

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



ITEM: 19.19
(ID # 21756)

MEETING DATE:
Tuesday, June 27, 2023

FROM : TREASURER-TAX COLLECTOR:

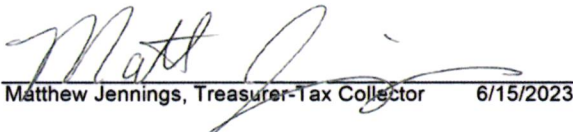
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 113. Last assessed to: Joseph L. Duncan and Eleanor F. Duncan, husband and wife, as joint tenants, District 2. [\$34,342-Fund 65595 Excess Proceeds from Tax Sale]

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 323030016-8;

Continued on Page 2

ACTION:Policy

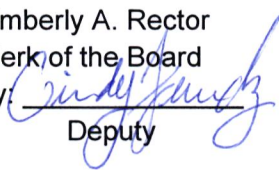

Matthew Jennings, Treasurer-Tax Collector 6/15/2023

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 323030016-8;
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 323030016-8;
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 323030016-8;
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 323030016-8;
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 \$6,868.57, to Global Discoveries, Ltd., Assignee for Michele Duncan, heir to the Estate of Joseph L. Duncan in the amount of \$6,868.57, to Global Discoveries, Ltd., Assignee for Rosalynne D. Givens, heir to the Estate of Joseph L. Duncan in the amount of \$6,868.57, to Global Discoveries, Ltd., Assignee for Joseph S. Duncan, heir to the Estate of Joseph L. Duncan in the amount of \$6,868.56, 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 \$6,868.56, 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	\$34,342	\$ 0	\$34,342	\$ 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. 1973-128713, 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. 1973-128713, 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 Rosalyn 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. 1973-128713, 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. 1973-128713, 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. 1973-128713, 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, an Affidavit of Notice Regarding Estate of Estella Eleanor Duncan Holliday for Probate Case recorded on October 14, 2015 and Certificates of Death for Joseph Lee Duncan and Estella Eleanor Duncan

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

Holliday and License and Certificate of Marriage for Anthony Holliday and Estella Duncan.

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 \$6,868.57, Global Discoveries, Ltd., Assignee for Michele Duncan, heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$6,868.57, Global Discoveries, Ltd., Assignee for Rosalynne D. Givens, heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$6,868.57, Global Discoveries, Ltd., Assignee for Joseph S. Duncan, heir to the Estate of Joseph L. Duncan be awarded excess proceeds in the amount of \$6,868.56 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 \$6,868.56. 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: 323030016-8
Last Assessee: DUNCAN JOSEPH L
Sale Date: 4/26/2018
TC: TC 212
Item Number: 113
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. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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.
 - c. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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, 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 \$34,342.83 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 Woodbury, 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 Woodbury CA.

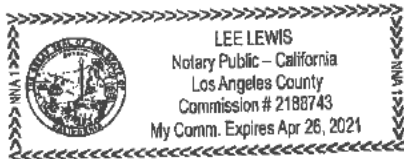
x Eva C. Duncan
Eva C. Duncan as Administrator and/or heir to the Estate of Joseph L Duncan

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 Eva C. Duncan,
Month Year
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 323030016-8 Tax Sale Number TC 212, Item 113 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 34,342.83+/-, 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 I. Duncan
(Name Printed)

Tax ID/SS#

657 Scott Place #5
(Address)
Glendora, CA 91740
(City/State/Zip)
(909) 344-8458
(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

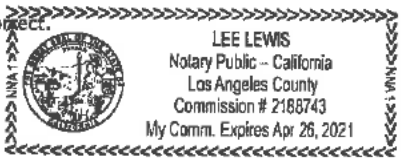
On June 21 2019 before me, Lee Lewis, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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 Bverly
(Signature of Assignee)

Jed Bverly, 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 Bverly, 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

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)

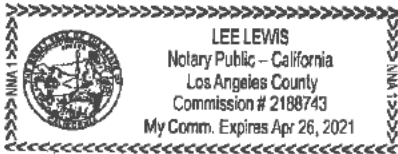
Eva C. Duncan, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument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



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030016-8
Tax Sale Number: TC 212
Item Number: 113
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$34,342.83+/- 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 II
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



128713 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

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

PAID
Poa Transfer Tax
R. D. BALOGH
DIV. CO. RECORDER

RECEIVED FOR RECORD

OCT 2 1973 X

AT 9:00 O'CLOCK A.M.

AS REQUESTED

SECURITY TITLE INSURANCE CO.

Book 1973, Page 128713

Recorded in Official Records
of Riverside County, California

W.H. Dwyer Recorder

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.
LAWYERS TITLE INSURANCE CORPORATION
Signature of declarant or agent determining tax - firm name
 Unincorporated area City of

Corporation Grant Need X

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 GRANT(S) to

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

the following described real property in the
county of **RIVERSIDE** state of California:

**The West half of the South 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 (seal)

[Handwritten signatures]

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES } ss.
On 21 September 1973, before me, the undersigned, 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

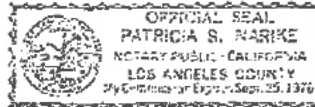
Secretary of the corporation that executed the within instrument, known to me to be the persons who executed the within instrument on behalf of the corporation therein named, and acknowledged to me that such corporation executed the within instrument pursuant to its by laws or resolution of its board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

[Handwritten signature of Patricia S. Narike]
Signature of Notary

PATRICIA S. NARIKE

Name (Typed or Printed) of Notary

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Facrow No. _____ Par. #2 in 4-25-479

1-66-1111

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

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

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			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 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: SISE 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

STATE FILE NUMBER		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ELEANOR		MAE		DUNCAN	
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs. 6. UNDER 1 YEAR 7. UNDER 2 HOURS 8. SEX					
01/21/1929		78		F	
9. BIRTH STATE/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	
12. EDUCATION - Highest Level (Type or year completed) (If yes, see worksheet on back)		13. MARRIAGE (Date of Death)		14. DATE OF DEATH mm/dd/yyyy	
MASTER'S		MARRIED		06/17/2007	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE - (Up to 3 codes only as listed (see worksheet on back))		17. YEARS IN OCCUPATION	
TEACHER & COUNSELOR		BLACK		35	
18. DECEDENT'S RESIDENCE (Street and number, or location)					
1296 W. 6TH STREET					
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					
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(S) - FIRST		29. MIDDLE		30. LAST BIRTH NAME	
JOSEPH		-		DUNCAN	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
SOLOMON		-		FINLAYSON	
34. BIRTH STATE		35. MIDDLE		36. LAST BIRTH NAME	
BABAMAS		MAE		McGILGAN	
37. LAST BIRTH STATE		38. BIRTH STATE			
IOWA		IOWA			
39. DISPOSITION DATE mm/dd/yyyy 40. PLACE OF FINAL DISPOSITION					
06/22/2007 POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EXAMINER		43. LICENSE NUMBER	
BU		<i>Eleanor M. Richardson</i>		7668	
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
TODD MEMORIAL CHAPEL		<i>Jonathan E. Felding MD</i>		06/20/2007	
47. PLACE OF DEATH					
POMONA VALLEY HOSPITAL MEDICAL CENTER					
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 (Show the chain of events -> (Disease, Injury, or Complication -> that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular collapse unless showing the etiology. DO NOT abbreviate.)					
IMMEDIATE CAUSE (A) (Direct cause and condition resulting in death)		CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER (Time Interval Between Death and Death)	
HYPERTENSION				MINS 2007-54318	
HYPERTENSION				109. GROSSY PERFORMED?	
HYPERTENSION				YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CHRONIC KIDNEY DISEASE				110. AUTOBY PERFORMED?	
				YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE?	
				YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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					
114. I CERTIFY THIS 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		117. DATE mm/dd/yyyy	
<i>Jonathan E. Felding MD</i>		06/19/2007			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
HENRY WAYDEMAN, MD., 250 W. SAN JOSE, CLAREMONT, CA 91711					
119. I CERTIFY THAT THE MANNER OF DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
120. MANNER OF DEATH		121. INJURED AT WORK?		122. INJURY DATE mm/dd/yyyy	
Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT	
A B C D E					

2007-0573578
68-19-2007 08:08:09
2 of 4



KD0771840

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 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 \$34,342.83+-, generated from Assessor's Parcel Number(s) 323030016-8, 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)

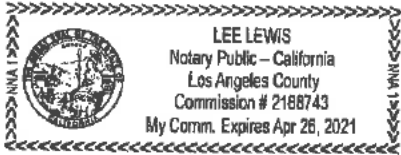
On June 21 2019 before me, Lee Lewis Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND BRUSH OR FINE POINTS OR ALTERNATE VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSEPH		2. MIDDLE LEE		3. LAST (Family) DUNCAN	
4A. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/24/1925		5. AGE Yrs. 86	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		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) (See worksheet on back) DOCTORATE		14. WAS DECEDENT HISPANIC/LATINO (SPANISH)? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. MARITAL STATUS (or Time of Death) WIDOWED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REALTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		7. DATE OF DEATH mm/dd/yyyy 01/04/2012	
20. DECEDENT'S RESIDENCE (Street and number or location) 1296 WEST 6TH STREET		21. CITY POMONA		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 91766		24. YEARS IN COUNTY 85		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP JOSEPH S. DUNCAN, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2012 19TH STREET, SANTA MONICA, CA 90404			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE S.		33. LAST DUNCAN	
34. BIRTH STATE TX		35. NAME OF MOTHER/PARENT - FIRST CORA		36. MIDDLE E.	
37. LAST (BIRTH NAME) HUTCHINSON		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 91765		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER	
43. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		44. LICENSE NUMBER FD110		45. SIGNATURE OF LOCAL REGISTRAR	
46. LICENSE NUMBER 7668		47. DATE mm/dd/yyyy 01/09/2012		101. PLACE OF DEATH CLAREMONT CARE CENTER	
102. COUNTY LOS ANGELES		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 219 EAST FOOTHILL BLVD		104. CITY POMONA	
105. CAUSE OF DEATH END STAGE ALZHEIMER'S DEMENTIA		106. HOSPITAL SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other		107. YEARS OF ILLNESS YRS	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE CONGESTIVE HEART FAILURE		109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (E.g., 107) END STAGE CONGESTIVE HEART FAILURE		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OPERATIONS PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109 (e.g., type of operations and dates)		112. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		113. SIGNATURE OF PHYSICIAN THET NAING OO M.D.	
114. DATE mm/dd/yyyy 01/02/2012		115. TYPE AFFIRMING PHYSICIAN'S JURE, BREVIS, ADJUTUS, OR ECCE 9981 SIERRA AVENUE, FONTANA, CA 92335		116. LICENSE NUMBER A71774	
117. DATE mm/dd/yyyy 01/04/2012		118. 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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 hours)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. SIGNATURE OF CORONER / DEPUTY CORONER		125. DATE mm/dd/yyyy	
126. LOCATION OF INJURY (Street and number, or location, and city and zip)		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. STATE REGISTRAR	

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

JAN 2 2012



USPS Tracking® FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

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

Feedback

Get Updates 

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

Feedback
∨

See Less ^

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FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

CLAIM SUMMARY

Date: June 26, 2019

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 323030016-8

Last Assessee: DUNCAN JOSEPH L

Sale Date: 4/26/2018

TC: TC 212

Item Number: 113

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. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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.
 - c. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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 \$34,342.83 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

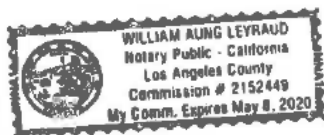
JURAT

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, 2019, 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 323030016-8 Tax Sale Number TC 212, Item 113 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 34,342.83+/-, 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.

Michele Duncan (Signature of Party of Interest/Assignor) 6/23/19 (Date)

Michele Duncan as heir to the Estate of Joseph I. Duncan (Name Printed) 1902-18th St. (Address) Santa Theresa, CA 90404 (City/State/Zip) 310-396-4840 (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

County of

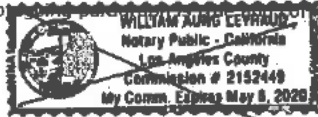
On before me, personally appeared (Date) (here insert name and title of the officer)

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 of Notary Public (seal)



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

Jed Buerly (Signature of Assignee)

Jed Buerly, 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

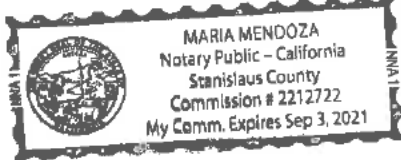
On 6/26/19 before me, Maria Mendoza, Notary Public personally appeared (Date) (here insert name and title of the officer)

Jed Buerly, 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 (Signature of Notary Public) (seal)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California)

County of Los Angeles)

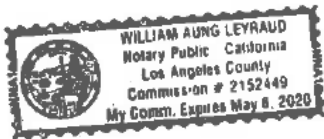
On 06/22/2019 before me, William Aung Leyraud, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Michele Marie Duncan
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Assignment of right to collect excess proceeds

Document Date: _____ Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030016-8
Tax Sale Number: TC 212
Item Number: 113
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$34,342.83+/- 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



128713 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

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

PAID
Postmaster
Do Not Remove
R. D. BALOGH
RIV. CO. RECORDER

RECEIVED FOR RECORD

OCT 2 1973 X

AT 9:00 O'CLOCK A.M.
AS DEPOSITED IN
SECURITY TITLE INSURANCE CO.
Book 1473, Page 128713
Registered in Office of Registrar
of Mortgages, County of California

W. W. Doughty
Recorder
FEB 13

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME: SAME AS ABOVE
ADDRESS: SAME AS ABOVE
CITY & STATE: SAME AS ABOVE

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.
LAWYERS TITLE INSURANCE CORPORATION
Signature of declarant or agent determining tax - firm name
 Unincorporated area City of

Corporation Grant Deed X

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 GRANT(S) to

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

the following described real property in the
county of **RIVERSIDE**, state of California:

The West half of the South 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 (see 1)

[Signature]

[Signature]

STATE OF CALIFORNIA,
COUNTY OF **LOS ANGELES**
On 21 September 1973, before me, the under-
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

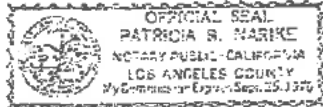
Secretary of the corporation that executed the
within instrument, known to me to be the persons who executed the
within instrument on behalf of the corporation therein named, and
acknowledged to me that such corporation executed the within
instrument pursuant to its by-laws or resolution of its board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

[Signature]
Signature of Notary

PATRICIA S. NARIKE

Name (Typed or Printed) of Notary

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____ Per. #2 in 4-25-479

114479-1

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

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

S										RFD	COPY
S	R	U	PAGE	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

C
513

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE)SS.

JOSEPH L. DUNCAN, being first duly sworn, deposes and says:

That he 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 (Family)	
ELEANOR		MAE		DUNCAN	
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs. 6. UNDER ONE YEAR 7. UNDER ONE YEAR 8. SICK					
01/21/1929		78		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
IOWA				YES NO UNK	
12. MARITAL STATUS (at time of death)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24 Hours)	
MARRIED		06/17/2007		2005	
15. EDUCATION - Highest Level (Degree, Associate, etc.)		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
MASTER'S		BLACK		TEACHER & COUNSELOR	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
EDUCATION		35			
20. DECEDENT'S RESIDENCE (Street and number, or location)					
1296 W. 6TH STREET					
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, carrier, city or town, state and zip)		
JOSEPH DUNCAN, HUSBAND			1296 W. 6TH ST., POMONA, CA 91766		
28. NAME OF SURVIVING SPOUSE(S) - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
JOSEPH		-		DUNCAN	
31. NAME OF FATHER-IN-LAW - FIRST		32. MIDDLE		33. LAST	
SOLOMON		-		FINLAYSON	
34. BIRTH STATE		35. NAME OF MOTHER-IN-LAW - FIRST		36. MIDDLE	
BAHAMAS		EVA		MAE	
37. LAST (BIRTH NAME)		38. MIDDLE		39. LAST (BIRTH NAME)	
McGUIGAN		-		McGUIGAN	
40. BIRTH STATE		41. DATE mm/dd/yyyy			
IOWA		06/22/2007			
42. TYPE OF DISPOSITIONS		43. LICENSE NUMBER			
BU		FD110			
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR		46. LICENSE NUMBER	
TODD MEMORIAL CHAPEL		Jonathan E. Felding no 03		7668	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
06/20/2007		Jonathan E. Felding no 03			
101. PLACE OF DEATH					
POMONA VALLEY HOSPITAL MEDICAL CENTER					
102. CITY		103. HOSPITAL, SPECIFY ONE			
LOS ANGELES		ER/OP ORA			
104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		105. IF OTHER THAN HOSPITAL, SPECIFY ONE			
1798 N. CAREY AVENUE		Nursing Home Other			
106. CITY		107. DATE mm/dd/yyyy			
POMONA		06/20/2007			
108. CAUSE OF DEATH					
109. NAME DATE CAUSE (A) (Final disease or condition resulting in death)					
CARDIOPULMONARY ARREST					
110. HYPERTENSION					
111. HYPERLIPIDEMIA					
112. CHRONIC KIDNEY DISEASE					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY					
114. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (Yes, list type of operation and date)					
NO					
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NUMBER		118. DATE mm/dd/yyyy	
Jonathan E. Felding M.D.		06/19/2007			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
120. MANNER OF DEATH (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (Other)					
NATURE ACCIDENT HOMICIDE SUICIDE PENDING INVESTIGATION Could not be determined YES NO UNK					
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (Event, which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
124. SIGNATURE OF CORONER / DEPUTY CORONER					
125. DATE mm/dd/yyyy					
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR A B C D E FAX AUTH.# GENBUS TRACT					

2007-0573578
69/18/2607 66 / 668
2 of 4



KD0771840

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 M.D. 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 \$34,342.83+-, generated from Assessor's Parcel Number(s) 323030016-8, 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.

June 27, 2017
(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)

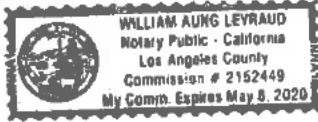
On 06/22/2019 before me, William Aung Leyraud, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052012001958

CERTIFICATE OF DEATH

3201219000314

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SP and PARENT INFORMATION, FUNERAL DIRECTOR LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONERS USE ONLY, STATE REGISTRAR.

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

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

JUN 2 2012



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG02

USPS Tracking® FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

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

Feedback

Get Updates 

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

Feedback

See Less ^

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

FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030016-8
Last Assessee: DUNCAN JOSEPH L
Sale Date: 4/26/2018
TC: TC 212
Item Number: 113
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. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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.
 - c. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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, 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 \$34,342.83 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, Rosalynne 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, Rosalynne D. Givens am one and the same person as Rosalynne Givens and Rosalynne Gail Givens.
5. I, Rosalynne 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

Rosalynne D. Givens
Rosalynne 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

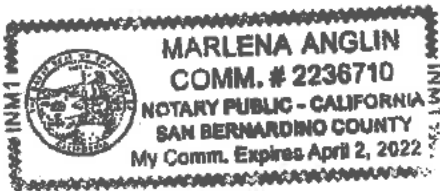
Subscribed and sworn to (or affirmed) before me on this

21 day of June, 2019, by
Date Month Year

Rosalynne Givens
Name of Signer

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

Signature Marlena Anglin
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 323030016-8 Tax Sale Number TC 212, Item 113 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 34,342.83 +/-, 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.

Rosalyn D. Duncan Givens 6-21-2019
(Signature of Party of Interest/Assignor) (Date)

Tax ID/SS#

Rosalyn 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, Marlana Anglin, personally appeared
(Date) (here insert name and title of the officer)

Rosalyn 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.

Marlene 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

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State of California)
County of Stanislaus)

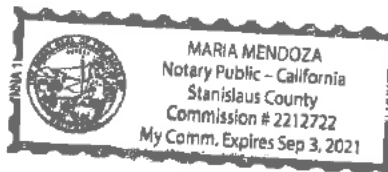
On 6/26/19 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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.

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, Marlene Anglin
(insert name and title of the officer)

personally appeared Rosalyn 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

Marlene Anglin

(Seal)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 323030016-8
Tax Sale Number: TC 212
Item Number: 113
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$34,342.83+/- 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



128713 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

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

PAID
Doc. Transfer Tax
M. D. BALOGH
REV. CO. RECORDER

RECEIVED FOR RECORD

OCT 2 1973 X

AT 9:00 O'CLOCK A.M.
As Agent of
SECURITY TITLE INSURANCE CO.
Book 1973, Page 128713
Recorded in Office Records
of Merced County, California

W.H. DeLong Recorder
FEB 1 3

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME: SAME AS ABOVE
ADDRESS: SAME AS ABOVE
CITY & STATE: SAME AS ABOVE

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.
LAWYERS TITLE INSURANCE CORPORATION
Signature of declarant or agent determining tax - her 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 GRANT(S) to

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

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

The West half of the South 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 (seal)

[Signature]

[Signature]

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES } ss.
On 21 September 1973, before me, the under-
signed, a Notary Public in and for said County and State, personally
appeared ROBERT H. ARCEER

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

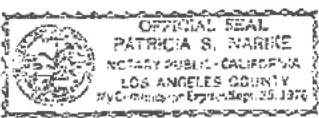
Secretary of the corporation that executed the
within instrument, known to me to be the persons who executed the
within instrument on behalf of the corporation therein named, and
acknowledged to me that such corporation executed the within
instrument pursuant to its by-laws or resolution of its board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

[Signature]
Signature of Notary

PATRICIA S. NARIKE

Name (Typed or Printed) of Notary

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____ Per. #2 in 4-25-479

1-62/11/11

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

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

S										RFD	COPY
[Barcode]											
S	R	U	PAGE	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

C
513

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS.

JOSEPH L. DUNCAN, being first duly sworn, deposes and says:

That he 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

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. MIDDLE		5. LAST (Family)	
ELEANOR		MAE		DUNCAN	
6. DATE OF BIRTH mm/dd/yyyy 7. AGE Yrs. 8. UNDER 1 DAY 9. UNDER 1 HOUR 10. SEX					
01/21/1929		78		F	
11. EVER IN U.S. ARMED FORCES? YES NO UNK		12. MARITAL STATUS (Pre- or Time of Death)		13. DATE OF DEATH mm/dd/yyyy 14. HOUR (24 Hour)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED		06/17/2007 2005	
15. EDUCATION - Highest Level Degree received (on back)		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)			
MASTER'S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		BLACK			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
TEACHER & COUNSELOR		EDUCATION		35	
20. DECEASED'S RESIDENCE (Street and number, or location)					
1296 W. 6TH STREET					
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/SPOUSE-FIRST		29. MIDDLE		30. LAST BIRTH NAME	
JOSEPH		-		DUNCAN	
31. NAME OF FATHER-IN-LAW-FIRST		32. MIDDLE		33. LAST	
SOLOMON		-		FINLAYSON	
34. BIRTH STATE		35. MIDDLE		36. LAST BIRTH NAME	
BAHAMAS		MAE		McGUIGAN	
37. BIRTH STATE		38. MIDDLE		39. LAST BIRTH NAME	
IOWA		-		McGUIGAN	
40. DEPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION			
06/22/2007		POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766			
42. TYPE OF DEPOSITIONS		43. SIGNATURE OF EXAMINER		44. LICENSE NUMBER	
BU		<i>Eleanor M. Richardson</i>		7668	
45. NAME OF FUNERAL ESTABLISHMENT		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
TODD MEMORIAL CHAPEL		<i>Jonathan E. Fielding no 07</i>		06/20/2007	
48. PLACE OF DEATH		49. HOSPITAL, SPECIFY ONE		50. IF OTHER THAN HOSPITAL, SPECIFY ONE	
POMONA VALLEY HOSPITAL MEDICAL CENTER		<input type="checkbox"/> F <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> OOA		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home, LTC <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other	
51. COUNTY		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		53. CITY	
LOS ANGELES		1798 N. GAREY AVENUE		POMONA	
54. CAUSE OF DEATH: Enter the cause of death - disease, injury, or complication. Do NOT enter terminal event(s) such as cardiac arrest, respiratory arrest, or vascular dysfunction without showing the etiology. DO NOT abbreviate.					
IMMEDIATE CAUSE (Final opinion or condition resulting in death)					
CARDIOPULMONARY ARREST					
MINS 2007-54318					
55. UNDERLYING CAUSE (Specify all conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the process resulting in cause) LAST)					
HYPERTENSION					
YRS					
HYPERLIPIDEMIA					
YRS					
CHRONIC KIDNEY DISEASE					
YRS					
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 54					
GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY					
57. YEAR OPERATION PERFORMED FOR ANY CONDITION IN 56 (MM/YY OR YYYY (if yes, list type of operation and date))					
NO					
58. IF FEMALE, PREGNANT IN LAST YEAR?		59. DEATH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
60. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED ON THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		61. SIGNATURE AND TITLE OF CERTIFIER		62. LICENSE NUMBER	
Decedent Attended Since Decedent Left Home After		<i>Jonathan E. Fielding MD</i>		06/19/2007	
63. mm/dd/yyyy mm/dd/yyyy		64. TYPE/TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
07/18/1995 05/04/2007		HENRY WAYDEMAN, MD., 250 W. SAN JOSE, CLAREMONT, CA 91711			
65. CERTIFY THAT ANY OTHER 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
66. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		67. INJURY DATE mm/dd/yyyy		68. HOUR (24 Hour)	
69. DESCRIBE HOW INJURY OCCURRED (Specify which resulted in injury)					
70. LOCATION OF INJURY (Street and number, or location, and city and state)					
71. SIGNATURE OF CORONER / DEPUTY CORONER					
72. DATE mm/dd/yyyy		73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT	
A B C D E					

2007-8573578
68/19/2007 68:69H
2 of 4



K00771840

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 VOID 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 \$34,342.83+-, generated from Assessor's Parcel Number(s) 323030016-8, 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, Rosalyn 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.

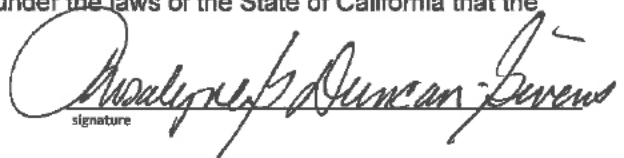
9. No other person has a superior right to the interest of the decedent in the described property.

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)

Rosalyn D. Givens, Heir
Printed Name


signature

(Attach Additional Sheet if Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California)

County of San Bernardino)

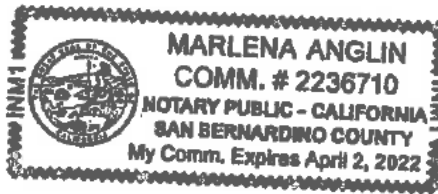
On June 21, 2019 before me, Marlena Anglin, personally appeared
(Date) (here insert name and title of the officer)

Rosalynne Duncan Gikno, 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		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS (5-17-09/1/03)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JOSEPH		2. MIDDLE LEE		3. LAST (Family) DUNCAN		
	AKA, ALSO KNOWN AS - include (if) AKA, FIRST, MIDDLE, LAST						
	4. DATE OF BIRTH mm/dd/yyyy 01/24/1925		5. AGE Yrs. 86		6. IF UNDER ONE YEAR Months Days		7. SEX M
	8. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		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/ORD (at time of death) WIDOWED
13. EDUCATION - Highest Level/Program (For institutions on back) DOCTORATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEASED'S RACE - Up to 3 races may be listed (see instruction on back) BLACK		7. DATE OF DEATH mm/dd/yyyy 01/04/2012	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REALTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE				19. YEARS IN OCCUPATION 20	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 1296 WEST 6TH STREET						
	21. CITY POMONA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91766		24. YEARS IN COUNTY 85
	25. STATE/FOREIGN COUNTRY CALIFORNIA						
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP JOSEPH S. DUNCAN, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2012 19TH STREET, SANTA MONICA, CA 90404			
	28. NAME OF SURVIVING SPOUSE/SIBLING-FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -		
SPOUSE/SIBLING AND PARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST ROBERT		32. MIDDLE S.		33. LAST DUNCAN		34. BIRTH STATE TX
	35. NAME OF MOTHER/PARENT-FIRST CORA		36. MIDDLE E.		37. LAST (BIRTH NAME) HUTCHINSON		38. BIRTH STATE AR
	39. DISPOSITION DATE mm/dd/yyyy 01/11/2012						
FUNERAL DIRECTORY / LOCAL REGISTRAR	40. PLACE OF FINAL DISPOSITION POMONA VALLEY MEMORIAL PARK 502 EAST FRANKLIN AVENUE, POMONA, CA 91766						
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER [REDACTED]			43. LICENSE NUMBER 7668	
	44. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		45. LICENSE NUMBER FD110		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy 01/09/2012
	48. SIGNATURE OF LOCAL REGISTRAR [REDACTED]						
PLACE OF DEATH	101. PLACE OF DEATH CLAREMONT CARE CENTER						
	102. COUNTY LOS ANGELES		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, if possible) 219 EAST FOOTHILL BLVD.				104. CITY POMONA
	105. CAUSE OF DEATH END STAGE ALZHEIMER'S DEMENTIA						
CAUSE OF DEATH	106. IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE ALZHEIMER'S DEMENTIA						107. YRS 86
	108. SEQUENTIAL, but conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (e.g., 107) END STAGE CONGESTIVE HEART FAILURE						111. USED IN DETERMINING CAUSE? <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., 107) END STAGE CONGESTIVE HEART FAILURE						113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHYSICIAN'S CERTIFICATION	114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE NUMBER, STREET AND PLACE STATED FROM THE CAUSE STATED 01/03/2012 01/04/2012 9961 SIERRA AVENUE, FONTANA, CA 92335 THET NAING OO M.D.						
	115. LICENSE NUMBER A71774		117. DATE mm/dd/yyyy 01/08/2012				
	118. MANNER OF DEATH (by official death certificate) <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Consistent to determined						
CORONER'S USE ONLY	119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
	120. 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 [REDACTED]						127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							
STATE REGISTRAR		A		B		C	
D		E		F		G	
FAX AUTH.		CENSUS TRACT		100001001958459			

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

JAN 2 2012



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

USPS Tracking® FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

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

Feedback

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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

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CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030016-8
Last Assessee: DUNCAN JOSEPH L
Sale Date: 4/26/2018
TC: TC 212
Item Number: 113
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. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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.
 - c. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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 \$34,342.83 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 _____
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.

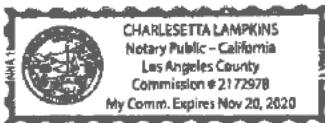
State of California
County of Los Angeles

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

22 day of June, 2019, 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 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 323030016-8 Tax Sale Number TC 212, Item 113 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 34,342.83+/-, 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) [Signature] (Date) 6/22/19

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

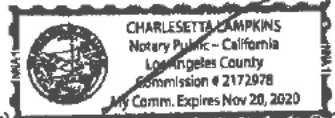
On June 22, 2019 before me, Charissetta Lampkins, Notary Public, personally appeared Joseph S. Duncan (here insert name and title of the officer)

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.

[Signature] (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.

[Signature] (Signature of Assignee)

Jed Byerly, Managing Member (Name Printed)

Tax ID/SS#

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

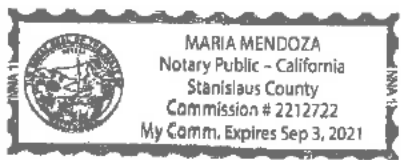
County of Stanislaus

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. [Signature] (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: 323030016-8

Tax Sale Number: TC 212

Item Number: 113

Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$34,342.83+/- 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



128713 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

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

PAID
Post Transfer Tax
R. D. BALOGH
BY. CO. RECORDER

RECEIVED FOR RECORD
OCT 2 1973 X
AT 9:00 O'CLOCK A.M.
AS REQUESTED BY
SECURITY TITLE INSURANCE CO.
Book 1973, Page 128713
Printed in Official Office
of Riverside County, California
W.H. George Recorder
FEB 3

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME
ADDRESS SAME AS ABOVE
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.
LAWERS TITLE INSURANCE CORPORATION
Signature of declarant or agent determining tax - firm name
 Unincorporated area City of

Corporation Grant Deed X
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 X
the following described real property in the
county of **RIVERSIDE** state of California:
**The West half of the South 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 (seal)
[Signature]

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES } ss.
On **21 September 1973**, before me, the undersigned, a Notary Public in and for said County and State, personally appeared **ROBERT H. ARCHER**

[Signature]

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 this 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.

FOR NOTARY SEAL OR STAMP
OFFICIAL SEAL
PATRICIA S. NARIKE
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm. expires Sept. 25, 1975

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

Title Order No. _____ Escrow No. _____ Per. #2 in 4-25-479

110479-1

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		
										513	

APN: _____

TRA: _____

AFFIDAVIT - DEATH OF SPOUSE



STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS.

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 (Family)	
ELEANOR		MAE		DUNCAN	
4. DATE OF BIRTH <small>month/day/year</small>					
01/21/1929					
5. AGE <small>Yrs</small>					
78					
6. SEX <small>F</small>					
7. TIME OF DEATH <small>month/day/year</small>					
06/17/2007					
8. HOUR <small>(24 Hours)</small>					
2005					
9. MARITAL STATUS <small>(at time of death)</small>					
MARRIED					
10. DECEDENT'S RACE - Up to 5 boxes (copy for file if does not fit on back)					
BLACK					
11. EVER IN U.S. ARMED FORCES					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
12. EDUCATION - Highest Level (Degree)					
MASTER'S					
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
TEACHER & COUNSELOR					
14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)					
EDUCATION					
15. YEARS IN OCCUPATION					
35					
16. DECEDENT'S RESIDENCE (Street and number, or location)					
1296 W. 6TH STREET					
17. CITY					
POMONA					
18. COUNTY/PROVINCE					
LOS ANGELES					
19. ZIP CODE					
91766					
20. YEARS IN COUNTY					
60					
21. STATE/PROVINCE/COUNTRY					
CALIFORNIA					
22. INFORMANT'S NAME, RELATIONSHIP					
JOSEPH DUNCAN, HUSBAND					
23. INFORMANT'S MAILING ADDRESS (Street and number, or unit and care facility, city or town, state and zip)					
1296 W. 6TH ST., POMONA, CA 91766					
24. NAME OF SURVIVING SPOUSE/SPOUSE-DEPT					
JOSEPH					
25. MIDDLE					
-					
26. LAST (BIRTH NAME)					
DUNCAN					
27. NAME OF FATHER/PARENT-FIRST					
SOLOMON					
28. MIDDLE					
-					
29. LAST					
FINLAYSON					
30. BIRTH STATE					
BAHAMAS					
31. NAME OF MOTHER/PARENT-FIRST					
EVA					
32. MIDDLE					
MAE					
33. LAST (BIRTH NAME)					
McGUIGAN					
34. BIRTH STATE					
IOWA					
35. DISPOSITION DATE <small>month/day/year</small>					
06/22/2007					
36. PLACE OF FINAL DISPOSITION					
POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766					
37. TYPE OF DISPOSITION					
BU					
38. SIGNATURE OF FUNERAL HOME					
<i>Eleanor M. Richardson</i>					
39. LICENSE NUMBER					
7668					
40. NAME OF FUNERAL ESTABLISHMENT					
TODD MEMORIAL CHAPEL					
41. LICENSE NUMBER					
FD110					
42. SIGNATURE OF LOCAL REGISTRAR					
<i>Jonathan E. Fielding no 02</i>					
43. DATE <small>month/day/year</small>					
06/20/2007					
44. PLACE OF DEATH					
POMONA VALLEY HOSPITAL MEDICAL CENTER					
45. COUNTY					
LOS ANGELES					
46. FACILITY ADDRESS OR LOCATION (Street and number, or location)					
1798 N. GAREY AVENUE					
47. CITY					
POMONA					
48. CAUSE OF DEATH					
109. ICD-10 CODE					
I20					
110. ICD-10 CODE					
I10					
111. ICD-10 CODE					
I25.1					
112. ICD-10 CODE					
I25.5					
113. ICD-10 CODE					
I25.9					
114. ICD-10 CODE					
K21.0					
115. ICD-10 CODE					
D62.0					
116. ICD-10 CODE					
I25.9					
117. ICD-10 CODE					
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2007-0573578
09/18/2007 09:08:08
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. 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 VOID 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 \$34,342.83+/-, generated from Assessor's Parcel Number(s) 323030016-8, 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, Rosalyn 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.

6/22/19
(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

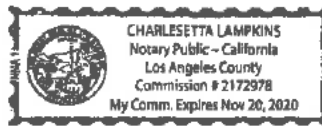
On June 22, 2019 before me, Charlsetta Lamprins, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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 of Notary Public (seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052012001958

CERTIFICATE OF DEATH

3201219000314

STATE FILE NUMBER 3052012001958		LOCAL REGISTRATION NUMBER 3201219000314			
1. NAME OF DECEDENT - FIRST (Given) JOSEPH		2. MIDDLE LEE		3. LAST (Family) DUNCAN	
4. DATE OF BIRTH mm/dd/yyyy 01/24/1925					
5. AGE Yrs. 86		6. UNDER ONE YEAR Months: _____ Days: _____		7. UNDER 24 HOURS Hours: _____ Minutes: _____	
8. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		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	
13. EDUCATION - Highest Level (Degrees base enrollment on back) DOCTORATE		14/15. WAS DECEDENT 1.25 YEARS CALIFORNIA SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (RDP) (at Time of Death) WIDOWED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REALTOR		16. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, food construction, employment agency, etc.) REAL ESTATE		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1298 WEST 8TH STREET					
21. CITY POMONA		22. COUNTY/PROVINCE LOS ANGELES		23. STATE/FOREIGN COUNTRY CALIFORNIA	
24. YEARS IN COUNTY 85		25. ZIP CODE 91766		26. YEARS IN COUNTY 85	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2012 19TH STREET, SANTA MONICA, CA 90404					
28. NAME OF SURVIVING SPOUSE (RDP) - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER (PARENT) - FIRST ROBERT		32. MIDDLE S.		33. LAST DUNCAN	
34. NAME OF MOTHER (PARENT) - FIRST CORA		35. MIDDLE E.		36. LAST (BIRTH NAME) HUTCHINSON	
37. BIRTH STATE TX		38. BIRTH STATE AR		39. BIRTH STATE AR	
40. PLACE OF FINAL DISPOSITION POMONA VALLEY MEMORIAL PARK		41. TYPE OF DISPOSITION(S) BU			
42. SIGNATURE OF FUNERAL HOME [REDACTED]		43. LICENSE NUMBER 7668		44. DATE mm/dd/yyyy 01/09/2012	
45. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		46. LICENSE NUMBER FD110		47. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
48. PLACE OF BIRTH LOS ANGELES		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 219 EAST FOOTHILL BLVD.		50. COUNTY POMONA	
102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other					
103. CAUSE OF DEATH Enter the chain of events - always include immediate cause - but do not include death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular collapse unless known to be the cause. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final illness or condition resulting in death) END STAGE ALZHEIMER'S DEMENTIA		104. YRS 86		105. DEPTH PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SEQUENCE OF CAUSE (Underlying cause or injury that initiated the events resulting in death) LAST END STAGE CONGESTIVE HEART FAILURE		106. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		107. USED IN DECIPHERING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
108. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (ITEM 107) END STAGE CONGESTIVE HEART FAILURE					
109. SURGICAL OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, type of operation and date) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
111. COUNTY (If you have any knowledge of the county where the death occurred, enter the county name and place stated from the cause stated) LOS ANGELES		112. LICENSE NUMBER A71774		113. DATE mm/dd/yyyy 01/06/2012	
114. TYPE ATTESTING PHYSICIAN'S OFFICE, MAILING ADDRESS, ZIP CODE 9961 SIERRA AVENUE, FONTANA, CA 92335		115. TYPE ATTESTING PHYSICIAN'S OFFICE, MAILING ADDRESS, ZIP CODE THE T NAING OO M.D.		116. TYPE ATTESTING PHYSICIAN'S OFFICE, MAILING ADDRESS, ZIP CODE THE T NAING OO M.D.	
117. COUNTY (If you have any knowledge of the county where the death occurred, enter the county name and place stated from the cause stated) LOS ANGELES		118. COUNTY (If you have any knowledge of the county where the death occurred, enter the county name and place stated from the cause stated) LOS ANGELES		119. COUNTY (If you have any knowledge of the county where the death occurred, enter the county name and place stated from the cause stated) LOS ANGELES	
120. 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. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy 01/03/2012	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
125. LOCATION OF INJURY (street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy 01/03/2012		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER THE T NAING OO M.D.	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH.#		GENUS TRACT		010001001958459	

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

JAN 2 2012



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

USPS Tracking® FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

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

Feedback

Get Updates 

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

Feedback 

See Less 

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

FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

CLAIM SUMMARY

Date: June 26, 2019
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 323030016-8
Last Assessee: DUNCAN JOSEPH L
Sale Date: 4/26/2018
TC: TC 212
Item Number: 113
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. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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.
 - c. Joseph Duncan is listed as Informant/Surviving Spouse
4. **Certified** Certificate of Death for Joseph Lee Duncan
 - a. **This Certified Instrument is submitted with claim for Parcel # 323030014-6**
 - b. 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 \$34,342.83 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 [Signature]
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 [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 323030016-8 Tax Sale Number TC 212, Item 113 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 34,342.83+/-, 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 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.

Signature of Notary Public (seal)

Christobel P. Sawhney Notary Public Commonwealth of Virginia 329912

My Commission Expires: Aug. 31, 2021

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

(Signature of Assignee)

Jed Byerly, Managing Member (Name Printed)

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.

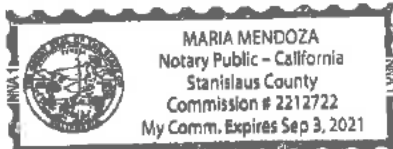
State of California County of Stanislaus

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.

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: 323030016-8
Tax Sale Number: TC 212
Item Number: 113
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$34,342.83+/- 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

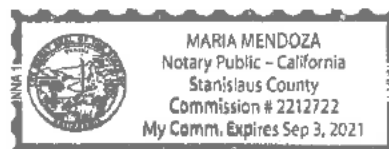
On 6/26/19 before me, Maria Mendoza, NOTARY PUBLIC, personally appeared
(Date) Jed Byerly (here insert name and title of the officer)

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



128713 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

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

PAID
Dist. Transfer Tax
W. D. BALOGH
MAY. CO. RECORDER

RECEIVED FOR RECORD
OCT 2 1973

AT 9:00 O'CLOCK A.M.
AS DEPOSITED IN
SECURITY TITLE INSURANCE CO.
Book 1913, Page 128713
Records in District Branch
of Riverside County, California

W.H. DeLongh
REC'D

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NAME: SAME AS ABOVE
ADDRESS: SAME AS ABOVE
CITY & STATE: SAME AS ABOVE

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.
LAWYERS TITLE INSURANCE CORPORATION
Signature of declarant 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 GRANT(S) to

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

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

The West half of the South 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 (seal)
BY Robert H. Archer

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES
On 21 September 1973, before me, the under-
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 in me that such corporation executed the within
instrument pursuant to its by-laws or resolution of its board of
directors.

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

Joseph I. Westrick

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____ Par. #2 in 4-25-479

1-06/11/73

RECORDING REQUESTED BY AND

WHEN RECORDED MAIL TO:

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

S	[Barcode]								RFD	COPY
S	K	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY	WM
1			4						6	
M	A	L	465	428	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

FILL IN FULL NAMES OF DECEASED, SURVIVORS OR RELATIVES
IN FULL PRINT

3200719025254
LOCAL REGISTRATION NUMBER

1. NAME OF DECEASED - FIRST (Given) ELEANOR		2. MIDDLE MAE		3. LAST (Family) DUNCAN	
4. DATE OF BIRTH 01/21/1929 5. AGE Yrs 78 6. SEX F					
9. BIRTH STATE/FOREIGN COUNTRY IOWA		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARRIAGE STATUS (in line of death) MARRIED	
13. EDUCATION - Highest Level (Degree or work-based on last) MASTER'S		14. DECEDENT'S RACE - (Up to 3 races may be listed from worksheet on back) BLACK		7. DATE OF DEATH 06/17/2007 8. HOUR (24 Hour) 2005	
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		19. YEARS IN OCCUPATION: 35
20. DECEDENT'S RESIDENCE (Street and number, or location) 1296 W. 6TH STREET					
21. CITY POMONA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91766	
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 (GIVEN-FIRST) JOSEPH		29. MIDDLE -		30. LAST (BIRTH NAME) DUNCAN	
31. NAME OF FATHER (GIVEN-FIRST) SOLOMON		32. MIDDLE -		33. LAST FINLAYSON	
34. BIRTH STATE BAHAMAS		35. NAME OF MOTHER (GIVEN-FIRST) EVA		36. MIDDLE MAE	
37. LAST (BIRTH NAME) McGUIGAN		38. BIRTH STATE IOWA			
39. DISPOSITION DATE 06/22/2007		40. PLACE OF FINAL DISPOSITION POMONA VALLEY MEMORIAL PARK, 502 E. FRANKLIN AVE., POMONA, CA 91766			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF OVERSEER <i>Eleanor M. Richardson</i>		43. LICENSE NUMBER 766B	
44. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		45. LICENSE NUMBER FD110		46. SIGNATURE OF LOCAL REGISTRAR <i>Jonathan E. Fielding MD</i>	
47. DATE 06/20/2007					
801. PLACE OF DEATH POMONA VALLEY HOSPITAL MEDICAL CENTER					
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 Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIRTH PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIRTH PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. BIRTH PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. NEED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLINED CAUSE GIVEN IN 107 GASTRIC ULCER, IMMUNOGLOBULIN MONOCHROMAL GAMMOPATHY		113. WAS AUTOPSY PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation(s).) NO		114. IF SMALL, FOLLOWUP 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. Deceased: 07/18/1995 Constant: 05/04/2007		115. SIGNATURE AND TITLE OF CERTIFIER <i>Henry Waydeman MD</i>		116. LICENSE NUMBER 06/19/2007	
117. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE HENRY WAYDEMAN, MD., 250 W. SAN JOSE, CLAREMONT, CA 91711		118. CERTIFY THAT AN 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. INJURY DATE 06/17/2007 120. 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		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

2007-0573578
65/18/2007 06:09A
2 of 4



K00771840

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 MD 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 \$34,342.83+-, generated from Assessor's Parcel Number(s) 323030016-8, 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.

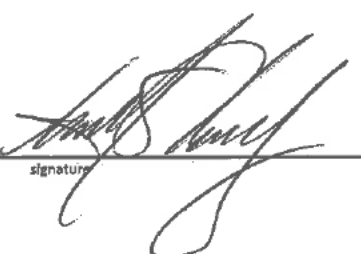
The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

06-25-2019 Anthony Sharpe Holliday as Heir to the Estate of Estella D. Holliday

(DATE)

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.

Virginia

I certify under PENALTY OF PERJURY under the laws of the State of ~~California~~ ^{Virginia} that the foregoing paragraph is true and correct. eps

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

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 Numbe****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.

Archana S. Kowalik, 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

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: Archana S. Kowalik
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

cc
n/a c/a

Fiduciary Numbe

AFFIDAVIT OF NOTICE REGARDING ESTATE OF
(who died on July 10 2015)

Estella Eleanor Duncan Holliday

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. _____	_____	_____

a.
b.
c.
d.

(Continue on other side if more space is needed)

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

- 4. (Check if applicable) 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 <u>VA</u>	
<input checked="" type="checkbox"/> City <input type="checkbox"/> County of <u>Fairfax</u>	
Subscribed and sworn to/affirmed before me on this date by <u>Anthony S Holliday</u>	PRINT NAME OF SIGNATORY
<u>10/14/2015</u>	<u>Archana S. Kowalshar</u>
DATE	<input type="checkbox"/> CLERK <input checked="" type="checkbox"/> DEPUTY CLERK <input type="checkbox"/> NOTARY PUBLIC
My commission expires: <u>n/a</u>	Registration No. (VA Notaries only): <u>n/a</u>

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. Kowalshar, Deputy Clerk



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 \$6,868.56+-, generated from Assessor's Parcel Number(s) 323030016-8, 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 10/25/2019 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

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

22648

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA CERTIFICATE OF DEATH DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

Form with fields for: 1. FULL NAME OF DECEASED (ESTELLA), 2. SEX (FEMALE), 3. DATE OF DEATH (JUL 16 2015), 4. PLACE OF DEATH (MARCH), 5. STATE OF DEATH (CALIFORNIA), 6. STREET ADDRESS (5559 SEQUOIA FARMS DR), 10. CITY OR TOWN OF RESIDENCE (CENTREVILLE), 11. COUNTY OF DEATH (FAIRFAX COUNTY), 12. U.S. STATE OF RESIDENCE (VIRGINIA), 13. ZIP CODE (20120), 14. RACE (WHITE), 15. ETHNICITY (AMERICAN INDIAN), 16. CITIZENSHIP (UNITED STATES OF AMERICA), 17. OCCUPATION (VICE PRESIDENT OF HUMAN), 18. MARRIAGE STATUS (MARRIED), 19. FULL NAME OF DECEASED'S FATHER (JOSEPH L. DUNCAN), 20. FULL NAME OF DECEASED'S MOTHER (ELEANOR E. FINLAYSON), 21. FULL NAME OF DECEASED'S SPOUSE (ANTHONY S. HOLLIDAY), 22. CITY OR TOWN OF DEATH (ALDIE), 23. STREET ADDRESS OF PLACE OF DEATH (24419 MILL CREEK DR), 24. ZIP CODE (20105), 25. COUNTY OF DEATH (LOUDOUN COUNTY), 26. PLACE OF DEATH (HOSPITAL), 27. CITY OR TOWN OF BURIAL (FAIRFAX), 28. STREET ADDRESS OF PLACE OF BURIAL (9902 BRADDOCK RD), 29. ZIP CODE (22032), 30. COUNTY OF BURIAL (FAIRFAX), 31. NAME OF FUNERAL HOME (FAIRFAX MEMORIAL FUNERAL HOME), 32. NAME OF DIRECTOR (MARTIN FOSTER), 33. TIME OF DEATH (06:00), 34. CAUSE OF DEATH (ENCEPHALOPATHY), 35. SIGNATURE OF DIRECTOR (MARTIN FOSTER), 36. SIGNATURE OF REGISTRAR (MARTIN FOSTER), 37. DID TOBACCO USE CONTRIBUTE TO DEATH?, 38. DECEASED'S OCCUPATION (VICE PRESIDENT), 39. TYPE OF DEATH (NATURAL), 40. DATE OF INJURY, 41. TIME OF INJURY, 42. LOCATION OF INJURY, 43. CITY OF INJURY, 44. STATE OF INJURY, 45. ZIP CODE OF INJURY.

VOID IF WATERMARK OR ERASED

VOID IF WATERMARK OR ERASED

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RIVERSIDE, CA 92501

June 27, 2019, 2:27 pm
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June 27, 2019
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June 26, 2019, 10:19 pm
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