirmed) before me on this _____ day of _____, 20____.

by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

(SEAL)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

3200719025254

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ELEANOR		MAE		DUNCAN	
4. DATE OF BIRTH (month/day/year) 5. AGE Yrs. 6. SEX					
01/21/1929		78		F	
7. DATE OF DEATH (month/day/year) 8. HOUR 9. MIN. 10. SEC.					
06/17/2007		2005			
11. MARRIAGE STATUS (M, S, D, W, U) 12. MARRIAGE STATUS (M, S, D, W, U)					
MARRIED					
13. DECEDENT'S RACE - Up to 5 races may be listed (see instructions on back)					
BLACK					
14. OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
TEACHER & COUNSELOR					
15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food manufacturer, employment agency, etc.)					
EDUCATION					
16. YEARS IN OCCUPATION					
35					
17. DECEDENT'S RESIDENCE (Street and number, or location)					
1296 W. 6TH STREET					
18. CITY					
POMONA					
19. COUNTY/PROVINCE					
LOS ANGELES					
20. ZIP CODE					
91766					
21. YEARS IN COUNTY					
60					
22. STATE/PROVINCE COUNTRY					
CALIFORNIA					
23. INFORMANT'S NAME, RELATIONSHIP					
JOSEPH DUNCAN, HUSBAND					
24. INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and zip)					
1296 W. 6TH ST., POMONA, CA 91766					
25. NAME OF SURVIVING SPOUSE(S) - FIRST					
JOSEPH					
26. MIDDLE					
-					
27. LAST BIRTH NAME					
DUNCAN					
28. NAME OF FATHER (Parent) - FIRST					
SOLOMON					
29. MIDDLE					
-					
30. LAST					
FINLAYSON					
31. NAME OF MOTHER (Parent) - FIRST					
EVA					
32. MIDDLE					
MAE					
33. LAST BIRTH NAME					
MCGUIGAN					
34. BIRTH STATE					
IOWA					
35. BIRTH STATE					
IOWA					
36. DEPOSITION DATE (month/day/year)					
06/22/2007					
37. PLACE OF FINAL DISPOSITION					
POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766					
38. TYPE OF DISPOSITION					
BU					
39. NAME OF FUNERAL ESTABLISHMENT					
TODD MEMORIAL CHAPEL					
40. LICENSE NUMBER					
7668					
41. SIGNATURE OF LOCAL REGISTRAR					
<i>Jonathan E. Felday no 07</i>					
42. DATE (month/day/year)					
06/20/2007					
43. PLACE OF DEATH					
POMONA VALLEY HOSPITAL MEDICAL CENTER					
44. COUNTY					
LOS ANGELES					
45. FACILITY ADDRESS (Street and number, or location)					
1798 N. GAREY AVENUE					
46. CITY					
POMONA					
47. CAUSE OF DEATH					
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST					
SEPARATELY LIST (B) HYPERTENSION					
OTHER UNDERLYING CAUSES (C) HYPERLIPIDEMIA					
OTHER UNDERLYING CAUSES (D) CHRONIC KIDNEY DISEASE					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Omit ICD)					
GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY					
113. WAS OPERATIVE PERFORMED FOR ANY CONDITION IN ITEM 112 OR 111? (If yes, list type of operation and date.)					
NO					
114. ICD-10 CODE (ICD-10)					
I20					
115. SIGNATURE AND TITLE OF CERTIFIER					
<i>Henry Waxden MD</i>					
116. LICENSE NUMBER					
06/19/2007					
117. DATE (month/day/year)					
07/18/1995					
118. IDENTIFY FROM ANY OTHER DEATH OCCURRED AT THE HOME, NURSING HOME, OR PLACE OTHER THAN THE CAUSE OF DEATH					
119. PLACE OF BIRTH (e.g., home, apartment, etc., wooded area, etc.)					
120. DESCRIBE HOW BIRTH OCCURRED (Specify when assisted in birth)					
121. LOCATION OF BIRTH (Street and number, or location, and city, and state)					
122. SIGNATURE OF COOPERATOR / DEPUTY COOPERATOR					
123. DATE (month/day/year)					
124. TYPE NAME, TITLE OF COOPERATOR / DEPUTY COOPERATOR					
STATE REGISTRAR					

2007-0573578
09/19/2007 08:08:08
2 of 4



H00771840

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Felday no 016 JUN 21 2007
Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Joseph Lee died on 01/04/2012, in the County of Los Angeles, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
OR
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

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

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

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$36,242.83 +-, generated from Assessor's Parcel Number(s) 323030014-6, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

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

Eva C. Duncan, Michele Duncan, Rosalyne D. Givens, The Estate of Estella D. Holiday & Joseph Duncan

8. The undersigned
 The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

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

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

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

6/20/19
(DATE)

Joseph S.. Duncan, Heir
Printed Name


signature

(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 Los Angeles

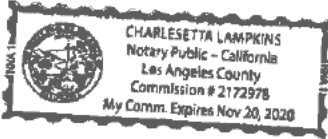
On June 22, 2019 before me, Charlesetta Lampkins, Notary Public, personally appeared
(Date) Joseph S. DUNCAN (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

[Signature] (seal)
Signature of Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052012001958

CERTIFICATE OF DEATH

3201219000314

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
JOSEPH		DUNCAN	
2. MIDDLE		3. DATE OF BIRTH	
LEE		01/24/1925	
4. AGE Yrs		5. SEX	
86		M	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH	
CALIFORNIA		01/04/2012	
8. SOCIAL SECURITY NUMBER		9. HOURS	
		1340	
10. EDUCATION - Highest Level (Degree)		11. EVER IN U.S. ARMED FORCES?	
DOCTORATE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (SNOP) (at time of death)		13. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
WIDOWED		BLACK	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food distribution, employment agency, etc.)	
REALTOR		REAL ESTATE	
16. DEPENDENT'S RESIDENCE (Street and number or location)		17. YEARS IN OCCUPATION	
1296 WEST 6TH STREET		20	
18. CITY		19. STATE/FOREIGN COUNTRY	
POMONA		CALIFORNIA	
20. COUNTY/PROVINCE		21. YEARS IN COUNTY	
LOS ANGELES		85	
22. ZIP CODE		23. DEPENDENT'S NAME, RELATIONSHIP	
91768		JOSEPH S. DUNCAN, SON	
24. NAME OF SURVIVING SPOUSE(S) - FIRST		25. DEPENDENT'S MAILING ADDRESS (Street and number, city or town, state and zip)	
ROBERT		2012 19TH STREET, SANTA MONICA, CA 90404	
26. MIDDLE		27. NAME OF SURVIVING SPOUSE(S) - LAST	
S.		CORA	
28. LAST BIRTH NAME		29. MIDDLE	
DUNCAN		E	
30. LAST BIRTH NAME		31. BIRTH STATE	
HUTCHINSON		TX	
32. BIRTH STATE		33. BIRTH STATE	
AR		AR	
34. DISPOSITION DATE		35. PLACE OF FINAL DISPOSITION	
01/11/2012		POMONA VALLEY MEMORIAL PARK 502 EAST FRANKLIN AVENUE, POMONA, CA 91768	
36. TYPE OF DISPOSITION		37. SIGNATURE OF BURIAL	
BU		[Signature]	
38. NAME OF FUNERAL ESTABLISHMENT		39. LICENSE NUMBER	
TODD MEMORIAL CHAPEL		7668	
40. LICENSE NUMBER		41. SIGNATURE OF LOCAL REGISTRAR	
FD110		[Signature]	
42. DATE		43. LICENSE NUMBER	
01/09/2012		7668	
44. PLACE OF DEATH		45. COUNTY	
CLAREMONT CARE CENTER		LOS ANGELES	
46. COUNTY ADDRESS OR LOCATION WHERE FOLDED (Street and number)		47. CAUSE OF DEATH	
219 EAST FOOTHILL BLVD		END STAGE ALZHEIMER DEMENTIA	
48. CAUSE OF DEATH		49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (List not included in the underlying cause of death)	
END STAGE ALZHEIMER DEMENTIA		END STAGE CONGESTIVE HEART FAILURE	
50. IMMEDIATE CAUSE (Final disease or condition resulting in death)		51. OPERATIONS PERFORMED FOR ANY CONDITION IN ITEM 49 OR 50	
END STAGE ALZHEIMER DEMENTIA		NO	
52. MANNER OF DEATH		53. TYPE OF DEATH	
Natural		Natural	
54. PLACE OF DEATH		55. TYPE OF DEATH	
Home		Natural	
56. SIGNATURE OF CORONER/DEPUTY CORONER		57. DATE	
[Signature]		01/03/2012	
58. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
[Name]		THET NAING OO M.D. 9961 SIERRA AVENUE, FONTANA, CA 92335	
60. MANNER OF DEATH		61. TYPE OF DEATH	
Natural		Natural	
62. PLACE OF DEATH		63. TYPE OF DEATH	
Home		Natural	
64. SIGNATURE OF CORONER/DEPUTY CORONER		65. DATE	
[Signature]		01/03/2012	
66. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		67. TYPE OF DEATH	
[Name]		Natural	

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



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

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

JUN 21 2019



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG02

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June 28, 2019, 9:44 am
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RIVERSIDE, CA 92501

June 28, 2019, 8:52 am
Arrived at Unit
RIVERSIDE, CA 92501

June 27, 2019, 2:27 pm
Arrived at USPS Regional Facility
MORENO VALLEY CA DISTRIBUTION CENTER

June 27, 2019
In Transit to Next Facility

June 26, 2019, 10:19 pm

Arrived at USPS Regional Facility

SACRAMENTO CA DISTRIBUTION CENTER

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CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030014-6
Last Assessee: DUNCAN JOSEPH L DUNCAN ELEANOR F
Sale Date: 4/26/2018
TC: TC 212
Item Number: 112
Deadline: 6/26/2019

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. Corporation Grant Deed granting interest to Joseph L. Duncan and Eleanor F. Duncan, husband and wife, as joint tenants as Document Number: 128712, Recorded on October 2, 1973 in Riverside County, CA.
3. **Certified** Affidavit – Death of Spouse as Document Number: 2007-0573578, Recorded on September 10, 2007 in Riverside County, CA.
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
 - b. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. The **1296 W 6TH ST POMONA CA 91766** address listed as usual residence is one and the same address that Riverside County recognizes as the tax mailing address.
5. Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph Lee Duncan as Case Number: BP147822, Filed on November 25, 2015 in Los Angeles County, CA.
 - a. Eva Duncan is listed as Administrator of the Estate of Joseph Duncan
 - b. The above referenced parcel is to be distributed among following Beneficiaries/Heirs: Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Estella D. Holliday.
6. Administrator/Personal Representative Consent Affidavit signed by Eva C. Duncan, Administrator.
7. Probate Affidavits for the Estate of Joseph Lee Duncan signed by the following; Eva Duncan, Michele Duncan, Joseph S. Duncan, Rosalyne D. Givens and Anthony Sharpe Holliday.
8. **Certified** Certificate of Death for Estella D. Holliday
 - a. **This Vital Record is To Follow**
9. Probate Documents for the Estate of Estella Duncan Holliday as Fiduciary Number:
Recorded on 10/14/2015 in Fairfax County, VA.
 - a. Anthony Sharpe Holliday is listed as Husband and Sole Heir at Law

10. Marriage Certificate between Estella D. Holliday and Anthony Sharpe Holliday
 - a. **This Vital Record is To Follow**
11. Probate Affidavit for the Estate of Estella D. Holliday
12. Certificate of Birth records for the following: Eva Duncan, Joseph Smithfield Duncan, Rosalyne Gail Duncan.
 - a. Joseph Lee Duncan is listed as Father
 - b. **Certificate of Birth for Michele Duncan To Follow**
 - c. **Certificate of Birth for Estella D. Holliday To Follow**
13. Marriage Certificate between Rosalyne Gail Duncan and Edward Ronald Givens
14. Affidavits signed by Eva C. Duncan, Michele Duncan, Rosalyne Duncan, Joseph S. Duncan and Anthony Sharpe Holliday declaring under penalty of perjury the following:
 - a. Identity
 - b. Name Variations
15. Assignment of Rights To Collect Excess Proceeds signed by Eva C. Duncan, Michele Duncan, Rosalyne Givens, Joseph S. Duncan, Anthony Sharpe Holliday
16. Claim form(s) signed by Global Discoveries
17. Photo ID for Assignor(s): Eva Cora. Duncan, Michele Marie Duncan, Rosalyne Gail Givens, Joseph Smithfield Duncan and Anthony Sharpe Holliday

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

- One warrant in the amount of \$36,242.83 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: 7018-0040-0000-8203-8492

AFFIDAVIT

I, Anthony Sharpe Holliday as heir to the Estate of Estella D. Holliday who was heir to the Estate of Joseph L. Duncan, do hereby declare:

1. I am over the age of 18 and a resident of Centreville, VA. 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. Joseph L. Duncan is one and the same person who is listed on the Corporation Grant Deed as Document Number: 128712, Recorded in Riverside County on 10/02/1973.
3. Joseph L. Duncan is one and the same person as Joseph Lee Duncan and Joseph Duncan.
4. Estella D. Holliday is one and the same person who is listed as Estella D. Holiday as a Beneficiary on the Order Approving First and Final Account, Report of Activities; And for Approval of Compensation and Final Distribution for the Estate of Joseph L. Duncan Filed on November 25, 2015 In the Superior Court of California, County of Los Angeles.
5. Estella D. Holliday is one and the same person as Estella Duncan Holliday, Estella Eleanor Duncan, Estella Duncan, Estella Eleanor Duncan Holliday and Estella Holliday.
6. I, Anthony Sharpe Holliday am one and the same person who is named as the Sole Heir and Spouse for the Estate of Estella Eleanor Duncan Holliday as Fiduciary Number: _____ filed in Circuit Court of Fairfax County, Virginia on 10/14/2015.
7. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number(s) 323030016-8 & 323030014-6.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 25 day of June 2019, in Centreville Virginia.

x _____
Anthony Sharpe Holliday as heir to the Estate of Estella D. Holliday who was heir to the Estate of Joseph L. Duncan

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 Virginia
County of Fairfax

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

25th day of June, 2019, by
Date Month Year
Anthony Sharpe Holliday
Name of Signer

Chrystobel P. Sawhney
Notary Public
Commonwealth of Virginia
329912
My Commission Expires: **Aug. 31, 2023**

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

Signature Chrystobel P. Sawhney
Signature of Notary Public

(Place Notary Seal Above)

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 323030014-6 Tax Sale Number TC 212, Item 112 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 36,242.83+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE 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.

[Signature]
(Signature of Party of Interest/Assignor) (Date)
Tax ID/SS# _____

Anthony Sharpe Holliday as heir to the Estate of Estella D. Holliday who was heir to the Estate of Joseph L. Duncan
(Name Printed)
5559 Sequoia Farms Drive
(Address)
Centreville, VA 20120
(City/State/Zip)
703-830-9252
(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 Virginia
County of Fairfax

On 6/25/2019 before me, Christobel P. Sawhney **Notary Public**, personally appeared Anthony Sharpe Holliday (here insert name and title of the officer)

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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.
Christobel P. Sawhney (seal)
Signature of Notary Public
Christobel P. Sawhney
Notary Public
Commonwealth of Virginia
329912
My Commission Expires: Aug. 31, 2023

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]
(Signature of Assignee)
Tax ID/SS# _____

Jed Byerly, Managing Member
(Name Printed)
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

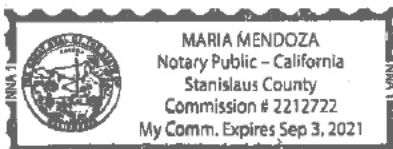
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus

On 6/26/19 before me, Maria Mendoza **Notary Public**, personally appeared Jed Byerly (here insert name and title of the officer)

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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.
Maria Mendoza (seal)
Signature of Notary Public



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030014-6
Tax Sale Number: TC 212
Item Number: 112
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$36,242.83+/- 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 26th day of June, 2019 at Modesto, California.

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

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

County of Stanislaus

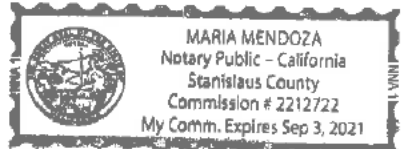
On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared Jed Byerly (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

[Signature] (seal)
Signature of Notary Public



128712

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME: MR. & MRS. JOSEPH L. DUNCAN
ADDRESSEE: 1296 West 6th Street
CITY & STATE: Pomona, Calif. 91766

RECEIVED FOR RECORD
OCT 2 1973
AT 9:00 O'CLOCK A.M.
At Request of
SECURITY TITLE INSURANCE CO.
Book 1973, Page 128712
Filed in Official Records
of Riverside County, California
W.H. Doherty Recorder
FEE \$ 3.00

MAIL TAX STATE-DATE TO SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME: SAME AS ABOVE
ADDRESS:
CITY & STATE:

Documentary transfer tax \$ 2.20
 Computed on full value of property conveyed, or
 Computed on full value less liens & encumbrances
remaining thereon at time of sale
SECURITY TITLE INSURANCE CORPORATION
Signature of Secretary or agent determining tax - firm name
 Unincorporated area City of

Corporation Grant Need

THIS FORM FURNISHED BY SECURITY TITLE INSURANCE COMPANY

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged.

RINCO CORPORATION
a corporation organized under the laws of the State of **CALIFORNIA**
hereby GRANTS to

JOSEPH L. DUNCAN and ELEANOR F. DUNCAN, husband and wife, as joint tenants

the following described real property in the
county of **riverside** State of California:

The West half of the North half of the South half of the West half
of the Southeast quarter in Section 28, Township 4 South, Range 4
West, San Bernardino Base and Meridian.

Dated: July 17, 1973

RINCO CORPORATION
Robert H. Archer
Joseph I. Westrick

STATE OF CALIFORNIA,
COUNTY OF **LOS ANGELES**
On 21 September before me the undersigned
Notary Public in and for said County and State, personally
appeared **ROBERT H. ARCHER**

known to me to be the President, and
JOSEPH I. WESTRICK known to me to be

Secretary of the corporation that executed the
within instrument, known to me to be the persons who executed the
within instrument on behalf of the corporation therein named, and
acknowledged to me that such corporation executed the within
instrument pursuant to its by laws or resolution of its board of
directors.

Patricia S. Narke
Signature of Notary

PATRICIA S. NARKE
Name (Typed or Printed) of Notary

FOR NOTARY SEAL OR STAMP
OFFICIAL SEAL
PATRICIA S. NARKE
NOTARY PUBLIC, CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires 12/31/74

Title (Order No. _____) Parcel No. _____ Parcel #1 in 4-25-479

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

JOSEPH L. DUNCAN
1296 W. 6TH STREET
POMONA, CALIFORNIA 91766

S										RFD	COPY
S	R	U	PAUSE	SIZE	DA	MISC	LONG	RFD	COPY	WM	
1			4						6		
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM	513	

APN: _____

TRA: _____

PUBLIC RECORD
AFFIDAVIT - DEATH OF SPOUSE

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

} SS.

C
513

JOSEPH L. DUNCAN, being first duly sworn, deposes and says:
That he ~~was~~ was validly married to ELEANOR F. DUNCAN immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property: SEE ATTACHED TWO PARCELS

That the affiant and the above-named decedent were married on OCTOBER 1, 1953 and affiant is the widow/widower of decedent; and

That ELEANOR F. DUNCAN died on JUNE 17, 2007 as evidenced by a certified copy of the Certificate of Death attached hereto and

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects and belongings, and is certain that either

- 1) no will was executed or otherwise declared by the decedent based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted, or
- 2) if a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code Sections 13502 or 13503 in any probate proceedings in any court of competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of First American Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated _____
State of _____)
California _____)
County of _____)

"I CERTIFY UNDER PENALTY OF PERJURY THAT
THE FOREGOING IS TRUE AND CORRECT."
Joseph L. Duncan
September 10, 2007

SUBSCRIBED and sworn to (or affirmed) before me on this _____ day of _____, 20____

by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

(SEAL)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

3200719025254
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ELEANOR		MAE		DUNCAN	
4. DATE OF BIRTH month/day/year					
01/21/1929 78					
5. SEX					
F					
6. STATE OR FOREIGN COUNTRY		7. SOCIAL SECURITY NUMBER		8. MARRIAGE STATUS (If this is death)	
IOWA				MARRIED	
9. COUSADEN - Highest Level Degree		10. U.S. BIRTH		11. DATE OF DEATH month/day/year	
MASTER'S		YES		06/17/2007	
12. U.S. BIRTH		13. DECEASED'S RACE - Up to 8 names may be listed (see instructions on back)		14. YEAR IN OCCUPATION	
YES		BLACK		35	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		17. YEARS IN OCCUPATION	
TEACHER & COUNSELOR		EDUCATION			
18. DECEDENT'S RESIDENCE (Street and number, or location)					
1296 W. 6TH STREET					
19. CITY		20. COUNTY/PROVINCE		21. STATE/FOREIGN COUNTRY	
POMONA		LOS ANGELES		CALIFORNIA	
22. INFORMANT'S NAME, RELATIONSHIP					
JOSEPH DUNCAN, HUSBAND					
23. INFORMANT'S MAILING ADDRESS (Street and number, or field route number, city or town, state and zip)					
1296 W. 6TH ST., POMONA, CA 91766					
24. NAME OF SURVIVING SPOUSE/SP - FIRST		25. MIDDLE		26. LAST (BIRTH NAME)	
JOSEPH				DUNCAN	
27. NAME OF SURVIVING SPOUSE/SP - MIDDLE		28. MIDDLE		29. LAST (BIRTH NAME)	
SOLOMON				FINLAYSON	
30. NAME OF MOTHER/FATHER - FIRST		31. MIDDLE		32. LAST (BIRTH NAME)	
EVA		MAE		McGUIOAN	
33. STATE		34. BIRTH STATE		35. BIRTH STATE	
IOWA		BAHAMAS		IOWA	
36. DEPOSITED DATE month/day/year		37. PLACE OF FINAL DISPOSITION			
06/22/2007		POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766			
38. TYPE OF BURIAL		39. SIGNATURE OF BURIAL		40. LICENSE NUMBER	
BU		<i>Eleanor M. Richardson</i>		7668	
41. NAME OF FUNERAL HOME/USUARY		42. SIGNATURE OF LOCAL REGISTRAR		43. DATE month/day/year	
TODD MEMORIAL CHAPEL		<i>Jonathan E. Felduy no 03</i>		06/20/2007	
44. NAME OF PLACE OF DEATH		45. TYPE OF HOSPITAL, SPECIFY ONE		46. IF OTHER THAN HOSPITAL, SPECIFY ONE	
POMONA VALLEY HOSPITAL MEDICAL CENTER		P		Hospital	
47. COUNTY		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		49. CITY	
LOS ANGELES		1798 N. GAREY AVENUE		POMONA	
50. CAUSE OF DEATH					
State of death of cause - diseases, injuries, or complications -- that directly caused death. DO NOT use related events such as cardiac arrest, respiratory arrest, or vascular rupture unless they are the etiology. DO NOT abbreviate.					
51. IMMEDIATE CAUSE (Final disease or condition resulting in death)		52. DEATH REPORTED TO CORONER (Check one)		53. DEATH REPORTED TO CORONER (Check one)	
CARDIOPULMONARY ARREST		YES		YES	
54. HYPERTENSION		55. MINS		56. CORONER PERFORMED?	
YES		2007-54318		YES	
57. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		58. AUTOPSY PERFORMED?		59. YES	
CHRONIC KIDNEY DISEASE		YES		YES	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50					
GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY					
61. WAS OPERATION PERFORMED FOR ANY CONDITION WITHIN 107 OR 108? If yes, list type of operation and date.					
NO					
62. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN FROM THE CAUSE STATED		63. SIGNATURE AND TITLE OF CORONER		64. LICENSE NUMBER	
07/18/1995 05/04/2007		<i>Jonathan E. Felduy MD</i>		06/19/2007	
65. I CERTIFY THAT IN ANY OTHER DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN FROM THE CAUSE STATED					
66. TYPE OF DEATH (Check one)					
Natural					
67. PLACE OF BIRTH (e.g., home, institution, etc., wooded area, etc.)					
68. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
69. LOCATION OF INJURY (Street and number, or location, city, and state)					
70. SIGNATURE OF CORONER/DEPUTY CORONER					
<i>Jonathan E. Felduy</i>					
71. DATE month/day/year		72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		73. STATE REGISTERAR	
06/19/2007		Jonathan E. Felduy MD		A	

2007-0573578
06/19/2007 06:09
2 of 4



H00771840



This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Felduy 016
JUN 21 2007
DATE ISSUED

Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Joseph Lee died on 01/04/2012, in the County of Los Angeles, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
OR
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

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

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

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$36,242.83 +/-, generated from Assessor's Parcel Number(s) 323030014-6, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

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

Eva C. Duncan, Michele Duncan, Rosalynne D. Givens, The Estate of Estella D. Holliday & Joseph Duncan

8. The undersigned

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

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

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

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

06-25-2019
(DATE) Anthony Sharpe Holliday as Heir to the Estate of Estella D. Holliday
Printed Name

signature



(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 Virginia)

County of Fairfax)

On 6/25/2019 before me, Chrystobel P. Sawhney Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Anthony Sharpe Holliday, 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~~ Virginia that the foregoing paragraph is true and correct. CP

WITNESS my hand and official seal.

Chrystobel P. Sawhney (seal)
Signature of Notary Public

Chrystobel P. Sawhney
Notary Public
Commonwealth of Virginia
329912
My Commission Expires: Aug. 31, 2023

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052012001958

CERTIFICATE OF DEATH

3201219000314

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

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

Signature of Dean C. Logan, Registrar-Recorder/County Clerk.

JUN 21 2019



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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Estella D. Holliday died on 07/10/2015, in the County of Fairfax, State of Virginia.
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
OR
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
5. An inventory and appraisal of the real property included in the decedent's estate is attached.
 There is no real property in the estate.

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

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$7,248.57 +/-, generated from Assessor's Parcel Number(s) 323030014-6, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

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

Anthony Sharpe Holliday

8. The undersigned

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

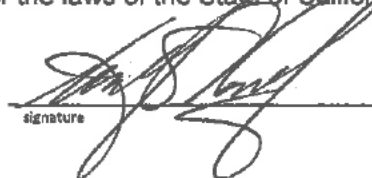
9. No other person has a superior right to the interest of the decedent in the described property.

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

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

06-25-2019
(DATE)

Anthony Sharpe Holliday, Heir
Printed Name


signature

(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 Virginia

County of Fairfax

On 6/25/2019 before me, Chrystobel P. Sawhney ^{Notary Public}, personally appeared
(Date) (here insert name and title of the officer)

Anthony Sharp Holliday, 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~~ ^{Virginia} that the foregoing paragraph is true and correct. CB

WITNESS my hand and official seal.

Chrystobel P. Sawhney (seal)
Signature of Notary Public

Chrystobel P. Sawhney
Notary Public
Commonwealth of Virginia
329912
My Commission Expires: Aug. 31, 2023

cc
n/a

Fiduciary Number: FI-__

AFFIDAVIT OF NOTICE REGARDING ESTATE OF Estella Eleanor Duncanson Holliday
(who died on July 10 2015)

I, the undersigned, state under oath/affirm the following:

(Check the applicable block)

- 1. I am a personal representative of the estate of the deceased person named above.
- I am a proponent of the will of the deceased person named above.
- I am a person with an interest in the estate of the deceased person named above.
- 2. No notice was required to be given to any person pursuant to Va. Code §64.2-508.
- OR I mailed or delivered within 30 days of qualification (or probate) a copy of the notice required by Va. Code §64.2-508 to the following persons shown below:

NAME	ADDRESS WHERE MAILED OR DELIVERED	DATE MAILED/ DELIVERED
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

(Check if applicable) (Continue on other side if more space is needed)

3. After exercising reasonable diligence, I have been unable to determine the address of the following persons to whom such notice is required:

(Check if applicable)

4. After exercising reasonable diligence, I have been unable to identify the names and address of the persons described below (such as a child of the deceased person) who may be an heir or beneficiary:

10-14-2015
DATE

[Signature]
SIGNATURE

Commonwealth/State of VA
 City County of Fairfax
 Subscribed and sworn to/affirmed before me on this date by Anthony S Holliday
 PRINT NAME OF SIGNATORY
10/14/2015
 DATE Archana S. Kowarhoo
 CLERK DEPUTY CLERK NOTARY PUBLIC
 My commission expires: n/a Registration No. (VA Notaries only): n/a

NOTICE: This affidavit must be recorded in the Clerk's office where the personal representative qualified or the will was probated. Virginia. In the Clerk's Office of the Fairfax County Circuit Court the 14th day of October, 2015. The foregoing Affidavit of Notice was this day admitted to record.

Teste: John T. Frey, Clerk
By: Archana S. Kowarhoo, Deputy Clerk



MEMORANDUM OF FACTS – PROBATE

Circuit Court of Fairfax County, Virginia

Fiduciary Number

Estate of: Estella Eleanor Duncan Holliday, deceased.

Residence address: 5559 Sequoia Farms Drive, Centreville, VA 20120

Decedent's date and place of death: 07/10/2015 – Aldie, VA

Decedent's marital status: Married Date of Birth: 03/12/1957

Decedent died: Intestate

Type of Fiduciary: Administrator

Basis of Appointment: Sole Heir At Law

Fiduciary Name: Anthony Sharpe Holliday

Home Address: 5559 Sequoia Farms Drive, Centreville, VA 20120

Home Telephone Number: 703-830-9252

Work Address: 2941 Fairview Park Drive, Falls Church, VA 22042

Work Telephone Number: 703-876-3268

Estate Value:

Personal Assets: \$1,573.00 VA Real Estate: \$0.00 Total: \$1,573.00

Power of sale over realty: n/a

Bond Amount: \$5,000.00 Without Surety

Surety Waived By: §64.2-505

Inventory and accountings waived: Yes §64.2-1302

Remarks:

Date: 10/14/2015

Archana S. Kowalik, Deputy Clerk

OATH OF FIDUCIARY**Fiduciary Number****Estate of Estella Eleanor Duncan Holliday, deceased.**

COMMONWEALTH OF VIRGINIA, COUNTY OF FAIRFAX, to-wit:

I, Anthony Sharpe Holliday, do solemnly swear or affirm that I will faithfully and impartially discharge all the duties incumbent upon me as Administrator according to the best of my ability and judgment and pursuant to the laws of the Commonwealth of Virginia.

I further swear or affirm that the deceased left no will, so far as I know. I further swear or affirm that I am not a person(s) under a disability as defined in §8.01-2 of the 1950 Code of Virginia, as amended, and I have never been convicted of the following felony offenses: fraud, misrepresentation, robbery, extortion, burglary, larceny, embezzlement, fraudulent conversion, perjury, bribery, treason or racketeering.



Administrator

Subscribed and sworn to before me this 14th day of October, 2015.

Anchana S. Kowzaker, Deputy Clerk

LIST OF HEIRS

Circuit Court of Fairfax County, Virginia

Fiduciary Number:**Estella Eleanor Duncan Holliday, deceased**

Date of Death: 07/10/2015

I/We, the undersigned, hereby state under oath that the following are all of the heirs of the Decedent:

Heir Name: Anthony Sharpe Holliday
Address: 5559 Sequoia Farms Drive, Centreville, VA 20120
Relationship: Spouse
Age: ADULT

Given under my/our hand this 14th day of October, 2015.



Anthony Sharpe Holliday, Administrator

State of Virginia
County of Fairfax, to-wit:

Subscribed and sworn to before me by Anthony Sharpe Holliday, this 14th day of October, 2015.

Archana S. Kowalikar, Deputy Clerk

VIRGINIA: In the Clerk's Office of the Circuit Court of Fairfax County, this 14th day of October, 2015, the foregoing List of Heirs was filed and admitted to record.

Teste: John T. Frey, Clerk

By:

Archana S. Kowalikar, Deputy Clerk

VIRGINIA: IN THE CIRCUIT COURT OF FAIRFAX COUNTY**Fiduciary Number 1****Estate of Estella Eleanor Duncan Holliday, deceased****ORDER APPOINTING AN ADMINISTRATOR**

It appearing that Estella Eleanor Duncan Holliday, was a Fairfax County resident and died intestate on 07/10/2015, and on the motion of the Sole Heir At Law, it is ORDERED that Anthony Sharpe Holliday is hereby appointed administrator of the estate of Estella Eleanor Duncan Holliday, deceased.

Anthony Sharpe Holliday then appeared, made oath as the law directs, and acknowledged a bond as administrator in the penalty of FIVE THOUSAND dollars, without surety, waived pursuant to §64.2-505 of the 1950 Code of Virginia, as amended. This bond, being payable and conditioned according to law, and is ORDERED to be recorded.

Whereupon a list of the heirs at law of the decedent is submitted and having been sworn to, is admitted to record.

Entered this 14th day of October, 2015.

TESTE: JOHN T. FREY, CLERK

By: Anchana S. Kowalik, Deputy Clerk

FIDUCIARY'S BOND

Fiduciary Number

KNOW ALL MEN BY THESE PRESENTS, THAT

Anthony Sharpe Holliday

The "OBLIGOR(S)", is(are) held firmly bound to the **COMMONWEALTH OF VIRGINIA**, in the sum of FIVE THOUSAND dollars, to the payment whereof I(we) bind myself(ourselves), our heirs, personal representatives, successors and assign, jointly and severally, by these presents, hereby waiving the benefit of any homestead exemptions as to this obligation.

This debt is without surety
Type of Surety: none

The Conditions of this BOND are:

Anthony Sharpe Holliday, the Obligor(s) was this day qualified as Administrator of the estate of Estella Eleanor Duncan Holliday, deceased.

The Obligor(s) shall faithfully perform all duties required by law of said fiduciary office. If these conditions are faithfully fulfilled, this obligation shall be void; otherwise it shall remain in full force and effect.

In witness whereof, the Undersigned have hereunto set their hands and seals, this 14th day of October, 2015.



Anthony Sharpe Holliday

Before the Clerk of the Fairfax County Circuit Court on this 14th day of October, 2015.

The foregoing BOND was subscribed, sworn to and acknowledged by:
Anthony Sharpe Holliday
the obligor(s) therein, and ordered to be recorded as provided by law.

Teste: John T. Frey, Clerk

By: Anchana S. Kowarkeas
Deputy Clerk

PROBATE INFORMATION FORM

Circuit Court of Fairfax County, Virginia

Fiduciary Number

- 1. Decedent's full name as it appears in the will and on the death certificate:
Estella Eleanor Duncan Holliday
- 2. Marital status: Married
- 3. Decedent's residence address at death (street, city, state):
5559 Sequoia Farms Drive, Centreville, VA 20120
- 4. Was the decedent in a nursing home at the time of death? No
- 5. Was the decedent a Fairfax County or Fairfax City Resident: Yes
- 6. Date of death: 07/10/2015 Place of death: Aldie, VA Date of Birth: 03/12/1957
- 7. Proof of death: Death Certificate
- 8. Decedent died intestate.
- 9. Requested action: Qualification
- 10. Basis for request: Sole Heir At Law
- 11. Name, address & telephone numbers of ALL persons probating will and/or seeking appointment.
Name: Anthony Sharpe Holliday
Home address: 5559 Sequoia Farms Drive, Centreville, VA 20120 Phone #: 703-830-9252
Employer: Guardsmart
Work address: 2941 Fairview Park Drive, Falls Church, VA 22042 Phone #: 703-876-3268
- 12. Name of attorney representing the fiduciary/estate: n/a
- 13. The approximate value of assets held in the decedent's name only:
Personal assets: \$1,573.00 Virginia Real Estate: \$0.00

Location of Virginia real estate: n/a
 Location of real estate outside of Virginia: n/a

INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING APPOINTMENT

- 14. Are you a person under a disability as defined in §8.01-2(6)? No
- 15. Have you ever been convicted of a felony? No
- 16. Have you ever filed for bankruptcy? No
- 17. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? No

I hereby certify that to the best of my knowledge and belief that this is an accurate statement of facts and I acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

10/14/2015



Anthony Sharpe Holliday

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

2264899 COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DATE RECORD FILED: JULY 16, 2015; STATE FILE NUMBER: 15-034942

1. FULL NAME OF DECEDENT (first, middle, last, suffix): ESTELLA ELEANOR DUNCAN HOLLIDAY

2. SEX: MALE; 3. DATE OF DEATH: JULY 10, 2015; 4. DATE OF BIRTH: MARCH 12, 1947; 5. AGE: 58

6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES; 7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY): CALIFORNIA; 8. SOCIAL SECURITY NUMBER

9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR R/TITLE NO.): 5559 SEQUOIA FARMS DR; 10. CITY OR TOWN OF RESIDENCE: CENTREVILLE

11. COUNTY OF DECEDENT'S RESIDENCE: FAIRFAX COUNTY; 12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: VIRGINIA; 13. ZIP CODE: 20120

14. RACE OF DECEDENT (CHECK ONE OR MORE): AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY); OTHER PACIFIC ISLANDER (SPECIFY); OTHER ASIAN (SPECIFY); OTHER (SPECIFY)

15. EDUCATION (CHECK ALL THAT APPLY): ELEMENTARY/SECONDARY (0-12); HIGH SCHOOL DIPLOMA; GRAD; YEARS OF COLLEGE

16. CITIZEN OR NATIVE COUNTRY: UNITED STATES OF AMERICA; 17. USUAL OCCUPATION: VICE PRESIDENT OF HUMAN RESOURCES; 18. KIND OF BUSINESS OR INDUSTRY: IT DEFENSE

19. MARRITAL STATUS: MARRIED; 20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (IF DECEASED, LEAVE BLANK): ANTHONY S. HOLLIDAY

21. FULL NAME OF DECEDENT'S FATHER OR PARENT I (first, middle, last, suffix) (resident name, if any): JOSEPH L. DUNCAN; 21a. GENDER; 22. FULL NAME OF DECEDENT'S MOTHER OR PARENT II (first, middle, last, suffix) (resident name, if any): ELEANOR E. FINLAYSON; 22a. GENDER

23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION: SPOUSE; 24. FULL NAME OF INFORMANT OR NAME OF SOURCE: ANTHONY S. HOLLIDAY

25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if applicable): ADLER CENTER FOR CARING; 25a. SELECT TYPE OF DEATH OCCURRED IN HOSPITAL: INPATIENT

26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: HOSPITAL FACILITY; 27. CITY OR TOWN OF DEATH: ALDIE; 28. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 24419 MILLSTREAM DR; 29. ZIP CODE: 20105; 30. COUNTY OF DEATH (if independent city, leave blank): LOUDOUN COUNTY

29. METHOD OF DISPOSITION: BURIAL; 30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY: FAIRFAX MEMORIAL PARK

31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY: 9900 BRADDOCK ROAD; 31a. CITY/COUNTY: FAIRFAX; 31b. STATE: VIRGINIA; 31c. ZIP CODE: 22032; 31d. COUNTRY

32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE): /S/ ADAM MARTIN FOSTER; 32a. LICENSE'S NO.; 32b. NAME OF FUNERAL HOME OR FACILITY: FAIRFAX MEMORIAL FUNERAL HOME

33. NAME OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN: ADAM MARTIN FOSTER; 33a. STREET ADDRESS OF FUNERAL HOME/FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code): 9902 BRADDOCK RD. FAIRFAX VIRGINIA 22032

34. TIME OF DEATH: To the best of my knowledge, death occurred at 06:00; 35. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) ENCEPHALOPATHY; INTERVAL BETWEEN ONSET AND DEATH

Sequently list conditions, if any, leading to immediate cause. Enter only ICD-10 CAUSE (Disease or injury as final cause resulting in death) (B)

(C) (D)

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

36. WAS THE MEDICAL EXAMINER CONTACTED? YES; 36a. AUTOPSY? YES; 36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES; 37. DID TOBACCO USE CONTRIBUTE TO DEATH? YES

38. IF PREGNANT: YES; 38a. IF PREGNANT AT TIME OF DEATH: UNKNOWN IF PREGNANT WITHIN THE PAST YEAR; 38b. IF PREGNANT WITHIN PAST YEAR: NOT PREGNANT, BUT PREGNANT WITHIN 45 DAYS TO 1 YEAR BEFORE DEATH; 38c. IF PREGNANT, BUT PREGNANT WITHIN 45 DAYS TO 1 YEAR BEFORE DEATH: NOT APPLICABLE (If decedent's age is 0-5 or 75 years)

39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH: PRIMARY; 40. WAS THIS A MILITARY DEATH? YES; 40a. IF MILITARY DEATH, SELECT MANNER OF DEATH: NATURAL; 40b. IF MILITARY DEATH, SELECT MANNER OF DEATH: ACCIDENT; SUICIDE; HOMICIDE; UNDETERMINED; PENDING

41. DATE OF INJURY; 42. TIME OF INJURY; 43. INJURY AT WORK? YES; 44. PLACE OF INJURY (Include farm, factory, street, office, etc.):

45. LOCATION OF INJURY (STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR R/TITLE NO.)): 45a. CITY/TOWN; 45b. STATE; 45c. ZIP CODE; 45d. COUNTRY

ALERT: STAY UPDATED ON POST OFFICE CLOSURES AND SERVICE DISRUPTIONS DUE TO SEVERE WEATHER IN THE G...



FAQs >

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Delivered

July 1, 2019 at 8:42 am
Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501

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Tracking History

July 1, 2019, 8:42 am
Delivered, Individual Picked Up at Postal Facility
RIVERSIDE, CA 92501
Your item was picked up at a postal facility at 8:42 am on July 1, 2019 in RIVERSIDE, CA 92501.

June 28, 2019, 9:44 am
Available for Pickup
RIVERSIDE, CA 92501

June 28, 2019, 8:52 am
Arrived at Unit
RIVERSIDE, CA 92501

June 27, 2019, 2:27 pm
Arrived at USPS Regional Facility
MORENO VALLEY CA DISTRIBUTION CENTER

June 27, 2019
In Transit to Next Facility

June 26, 2018, 10:19 pm

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER

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