

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



ITEM: 19.9
(ID # 21795)

MEETING DATE:
Tuesday, November 07, 2023

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 759. Last assessed to: Hazel Cochnauer, a widow, and Oleta A. Hovey and M. Roseen Gomes, mother and daughters as Joint Tenants. District 4. [\$54,256-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., Assignee for Terry Janelle Cochnauer FKA Terry Janelle Cochnauer Merzoian for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 723253020-4;
2. Deny the claim from Margie Roseen Cochnauer AKA M. Roseen Gomes, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 723253020-4;
3. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., Assignee for Terry Janelle Cochnauer FKA Terry Janelle Cochnauer Merzoian in the amount of \$54,256.65 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.

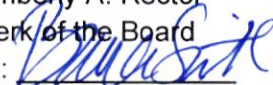
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 10/25/2023

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Washington and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington and Perez
Nays: None
Absent: Gutierrez
Date: November 7, 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**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 54,256	\$ 0	\$ 54,256	\$ 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 June 4, 2019 public auction sale. The deed conveying title to the purchasers at the auction was recorded August 13, 2019. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 27, 2019, 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 two claims for excess proceeds:

1. Claim from Global Discoveries, Ltd., Assignee for Terry Janelle Cochnauer FKA Terry Janelle Cochnauer Merzoian based on an Assignment of Right to Collect Excess Proceeds notarized February 28, 2020, a Grant Deed recorded September 13, 1990 as Instrument No. 1990-339955, Certificates of Death for Hazel Cochnauer and Oleta A. Hovey, and a Quitclaim Deed recorded May 9, 2013 as Instrument No. 2013-0221114.
2. Claim from Margie Roseen Cochnauer AKA M. Roseen Gomes based on a Grant Deed recorded September 13, 1990 as Instrument No. 1990-339955, and Certificates of Death for Hazel Cochnauer and Oleta A. Hovey.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., Assignee for Terry Janelle Cochnauer FKA Terry Janelle Cochnauer Merzoian be awarded excess proceeds in the amount of \$54,256.65. The claim from Margie Roseen Cochnauer AKA M. Roseen Gomes be denied since the claimant transferred her interest with Instrument No. 2013-0221114 and therefore was not a party of interest at the time of the sale. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to the last assessee of the property.

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Global

ATTACHMENT B. Claim Cochnauer

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 10/27/2023

Aaron Gettis
Aaron Gettis, Deputy County Counsel 9/26/2023

CLAIM SUMMARY

Date: February 28, 2020
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 723253020-4
Last Assessee: COCHNAUER HAZEL HOVEY OLETA A
Sale Date: 5/30/2019
TC: TC 214
Item Number: 759
Deadline: 8/13/2020

RECEIVED
2020 MAR -9 PH 4:59
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. Grant Deed granting interest to Hazel Cochnauer, a widow and Oleta A. Hovey and M. Roseen Gomes, mother and daughters as Joint Tenants as Document Number: 339955, Recorded on September 13, 1990 in Riverside County, CA.
2. **Certified** Certificate of Death for Oleta A. Hovey
3. **Certified** Certificate of Death for Hazel Mae Cochnauer
 - a. The **99640 Tripoli Drive, North Shore, Riverside CA 92254** address listed as usual residence is one and the same address for the above referenced APN.
4. Quitclaim Deed wherein Mergie Roseen Cochnauer transfers all interest to **Terry Janelle Cochnauer Merzoian** as Document Number: 2013-0221114, Recorded on May 9, 2013 in Riverside County, CA.
5. Affidavit signed by Terry Janelle Cochnauer declaring under penalty of perjury her identity.
6. Assignment of Rights To Collect Excess Proceeds signed by Terry Janelle Cochnauer f/k/a Terry Janelle Cochnauer Merzoian
7. Claim form(s) signed by Global Discoveries
8. Photo ID for Assignor: Terry Janelle Cochnauer
 - a. The **99640 Tripoli Drive, North Shore, Riverside CA 92254** address listed on Ms. Cochnauer CA Identification Card is one and the same address for the above referenced APN

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

- One warrant in the amount of \$54,256.65 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: 7019-0700-0001-7326



AFFIDAVIT

I, Terry Janelle Cochnauer f/k/a Terry Janelle Cochnauer Merzoian, do hereby declare:

1. I am over the age of 18 and a resident of Mecca, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person listed on the Quitclaim Deed as Document Number: 2013-022114, Recorded on May 9, 2013 in Riverside County, CA.
3. I, Terry Janelle Cochnauer am one and the same person as Terry J. Cochnauer and Terry Cochnauer.
4. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 723253020-4.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 26 day of Feb, 2020, in La Queva Ca.

x T. Janelle Cochnauer
Terry Janelle Cochnauer f/k/a Terry Janelle Cochnauer Merzoian

JURAT

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

State of California
County of Riverside

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

26 day of Feb, 2020, by
Date Month Year
Terry Janelle Cochnauer,
Name of Signer

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



Signature Bm Sm
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 723253020-4 Tax Sale Number TC 214, Item 759 sold at public auction on 5/30/2019. I understand that the total of excess proceeds available for refund is \$ 54,256.65+/-, 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.

T. Janelle Cochnauer (Signature of Party of Interest/Assignor)

2/29/20 (Date)

Terry Janelle Cochnauer f/k/a Terry Janelle Cochnauer Merzoian (Name Printed)

Tax ID/SS#

99190 Corvina Drive Apt B (Address)

Mecca, CA, 92254 (City/State/Zip)

760-989-9394 (Area Code/Telephone Number)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

County of Riverside

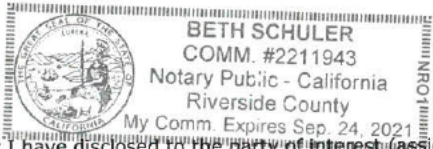
On Feb 26, 2020 before me, Beth Schuler Notary Public, personally appeared Terry Janelle Cochnauer

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

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

WITNESS my hand and official seal.

Signature of Notary Public (seal)



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

Signature of Assignee

Jed Byerly, Managing Member of Global Discoveries Ltd. (Name Printed)

Tax ID/SS#

P.O. Box 1748 (Address)

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

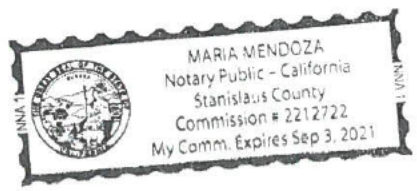
On 2/28/20 before me, Maria Mendoza, Notary Public, personally appeared Jed Byerly

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 (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: 723253020-4
Tax Sale Number: TC 214
Item Number: 759
Date of Sale: 5/30/2019

The undersigned claimant, Global Discoveries, Ltd., claims \$54,256.65+/- 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 28th day of February, 2020 at Modesto, California.

By: Jed M
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

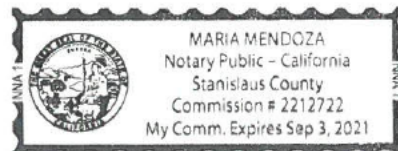
On 2/28/20 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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



RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

339955

NAME [Hazel Cochnauer, etal]
ADDRESS [P.O. Box 3353]
CITY & STATE ZIP [North Shore, Ca., 92854]

Title Order No. _____ Escrow No. _____

RECEIVED FOR RECORD
AT 8:30 O'CLOCK

SEP 13 1990

Recorded in Official Records
of Imperial County, California
[Signature]
Recorder's Fees \$

SPACE ABOVE THIS LINE FOR RECORDER'S USE

A.P.N. 725-253-026-4

GRANT DEED

The undersigned declares that the documentary transfer tax is \$ none and is

- computed on the full value of the interest or property conveyed, or is
- computed on the full value less the value of liens or encumbrances remaining thereon at the time of sale. The land, tenements or realty is located in
- unincorporated area city of _____ and

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

HAZEL COCHNAUER, a widow

hereby GRANT(S) to **Hazel Cochnauer, a widow, and Oleta A. Hovey and M. Roseen Gomes, mother and daughters as Joint Tenants.**

the following described real property in the unincorporated area county of Riverside, state of California:

Lots 189 and 190 of Date Palm Beach, Unit No. 1, as shown by Map on file in Book 18, Page 9 of Maps, Riverside County Records.
A.K.A. 99-640 Trioli Dr., Mecca, Ca 92254

Dated September 7, 1990

Hazel Cochnauer
Hazel Cochnauer

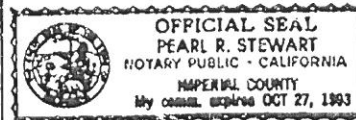
STATE OF CALIFORNIA }
COUNTY OF Imperial } SS.
On September 7, 1990 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Hazel Cochnauer

proven to me on the basis of satisfactory evidence

known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

Pearl R. Stewart
Signature of Notary

FOR NOTARY SEAL OR STAMP



Assessor's Parcel No. _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER

95-180655

CERTIFICATE OF DEATH

3-95-30-013103

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV. 7/83)</small>				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Oleta		2. MIDDLE A.		3. LAST (FAMILY) HOVEY			
4. DATE OF BIRTH MM/DD/CCYY 07/10/1939		5. AGE YRS. 56		6. SEX FEMALE		7. DATE OF DEATH MM/DD/CCYY 11/07/1995	
8. HOURS 1429		9. STATE OF BIRTH TX		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE 19__ TO 19__ NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 11		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Self Employed		17. OCCUPATION Truck Driver		18. KIND OF BUSINESS Trucking		19. YEARS IN OCCUPATION 14	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 278 North Wilshire Avenue #A-17		21. CITY Anaheim		22. COUNTY Orange		23. ZIP CODE 92801	
24. YRS IN COUNTY 8		25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Thomas W. Hovey - Husband		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 278 North Wilshire Avenue #A-17, Anaheim, CA 92801	
28. NAME OF SURVIVING SPOUSE—FIRST Thomas		29. MIDDLE W.		30. LAST (MAIDEN NAME) Hovey			
31. NAME OF FATHER—FIRST John		32. MIDDLE D.		33. LAST Walker		34. BIRTH STATE U.S.A.-Unk	
35. NAME OF MOTHER—FIRST Hazel		36. MIDDLE M.		37. LAST (MAIDEN) Dancer		38. BIRTH STATE U.S.A.-Unk	
39. DATE MM/DD/CCYY 11/13/1995		40. PLACE OF FINAL DISPOSITION Rose Hills Memorial Park, 3900 S. Workman Mill Rd., Whittier, CA 90601					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF QUALIFIER				43. LICENSE NO. 7878	
44. NAME OF FUNERAL DIRECTOR Rose Hills Mortuary		45. LICENSE NO. FD-970				47. DATE MM/DD/CCYY 11/13/1995	
101. PLACE OF DEATH ANAHEIM MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY ORANGE	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1111 W. LA PALMA AVENUE		106. CITY ANAHEIM				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) PENDING INVESTIGATION	
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-06793-EL		109. SHOBY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPEY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
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 DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY		115. SIGNATURE AND TITLE OF CORONER		116. LICENSE NO.		117. DATE MM/DD/CCYY	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY 11/08/1995		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER DEPUTY CORONER JACQUE J. BERNDT FOR SHERIFF-CORONER BRAD GATES	
129. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		130. STATE REGISTRAR A 770 B X1 C / D E F G H		131. FAX AUTH. # 6933		132. CENSUS TRACT	

INFORMATIONAL DOCUMENT
 NOT A VALID IDENTIFICATION TO ESTABLISH IDENTITY



* 000951091 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

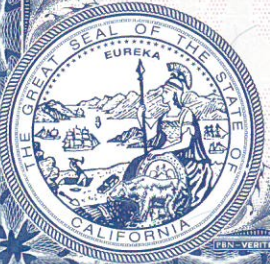
This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED: **OCT 04 2019**

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

Hugh Nguyen

HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

95-180655

3-95-30-013103

STATE FILE NUMBER: 95-180655 USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3-95-30-013103

STATE/LOCAL REGISTRAR USE ONLY	1	2	3
PART I INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN) OLETA	2. MIDDLE A.	3. LAST (FAMILY) HOVEY
	4. SEX FEMALE	5. DATE OF EVENT—MM/DD/CCYY 11/07/1995	6. CITY OF OCCURRENCE ANAHEIM
		7. COUNTY OF OCCURRENCE ORANGE	

PART II

107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

INFORMATION AS IT APPEARS ON RECORD	IMMEDIATE CAUSE (A)	PENDING INVESTIGATION	TIME INTERVAL BETWEEN ONSET AND DEATH 2 OF 2	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-06793-EL
	(B)			109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO
	(C)			110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)			111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE. 2 of 2

119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE—MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)				

PART III

107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

INFORMATION AS IT SHOULD APPEAR	IMMEDIATE CAUSE (A)	ACUTE PULMONARY EDEMA	TIME INTERVAL BETWEEN ONSET AND DEATH HOURS	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-06793-EL
	(B)	AMPHETAMINE/METHAMPHETAMINE INTOXICATION		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(C)			110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)			111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
MYOCARDIAL HYPERTROPHY AND FIBROSIS; FATTY METAMORPHOSIS OF LIVER

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE.
NO

119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE—MM/DD/CCYY 11/--/1935	122. HOUR UNKNOWN	123. PLACE OF INJURY RESIDENCE
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) INGESTION OF AMPHETAMINE/METHAMPHETAMINE				
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 278 N. WILSHIRE AVENUE #A-17 ANAHEIM, CA 92801				

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	9. DATE SIGNED—MM/DD/CCYY 06/27/1996	10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER DEPUTY CORONER JACQUE J. BERNDT FOR SHERIFF-CORONER BRAD GATES
11. ADDRESS—STREET AND NUMBER 1071 W. SANTA ANA BLVD.	12. CITY SANTA ANA	13. STATE CA
14. ZIP CODE 92703	15. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR	16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 07/11/1996



* 000951090 *

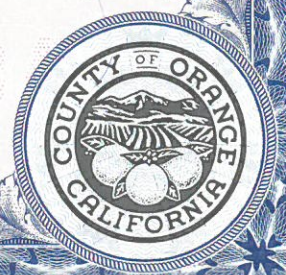
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED: OCT 04 2019

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

Hugh Nguyen
 HUGH NGUYEN
 CLERK-RECORDER
 ORANGE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

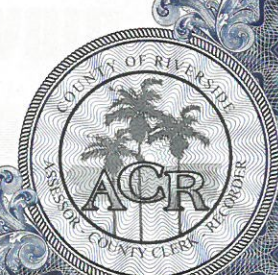
3052011040404

CERTIFICATE OF DEATH

3201133002392

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

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.

SEP 30 2019

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.



034894019

Peter Aldana

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARIVERSOR

DOC # 2013-0221114

05/09/2013 03:15P Fee:31.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



Terry Cochnauer

99-640 Tripoli DR
Mecca, Ca 92254

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			3						
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
DTT=0					T:	CTY	UNI	816	

31

C
816

Recording requested by: Terry Janelle Cochnauer - Space above reserved for use by Recorder's Office

When recorded, mail to: Merzorian

Document prepared by:

Name: Terry Janelle Cochnauer Merzorian

Name Mergie Roseen Cochnauer

Address: 99-640 Tripoli Drive

Address 303 West Kimball Avenue 2-A

City/State/Zip: Mecca, California 92254

City/State/Zip Visalia, California 93277

Property Tax Parcel/Account Number: 723-253-020-4

Quitclaim Deed

This Quitclaim Deed is made on April 01, 2013, between

Mergie Roseen Cochnauer, Grantor, of 303 West Kimball Avenue 2-A

, City of Visalia, State of California 93277

and Terry Janelle Cochnauer Merzorian, Grantee, of 99-640 Tripoli Drive

, City of Mecca, State of California 92254.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by

the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs

and assigns, to have and hold forever, located at 99-640 Tripoli Drive

, City of Mecca, State of California 92254 :

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of _____ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

The following described real property in the unincorporated area of Riverside county, state of California:

Lots 189 and 190 of Date Palm Beach, Unit No. 1, as shown by Map on file in BOOK 18, Page 9 of Maps, Riverside county records. A.K.A. 99-640 Tripoli Dr., Mecca, Ca. 92254

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2013 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: April 2, 2013

Margie R. Cochnauer
Signature of Grantor

Signature of Grantor

Margie R. Cochnauer
Name of Grantor

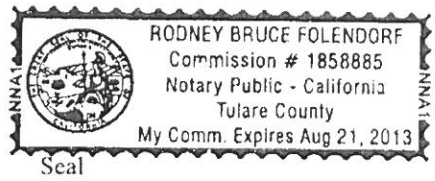
Name of Grantor

State of California
County of Tulare } S.S.

RODNEY BRUCE FOLENDORF
NOTARY PUBLIC

On April 2, 2013, before me, (name and title of notary), personally appeared Margie Roseen Cochnauer, who proved to me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the above instrument and acknowledged to me that they/he/she executed the instrument in their/his/her authorized capacity. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Witness my hand and official seal.

Rodney Bruce Foleendorf
Notary Signature
RODNEY BRUCE FOLENDORF
NOTARY PUBLIC





LARRY W. WARD
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

Recorder
P.O. Box 751
Riverside, CA 92502-0751
(951) 486-7000

www.riversideacr.com

CERTIFICATION

Pursuant to the provisions of Government Code 27361.7, I certify under the penalty of perjury that the following is a true copy of illegible wording found in the attached document:

(Print or type the page number(s) and wording below):

Terry Janelle Cochnauer Merzorian

Date: 5/9/13

Signature: Terry Janelle Cochnauer Merzorian

Print Name: Terry Janelle Cochnauer Merzorian



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

RECEIVED

2020 JUN 29 PM 4:09

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 214 Item 759 Assessment Number: 723253020-4

Assessee: COCHNAUER, HAZEL & HOVEY, OLETA A & GOMES, M ROSEEN

Situs: 99640 TRIPOLI DR MECCA 92254

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 54,256.65 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. 339955; recorded on Sept. 13, 1990. 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.

ENCLOSE; GRANT DEED-RECORDED 09/13/1990, TAX DEED TO PURCHASER (NEW OWNER)
DEATH CERTIFICATES FOR: HAZEL COCHNAUER & OLETA A. HOVEY
DISSOLUTION OF MARRIAGE JUDGEMENT- SHOWING MY MARITAL
STATUS WAS TERMINATED AND MAIDEN NAME RESTORED.

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 24 day of JUNE, 2020 at TULARE, CALIFORNIA
County, State

Margie Roseen Cochauer
Signature of Claimant

Signature of Claimant

MARGIE ROSEEN COCHNAUER
Print Name

Print Name

1215 W. WHISPERING PINES CT.
Street Address

Street Address

VISALIA CA 93277
City, State, Zip

City, State, Zip

559 280-8172
Phone Number

Phone Number

CHOCTAWROSE@GMAIL.COM
Email Address

Email Address

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

339955

NAME Hazel Cochnauer, etal
ADDRESS P.O. Box 3353
CITY & STATE ZIP North Shore, Ca., 92254

Title Order No. Escrow No.

RECEIVED FOR RECORD AT 8:30 O'CLOCK

SEP 13 1990

Notary Public - California
M. R. Stewart
Recorder 5
Fees 1

SPACE ABOVE THIS LINE FOR RECORDER'S USE

A.P.N. 725-253-020-4

GRANT DEED

The undersigned declares that the documentary transfer tax is \$.....NONE..... and is
 computed on the full value of the interest or property conveyed, or is
 computed on the full value less the value of liens or encumbrances remaining thereon at the time of sale. The land, tenements or realty is located in
 unincorporated area city of and

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

HAZEL COCHNAUER, a widow

hereby GRANT(S) to **Hazel Cochnauer, a widow, and Oleta A. Hovey and M. Rosen Gomes, mother and daughters as Joint Tenants.**

the following described real property in the unincorporated area
county of **Riverside**, state of California:

Lots 189 and 190 of Date Palm Beach, Unit No. 1, as shown
by Map on file in Book 18, Page 9 of Maps, Riverside County
Records.

A.K.A. 99-640 Tripoli Dr., Mecca, Ca 92254

Dated September 7, 1990

Hazel Cochnauer
Hazel Cochnauer

STATE OF CALIFORNIA
COUNTY OF Imperial } SS.
On September 7, 1990 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Hazel Cochnauer

proven to me on the basis of satisfactory evidence

known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

Pearl R. Stewart
Signature of Notary

FOR NOTARY SEAL OR STAMP

Assessor's Parcel No.

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE: IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE

Name Street Address City & State

CAL-1 (Rev. 3-79)

END RECORDED DOCUMENT

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052011040404

CERTIFICATE OF DEATH

3201133002392

STATE FILE NUMBER 3052011040404		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 (REV. 2/05))		LOCAL REGISTRATION NUMBER 3201133002392	
1. NAME OF DECEDENT - FIRST (Given) HAZEL		2. MIDDLE MAE		3. LAST (Family) COCHNAUER	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/06/1920		5. AGE Yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds 90	
6. BIRTH STATE/FOREIGN COUNTRY OK		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROP* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 02/27/2011		8. HOUR <input type="checkbox"/> 24 Hours 1145	
13. EDUCATION - Highest Level/Type (See worksheet on back) 09 <input type="checkbox"/> YES <input type="checkbox"/> NO		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FACTORY WORKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRICAL	
14. USUAL RESIDENCE (Street and number, or location) 99640 TRIPOLI DRIVE		19. YEARS IN OCCUPATION 10		20. DECEDENT'S RESIDENCE (Street and number, or location) 99640 TRIPOLI DRIVE	
21. CITY NORTH SHORE		22. COUNTY RIVERSIDE		23. ZIP CODE 92254	
24. STATE/FOREIGN COUNTRY CA		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JANELLE COCHNAUER, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or location, city or town, state and zip) 99640 TRIPOLI DRIVE, NORTH SHORE, CA 92254		28. NAME OF SURVIVING SPOUSE/PROP - FIRST -		29. MIDDLE -	
30. LAST BIRTH NAME -		31. NAME OF FATHER/PARENT - FIRST STEVEN		32. MIDDLE MARK	
33. LAST BIRTH NAME DANGER		34. BIRTH STATE KY		35. NAME OF MOTHER/PARENT - FIRST ELLA	
36. MIDDLE MAE		37. LAST BIRTH NAME DUDDY		38. BIRTH STATE MO	
39. DEPOSITION DATE mm/dd/yyyy 03/08/2011		40. PLACE OF FINAL DISPOSITION RES. JANELLE COCHNAUER 99640 TRIPOLI DRIVE, NORTH SHORE, CA 92254		41. TYPE OF DISPOSITION(S) CR/RES	
42. SIGNATURE OF EMBALMER FD 967		43. LICENSE NUMBER		44. DATE mm/dd/yyyy 03/07/2011	
101. PLACE OF DEATH RESIDENCE		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 99640 TRIPOLI DRIVE		103. CITY NORTH SHORE	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 99640 TRIPOLI DRIVE		106. CITY NORTH SHORE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RESPIRATORY FAILURE (B) CARDIAC FAILURE (C) SENILE DEMENTIA (D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		108. DEATH REPORTED TO CORONER? Time Interval Between Death and Death (A) MIN. 2011-01865 (B) MIN. (C) YRS. (D)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input 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: 01/08/2010 Decedent Last Seen Alive: 02/27/2011		LICENSE NUMBER: 0A4920 DATE: 03/02/2011	
115. 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		116. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		117. INJURY DATE mm/dd/yyyy	
118. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. INJURY DATE mm/dd/yyyy		120. HOUR (24 Hours)	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
124. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

INFORMATIONAL
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

CARIVERSO2

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.

SEP 30 2019

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.

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

95-180655

CERTIFICATE OF DEATH

3-95-30-013103

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITESOUTE OR ALTERATIONS VS-11 (REV. 7/83)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Oleta		2. MIDDLE A.		3. LAST (FAMILY) HOVEY			
4. DATE OF BIRTH MM/DD/CCYY 07/10/1939		5. AGE YRS. 58		6. SEX FEMALE		7. DATE OF DEATH MM/DD/CCYY 11/07/1995	
9. STATE OF BIRTH TX		11. MILITARY SERVICE NONE		12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 11	
14. RACE White		15. USUAL EMPLOYER Self Employed		16. USUAL EMPLOYER AMENDED		19. YEARS IN OCCUPATION 14	
17. OCCUPATION Truck Driver		18. KIND OF BUSINESS Trucking		19. YEARS IN OCCUPATION 14			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 278 North Wilshire Avenue #A-17							
21. CITY Anaheim		22. COUNTY Orange		23. ZIP CODE 92801		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Thomas W. Hovey - Husband				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 278 North Wilshire Avenue #A-17, Anaheim, CA 92801			
28. NAME OF SURVIVING SPOUSE—FIRST Thomas		29. MIDDLE W.		30. LAST (MAIDEN NAME) Hovey			
31. NAME OF FATHER—FIRST John		32. MIDDLE D.		33. LAST Walker		34. BIRTH STATE U.S.A.-Unk	
35. NAME OF MOTHER—FIRST Hazel		36. MIDDLE M.		37. LAST (MAIDEN) Dancer		38. BIRTH STATE U.S.A.-Unk.	
39. DATE MM/DD/CCYY 11/13/1995		40. PLACE OF FINAL DISPOSITION Rose Hills Memorial Park, 3900 S. Workman Hill Rd., Whittier, CA 90601					
41. TYPE OF DISPOSITION BU		44. NAME OF FUNERAL DIRECTOR Rose Hills Mortuary				LICENSE NO. 7878	
42. NAME OF FUNERAL DIRECTOR FD-970						DATE MM/DD/CCYY /13/1995	
101. PLACE OF DEATH ANAHEIM MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY ORANGE	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1111 W. LA PALMA AVENUE		106. CITY ANAHEIM					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) PENDING INVESTIGATION						TIME INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (B)						108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-06793-EL	
DUE TO (C)						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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/CCYY		DECEDENT LAST SEEN AL MM/DD/CCYY				5. LICENSE NO.	
117. DATE MM/DD/CCYY		117. DATE MM/DD/CCYY					
1. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		7. DATE MM/DD/CCYY 11/08/1995		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER DEPUTY CORONER, JACQUE J. BERNUIT FOR SHERIFF-CORONER BRAD GATES		129. FAX AUTH. # 6933	
BZ/KR		G		H		CENSUS TRACT	
STATE REGISTRAR		110		X			

INFORMATION NOT A VALID IDENTITY TO ESTABLISH IDENTITY



* 000951091 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED: OCT 04 2019

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

Hugh Nguyen

HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH ²

95-180655

3-95-30-013103

STATE FILE NUMBER

USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1	2	3
TYPE OR PRINT IN BLACK INK ONLY			
PART I INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN) OLETA	2. MIDDLE A.	3. LAST (FAMILY) HOVEY
	4. SEX FEMALE	5. DATE OF EVENT—MM/DD/CCYY 11/07/1995	6. CITY OF OCCURRENCE ANAHEIM
		7. COUNTY OF OCCURRENCE ORANGE	

PART II INFORMATION AS IT APPEARS ON RECORD	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) PENDING INVESTIGATION	2 OF 2	TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-06793-EL	
	(B)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		
	(C)		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		
	(D)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE					
119. MANNER OF DEATH					
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE—MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					

PART III INFORMATION AS IT SHOULD APPEAR	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) ACUTE PULMONARY EDEMA	2 OF 2	TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 95-06793-EL	
	(B) AMPHETAMINE/METHAMPHETAMINE INTOXICATION		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(C)		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	(D)		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 MYOCARDIAL HYPERTROPHY AND FIBROSIS; FATTY METAMORPHOSIS OF LIVER					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE NO					
119. MANNER OF DEATH					
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE—MM/DD/CCYY 11/--/1995	122. HOUR UNKNOWN	123. PLACE OF INJURY RESIDENCE
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) INGESTION OF AMPHETAMINE/METHAMPHETAMINE					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 278 N. WILSHIRE AVENUE #A-17 ANAHEIM, CA 92801					

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER OR BZ/SS STATE/LOCAL REGISTRAR USE ONLY	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		
	DATE SIGNED—MM/DD/CCYY 06/27/1996	10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER DEPUTY CORONER JACQUE J. BERNDT FOR SHERIFF-CORONER BRAD GATES	
	1071 W. SANTA ANA BLVD.	12. CITY SANTA ANA	14. ZIP CODE 92703
		DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 07/11/1996	



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED **OCT 04 2019**

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

Hugh Nguyen
HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

