

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



ITEM: 19.22
(ID # 21768)

FROM : TREASURER-TAX COLLECTOR:


MEETING DATE:
Tuesday, August 01, 2023

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 870. Last assessed to: Samuel S Bable and Thelma M. Bable, husband and wife as joint tenants with right of survivorship. District 4. [\$58,518-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries Ltd., Assignee for Shirley Leneve, heir to the Estate of Samuel S. Bable, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 693251043-9;
2. Approve the claim Global Discoveries Ltd., Assignee for Daniel Bable, heir to the Estate of Samuel S. Bable, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 693251043-9;
3. Deny the claim from Tri Palm Unified Owners Association for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 693251043-9;
4. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries Ltd., Assignee for Shirley Leneve, heir to the Estate of Samuel S. Bable in the amount of \$29,259.07 and to Global Discoveries Ltd., Assignee for Daniel Bable, heir to the Estate of Samuel S. Bable in the amount of \$29,259.07, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

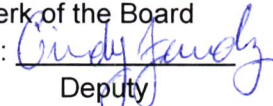
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 7/19/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Gutierrez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Perez, Washington, and Gutierrez
Nays: None
Absent: None
Date: August 1, 2023
xc: Treasurer

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$58,518	\$ 0	\$58,518	\$ 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:	23/24

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 defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Global Discoveries Ltd., Assignee for Shirley Leneve, heir to the Estate of Samuel S. Bable based on an Assignment of Right to Collect Excess Proceeds notarized August 17, 2018, a Corporation Grant Deed recorded November 23, 1982 as Instrument No. 1982-203381, an Affidavit for Collection of Personal Property California Probate Code Section 13100 notarized July 25, 2018, Certificates of Death for Thelma Mae Bable and Samuel S. Bable, a Certificate of Birth for Shirley Ann Bable, and Marriage Certificates for Shirley Ann Bable.
2. Claim from Global Discoveries Ltd., Assignee for Daniel Bable, heir to the Estate of Samuel S. Bable based on an Assignment of Right to Collect Excess Proceeds notarized August 17, 2018, a Corporation Grant Deed recorded November 23, 1982 as Instrument No. 1982-203381, an Affidavit for Collection of Personal Property California Probate Code Section 13100 notarized July 16, 2018, Certificates of Death for Thelma Mae Bable and Samuel S. Bable, and a Certificate of Birth for Daniel Joseph Bable.
3. Claim from Tri Palm Unified Owners Association based on a Notice of Delinquent Assessment recorded August 07, 2017 as Instrument No. 2017-0322486.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries Ltd., Assignee for Shirley Leneve, heir to

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

the Estate of Samuel S. Bable be awarded excess proceeds in the amount of \$29,259.07 and Global Discoveries Ltd., Assignee for Daniel Bable, heir to the Estate of Samuel S. Bable be awarded excess proceeds in the amount of \$29,259.07. The claim from Tri Palm Unified Owners Association be denied since their lien was released with a Release of Notice of Delinquent Assessment recorded April 29, 2022 as Instrument No. 2022-0202868. 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 GlobalS

ATTACHMENT B. Claim GlobalD

ATTACHMENT C. Claim Tri


Kristine Bell-Valdez, Supervising Deputy County Counsel 6/13/2023

CLAIM SUMMARY

Date: August 10, 2018
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 693251043-9
Last Assessee: BABLE SAMUEL S BABLE THELMA M
Sale Date: 4/26/2018
TC: TC 212
Item Number: 870
Deadline: 6/26/2019

RECEIVED
2018 AUG 27 PM 3:55
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. **Explanation of Events**
2. Corporation Grant Deed granting interest to Samuel S. Bable and Thelma M. Bable as husband and wife, joint tenants as Document Number: 203381, recorded on 11/23/1982 in Riverside County, CA.
3. Copy of Certificate of Death for Thelma M. Bable – **Certified death certificate included in Daniel Bable’s claim package.**
4. Copy of Certificate of Death for Samuel S. Bable – **Certified death certificate included in Daniel Bable’s claim package.**
 - a. **Please Note: The 33530 CARLSBAD CIR THOUSAND PALMS CA 92276 address that is noted on Mr. Bable’s death certificate is one and the same address that is listed on the above-mentioned Corporation Grant Deed.**
5. Copy of Probate Affidavit for the Estate of Samuel S. Bable – **Original probate affidavit included in Daniel Bable’s claim package.**
6. Birth Certificate for Shirley Ann Bable listing Samuel S. Bable as her Father
7. Marriage Certificate for Shirley showing her last name change from Bable to Rzeznikiewicz
8. Marriage Certificate for Shirley showing her last name change from Rzeznikiewicz to Leneve
9. Tax Return showing Shirley Leneve previously reporting to **the 33530 CARLSBAD CIR THOUSAND PALMS CA 92276 address; which is one and same address that is listed on the above-mentioned Corporation Grant Deed.**
10. Affidavit
11. Assignment of Rights To Collect Excess Proceeds signed by Shirley Leneve as heir to the Estate of Samuel S Bable
12. Claim form(s) signed by Global Discoveries
13. Photo ID for Assignor: Shirley Leneve

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

- One warrant in the amount of \$29,257.07 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: 7018-0040-0000-8203-9758



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 693251043-9 Tax Sale Number, Item 870 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 29,516.50+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Shirley Leneve
(Signature of Party of Interest/Assignor)

7/25/18
(Date)

Shirley Leneve as heir to the Estate of Samuel S Bable
(Name Printed)

2336 N. Ocotillo Ln.
(Address)

Huachuca City, AZ, 85616
(City/State/Zip)

(520) 224-8471
(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 ARIZONA

County of COCHISE

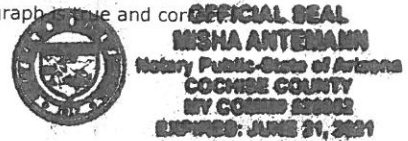
On 25 JULY 2018 before me, MISHA ANTEMANN, NOTARY PUBLIC, personally appeared
(Date) SHIRLEY ANN LENEVE (here insert name and title of the officer)

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 ARIZONA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Misha Antemann (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, 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)

Global Discoveries Ltd.
(Address)

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

Phone: (209) 593-3913

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State of California

County of Stanislaus

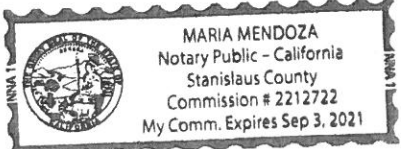
On 8/17/18 before me, Maria Mendoza, Notary Public, personally appeared
(Date) Jed Byerly (here insert name and title of the officer)

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.

Maria Mendoza (seal)
Signature of Notary Public

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



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 693251043-9
Tax Sale Number: TC 212
Item Number: 870
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$29,257.07+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

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

Please refer to Claim Summary and attached Documents

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

Executed this 15th day of August, 2018 at Modesto, California.

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

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State of California

County of Stanislaus

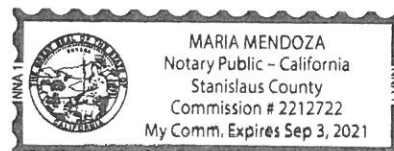
On 8/17/18 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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



AFFIDAVIT

I, Shirley Leneve, do hereby declare:

1. I am over the age of 18 and a resident of Huachuca, AZ. 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. Samuel S. Bable is one and the same person who is noted on Corporation Grant Deed as Document Number: 203381, recorded on 11/23/1982 in Riverside County, CA.
3. I, Shirley Leneve am a biological child of Samuel S. Bable.
4. Samuel S. Bable is one and the same person as Samuel Sloan Bable.
5. I, Shirley Leneve am one and the same person as Shirley Ann Leneve as noted on my Arizona Driver License as License Number:
6. I, Shirley Leneve was born as Shirley Ann Bable as noted on my Birth Record issued by the Connecticut State Department of Health and noted on the Certificate of Confidential Marriage to Joseph John Rzeznikiewicz as Authorization Number: 014320.
7. I, Shirley Leneve am one and the same person who is noted as Shirley A. Rzeznikiewicz on my Marriage Certificate to Dale A. Leneve as Document Number: C 942763.
8. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 693251043-9.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 3 day of AUGUST 2018, in SIERRA VISTA AZ

x Shirley Leneve
Shirley Leneve as heir to the Estate of Samuel S Bable

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 ARIZONA

County of COCHISE

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

3 day of AUGUST, 20 18, by
Date Month Year

SHIRLEY ANN LENEVE
Name of Signer

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

Signature Misha Antemann
Signature of Notary Public

(Place Notary Seal Above)



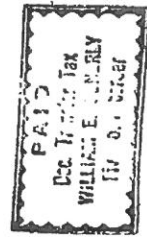
203381

Order No. 1629849
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

Samuel S. and Thelma M. Bable
33-530 Carlsbad Circle
Thousand Palms, CA 92276

RECEIVED FOR RECORD
AT 900 CLOACK AAL
FIRST AMERICAN TITLE COMPANY
OF RIVERSIDE
203381
NOV 23 1982
William E. Hopmann
Recorder



SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Same as above.

DOCUMENTARY TRANSFER TAX \$ 6.60
...X Computed on the consideration or value of property conveyed; OR
... Computed on the consideration or value less liens or encumbrances
remaining at time of sale.
Signature of Declarant or Agent Determining tax - Firm Name
First American Trust Company

APN 653-521-044-2

CORPORATION GRANT DEED

1629849-E

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, FIRST AMERICAN TRUST COMPANY, Successor Trustee Under Trust No. P-491 to First American Title Insurance and Trust Company,

a corporation organized under the laws of the State of California does hereby

GRANT to SAMUEL S. BABLE and THELMA M. BABLE, husband and wife as joint tenants with right of survivorship,

the real property in the unincorporated area of the State of California, described as County of Riverside

LOT 354 OF TRACT 3911, as shown on a Map recorded in Book 62, Pages 19 through 33, inclusive of Maps, Records of Riverside County, California.

SUBJECT TO covenants, conditions, easements, reservations, restrictions, rights of way of record, and encumbrances, if any.

ALSO SUBJECT TO all unpaid taxes and special assessments.

Dated November 18, 1982

STATE OF CALIFORNIA
COUNTY OF ORANGE

On November 18, 1982

before me, the undersigned, a Notary Public in and for said State, personally appeared James G. Raguse

known to me to be the Vice President, and Janet Hopmann

known to me to be the Assistant Secretary of the corporation that executed the within instrument, and 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 a resolution of its board of directors.

WITNESS my hand and official seal.
Signature: Joan P. Henderson

FIRST AMERICAN TRUST COMPANY
Successor Trustee Under Trust No. P-491 to First American Title Insurance and Trust Company

By James G. Raguse Vice President

By Janet Hopmann Assistant Secretary



MAIL TAX STATEMENTS AS DIRECTED ABOVE

1144 (10/88)

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Samuel S. Bable died on 02/01/2012 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$ 59,033.00+- of which we are entitled to collect 50% and/or \$29,516.50 +-, generated from Assessor's Parcel Number(s) 693251043-9, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Daniel Bable; & Shirley Leneve
7. The undersigned (please check which box(s) applies):
 Is successor(s) of the decedent to the decedent's interest in the described property, or
 Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;
8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

7-16-18
(DATE)

Daniel Bable
Printed Name

Daniel Bable
signature

7/25/18
(DATE)

Shirley Leneve
Printed Name

Shirley Leneve
signature

(DATE)

Printed Name

signature

(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 ARIZONA

County of COCHISE

On 25 JULY 2018 before me, MISHA ANTEMANN, NOTARY PUBLIC, personally appeared
(Date) (here insert name and title of the officer)

SHIRLEY ANN LENEVE, 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.

Misha Antemann (seal)
Signature of Notary Public



OFFICIAL SEAL
MISHA ANTEMANN
Notary Public-State of Arizona
COCHISE COUNTY
MY COMMISSION NUMBER
EXPIRES: JUNE 21, 2021

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052009004998

CERTIFICATE OF DEATH

3200933000312

1 NAME OF DECEDENT - FIRST (Given) THELMA		2 MIDDLE MAE		3 LAST (Family) BABLE	
4 DATE OF BIRTH 04/02/1923					
5 AGE Yrs 85					
6 SEX F					
7 DATE OF DEATH 01/11/2009					
8 HOURS (24 Hours) 1430					
9 MARITAL STATUS (at Time of Death) MARRIED					
10 DECEDENT'S RACE - Up to 3 races only be listed (see worksheet on back) CAUCASIAN					
11 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) HEALTH CARE					
12 YEARS IN OCCUPATION 8					
13 DECEDENT'S RESIDENCE (street and number or location) 33530 CARLSBAD CIRCLE					
14 CITY THOUSAND PALMS					
15 COUNTY RIVERSIDE					
16 ZIP CODE 92276					
17 YEARS IN COUNTY 35					
18 STATE/COUNTRY CA					
19 INFORMANT'S NAME (see instructions) SAMUEL BABLE, SPOUSE					
20 INFORMANT'S ADDRESS (street and number or location, city, state, ZIP) 33530 CARLSBAD CIRCLE, THOUSAND PALMS, CA 92276					
21 NAME OF SURVIVAL SPOUSE - First SAMUEL					
22 MIDDLE SLOAN					
23 LAST (Family) BABLE					
24 NAME OF FATHER - First JOSEPH					
25 MIDDLE BORGES					
26 LAST (Family) VIERA					
27 NAME OF MOTHER - First ROSE					
28 MIDDLE BORGES					
29 LAST (Family) VIERA					
30 DISPOSITION DATE 01/16/2009					
31 PLACE OF FINAL DISPOSITION RES. SAMUEL BABLE					
32 ADDRESS (street and number or location) 33530 CARLSBAD CIRCLE, THOUSAND PALMS, CA 92276					
33 TYPE OF DISPOSITION (S) CR/RES					
34 NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEM. PARKS & MTYS					
35 LICENSE NUMBER FD 1847					
36 DATE 01/14/2009					
37 PLACE OF DEATH EISENHOWER MEDICAL CENTER					
38 COUNTY RIVERSIDE					
39 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 39000 BOB HOPE DRIVE					
40 CITY RANCHO MIRAGE					
41 IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) HYPOGLYCEMIC ENCEPHALOPATHY					
42 UNDERLYING CAUSE (Primary cause of death) (B) HYPONATREMIA					
43 UNDERLYING CAUSE (Secondary cause of death) (C) DIABETES TYPE II					
44 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 407 NONE					
45 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 407 OR 107 (If yes, list type of operation and date) NO					
46 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH DECLARED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 01/04/2009					
47 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 01/11/2009					
48 TYPE OF TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CHARLES GABRIEL UKPONG M.D.					
49 LICENSE NUMBER A104247					
50 DATE 01/14/2009					
51 PLACE OF INJURY (If 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) 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92276					
52 DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
53 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
54 DATE 01/11/2009					
55 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					

INFORMATIONAL AND A VALID DOCUMENT TO ESTABLISH IDENTITY



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

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

DATE ISSUED

JUL 05 2018



034778304

Peter Aldana

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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARVER502

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052012022256

CERTIFICATE OF DEATH

3201233001341

STATE FILE NUMBER 3052012022256		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS NO. 14-0001-300		LOCAL REGISTRATION NUMBER 3201233001341	
1. NAME OF DECEDENT - FIRST (Given) SAMUEL		2. MIDDLE S.		3. LAST (Family) BABLE	
AKA, ALSO KNOWN AS - Include 1st AKA (FIRST, MIDDLE, LAST) SAMUEL SLOAN BABLE					
4. DATE OF BIRTH mm/dd/yyyy 08/02/1925		5. AGE Yrs. 86		6. SEX M	
7. BIRTH DATE/FORIGN COUNTRY PA		8. SOCIAL SECURITY NUMBER [REDACTED]		9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. EDUCATION - Highest Level (Degree, certificate, or diploma) HS GRADUATE		11. DECEDECENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (at time of death) WIDOWED	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LIEUTENANT		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY		15. YEARS IN OCCUPATION 33	
16. DECEDENT'S RESIDENCE (Street and residential care facility) 33530 CARLSBAD CIRCLE					
17. CITY THOUSAND PALMS		18. COUNTY/PROVINCE RIVERSIDE		19. ZIP CODE 92276	
20. YEARS IN COUNTY 39		21. STATE/FOREIGN COUNTRY CA		22. INFORMANT'S NAME, RELATIONSHIP DANIEL J. BABLE, SON	
23. INFORMANT'S MAILING ADDRESS (Street and number or post office box number, city, state, ZIP+4) 38430 CARLSBAD CIRCLE, THOUSAND PALMS, CA 92276		24. NAME OF SURVIVING SPOUSE (FIRST, MIDDLE, LAST BIRTH NAME) [REDACTED]		25. NAME OF FATHER (FIRST, MIDDLE, LAST BIRTH NAME) SAMUEL M. BABLE	
26. NAME OF MOTHER (FIRST, MIDDLE, LAST BIRTH NAME) LEAFY M.		27. NAME OF FATHER (FIRST, MIDDLE, LAST BIRTH NAME) [REDACTED]		28. NAME OF MOTHER (FIRST, MIDDLE, LAST BIRTH NAME) [REDACTED]	
29. DISPOSITION DATE mm/dd/yyyy 02/09/2012		30. PLACE OF FINAL DISPOSITION RES. SHELMA LOUI 1105 ACACIA ROAD #108, PEARL CITY, HI 96782			
31. TYPE OF DISPOSITION CR/TR/RES		32. SIGNATURE OF EMPLOYER [REDACTED]		33. LICENSE NUMBER [REDACTED]	
34. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL PARKS & MOURNERS		35. LICENSE NUMBER FD 1847		36. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
37. DATE mm/dd/yyyy 02/07/2012		38. PLACE OF DEATH EISENHOWER MEDICAL CENTER			
39. COUNTY RIVERSIDE		40. FACILITY ADDRESS (if location where found (Street and number, or description) 39000 BOB HOPE DRIVE		41. CITY RANCHO MIRAGE	
42. CAUSE OF DEATH HEMORRHAGIC STROKE		43. HYPERTENSIVE EMERGENCY [REDACTED]		44. RESPIRATORY FAILURE [REDACTED]	
45. CEREBROVASCULAR DISEASE [REDACTED]		46. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		47. 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
48. 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 (If yes, list type of operation and date) NO		49. 114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		50. 115. CERTIFY TRUE TO THE BEST OF MY KNOWLEDGE BEGAN OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deceased Attended By: _____ Deceased Last Seen At: _____	
51. 116. SIGNATURE AND TITLE OF CORONER [REDACTED]		52. 117. LICENSE NUMBER A111030		53. 118. DATE mm/dd/yyyy 02/03/2012	
54. 119. TYPE OF DEATH (MURDER, SUICIDE, HOMICIDE, ACCIDENT, NATURAL, UNK) [REDACTED]		55. 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		56. 121. INJURY DATE mm/dd/yyyy [REDACTED]	
57. 122. HOUR (24 Hour) [REDACTED]		58. 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]			
59. 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]					
60. 125. LOCATION OF INJURY (Street and number, or location, and city, and state) [REDACTED]					
61. 126. SIGNATURE OF CORONER (DEPUTY CORONER) [REDACTED]		62. 127. DATE mm/dd/yyyy [REDACTED]		63. 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
64. STATE REGISTRAR [REDACTED]		65. FAX AUTH. [REDACTED]		66. GENBUS TRAIT [REDACTED]	

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

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

DATE ISSUED **JUL 05 2018**

DATE ISSUED

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

034778303

Peter Aldama
PETER ALDAMA
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



CARIVERS02

LEGAL FEE \$1.00

CONNECTICUT STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

Certified Copy of Birth Record

1. PLACE OF BIRTH: (a) State of Connecticut (b) County		(c) Town		2. USUAL RESIDENCE OF MOTHER: (a) State Connecticut (b) County		(c) Town		(d) Is Residence Inside a City or Borough Limits?		
New London		New London		New London		New London		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
(d) Name of Hospital or Institution (If not in a hospital or institution, give Street No. or location)				(e) Street Number (If rural, give location)				If Yes, name City or Borough		
Memorial Associated Hospitals				Lawrence &				6 Belden Court, Apt. A		
3. CHILD'S NAME (First)			(Middle)		(Last)		4. DATE OF BIRTH (Month) (Day) (Year)			
Shirley			Ann		Bable		Dec. 27 1957			
5. SEX		6. (a) THIS BIRTH			(b) IF TWIN OR TRIPLET, WAS CHILD BORN			7. (a) LENGTH OF PREGNANCY COMPLETED WEEKS		(b) WEIGHT AT BIRTH lb. oz.
Female		Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>			1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>			10		6 lb. 8 oz.
8. FULL NAME						15. FULL MAIDEN NAME				
Samuel Sloan Bable						Thelma Mae Borges				
9. RESIDENCE						16. RACE				
New London Connecticut						White				
10. RACE						17. AGE AT TIME OF THIS BIRTH				
White						34				
12. BIRTHPLACE (City or town) (State or foreign country)						18. BIRTHPLACE (City or town) (State or foreign country)				
Vandergrift Pennsylvania						Honolulu Hawaii				
13. USUAL OCCUPATION						19. PREVIOUS PREGNANCY HISTORY OF THIS MOTHER				
U. S. Navy						(a) How many other children of this mother are now living? 2				
						(b) How many other children were born alive but are now dead? 0				
14. INDUSTRY OR BUSINESS						(c) How many children were born dead? 1				
						(Do NOT include this birth) (Products of conception, fetuses, born dead at ANY time after conception)				
20. (a) WAS BLOOD TEST MADE? (Yes or No)						21. MOTHER'S MAILING ADDRESS				
Yes						6 Belden Court, Apt. A. New London, Connecticut				
(b) Date of test										
Nov. 1957										
(c) If blood test not made, reason why not										
22. I HEREBY CERTIFY that I attended the birth of this child who was born alive at the hour of 8:50 P.M. on the date above stated and that the information given was furnished by Mrs. Thelma M. Bable related to this child as Mother										
23. (a) ATTENDANT'S OWN SIGNATURE									(b) Date Signed	
Joseph T. Murray, M. D.									1/9/58	
(c) Address										
New London, Connecticut										
24. DATE ON WHICH GIVEN NAME ADDED						REGISTRAR				
						BY				
THIS CERTIFICATE RECEIVED FOR RECORD ON						REGISTRAR				
Jan. 10, 1958						BY Grace M. Podeszwa, Asst.				

I certify that this is a true transcript of the information on the birth record as recorded in this office.

Attest: Elizabeth T. Roath Registrar of Vital Statistics

Dated August 14th, 1958 Town of New London, Connecticut

AUTHORIZATION AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

014320
Authorization Number

Registration

USE BLACK INK

PERSONAL DATA OF HUSBAND	1A. Name of Husband—First Name JOSEPH	1B. Middle Name JOHN	1C. Last Name RZEZNIKIEWICZ	
	2. Date of Birth—Month, Day, Year 05-06-43	3. Age (Last Birthday) 41		4. Birthplace (State or Foreign Country) MAINE
	5A. Name of Father of Husband JOSEPH CLEMENS RZEZNIKIEWICZ	5B. Birthplace NEW BRUNSWICK	6A. Birth Name of Mother of Husband ALICE V. MALATESTA	6B. Birthplace NEW YORK
	7A. Name of Wife—First Name SHIRLEY	7B. Middle Name ANN	7C. Last Name (Birth Name) BABLE	
PERSONAL DATA OF WIFE	8. Date of Birth—Month, Day, Year 12-27-57	9. Age (Last Birthday) 27		10. Birthplace (State or Foreign Country) NEW YORK
	11A. Name of Father of Wife SAMUEL SLOAN BABLE	11B. Birthplace PENNSYLVANIA	12A. Birth Name of Mother of Wife THELMA MAE BABLE	12B. Birthplace ILLINOIS
	13A. Residence (Street and Number, Rural Number, or Location) 3726 JASMINE ST, #204	13B. City or Town LOS ANGELES	13C. County (Outside California, Enter State) LOS ANGELES	
AFFIDAVIT OF HUSBAND AND WIFE	WE the undersigned, declare or affirm, each for ourselves, that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the personal information provided above is true and correct to the best of our knowledge.			
	14A. Signature of Husband <i>[Signature]</i>	14B. Signature of Wife <i>[Signature]</i>		

AUTHORIZATION

I the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code.

15A. Authorizing Signature L. FOBBS FRANK S. ZOLIN, COUNTY CLERK	16. Name and Address if Other Than County Clerk	Affix Seal 9601
15B. Title DEPUTY CLERK	15C. Issue Date 1-28-85	
15D. County of Issue LOS ANGELES	15E. Expiration Date 4-28-85	

CERTIFICATION OF PERSON PERFORMING CEREMONY	17. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California. On FEBRUARY 16 Day 85	18A. Signature of Person Performing Ceremony and Official Title <i>[Signature]</i>	
	At LONG BEACH, LOS ANGELES County California	18B. Name of Person Performing Ceremony (Type) REV. JOHN B. GREGORY	18C. Denomination CHRISTIAN
		18D. Address—Street Address, City or Town, and State (Type) PIER 1, QUEEN MARY, LONG BEACH, CA (90802)	

TO BE COMPLETED BY COUNTY CLERK AT THE TIME OF FILING

COUNTY CLERK	19. Date Accepted for Filing	20. County Clerk—Signature <i>[Signature]</i>
---------------------	------------------------------	--

This is a true and certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

MAR 19 1985

Shah Winder REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA



Marriage Certificate

Clark County, Nevada

No. C 942763

This is to Certify that the undersigned did on the 4 day of April, 1998

at Little Church of the Most Pure Heart

Address or Church City

Nevada, join in lawful wedlock

DALE A. LENEVE

and

SHIRLEY A. RZERNIKIEWICZ

of SAN DIEGO, CALIFORNIA

of SAN DIEGO, CALIFORNIA

of SAN DIEGO, CALIFORNIA

with their mutual consent in the presence of

Patricia Kassaman

Type or Print Name of Witness

SYNRISE COMMUNITY CHURCH

Type or Print Church or Affiliation
Box 14751 Las Vegas, NV 89114

Type or Print Address of Official

J. A. Hamilton
Signature of Official

Type or Print City, State, Zip

JUDITH A. VANDEVER, RECORDER

EXPLANATION OF EVENTS:
PROPERTY: 693251043-9
33530 CARLSBAD CIR THOUSAND PALMS CA 92276-4031

- Samuel S. Bable and Thelma M. Bable were the last record owners of the above referenced property as husband and wife, joint tenants per the Corporation Grant Deed recorded on 11/23/1982.
- Thelma M. Bable passed away on 01/11/2009 leaving Samuel S. Bable as the surviving joint tenant.
- Samuel S. Bable passed away on 02/01/2012. To our knowledge, he left NO Last Will and Testament, nor was his Estate ever probated in the State of California.
- Samuel S. Bable died with NO surviving spouse and had TWO biological children; Daniel Bable and Shirley Leneve.
- Due to the above, **Daniel Bable and Shirley Leneve** are each entitled to collect 50% and/or approximately **\$29,257.07+- EACH** of the total Excess Proceeds generated for the above referenced property as heirs to the Estate of Samuel S. Bable.

CLAIM SUMMARY

Date: August 10, 2018
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 693251043-9
Last Assessee: BABLE SAMUEL S BABLE THELMA M
Sale Date: 4/26/2018
TC: TC 212
Item Number: 870
Deadline: 6/26/2019

RECEIVED
2018 AUG 27 PM 3:55
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. **Explanation of Events**
2. Corporation Grant Deed granting interest to Samuel S. Bable and Thelma M. Bable as husband and wife, joint tenants as Document Number: 203381, recorded on 11/23/1982 in Riverside County, CA.
3. Certified Certificate of Death for Thelma M. Bable
4. Certified Certificate of Death for Samuel S. Bable – **Please Note: The 33530 CARLSBAD CIR THOUSAND PALMS CA 92276 address that is noted on Mr. Bable’s death certificate is one and the same address that is listed on the above-mentioned Corporation Grant Deed.**
5. **Original** Probate Affidavit for the Estate of Samuel S. Bable
6. Birth Certificate for Daniel Joseph Bable listing Samuel S. Bable as his Father
7. Tax Statement showing Daniel Bable previously reporting to the **33530 CARLSBAD CIR THOUSAND PALMS CA 92276 address; which is one and same address that is listed on the above-mentioned Corporation Grant Deed.**
8. Affidavit
9. Assignment of Rights To Collect Excess Proceeds signed by Daniel Bable as heir to the Estate of Samuel S Bable
10. Claim form(s) signed by Global Discoveries
11. Photo ID for Assignor: Daniel Bable

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

- One warrant in the amount of \$29,257.07 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: 7018-0040-0000-8203-9758



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 693251043-9 Tax Sale Number, Item 870 sold at public auction on 4/26/2018. I understand that the total of excess proceeds available for refund is \$ 59,033.00+/-, 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: Daniel Bable

Date: 7-16-18

Name Printed: Daniel Bable as heir to the Estate of Samuel S Bable

Address: 95-1060 Lehiwa Dr. #102

City/State/Zip: Milliani, HI, 96789

Area Code/Telephone Number: 760-408-1933

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.

Doc. Date: 7/16/18 # Pages: 1st Circuit
Name: Cheryl Vera Cruz
Doc. Description: Assignment of Right To Collect Excess Proceeds
Notary Signature: [Signature] Date: 7/16/18

State of Hawaii

County of Honolulu

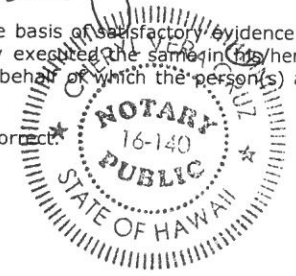
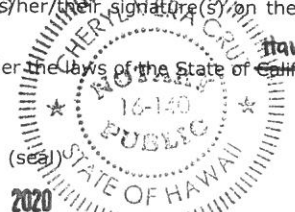
On 7/16/18 before me, Cheryl Vera Cruz Financial Service Officer, personally appeared Daniel Bable as heir to the Estate of Samuel S. Bable

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: [Signature] My Commission Expires: APR 18 2020



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: [Signature]

Name Printed: Jed Byerly, Managing Member

Tax ID/SS#

Address: Global Discoveries Ltd.

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 8/17/18 before me, Maria Mendoza, Notary Public, personally appeared Jed Byerly

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

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

WITNESS my hand and official seal.

Signature of Notary Public: Maria Mendoza (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: 693251043-9
Tax Sale Number: TC 212
Item Number: 870
Date of Sale: 4/26/2018

The undersigned claimant, Global Discoveries, Ltd., claims \$29,257.07+/- 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 ^{11th} day of August, 2018 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

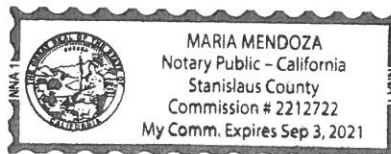
On 8/17/18 before me, Maria Mendoza, Notary Public, personally appeared Jed Byerly (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Maria Mendoza (seal)
Signature of Notary Public



AFFIDAVIT

I, Daniel Bable, do hereby declare:

1. I am over the age of 18 and a resident of Miliami, HI. 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. Samuel S. Bable is one and the same person who is noted on Corporation Grant Deed as Document Number: 203381, recorded on 11/23/1982 in Riverside County, CA.
3. I, Daniel Bable am a biological child of Samuel S. Bable.
4. Samuel S. Bable is one and the same person as Samuel Sloan Bable.
5. I, Daniel Bable am one and the same person as Daniel J. Bable and Daniel Joseph Bable.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 693251043-9.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 16 day of July, 2018, in Honolulu, Hawaii.

x Daniel Bable as heir to the Estate of Samuel S. Bable
Daniel Bable as heir to the Estate of Samuel S Bable

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 Hawaii

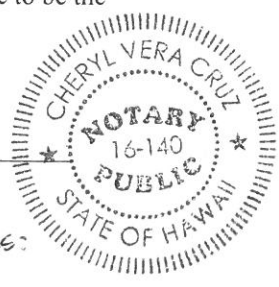
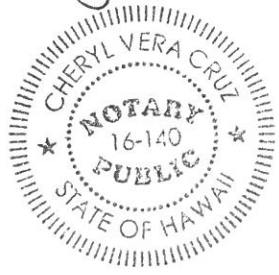
County of Honolulu

Doc. Date: 7/16/18 # Pages: 1
Name: Cheryl Vera Cruz 1st Circuit
Doc. Description: Affidavit

[Signature] 7/16/18
Notary Signature Date

Subscribed and sworn to (or affirmed) before me on this
16th day of July, 2018, by
Date Month Year
Daniel Bable as heir to the Estate of Samuel S Bable
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
Cheryl Vera Cruz
My commission expires: **APR 10 2020**

Order No. 1629849
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

Samuel S. and Thelma M. Bable
33-530 Carlsbad Circle
Thousand Palms, CA 92276

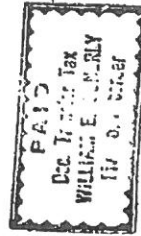
RECORDED FOR RECORD
AT 900 CLOVIS AVE.
A Division of
FIRST AMERICAN TITLE COMPANY
OF RIVERSIDE

Book 62, Page 203361

NOV 23 1982

Recorded in Office of
Recorder-County, Riverside
California

William E. Murphy
Recorder



SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Same as above.

DOCUMENTARY TRANSFER TAX \$ 6.60

...% Computed on the consideration or value of property conveyed; OR
... Computed on the consideration or value less liens or encumbrances
remaining at time of sale.

Signature of Declarant or Agent for recording tax - Firm Name
First American Trust Company

APN 653-521-044-2

CORPORATION GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, FIRST AMERICAN TRUST COMPANY, Successor Trustee Under Trust No. P-491 to First American Title Insurance and Trust Company,

a corporation organized under the laws of the State of California, does hereby

GRANT to SAMUEL S. BABLE and THELMA M. BABLE, husband and wife as joint tenants with right of survivorship,

the real property in the unincorporated area of the County of Riverside, State of California, described as

LOT 354 OF TRACT 3911, as shown on a Map recorded in Book 62, Pages 19 through 33, inclusive of Maps, Records of Riverside County, California.

SUBJECT TO covenants, conditions, easements, reservations, restrictions, rights of way of record, and encumbrances, if any.

ALSO SUBJECT TO all unpaid taxes and special assessments.

Dated November 18, 1982

STATE OF CALIFORNIA
COUNTY OF ORANGE

On November 18, 1982
before me, the undersigned, a Notary Public in and for said State, personally appeared James G. Raguse

known to me to be the Vice President, and Janet Hopmann

known to me to be the Assistant Secretary of the corporation that executed the within instrument, and 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 a resolution of its board of directors.

WITNESS my hand and official seal.
Signature *Joan P. Henderson*

FIRST AMERICAN TRUST COMPANY
Successor Trustee Under Trust No. P-491 to First American Title Insurance and Trust Company

By *James G. Raguse* Vice President

By *Janet Hopmann* Assistant Secretary



(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1144 (10/80)

1629849-E

203361

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Samuel S. Bable died on 02/01/2012 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$ 59,033.00+- of which we are entitled to collect 50% and/or \$29,516.50 +-, generated from Assessor's Parcel Number(s) 693251043-9, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/26/2018.
6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Daniel Bable; & Shirley Leneve
7. The undersigned (please check which box(s) applies):
 - Is successor(s) of the decedent to the decedent's interest in the described property, or
 - Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;
8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

7-16-18
(DATE)

Daniel Bable
Printed Name

Daniel Bable
signature

7/25/18
(DATE)

Shirley Leneve
Printed Name

Shirley Leneve
signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(Attach Additional Sheet if Necessary)

STATE OF HAWAII)
) SS.
CITY AND COUNTY OF HONOLULU)

On this 16th day of July, 2018 before me personally appeared Daniel Rahl to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged to me that he executed the same as his free act and deed.

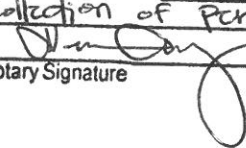


Notary Public, First Judicial Circuit,
State of Hawaii

Cheryl Vera Cruz

My commission expires: APR 10 2020



Doc. Date: 7/12/18 # Pages: 3
Name: Cheryl Vera Cruz 1st Circuit
Doc. Description: Affidavit For
Collection of Personal Property
 7/12/18
Notary Signature Date

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

3052009004998

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
 YES-148(REV. 1/04)

3200933000312

STATE FILE NUMBER 3052009004998		LOCAL REGISTRATION NUMBER 3200933000312	
1 NAME OF DECEDENT - FIRST (Given) THELMA		2 MIDDLE MAE	
3 LAST (Family) BABLE		4 DATE OF BIRTH mm/dd/yyyy 04/02/1923	
5 AGE Yrs 85		6 SEX F	
8 BIRTH STATE/FOREIGN COUNTRY HI		12 MARITAL STATUS (at Time of Death) MARRIED	
13 EDUCATION - Highest Level/Day(s) (See instructions on back) 08		14/15 WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7 DATE OF DEATH mm/dd/yyyy 01/11/2009	
8 HOUR (24 Hours) 1430		9 HOURS 1430	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FOOD SERVICE		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) HEALTH CARE	
19 YEARS IN OCCUPATION 8		20 DECEDENT'S RESIDENCE (Street and number or location) 33530 CARLSBAD CIRCLE	
21 CITY THOUSAND PALMS		22 COUNTY/PROVINCE RIVERSIDE	
23 ZIP CODE 92276		24 YEARS IN COUNTY 35	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP SAMUEL BABLE, SPOUSE	
27 INFORMANT'S MAILING ADDRESS (Street and number or care of, city of birth, state, zip) 33530 CARLSBAD CIRCLE, THOUSAND PALMS, CA 92276		28 NAME OF SURVIVING SPOUSE - FIRST SAMUEL	
29 MIDDLE SLOAN		30 LAST (Maiden Name) BABLE	
31 NAME OF FATHER - FIRST JOSEPH		32 MIDDLE BORGES	
33 NAME OF MOTHER - FIRST ROSE		34 MIDDLE VIERA	
35 BIRTH STATE HI		36 BIRTH STATE HI	
38 DISPOSITION DATE mm/dd/yyyy 01/16/2009		40 PLACE OF FINAL DISPOSITION RES. SAMUEL BABLE 33530 CARLSBAD CIRCLE, THOUSAND PALMS, CA 92276	
41 TYPE OF DISPOSITION(S) CR/RES		42 SIGNATURE OF FUNERAL MGR.	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEM. PARKS & MTYS.	
45 LICENSE NUMBER FD 1847		46 SIGNATURE OF LOCAL REGISTRAR	
47 DATE mm./dd./yyyy 01/14/2009		48 DATE mm./dd./yyyy 01/14/2009	
101 PLACE OF DEATH EISENHOWER MEDICAL CENTER		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
104 COUNTY RIVERSIDE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 39000 BOB HOPE DRIVE		106 CITY RANCHO MIRAGE	
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. (A) HYPOGLYCEMIC ENCEPHALOPATHY		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109 UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) HYPONATREMIA		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) DIABETES TYPE II		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 NONE		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: mm/dd/yyyy (a) 01/04/2009 (b) 01/11/2009		115 SIGNATURE AND TITLE OF CERTIFIER FC	
116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CHARLES GABRIEL UKPONG M.D. 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270		117 LICENSE NUMBER A104247	
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		118 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
119 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121 INJURY DATE mm/dd/yyyy	
120 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122 HOUR (24 Hours)	
123 LOCATION OF INJURY (Street and number, or location, and city, and zip)		123 HOUR (24 Hours)	
124 SIGNATURE OF CORONER / DEPUTY CORONER		124 HOUR (24 Hours)	
125 DATE mm/dd/yyyy		125 HOUR (24 Hours)	
126 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		126 HOUR (24 Hours)	
STATE REGISTRAR		FAX AUTH. #	
CENSUS TRACT		CENSUS TRACT	

INFORMATIONAL
 NOT A VALID DOCUMENT
 TO ESTABLISH IDENTITY



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

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

DATE ISSUED

JUL 05 2010



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

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

CARIVERS02

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052012022256

CERTIFICATE OF DEATH

3201233001341

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-140REV 3/06		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) SAMUEL		2. MIDDLE S.		3. LAST (Family) BABLE	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) SAMUEL SLOAN BABLE		4. DATE OF BIRTH mm/dd/yyyy 08/02/1925		5. AGE Yrs. Mths. Ds. Hrs. Mins. Ss. Sex 86 M	
9. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 02/01/2012		8. HOUR (24 Hours) 1110	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LIEUTENANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY		19. YEARS IN OCCUPATION 33	
20. DECEDENT'S RESIDENCE (Street and number, city, state and zip) 33530 CARLSBAD CIRCLE		21. CITY THOUSAND PALMS		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92276		24. YEARS IN COUNTY 39		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP DANIEL J. BABLE, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, city, state and zip) 38530 CARLSBAD CIRCLE, THOUSAND PALMS, CA 92276			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST SAMUEL		32. MIDDLE M.		33. LAST BABLE	
35. NAME OF MOTHER/PARENT - FIRST LEAFY		36. MIDDLE M.		37. LAST (BIRTH NAME) RUPERT	
38. DISPOSITION DATE mm/dd/yyyy 02/09/2012		40. PLACE OF FINAL DISPOSITION RES. SHELMA LOUI 1105 ACACIA ROAD #108, PEARL CITY, HI 96782			
41. TYPE OF DISPOSITION(s) CR/TR/RES		42. SIGNATURE OF CEMETALMEN		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL PARKS & MORTUARIES		45. LICENSE NUMBER FD 1847		46. SIGNATURE OF LOCAL REGISTRAR	
47. DATE mm/dd/yyyy 02/07/2012					
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 39000 BOB HOPE DRIVE		106. CITY RANCHO MIRAGE	
107. CAUSE OF DEATH (Final disease or condition resulting in death) (A) HEMORRHAGIC STROKE		108. DEATH CERTIFICATE ONSET AND DEATH (AT) HRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) HRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (underlying or injury that initiated the events resulting in death) LAST (C) RESPIRATORY FAILURE		110. AUTOPSY PERFORMED? (CT) HRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) 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 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy (A) 01/31/2012 Decedent Last Seen Alive: mm/dd/yyyy (B) 02/01/2012		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NUMBER A111030	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EDUARDO PASMAN JAVIER, M.D. 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270		118. DATE mm/dd/yyyy 02/00/2012			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"010001001982572"			

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

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

DATE ISSUED

JUL 05 2018

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



034778303

Peter Aldana

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



CARIVERS02

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFIED ABSTRACT OF A CERTIFICATE OF BIRTH

00188271

FILE # 112

FULL NAME DANIEL JOSEPH BABLE

DATE OF BIRTH FEBRUARY 20, 1959 TIME OF BIRTH UNKNOWN

SEX MALE

BIRTHPLACE PORTSMOUTH HOSPITAL

CITY/TOWN PORTSMOUTH

FATHER'S NAME SAMUEL SLOAN BABLE

FATHER'S AGE 35

FATHER'S BIRTHPLACE PENNSYLVANIA

MOTHER'S NAME THEMA MAE BABLE MAIDEN BORGES

MOTHER'S AGE 35

MOTHER'S BIRTHPLACE HAWAII

DATE RECORD FILED FEBRUARY 27, 1959

I HEREBY CERTIFY THAT THIS IS A TRUE ABSTRACT ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE.

ATTEST:

STATE/LOCAL REGISTRAR

AUGUST 20, 1997

Kevin J. Scott

PORTSMOUTH

DATE ISSUED:

STATE CITY/TOWN OF:

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar. It shall be unlawful for anyone to reproduce this certificate other than local or State Registrar.

VS-SP2



American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MATTHEW JENNINGS

EXPLANATION OF EVENTS:
PROPERTY: 693251043-9
33530 CARLSBAD CIR THOUSAND PALMS CA 92276-4031

- Samuel S. Bable and Thelma M. Bable were the last record owners of the above referenced property as husband and wife, joint tenants per the Corporation Grant Deed recorded on 11/23/1982.
- Thelma M. Bable passed away on 01/11/2009 leaving Samuel S. Bable as the surviving joint tenant.
- Samuel S. Bable passed away on 02/01/2012. To our knowledge, he left NO Last Will and Testament, nor was his Estate ever probated in the State of California.
- Samuel S. Bable died with NO surviving spouse and had TWO biological children; Daniel Bable and Shirley Leneve.
- Due to the above, **Daniel Bable and Shirley Leneve** are each entitled to collect 50% and/or approximately **\$29,257.07+- EACH** of the total Excess Proceeds generated for the above referenced property as heirs to the Estate of Samuel S. Bable.

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 212 Item 870 Assessment Number: 693251043-9

Assessee: BABLE, SAMUEL S & THELMA M

Situs: 33530 CARLSBAD CIR THOUSAND PLMS 92276

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 11,844.69 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2017-0322486; recorded on 8-7-17. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Attached is copy of recorded Lien AND statements for delinquent
(ASSESSMENTS) AND (CC+R violation, FINES)
\$680.69 \$11,164.00

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

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

Executed this 28 day of February, 2019 at Riverside County, CA.
County, State

C. Sandra Becker
Signature of Claimant PRESIDENT

Signature of Claimant

TRI PALM UNIFIED OWNERS ASSOC.
Print Name

Print Name

32-851 DESERT MOON DRIVE
Street Address

Street Address

THOUSAND PALMS, CA. 92276
City, State, Zip

City, State, Zip

760-343-5256
Phone Number

Phone Number

TPUDA.TPE@gmail.com
Email Address

Email Address



TPUOA

Tri Palm Unified Owners Association

John Christensen, Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502-2205

Attn: Excess Proceeds

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- For mailing purposes only

RECEIVED
2019 MAR 27 PM 3:38
RIVERSIDE COUNTY
TREASURY

2017-0322486

COPY

08/07/2017 02:25 PM Fee: \$ 27.00

Page 1 of 5

Recorded in Official Records
County of Riverside
Peter Aldana
Assessor-County Clerk-Recorder



RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:
Collections Director
Tri Palm Unified Owners Association
33-851 Desert Moon Drive
Thousand Palms, CA 92276-0621

REF					R	A	Exam: 554		
Page	DA	PCOR	Misc	Long	RFD	1st Pg	Adtl Pg	Cert	CC
5									
SIZE	NCOR	SMF	NCHG	T:					

Lot No: 7354

27

NOTICE OF DELINQUENT ASSESSMENT

NOTICE IS HEREBY GIVEN that the Board of Directors of TRI PALM UNIFIED OWNERS ASSOCIATION, pursuant to the powers conferred upon it by that certain Declaration of Restrictions recorded in the Office of the Riverside County Recorder, State of California, on January 9, 1989, as File/Page No. 89-6293, and any amendments or restatements thereof, and Civil Code Section 1367.1, levied assessments and other charges on that certain unit located at

33-530 Carlsbad Circle, Thousand Palms, CA 92276, more particularly known as Parcel No. 693-251-043

1. The amount of the lien imposed on the unit by this notice is the sum of \$471.07, as itemized in Exhibit "A" attached hereto, plus any additional amounts accrued and owing after the date of recordation to the date of satisfaction hereof, which includes the following:

In addition to the amounts set forth in Exhibit "A", this lien shall include any other delinquent payments, credits, assessments and/or interest which have become due and payable with respect to said unit, together with all costs (including attorney's fees), penalties and interest which have been accrued on such amounts prior to the recording of this notice; and this lien shall further include any delinquent payments, assessments and interest which become due and payable with respect to said unit, together with all costs (including attorney's fees), penalties and interest which accrue subsequent to the levy of this assessment and/or recording of this Notice. **FAILURE TO PAY ACCRUED ASSESSMENTS AND OTHER COSTS MAY RESULT IN YOUR PROPERTY BEING FORECLOSED UPON.**

2. The purported owners of the unit are:

Samuel S. & Thelma M. Bable.

The name and address of the trustee authorized by the Association to enforce the lien by sale is Cal Western Reconveyance Corporation, 525 East Main Street, El Cajon, California 92022-9004

Date: 8-2-2017

BY: 
Print Name: Karen B Schmidt
Collections Director

TRI PALM UNIFIED OWNERS ASSOCIATION
STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

RECORDING REQUESTED BY:
LAWYERS TITLE

DOC # 2022-0202868

04/29/2022 01:42 PM Fees: \$14.00

Page 1 of 1

Recorded in Official Records

County of Riverside

Peter Aldana

Assessor-County Clerk-Recorder

RECORDING REQUESTED BY AND)
WHEN RECORDED MAIL TO:)

Tri Palm Unified Owners Association)
32-851 Desert Moon Drive)
Thousand Palms, CA 92276)

**This document was electronically submitted
to the County of Riverside for recording**
Received by: ALEJANDRA#1032

Lot No: 7354

RELEASE OF NOTICE OF DELINQUENT ASSESSMENT

KNOW ALL MEN BY THESE PRESENTS:

That the lien claimed by TRI PALM UNIFIED OWNERS ASSOCIATION against Samuel S. Bable & Thelma M. Bable, upon the real property located at 33-530 Carlsbad Circle, Thousand Palms, CA 92276, also known as Parcel No. 693-251-043, is hereby released, the claim thereunder having been satisfied. That certain Notice of Delinquent Assessment recorded as Doc#: 2017-0322486 on August 7, 2017, Official Records of Riverside County, California, is hereby discharged.

Date: April 14, 2022

"Exempt from fee under GC 27388 due to being recorded in connection with a concurrent transfer that is subject to the imposition of documentary transfer tax."

BY: Harve Rosenthal
Harve Rosenthal, Vice President

Print Name: Harve Rosenthal
TRI PALM UNIFIED OWNERS ASSOCIATION

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

STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE)

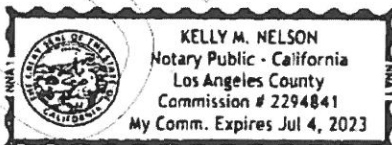
ss.

On April 14th 2022, before me, Kelly M Nelson Notary Public in and for said County and State, personally appeared Harve Rosenthal, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed in the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and by his/her signature on the instrument the person, or entity upon behalf of which the person 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:

Notary Public in and for said State



Kelly M Nelson 4/14/22
Notary Public
Kelly M Nelson