

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



ITEM: 19.5
(ID # 22514)

MEETING DATE:

FROM : TREASURER-TAX COLLECTOR:

Tuesday, February 27, 2024

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 215-2, Item 1063. Last assessed to: Helen V. Myers, as Trustee, of the Helen V. Myers Living Trust, dated April 13, 2010. District 3. [\$202,062-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Avalon Management, Agent for Sun City Civic Association for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 336120007;
2. Approve the claim from Global Discoveries, Ltd., Assignee for David Simison as Successor Trustee of the Helen V. Myers Living Trust, dated May 7, 2012 for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 336120007;
3. Deny the claim from Melissa Anne Crandell for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 336120007;
4. Deny the claim from Danise Allen for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 336120007; and,
5. Authorize and direct the Auditor-Controller to issue a warrant to Avalon Management, Agent for Sun City Civic Association in the amount of \$5,144.24 and to Global Discoveries, Ltd., Assignee for David Simison as Successor Trustee of the Helen V. Myers Living Trust, dated May 7, 2012 in the amount of \$196,918.73, 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 2/13/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: February 27, 2024
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	\$202,062	\$ 0	\$202,062	\$ 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 July 21, 2020 public auction sale. The deed conveying title to the purchasers at the auction was recorded September 11, 2020. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on September 23, 2020, 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 four claims for excess proceeds:

1. Claim from Avalon Management, Agent for Sun City Civic Association based on an Assignment of Right to Collect Excess Proceeds notarized August 17, 2023, a Notice of Delinquent Assessment/Lien recorded June 30, 2020 as Instrument No. 2020-0282648.
2. Claim from Global Discoveries, Ltd., Assignee for David Simison as Successor Trustee of the Helen V. Myers Living Trust, dated May 7, 2012 based on an Assignment of Right to Collect Excess Proceeds notarized December 22, 2020, a Grant Deed recorded July 19, 2010 as Instrument No. 2010-00335642, a copy of Helen V. Myers Living Trust dated May 7, 2012, an Order Approving Petition to Appoint Successor Trustee filed March 19, 2015, Certificates of Death for Helen Vera Myers, Daniel C. Crandell and David Edward Crandell, and Certification of Trustees Under Trust notarized December 16, 2020.
3. Claim from Melissa Anne Crandell based on an Assignment of Right to Collect Excess Proceeds notarized October 28, 2020 and a Tax Deed to Purchaser of Tax-Defaulted Property recorded September 11, 2020 as Instrument No. 2020-0427869.
4. Claim from Danise Allen based on copies of Certificates of Death for Finis C. Myers, Daniel C. Crandell and Beverly Sue Crandell.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Avalon Management, Agent for Sun City Civic Association be awarded excess proceeds in the amount of \$5,144.24 and Global Discoveries, Ltd., Assignee

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

for David Simison as Successor Trustee of the Helen V. Myers Living Trust, dated May 7, 2012 be awarded excess proceeds in the amount of \$196,918.73. The claims from Melissa Anne Crandell and Danise Allen be denied since the claim from Global Discoveries, Ltd. establishes the Successor Trustee as David Simison. 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 a lienholder and the Successor Trustee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Sun

ATTACHMENT B. Claim Global

ATTACHMENT C. Claim Crandell

ATTACHMENT D. Claim Allen


Cesar Bernal, PRINCIPAL MGMT ANALYST 2/16/2024


Aaron Gettis, Deputy County Counsel 11/1/2023

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2021 APR 12 PM 3:44

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 215-2 Item 1063 Parcel Identification Number: 336120007

Assessee: MYERS, HELEN V TRUSTEE

Situs: 27101 PINEHURST RD MENIFEE 92586

Date Sold: July 21, 2020

Date Deed to Purchaser Recorded: September 11, 2020

Final Date to Submit Claim: September 11, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 5,144.24 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. 2020-0282648; recorded on June 30, 2020. 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.

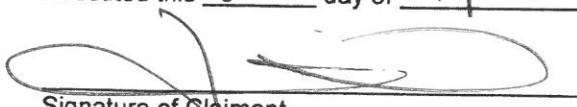
Notice of Delinquent Assessment/Lien - Doc# 2020-0282648 Recorded June 30, 2020

Itemized accounting through the date of foreclosure (July 21, 2020)

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 10th day of April, 2021 at San Diego, California
County, State


Signature of Claimant

Signature of Claimant

James R. McCormick, Jr, Trustee, Attorney and
Authorized Agent for Sun City Civic Association
Print Name

Print Name

1901 Camino Vida Roble #100
Street Address

Street Address

Carlsbad, CA 92008
City, State, Zip

City, State, Zip

844-433-5744
Phone Number

Phone Number

Authorization for Agent to Collect Excess Proceeds

August 10, 2023

Re: PIN 336120007

TC 215-2 Item 1063

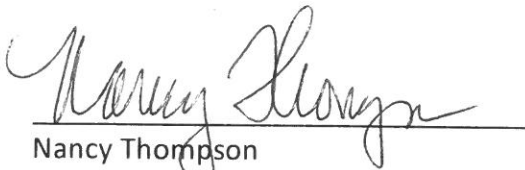
Date of Sale: July 21, 2020

To Whom It May Concern:

Notice is hereby given that I, Nancy Thompson, Board Secretary of Sun City Civic Association, authorize its agent Avalon Management c/o Reyna Acosta to accept any excess proceeds on behalf of the Association. Funds should be sent to 31608 Railroad Canyon Road, Canyon Lake, CA 92587.

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

Executed this 17th day of August, 2023 at Sun City, California.



Nancy Thompson
Board Secretary for
Sun City Civic Association
26850 Sun City Blvd.,
Sun City, CA 92586
(951) 679-2311

AUTHORIZATION FOR AGENT 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's claim 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 make Reyna Acosta Avalon Mgmt my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 336120007 sold at public auction on July 21, 2020. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 202,062.97 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

[Signature]
(Signature of Party of Interest)

Nancy Thompson
(Name Printed)

27700 Medford Way
(Address)

Sun City, Ca 92584
(City/State/Zip)

949-280-5853
(Area Code/Telephone Number)

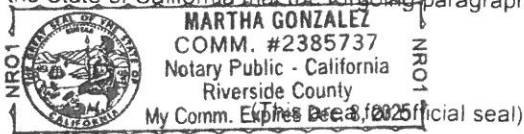
STATE OF CALIFORNIA)ss.
COUNTY OF Riverside)

On August 17, 2023 before me, MARTHA GONZALEZ Notary Public, personally appeared Nancy Thompson, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

(Signature of Agent)

(Name Printed)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

(Address)

(City/State/Zip)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, 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.

WITNESS my hand and official seal.

(Signature of Notary)

(This area for official seal)



RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

DELPHI LAW GROUP, LLP
1901 Camino Vida Roble Suite 100
Carlsbad, California 92008
File # 5137.3

2020-0282648

06/30/2020 01:29 PM Fee: \$ 122.00

Page 1 of 12

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



1032

APN: 336-120-007

NOTICE OF DELINQUENT ASSESSMENT/LIEN

NOTICE IS HEREBY GIVEN that the Board of Directors of Sun City Civic Association ("Association"), pursuant to the powers conferred upon it by that certain Declaration and amendments thereto, as defined in the California Civil Code Section 4135 and California Civil Code Sections 5600 and 5650, levied assessments and other charges on that certain property located at **27101 Pinehurst Road, Sun City, CA 92586**, as Legally Described in Exhibit A, the record owner of which is **Helen V. Myers, as Trustee of the Helen V. Myers Living Trust, dated April 13, 2010**.

1. The Association claims a lien imposed on the Property by this notice in the amount of **\$4,858.69** (see Exhibit B) currently due and owing as of **April 30, 2020**, PLUS ANY ADDITIONAL ASSESSMENTS AND COSTS ACCRUED AND OWING AFTER THE DATE OF RECORDATION TO THE DATE OF SATISFACTION HEREOF, IN ACCORDANCE WITH THE ASSOCIATION'S GOVERNING DOCUMENTS AND CALIFORNIA LAW.

2. The name and address of the trustee authorized by the Association to enforce the lien by sale is DELPHI LAW GROUP, LLP, 1901 Camino Vida Roble, Suite 100, Carlsbad, California 92008. **Delphi Law Group, LLP is acting in the function as a debt collector, any information obtained will be used for that purpose.**

DATED: 4/30/2020

Sun City Civic Association

BY:

James McCormick, Jr., for Delphi Law Group, LLP, as Trustee, Attorney, and Authorized Agent for Sun City Civic 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 San Diego)

On 4/30/2020 before me, A. Mayers, a Notary Public, personally appeared James McCormick, Jr., who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the 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

Signature A. Mayers (seal)

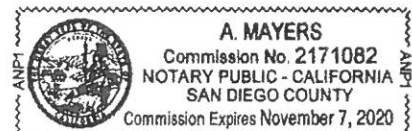


EXHIBIT A
LEGAL DESCRIPTION OF REAL PROPERTY:

LOT 182 OF TRACT NO. 2403 AS SHOWN BY MAP ON FILE IN BOOK 44, PAGES 5 TO 9
INCLUSIVE OF MAPS IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE
COUNTY.

EXHIBIT B

RE: Creditor Association: Sun City Civic Association
 Property Owner(s): Helen V. Myers, as Trustee of the Helen V. Myers Living Trust, dated April 13, 2010
 Property Address: 27101 Pinehurst Road , Sun City, CA 92586
 APN: 336-120-007

02/29/2020	BALANCE FORWARD - Annual Assessments (1/1/2014 to 2/29/2020)	\$2,331.44	\$2,331.44
02/29/2020	BALANCE FORWARD - Late Fees (1/1/2014 to 2/29/2020)	\$233.14	\$2,564.58
02/29/2020	BALANCE FORWARD - Interest Fees (1/1/2014 to 2/29/2020)	\$3,393.73	\$5,958.31
02/29/2020	BALANCE FORWARD - Costs Incurred by Prior Collection Efforts (1/1/2014 to 2/29/2020)	\$563.00	\$6,521.31
02/29/2020	BALANCE FORWARD - Fines/Violations (1/1/2014 to 2/29/2020)	\$16,800.00	\$23,321.31
02/29/2020	Transfer - Fines/Violations (1/1/2014 to 2/29/2020)	(\$16,800.00)	\$6,521.31
02/29/2020	Credit - Interest Fees (1/1/2014 to 2/29/2020)	(\$3,393.73)	\$3,127.58
02/29/2020	Recalculated Annual Interest Charge 2014 (12% of outstanding assessment balance)	\$35.00	\$3,162.58
02/29/2020	Recalculated Annual Interest Charge 2015 (12% of outstanding assessment balance)	\$72.00	\$3,234.58
02/29/2020	Recalculated Annual Interest Charge 2016 (12% of outstanding assessment balance)	\$109.00	\$3,343.58
02/29/2020	Recalculated Annual Interest Charge 2017 (12% of outstanding assessment balance)	\$150.00	\$3,493.58
02/29/2020	Recalculated Annual Interest Charge 2018 (12% of outstanding assessment balance)	\$189.00	\$3,682.58
02/29/2020	Recalculated Annual Interest Charge 2019 (12% of outstanding assessment balance)	\$233.00	\$3,915.58
03/10/2020	Open File	\$190.00	\$4,105.58
03/10/2020	Order Current Grant Deed/Check Senior Status	\$20.00	\$4,125.58
03/10/2020	Review Grant Deed and Senior Status Report	\$70.00	\$4,195.58
03/10/2020	Bankruptcy Search	\$35.00	\$4,230.58
03/17/2020	Correspondence to Board	\$50.00	\$4,280.58
03/18/2020	Intent to Lien Letter	\$125.00	\$4,405.58
03/19/2020	Postage and Mailing (3/18/2020)	\$15.90	\$4,421.48
04/17/2020	Prepare Correspondence	\$26.00	\$4,447.48
04/29/2020	Purchase Senior Foreclosure Documents	\$15.00	\$4,462.48
04/29/2020	Review Senior Foreclosure Documents	\$26.00	\$4,488.48
04/30/2020	Bankruptcy Search	\$26.00	\$4,514.48
04/30/2020	Interest Fee	\$44.21	\$4,558.69
04/30/2020	Lien Prepared For Recording	\$300.00	\$4,858.69
	Total Balance Due:	\$4,858.69	

**Account History Report
Sun City Civic Association**

Helen Myers Ttee



Community Address: 27101 Pinehurst Road
Sun City, CA 92586

Date Settled:
Unit Type: SFH - Single Family Homes

Mailing Address: c/o Daniel Crandell
27101 Pinehurst Road
Sun City, CA 92586

Last payment date:
Last payment amount: 0.00
Current balance: 23,321.31

Trans Date	Transaction	Charges	Payments	Balance	Date Billed	Reference	Comments
05/31/2019	Balance Forward	21,201.21		21,201.21		As of 5/31/2019	Prior Management Balance
07/30/2019	Late Interest	212.01		21,413.22		Late Interest	Late Interest: 07/30/2019
08/16/2019	Lien Charge	75.00		21,488.22		Intent to Lien	Processing Fee
08/20/2019	Lien Charge		-75.00	21,413.22		Intent to Lien	Reverse 08/16/2019 Lien Charg
08/30/2019	Late Interest	212.01		21,625.23		Late Interest	Late Interest: 08/30/2019
09/30/2019	Late Interest	212.01		21,837.24		Late Interest	Late Interest: 09/30/2019
10/30/2019	Late Interest	212.01		22,049.25		Late Interest	Late Interest: 10/30/2019
11/30/2019	Late Interest	212.01		22,261.26		Late Interest	Late Interest: 11/30/2019
12/30/2019	Late Interest	212.01		22,473.27		Late Interest	Late Interest: 12/30/2019
01/30/2020	Late Interest	212.01		22,685.28		Late Interest	Late Interest: 01/30/2020
02/01/2020	Association Fee	382.00		23,067.28		Annual Charges	Recurring Charges: 02/01/2020
02/16/2020	Late Fee	38.20		23,105.48		Late Fee	Late Fee: 02/16/2020
02/29/2020	Late Interest	215.83		23,321.31		Late Interest	Late Interest: 02/29/2020

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982



STATEMENT OF ACCOUNT

From 01/01/2012 to 12/31/2016

Account No.
 27101 Pinehurst Rd
 Sun City

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

If you have questions about this Statement, you can contact us at (951) 244-0048 ext 103 or by email at: SunCity@AvalonWeb.com. You may also check your account online by clicking on the My Account tab at: www.SunCityCivic.com.

Date	Description	Chk No.	Transaction Id	Charge	Credit	Balance
01/01/2012	Beginning balance					
06/31/2012	Beginning balance		214	74.75		74.75
11/01/2012	Sun City Quarterly Fee		1506	71.75		146.50
11/01/2012	Billing Service Fee		2010	3.00		149.50
11/30/2012	Late Charge		5183	7.18		156.68
01/01/2013	Assessments - Year 2013 - Unit 0854		6481	287.00		443.68
02/26/2013	Received by ch. 00000 Thank you.	00000	214		74.75	368.93
02/26/2013	Received by ch. 00000 Thank you.	00000	1506		71.75	297.18
02/26/2013	Received by ch. 00000 Thank you.	00000	2010		3.00	294.18
02/26/2013	Received by ch. 00000 Thank you.	00000	5183		7.18	287.00
02/26/2013	Received by ch. 00000 Thank you.	00000	6481		287.00	0.00
01/01/2014	Assessments - Year 2014 - Unit 0854		19066	293.44		293.44
01/31/2014	Interest at 12.00% per year		23759	3.10		296.54
01/31/2014	Rev. of Interest at 12.00% per year		23759		3.10	293.44
02/28/2014	Late Charge		25371	29.34		322.78
02/28/2014	Collection Cost		25372	12.00		334.78
02/28/2014	Interest at 12.00% per year		26334	2.81		337.59
03/31/2014	Collection Cost		27034	12.00		349.59
03/31/2014	Interest at 12.00% per year		27466	3.41		353.00
04/30/2014	Collection Cost		28012	12.00		365.00
05/31/2014	Collection Cost		28556	12.00		377.00
05/31/2014	Interest at 12.00% per year		28749	3.72		380.72

--- Please detach below and return with your payment ---

Billed to:

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

27101 Pinehurst Rd
 Sun City

Account No.

Balance Due: \$6,297.95

Enter Check No. _____

Enter Check Amount: _____

Please make check payable to:
 Sun City Civic Association

Return to:

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

Please return this part with your payment

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

EXHIBIT B
(CONTINUED)

STATEMENT OF ACCOUNT

From 01/01/2012 to 12/31/2016

Account No.
 27101 Pinehurst Rd
 Sun City

08/31/2014	Collection Cost		29767	12.00		392.72
08/31/2014	Interest at 12.00% per year		29919	4.03		396.75
09/30/2014	Interest at 12.00% per year		30141	3.90		400.65
10/31/2014	Interest at 12.00% per year		30398	4.03		404.68
11/30/2014	Collection Cost		30558	12.00		416.68
11/30/2014	Interest at 12.00% per year		30741	3.91		420.59
12/31/2014	Interest at 12.00% per year		35746	4.34		424.93
01/01/2015	Assessments - Year 2015 - Unit 0854		31732	311.00		735.93
02/28/2015	Late Charge		38829	31.10		767.03
02/28/2015	Collection Cost		38830	12.00		779.03
02/28/2015	Interest at 12.00% per year		37106	6.74		785.77
03/31/2015	Collection Cost		37782	12.00		797.77
03/31/2015	Interest at 12.00% per year		38159	8.06		805.83
04/30/2015	Collection Cost		38638	12.00		817.83
04/30/2015	Interest at 12.00% per year		38954	7.81		825.64
05/31/2015	Collection Cost		39431	12.00		837.64
05/31/2015	Interest at 12.00% per year		39592	8.38		846.02
06/30/2015	Interest at 12.00% per year		40065	8.40		854.42
07/31/2015	Interest at 12.00% per year		40336	8.68		863.10
08/31/2015	Collection Cost		40621	12.00		875.10
08/31/2015	Interest at 12.00% per year		40767	8.69		883.79
09/30/2015	Interest at 12.00% per year		41092	8.70		892.49
10/31/2015	Interest at 12.00% per year		41362	8.99		901.48
11/30/2015	Collection Cost		41623	12.00		913.48
11/30/2015	Interest at 12.00% per year		41713	9.00		922.48
12/31/2015	Interest at 12.00% per year		41887	9.30		931.78
01/01/2016	Assessments - Year 2016 - Unit 0854		42910	311.00		1,242.78
01/22/2016	Vio #10009 Passenger vehicle		47158	100.00		1,342.78
01/31/2016	Interest at 12.00% per year		47886	12.71		1,355.49
01/31/2016	Rev. of Interest at 12.00% per year		47886		12.71	1,342.78
02/01/2016	Vio #10009 Passenger vehicle		47184	200.00		1,542.78
02/29/2016	Late Charge		51820	31.10		1,573.88

--- Please detach below and return with your payment ---

Billed to:

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

Return to:

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

27101 Pinehurst Rd Sun City	
Account No.	
Balance Due:	\$6,297.95
Enter Check No.	_____
Enter Check Amount:	_____
Please make check payable to: Sun City Civic Association	

Please return this part with your payment

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982



STATEMENT OF ACCOUNT

From 01/01/2012 to 12/31/2016

Account No:
 27101 Pinehurst Rd
 Sun City

02/29/2016	Collection Cost		51821	12.00		1,585.88
02/29/2016	Interest at 12.00% per year		52156	11.90		1,597.78
03/01/2016	Vio #10009 Passenger vehicle		51279	300.00		1,897.78
03/31/2016	Collection Cost		53285	12.00		1,909.78
03/31/2016	Interest at 12.00% per year		53657	13.33		1,923.11
04/01/2016	Vio #10009 Passenger vehicle		54447	300.00		2,223.11
04/30/2016	Collection Cost		54217	12.00		2,235.11
04/30/2016	Interest at 12.00% per year		54565	12.91		2,248.02
05/01/2016	Vio #10009 Passenger vehicle		54471	300.00		2,548.02
05/31/2016	Collection Cost		54963	12.00		2,560.02
05/31/2016	Interest at 12.00% per year		55220	13.65		2,573.67
06/01/2016	Vio #10009 Passenger vehicle		55134	300.00		2,873.67
06/30/2016	Interest at 12.00% per year		55625	13.50		2,887.17
07/01/2016	Vio #10009 Passenger vehicle		56228	300.00		3,187.17
07/27/2016	Vio #10881 Landscape		56272	100.00		3,287.17
07/31/2016	Interest at 12.00% per year		56052	14.26		3,301.43
08/01/2016	Vio #10009 Passenger vehicle		56258	300.00		3,601.43
08/01/2016	Vio #10881 Landscape		56277	200.00		3,801.43
08/31/2016	Collection Cost- Unit 0854		56389	12.00		3,813.43
08/31/2016	Interest at 12.00% per year		56507	14.26		3,827.69
09/01/2016	Vio #10009 Passenger vehicle		56706	300.00		4,127.69
09/01/2016	Vio #10881 Landscape		56713	300.00		4,427.69
09/30/2016	Interest at 12.00% per year		56838	14.10		4,441.79
10/01/2016	Vio #10009 Passenger vehicle		56808	300.00		4,741.79
10/01/2016	Vio #10881 Landscape		56814	300.00		5,041.79
10/31/2016	Interest at 12.00% per year		57212	14.57		5,056.36
11/01/2016	Vio #10009 Passenger vehicle		57162	300.00		5,356.36
11/01/2016	Vio #10881 Landscape		57169	300.00		5,656.36
11/30/2016	Collection Cost - Unit 0854		57407	12.00		5,668.36
11/30/2016	Interest at 12.00% per year		57524	14.40		5,682.76
12/01/2016	Vio #10009 Passenger vehicle		62533	300.00		5,982.76
12/01/2016	Vio #10881 Landscape		62839	300.00		6,282.76

--- Please detach below and return with your payment ---

Billed to:

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

27101 Pinehurst Rd
 Sun City

Account No

Balance Due: \$6,297.95

Enter Check No. _____

Enter Check Amount: _____

Please make check payable to:
 Sun City Civic Association

Return to:

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

Please return this part with your payment

Sun City Civic Association
c/o The Avalon Management Group, Inc.
PO Box 52982
Phoenix, AZ. 85072-2982

EXHIBIT B
(CONTINUED)

STATEMENT OF ACCOUNT

From 01/01/2012 to 12/31/2016

Account No.
27101 Pinehurst Rd
Sun City

12/31/2016	Interest at 12.00% per year	82526	15.19	6,297.95
------------	-----------------------------	-------	-------	----------

Printed on Wednesday, September 12 2016

Balance Due:

\$6,297.95

--- Please detach below and return with your payment ---

Billed to:

Helen Myers Estate
c/o Daniel Crandell
27101 Pinehurst Rd
Sun City CA. 92586

27101 Pinehurst Rd Sun City	
Account No.	
Balance Due:	\$6,297.95
Enter Check No.	_____
Enter Check Amount:	_____
Please make check payable to: Sun City Civic Association	

Return to:

Sun City Civic Association
c/o The Avalon Management Group, Inc.
PO Box 52982
Phoenix, AZ. 85072-2982

Please return this part with your payment

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982



STATEMENT OF ACCOUNT

From 01/01/2017 to 08/30/2018

Account No.
 27101 Pinehurst Rd
 Sun City

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

If you have questions about this Statement, you can contact us at (951) 244-0048 ext 103 or by email at: SunCity@AvalonWeb.com. You may also check your account online by clicking on the My Account tab at: www.SunCityCivic.com.

Date	Description	Chk No.	Transaction Id	Charge	Credit	Balance
01/01/2017	Beginning balance					6,297.95
01/01/2017	Assessments - Year 2017 - Unit 0854		58563	335.00		6,632.95
01/01/2017	Vio #10009 Passenger vehicle		62766	300.00		6,932.95
01/01/2017	Vio #10881 Landscape		62792	300.00		7,232.95
02/01/2017	Vio #10009 Passenger vehicle		62810	300.00		7,532.95
02/01/2017	Vio #10881 Landscape		62816	300.00		7,832.95
02/28/2017	Late Charge- Unit 0854		63797	33.50		7,866.45
02/28/2017	Collection Cost - Unit 0854		63798	12.00		7,878.45
02/28/2017	Interest at 12.00% per year		64033	61.06		7,939.51
03/01/2017	Vio #10009 Passenger vehicle		64610	300.00		8,239.51
03/01/2017	Vio #10881 Landscape		64616	300.00		8,539.51
03/31/2017	Collection Cost - Unit 0854		64748	12.00		8,551.51
03/31/2017	Interest at 12.00% per year		65134	68.82		8,620.33
04/01/2017	Vio #10009 Passenger vehicle		65848	300.00		8,920.33
04/01/2017	Vio #10881 Landscape		65857	300.00		9,220.33
04/30/2017	Collection Cost - Unit 0854		65628	12.00		9,232.33
04/30/2017	Interest at 12.00% per year		65916	67.21		9,299.54
05/01/2017	Vio #10009 Passenger vehicle		65852	300.00		9,599.54
05/01/2017	Vio #10881 Landscape		65862	300.00		9,899.54
05/31/2017	Collection Cost - Unit 0854		66168	12.00		9,911.54
05/31/2017	Interest at 12.00% per year		66385	70.37		9,981.91
06/01/2017	Vio #10881 Landscape		66314	300.00		10,281.91

-- Please detach below and return with your payment --

Billed to:

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

27101 Pinehurst Rd
 Sun City

Account No.

Balance Due: \$20,497.71

Enter Check No. _____

Enter Check Amount: _____

Please make check payable to:
 Sun City Civic Association

Return to:

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

Please return this part with your payment

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982



STATEMENT OF ACCOUNT

From 01/01/2017 to 08/30/2018

Account No.
 27101 Pinehurst Rd
 Sun City

06/01/2017	Vio #10009 Passenger vehicle	66323	300.00	10,581.91
06/30/2017	Interest at 12.00% per year	66912	69.00	10,650.91
07/01/2017	Vio #10881 Landscape	66846	300.00	10,950.91
07/01/2017	Vio #10009 Passenger vehicle	66852	300.00	11,250.91
07/31/2017	Interest at 12.00% per year	67206	71.92	11,322.83
08/01/2017	Vio #10009 Passenger vehicle	67172	300.00	11,622.83
08/01/2017	Vio #10881 Landscape	67176	300.00	11,922.83
08/31/2017	Collection Cost - Unit 0854	67437	12.00	11,934.83
08/31/2017	Interest at 12.00% per year	67546	72.55	12,007.38
09/01/2017	Vio #10009 Passenger vehicle	67351	300.00	12,307.38
09/01/2017	Vio #10881 Landscape	67357	300.00	12,607.38
09/30/2017	Interest at 12.00% per year	67831	71.10	12,678.48
10/01/2017	Vio #10009 Passenger vehicle	67742	300.00	12,978.48
10/01/2017	Vio #10881 Landscape	67748	300.00	13,278.48
10/31/2017	Interest at 12.00% per year	68041	74.09	13,352.57
11/01/2017	Vio #10009 Passenger vehicle	68000	300.00	13,652.57
11/01/2017	Vio #10881 Landscape	68008	300.00	13,952.57
11/30/2017	Collection Cost - Unit 0854	68230	12.00	13,964.57
11/30/2017	Interest at 12.00% per year	68333	72.60	14,037.17
12/01/2017	Vio #10009 Passenger vehicle	68184	300.00	14,337.17
12/01/2017	Vio #10881 Landscape	68190	300.00	14,637.17
12/31/2017	Interest at 12.00% per year	73409	75.95	14,713.12
01/01/2018	Assessments - Year 2018 - Unit 0854	69387	327.00	15,040.12
01/01/2018	Vio #10009 Passenger vehicle	73353	300.00	15,340.12
01/01/2018	Vio #10881 Landscape	73362	300.00	15,640.12
02/01/2018	Vio #10009 Passenger vehicle	73679	300.00	15,940.12
02/01/2018	Vio #10881 Landscape	73684	300.00	16,240.12
02/28/2018	Late Charge- Unit 0854	74800	32.70	16,272.82
02/28/2018	Collection Cost - Unit 0854	74801	12.00	16,284.82
02/28/2018	Interest at 12.00% per year	75066	72.25	16,357.07
03/01/2018	Vio #10009 Passenger vehicle	76180	300.00	16,657.07
03/01/2018	Vio #10881 Landscape	76185	300.00	16,957.07

--- Please detach below and return with your payment ---

Billed to:

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

27101 Pinehurst Rd Sun City	
Account No	
Balance Due:	\$20,497.71
Enter Check No.	_____
Enter Check Amount:	_____
Please make check payable to: Sun City Civic Association	

Return to:

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

Please return this part with your payment

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

EXHIBIT B
(CONTINUED)

STATEMENT OF ACCOUNT

From 01/01/2017 to 08/30/2018

Account No
 27101 Pinenurst Rd
 Sun City

03/31/2018	Collection Cost - Unit 0854		75791	12.00		16,969.07
03/31/2018	Interest at 12.00% per year		76281	81.22		17,050.29
04/01/2018	Vio #10009 Passenger vehicle		76205	300.00		17,350.29
04/01/2018	Vio #10881 Landscape		76210	300.00		17,650.29
04/30/2018	Collection Cost - Unit 0854		76705	12.00		17,662.29
04/30/2018	Interest at 12.00% per year		76967	79.50		17,741.79
05/01/2018	Vio #10009 Passenger vehicle		77149	300.00		18,041.79
05/01/2018	Vio #10881 Landscape		77154	300.00		18,341.79
05/31/2018	Collection Cost - Unit 0854		77391	12.00		18,353.79
05/31/2018	Interest at 12.00% per year		77532	83.08		18,436.87
06/01/2018	Vio #10009 Passenger vehicle		77339	300.00		18,736.87
06/01/2018	Vio #10881 Landscape		77344	300.00		19,036.87
06/30/2018	Interest at 12.00% per year		78057	81.30		19,118.17
07/01/2018	Vio #10009 Passenger vehicle		78008	300.00		19,418.17
07/01/2018	Vio #10881 Landscape		78014	300.00		19,718.17
07/31/2018	Interest at 12.00% per year		78296	84.63		19,802.80
08/01/2018	Vio #10009 Passenger vehicle		78244	300.00		20,102.80
08/01/2018	Vio #10881 Landscape		78249	300.00		20,402.80
08/20/2018	Collection Cost - Unit 0854		78506	12.00		20,414.80
08/30/2018	Interest at 12.00% per year		78859	82.91		20,497.71

Printed on Thursday, August 30 2018

Balance Due:

\$20,497.71

--- Please detach below and return with your payment ---

Billed to:

Helen Myers Estate
 c/o Daniel Crandell
 27101 Pinehurst Rd
 Sun City CA. 92586

27101 Pinehurst Rd
 Sun City

Account No

Balance Due: \$20,497.71

Enter Check No. _____

Enter Check Amount: _____

Please make check payable to:
 Sun City Civic Association

Return to:

Sun City Civic Association
 c/o The Avalon Management Group, Inc.
 PO Box 52982
 Phoenix, AZ. 85072-2982

Please return this part with your payment

EXHIBIT B
(CONTINUED)

Resident Transaction Report

SUN CITY CIVIC ASSOC

01/01/2019 to: 05/08/2019

ASSOC: SU-CCA SUN CITY CIVIC ASSOC
SUN CITY, CA 92586

Management Co: FirstService Residential CA
15241 Laguna Canyon Road

Irvine, CA 926181094 01

Resident

Type	Date	CC Description	Check No	Amount	Balance
=====					
0854 01		HELEN MYERS TTEE	App# 730271		Beg Bal 20,497.71
		27101 PINEHURST RD	Chg 01/01/2019 35 ANNUAL ASSMNT	372.00	20,869.71
		C/O DANIEL CRANDELL	Chg 01/17/2019 LL LIEN LTR W/ TITLE	200.00	21,069.71
		SUN CITY CA 92586	Cr 01/22/2019 LL CRDT LIEN LETTER	-200.00	20,869.71
			Chg 02/06/2019 it IT PAST DUE BALANCE	19.49	20,889.20
			Cr 02/06/2019 IT INTEREST ADJ	-3.72	20,885.48
			Chg 02/11/2019 LL LIEN LTR W/ TITLE	200.00	21,085.48
			Chg 02/11/2019 LL LIEN LTR W/TITLE	200.00	21,285.48
			Chg 02/14/2019 2L ADD'L LETTER	15.00	21,300.48
			Chg 02/14/2019 2L ADD'L LETTER	15.00	21,315.48
			Chg 02/15/2019 Ir LATE FEE	37.20	21,352.68
			Cr 02/21/2019 2L CRDT LIEN LETTER	-15.00	21,337.68
			Cr 02/21/2019 LL CRDT LIEN LETTER	-200.00	21,137.68
			Chg 03/06/2019 it IT PAST DUE BALANCE	19.49	21,157.17
			Chg 04/05/2019 it IT PAST DUE BALANCE	22.02	21,179.19
			Chg 04/10/2019 LN LIEN	250.00	21,429.19
			Cr 04/11/2019 LN CRDT LIEN	-250.00	21,179.19
			Chg 05/06/2019 it IT PAST DUE BALANCE	22.02	21,201.21
					Res Balance 21,201.21

Updated Statement of Monies Owed

July 19, 2023

Re: PIN 336120007
TC 215-2 Item 1063
Date of Sale: July 21, 2020

To Whom It May Concern:

The total due to the Association through July 21, 2020 is \$5144.24

I/We have included the original claim and breakdown.

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



Reyna Acosta, As Agent for
Sun City Civic Association
31608 Railroad Canyon Road
Canyon Lake, CA 92587
951-746-5183

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California }
County of RIVERSIDE }
On July 19, 2023 before me, MEGAN ANDREA LABARRE, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared REYNA ACOSTA
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature [Handwritten Signature]
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: updated statement of monies owed

Document Date: 7/19/2023 Number of Pages: 1

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: REYNA ACOSTA

Corporate Officer - Title(s):

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: Agent

Signer is Representing: Association

Signer's Name:

Corporate Officer - Title(s):

Partner - Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other:

Signer is Representing:



Ph: 209-593-3900 or 800-370-0372 | Fx: 209-549-9299 | Info@gd-ltd.com

CLAIM SUMMARY

Date: December 22, 2020
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 336120007
Last Assessee: MYERS HELEN V
Sale Date: 7/16/2020
Item Number: 1063
Deadline: 9/11/2021

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 Helen V. Myers as Trustee of the Helen V. Myers Living Trust, dated April 13, 2010, as Document Number: 2010-0335642, Recorded on July 19, 2010 in Riverside County, CA.
2. The Helen V. Myers Living Trust dated May 07, 2012 naming David E. Crandell and Daniel C. Crandell as Co-Successor Trustees
 - a. Please refer to Section 1.5 Restatement of Prior Trust:
 - i. This instrument is a complete revision of the Trust created by me, pursuant to the Helen V. Myers Trust, dated August 10, 2004, including all amendments made thereto (hereinafter the "Original Trust"). All property, regardless of the nature or amount, transferred to, held administered, or owned by the original trust shall be deemed to be the trust estate of this trust, without the necessity of transferring any such properties. This trust shall also automatically succeed to all of the liabilities of the original trust as if the trust created by this instrument had incurred such liabilities.
3. **Certified** Death Certificate for Helen V. Myers
4. **Certified** Death Certificate for Daniel C. Crandall
5. **Certified** Death Certificate for David E. Crandall
6. Court order Approving Petition to Appoint Successor Trustee naming David W. Simison as the appointed Successor Trustee of the Helen V. Myers Living Trust dated May 07, 2012.
7. Certification of Trustees Under Trust
8. Affidavit declaring identity signed by David Simison as Successor Trustee of The Helen V. Myers Living Trust, Dated May 7, 2012.
9. Assignment of Rights To Collect Excess Proceeds signed by David Simison as Successor Trustee of The Helen V. Myers Living Trust, dated April 13, 2010
10. Claim form(s) signed by Global Discoveries
11. Photo ID for Assignor: David Simison
 - a. **Please Note: The 27101 PINEHURST RD MENIFEE CA 92586-3290 address listed on Mr. Simison's California Driver's License is one and the same property for the above referenced parcel.**

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

- One warrant in the amount of \$202,062.97 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: 7020-1810-0000-5997-6157



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 336120007 Tax Sale Number 215-2, Item 1063 sold at public auction on 7/16/2020. I understand that the total of excess proceeds available for refund is \$ 202,921.00+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

(Signature of Party of Interest/Assignor)

12-16-20 David Simlson as Successor Trustee of The Helen V. Myers Living Trust, dated May 7, 2012 (Date) (Name Printed)

Tax ID/SS#

27101 Pinehurst Rd (Address)

Sun City, CA, 92586-3290 (City/State/Zip)

(951) 434-7609 (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 12/16/2020 before me, David Simlson, personally appeared (Date) (here Insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature of Notary Public (seal)

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

(Signature of Assignee)

Jed Byerly, Managing Member (Name Printed)

Global Discoveries Ltd. (Address)

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

Phone: (209) 593-3913

Tax ID/SS#

SEE Acknowledgment Attached

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 12/16/2020 before me, Sonia M. Tellez, Notary Public, personally appeared David Simlson (Date) (here Insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature of Notary Public (seal)

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



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

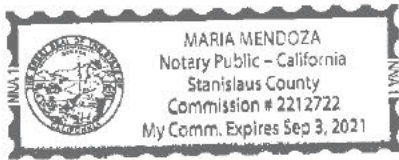
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Stanislaus)
On 12/22/20 before me, Maria Mendoza, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Ded Byerly
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.



Signature Maria Mendoza
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 336120007
Item Number: 1063
Date of Sale: 7/16/2020

The undersigned claimant, Global Discoveries, Ltd., claims \$202,062.97+/- 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 22nd day of DECEMBER 2020 at Modesto, California.

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

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

County of Stanislaus

On 12/22/20 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.

[Signature] (seal)
Signature of Notary Public



Recording requested by:
Karl D. Mowery, Esq.

When recorded, mail to:
Karl D. Mowery, Esq.
464 S. Palm Avenue, Suite C
Hemet, California 92543

Mail statements to:
HELEN V. MYERS
35458 Woshka Lane
Wildomar, California 92595



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PINEHURST ROAD

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GRANT DEED

The undersigned GRANTOR declares: Documentary transfer tax is NONE. No monetary consideration given--Change in formal title only--See Note #1, below.

FOR NO MONETARY CONSIDERATION, BUT FOR NONMONETARY CONSIDERATION, HELEN V. MYERS, as Trustee, in trust, U/D/T dated July 11, 1991, F/B/O the Myers Living Trust, Grantor, does hereby FOREVER GRANT to HELEN V. MYERS, as Trustee of the Helen V. Myers Living Trust, dated April 13, 2010, all of the right, title and interest of GRANTOR in and to the following described real property in the City of Sun City, California, County of Riverside, State of California:

THE LEGAL DESCRIPTION OF THIS PROPERTY IS SHOWN ON EXHIBIT A, WHICH IS ATTACHED TO THIS GRANT DEED AND IS INCORPORATED IN IT BY REFERENCE.

Note #1: Conveyance transferring GRANTOR'S interest into a revocable living trust. This conveyance transfers the Grantor's interest into a revocable living trust, which is not pursuant to a sale and is exempt pursuant to Rev & T C §11911.

Note #2: The GRANTOR is the same person as the Trustee. This conveyance is to a revocable trust and, pursuant to Rev & T C §62(d)(2), does NOT constitute a change in ownership and does not subject the property to reassessment.

Dated: April 13, 2010


Grantor: HELEN V. MYERS

The notarial acknowledgment for the signature appears on a separate sheet, which is attached to this Grant Deed and incorporated into it by reference.

GRANT DEED TRANSFER TO REVOCABLE TRUST

This Addendum is part of the Grant Deed in which the following are the Grantor and the Grantee, and which the Grantor signed on this date: April 13, 2010.

GRANTOR: HELEN V. MYERS

GRANTEE: HELEN V. MYERS

as Trustee of the Helen V. Myers Living Trust, dated April 13, 2010.

EXHIBIT A LEGAL DESCRIPTION OF REAL PROPERTY:

LOT 182 OF TRACT NO. 2403 AS SHOWN BY MAP ON FILE IN BOOK 44, PAGES 5 TO 9 INCLUSIVE OF MAPS IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

ACKNOWLEDGMENT

STATE OF CALIFORNIA

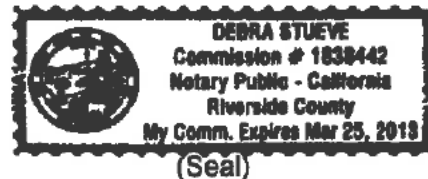
COUNTY OF RIVERSIDE

On April 13, 2010, before me, Debra Stueve, a Notary Public, personally appeared HELEN V. MYERS, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the 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.

Signature Debra Stueve



HELEN V. MYERS LIVING TRUST

ARTICLE I: FACTS AND DECLARATIONS

1.1 NAME OF SETTLOR: HELEN V. MYERS.

The words I, Me, Mine, and Myself refer to Settlor.

1.2 STARTING TRUSTEE: HELEN V. MYERS.

In this agreement, the word Trustee includes the word, Co-Trustees.

1.3 NAME OF THIS TRUST: HELEN V. MYERS LIVING TRUST.

1.4 SUCCESSOR TRUSTEES:

If for any reason I do not serve as Trustee, then the persons named below as first Trustees shall serve as Successor Co-Trustees for all trusts under this instrument. If one of the first named Successor Co-Trustees does not serve for any reason, then the other named Co-Trustee shall server as a sole Successor. I do not require a bond covering any Trustee serving jointly or separately.

Prior to administering this Trust, I request that each successor Trustee obtain the advice of an elder law attorney, investment advise and, if prudent, the advice of a CPA qualified in trust administration, at Trust expense. During the period of decedent administration after my death, I also request that the Trustee obtain the advice of an elder law attorney experienced in trust administration, at Trust expense.

FIRST SUCCESSOR TRUSTEE: DANIEL C. CRANDELL and DAVID E. CRANDELL, Co-Trustees.

1.5 RESTATEMENT OF PRIOR TRUST:

This Instrument is a complete revision of the Trust created by me, pursuant to the HELEN V. MEYERS LIVING TRUST, dated August 10, 2004, including all amendments made thereto (hereinafter the "Original Trust"). All property, regardless of the nature or amount thereof, transferred to, held, administered, or owned by the Original Trust shall be deemed to be the Trust Estate of this Trust, without the necessity of transferring any such properties. This Trust shall also automatically succeed to all of the liabilities of the Original Trust as if the Trust created by this Instrument had incurred such liabilities.

1.6 TRANSFER OF TRUST PRINCIPAL TO TRUST:

Without consideration, I have transferred assets, including money, to the Trustee. The Trustee has accepted those assets and shall hold, manage, and

distribute them and any assets later transferred to this Trust under the terms of this Agreement. The Trustee may deposit any money in a noninterest bearing account until substantial additional money is transferred to this Trust.

1.7 DISTRIBUTION OF PRINCIPAL AND INCOME TO ME:

While I am living, the Trustee shall, monthly, if convenient, pay to me all the Trust's net income. But, if it is not convenient to do so monthly, then the Trustee shall distribute that net income AT LEAST every three months.

If I consider the income payments to be not enough in any respect, then, on my written request, the Trustee shall pay to me or apply for my benefit such of the principal as is needed to comply with my request or with my needs. If I for any reason request in writing that the Trustee distribute principal from this Trust, the Trustee must comply with the request and distribute the requested assets to me. A receipt for the asset from me relieves the Trustee of any liability for distributing the asset.

1.8 PHYSICAL OR MENTAL DISABILITY OR INCOMPETENCE:

If, at any time, as certified in writing by my primary physician, I am considered physically or mentally disabled or incompetent to handle my business affairs (whether or not a Court has confirmed that disability or incompetency), then the Trustee may use all or part of the Trust's assets necessary for my health, maintenance, and support in my accustomed standard of living, until such time as my primary physician certifies in writing that the disability or incompetency has ended.

If a Court appoints a Guardian or Conservator of my Person or Estate, the Trustee may consider any payments the Guardian or Conservator makes for my benefit.

I request that the Trustee use reasonable efforts to maintain me in my residence, unless, in the discretion of the Trustee, this would jeopardize or endanger my health and welfare.

1.9 NO CONTRACT ABOUT TESTAMENTARY DISPOSITION:

Although I sign this Agreement, I have not made or entered into any agreement that affects my rights and powers to dispose of my assets. I do not intend this Trust to affect my rights and powers to dispose of my assets or interests in assets at the time of death. I retain those rights and powers without restriction.

1.10 PRIMARY PURPOSES OF TRUST:

The primary purposes of this Trust are to provide for me while I am living and then, after I have died, for those who receive the income from the Trust assets (the income beneficiaries), if any. The rights and interests of the remainder beneficiaries are secondary to those purposes. Therefore, the Trustee shall manage this Trust and

interpret its provisions liberally to carry out the primary purposes of this Trust.

END OF ARTICLE I. FACTS AND DECLARATIONS.

ARTICLE II: MY POWERS AND DUTIES WHILE I AM LIVING

This Article is effective while I am living.

2.1 MY POWERS:

I have these powers, which are exercised by delivering my written instructions to the Trustee serving under this Agreement. A Trustee is not liable for any loss from complying with my instructions.

2.2 DIRECT TRUSTEE:

I can direct the Trustee to (a) pay out of the Trust's assets single sums or periodic payments to any person or organization; (b) invest the Trust's assets in any manner; (c) sell, encumber, lease, manage, control, or dispose of any asset; or (d) lend money to any person.

2.3 VOTE STOCK:

I can vote shares of any corporate stock that is or may become a Trust asset, except the stock of a professional corporation that is subject to special restrictions.

2.4 REVOKE OR AMEND:

At any time and from time to time, I can revoke or change this Agreement in whole or in part. But an amendment changing the duties, powers, or responsibilities of the Trustee needs the Trustee's written consent.

If I become incapacitated and no longer competent to amend this trust, for the purposes of long term care or public benefits planning, the power to amend or revoke this trust may be exercised by a duly appointed attorney in fact acting under the terms of a valid durable power of attorney, or by a conservator acting pursuant to the doctrine of substituted judgment, provided that such amendment or termination does not materially alter the ultimate disposition of the Trust Estate under the substantive provisions of this Trust.

2.5 REMOVE TRUSTEE:

(a) I can by written notice remove, with or without cause, any Trustee serving this Trust. The removal notice must be effective not later than forty-five (45) days from its delivery to the Trustee and must include the appointment of a Successor Trustee and the Successor Trustee's written acceptance of the appointment.

(b) After deducting all charges and amounts due to it as Trustee, the removed Trustee shall transfer the Trust's assets to the Successor Trustee. After completing the transfer, the removed Trustee has no further powers or duties as to this Trust.

(c) All the Trustee's powers and duties in this Agreement bind the Successor Trustee, but the Successor Trustee is not responsible for the acts or omissions of any predecessor Trustee.

2.6 IF POWER TO REVOKE IS EXERCISED:

If I entirely or partially revoke this Trust, the Trustee must deliver to me, as requested in the revocation document, the Trust assets listed in that document. I guarantee and shall pay the Trustee to the Trustee's satisfaction all sums due to the Trustee.

2.7 LIFE INSURANCE:

I have these powers over any insurance policies in this Trust. These powers are exercised by delivering my written instructions to the Trustee:

- (a) Upon giving the Trustee a receipt, to withdraw any policy;
- (b) To change the beneficiary under any policy;
- (c) To exercise any option or privilege, including the right to borrow sums under the provisions of the policy, using the policy as collateral; and
- (d) To exercise any other incidents of ownership.

During my lifetime, the Trustee does not have to make any payments or take any other action to keep policies in force. The Trustee's only duty is to hold the policies in safe custody, subject to my written instructions.

END OF ARTICLE II. MY POWERS AND DUTIES WHILE I AM LIVING.

ARTICLE III: PROCEDURES AFTER I HAVE DIED

3.1 INTRODUCTION:

The Trustee shall hold, administer, and distribute all property as follows:

3.2 PAYMENT OF DEBTS AND EXPENSES:

On my death, the Trustee may, in the Trustee's discretion, pay out of the principal of the Trust Estate my debts outstanding at the time of my death, which are not barred by the statute of limitations, the Statutes of Frauds, or any provision of law,

the estate and inheritance taxes, including interest and penalties arising on my death, my last-illness and funeral expenses, attorneys' fees, and other costs incurred in administering this Trust and the probate estate.

3.3 DISTRIBUTION OF TRUST ESTATE AT MY DEATH:

On my death, if and to the extent that the I shall not have effectively disposed of all property of the Trust Estate through a valid and effective exercise of a power of appointment, the Trustee shall divide the Trust Estate into shares, as set forth below, for each of my beneficiaries:

Specific Gifts:

(1) My real property located at 27101 Pinehurst Road Sun City, California, and all contents thereof, shall be distributed solely to DANIEL C. CRANDELL.

(2) Any automobiles I own shall be distributed solely to DANIEL C. CRANDELL.

(3) My residence, located at 35458 Woshka Lane, Wildomar, California (hereafter "my home), and the contents therein (except as I may instruct in writing) shall be sold. The net proceeds of the sale and the tangible personal property contained in the my home shall be distributed as follows: one-half to DANIEL C. CRANDELL, so long as he survives me by thirty (30) days and one-half to DAVID E. CRANDELL, so long as he survives me by thirty (30) days. If DANIEL C. CRANDELL does not survive me by thirty (30) days, the his share of the residue shall be distributed entirely to DAVID E. CRANDELL. If DAVID E. CRANDELL does not survive me by thirty (30) days, the his share of the residue shall be distributed to DANIEL C. CRANDELL.

Distribution of Residue:

The Trustee shall distribute the residue to my residuary beneficiary as follows: one-half to DANIEL C. CRANDELL, so long as he survives me by thirty (30) days and one-half to DAVID E. CRANDELL, so long as he survives me by thirty (30) days. If DANIEL C. CRANDELL does not survive me by thirty (30) days, the his share of the residue shall be distributed entirely to DAVID E. CRANDELL. If DAVID E. CRANDELL does not survive me by thirty (30) days, the his share of the residue shall be distributed to DANIEL C. CRANDELL.

In selecting estate property to be distributed in fulfillment of any nonspecific devise set forth in this Trust Agreement, the Trustee may determine which property to allocate to the shares to be distributed. Nevertheless, I request that the Trustee distribute non-specifically devised estate property in accordance with any instructions left by me for the Trustee.

Except as otherwise provided for in this Trust Agreement, I have intentionally made no provision for any other person who might claim to be an heir or a Beneficiary

of mine, whether his or her existence is known to me or not.

3.4 PREVENTION OF OUTRIGHT DISTRIBUTION TO YOUNG BENEFICIARY:

If any beneficiary entitled to outright distribution of a trust or of a portion of a trust is under the age of 23, the Trustee shall either hold and administer the beneficiary's portion of the Trust Estate for his or her benefit or shall distribute the subject share or portion to the beneficiary's parent(s) as custodian(s) or trustee(s) therefore under the Uniform Gift or Transfers to Minors Law in effect in the domicile of such Grandchild.

Should the trustee decide to hold and administer the beneficiary's portion of the Trust Estate of his or her benefit, the following shall apply: Income of the property retained in trust shall be added to principal, and the Trustee shall pay to or apply for the benefit of the beneficiary as much of the beneficiary's trust as the Trustee in the Trustee's discretion considers necessary for the beneficiary's proper support, maintenance, health, and education. When the beneficiary attains the age of 23, the Trustee shall distribute to the beneficiary all property retained in trust for his or her benefit.

3.5 IF ALL BENEFICIARIES DIE BEFORE FULL DISTRIBUTION:

If at any time before full distribution of the Trust Estate I and my children or beneficiaries are deceased and no other disposition of the property is directed by this instrument, the remaining portion of the Trust Estate shall then be distributed as follows: The entire remaining portion of my Trust estate shall then be distributed to my legal heirs according to the laws of succession of the State of California then in force.

END OF ARTICLE III. PROCEDURES AFTER I HAVE DIED

ARTICLE IV: DEFINITIONS AND CONSTRUCTION

4.1 EDUCATION:

Whenever provision is made to pay for the education of a beneficiary, the term "education" shall include vocational school, college, post-graduate study at an institution of the beneficiary's choice, seminars, individual or independent research or study, and travel or foreign study. In determining payments to be made to the beneficiary for education, the Trustee shall consider the beneficiary's reasonable related living and traveling expenses.

4.2 TRUST, TRUSTS, AND TRUST ESTATE:

"Trust," "Trusts," and "Trust Estate" shall be interpreted in the singular or plural as the context indicates.

4.3 ISSUE AND CHILDREN:

In this instrument, the term "issue" refers to lineal descendants of all degrees, and the terms "child," "children," and "issue" include adopted children who were minors at the date of adoption. Further, the terms "issue," "child," and "children" include a child born out of wedlock, if a parent-child relationship existed between the child and his or her deceased parent, as determined under California law.

4.4 GENDER AND NUMBER:

In this instrument, in all matters of interpretation, the masculine, feminine, or neuter gender and the singular or plural number shall each include the others whenever the context indicates.

4.5 CLAUSE HEADINGS:

Clause headings are for reading convenience and shall be disregarded when construing this instrument.

4.6 STATUTES, CODES, AND REGULATIONS:

All references to specific statutes, codes, or regulations shall include any successors. The term "Internal Revenue Code" shall refer to the Internal Revenue Code of 1954, as amended from time to time, and to any successor to it.

4.7 DISTRIBUTION BY REPRESENTATION:

Whenever this instrument directs that distributions be made to my then-living children, on the principal of representation, distributions shall be made in equal shares to my children, excluding each child who is not living on the happening of the event requiring distribution and who has no issue then living, but including, by right of representation, the then-living issue of each deceased child.

4.8 SHALL AND MAY:

The use of the word "shall" indicates a mandatory direction, while the use of the word "may" indicates a permissive, but not mandatory, grant of authority.

4.9 CORPORATE TRUSTEE:

"Corporate Trustee" shall mean a trust company or a bank with trust powers authorized to act within the United States.

4.10 DEATH TAXES:

"Death taxes" shall include federal, foreign, state, and local estate and inheritance taxes, including penalties and interest, but not generation-skipping or

special use valuation recapture taxes or marital deduction qualified terminable interest attribution.

4.11 DISCLAIMER OR QUALIFIED DISCLAIMER:

"Disclaimer" or "qualified disclaimer" has the same meaning that "qualified disclaimer" has under the Internal Revenue Code and supporting regulations.

4.12 BENEFICIARY'S OTHER RESOURCES:

"Beneficiary's other resources" shall include the beneficiary's employable skills and a third party's support obligations.

4.13 PRIMARY BENEFICIARY:

"Primary beneficiary" is a beneficiary whose interests and needs the Trustee shall consider to be paramount over the other designated beneficiaries in the class.

4.14 CHARITABLE ORGANIZATION:

As used in this instrument, the term "charitable organization" shall mean any organization or trust, contributions to which are deductible under Internal Revenue Code sections 501(c)(3), 2055, and 2522 at the time any distributions shall be made to the organization or trust under this instrument.

END OF ARTICLE IV. DEFINITIONS AND CONSTRUCTION

ARTICLE V: MISCELLANEOUS

5.1 CLAIMS OF CREDITORS:

The Trustee shall not be personally liable to any creditor or to any other person for making distributions from any trust under the terms of this instrument if the Trustee has no notice of such creditor.

5.2 SEVERABILITY CLAUSE:

If any provision of this Trust instrument is unenforceable, the remaining provision shall nevertheless be carried into effect.

5.3 PROVISIONS REGARDING TRUST DISTRIBUTIONS:

Any direction regarding the distribution of a trust shall refer to the trust as constituted on the date of distribution, and the direction shall not affect previous distributions from the trust. If at the time any trust is established, the time fixed for a distribution of the principal has passed, the distribution shall be made on the

establishment of that trust.

5.4 PROBATE COURT JURISDICTION AVAILABLE:

Probate Code sections 17200-17210 or any successor or substitute provisions of that code authorizing optional probate court jurisdiction over living trusts hereby are made expressly applicable to all trusts.

5.5 DISCLAIMERS:

Any beneficiary shall have the right to disclaim all or any part of any interest in property to which he or she may be entitled under this instrument. Except as otherwise provided here, any interest so disclaimed shall be distributed as if the beneficiary predeceased the Settlor. No other interest of the beneficiary shall be affected by the disclaimer, unless that interest also shall be disclaimed.

5.6 SURVIVORSHIP REQUIREMENT:

If any beneficiary herein fails to survive a Settlor for thirty (30) days, for all purposes of this Trust, the beneficiary shall be deemed to have predeceased the Settlor.

5.7 NO CONTEST CLAUSE:

If any beneficiary under a trust created by this document shall, singly or in conjunction with any other person or persons, contest in any court the validity of any trust created by this document, or any will or other document making a transfer to this trust, or shall seek to obtain an adjudication in any proceeding in any court that this trust or any of its dispositive provisions are void, or otherwise seek to void, nullify, or set aside the trust or any of its provisions, then the right of that person to take any interest given to him or her by this document shall be determined as it would have been determined had the person predeceased the execution of this Trust.

END OF ARTICLE V. MISCELLANEOUS

ARTICLE VI: TRUSTEE SUCCESSION ISSUES

6.1 SUCCESSOR TRUSTEE'S LIABILITY FOR PREDECESSOR'S ACTS:

No successor Trustee shall be liable for any act, omission, or default, of a predecessor Trustee. Unless requested within sixty (60) days of appointment by an adult beneficiary of the Trust, no successor Trustee shall have any duty to investigate or review any action of a predecessor Trustee. The successor Trustee may accept the accounting records of the predecessor Trustee showing assets on hand without further investigation and without incurring any liability to any person claiming or having an interest in the Trust. However, a successor Trustee may institute any action or

proceeding for the settlement of the accounts, acts, or omissions of any predecessor Trustee.

6.2 INDIVIDUAL TRUSTEES CEASE - CORPORATE TRUSTEE ACTS ALONE:

If all individual Trustees cease to act, the corporate Trustee shall serve as sole Trustee with all the rights, powers, titles, and immunities specified under this instrument.

6.3 COURT-APPOINTED TRUSTEE:

If all designated Trustees fail to qualify or cease to act, a court of competent jurisdiction shall appoint a Trustee or Co-Trustees, individual or corporate, after consideration of the preference of the current income beneficiaries of the Trust.

6.4 RESIGNATION - DESIGNATED SUCCESSORS:

Any Trustee may resign at any time from any Trust under this instrument. The resigning Trustee shall give written notice of the resignation by personal delivery or registered mail to all current income beneficiaries. The resignation shall be effective on the qualification of a designated successor Trustee. The designated Successor Trustee shall act as Trustee on acceptance of the appointment.

6.5 INDIVIDUAL TRUSTEE'S DISABILITY - SUCCESSOR TRUSTEE ACTS:

If any individual Trustee is unable to participate in Trust activities because of illness, disability, or any other reason, the designated successor Trustee may act as Co-Trustee during any such incapacity. In determining the disability of the individual Trustee, the successor Trustee may rely on written statements from two licensed physicians who have examined the Trustee. In the absence of such a statement, the successor Trustee shall petition the court having jurisdiction over this Trust for authority to proceed as successor Trustee. The successor Trustee shall incur no liability to any beneficiary of the Trust or to the replaced Trustee as a result of any action taken under this provision.

6.6 INDIVIDUAL TRUSTEE'S ABSENCE FROM STATE - DELEGATION OF POWERS TO CO-TRUSTEE OR SUCCESSOR TRUSTEE:

The individual Trustee shall have the power to delegate temporarily to the Co-Trustee or successor Trustee all or any of his or her powers during temporary vacation periods or other absences from the State of California. The individual Trustee shall exercise this power of delegation by written notice to the Co-Trustee specifying the powers delegated. This delegation shall terminate on delivery of written notice by the individual Trustee to the Co-Trustee of termination of delegation. The individual Trustee shall incur no liability to any beneficiary of the Trust Estate as a result of any actions taken or not taken within the scope of delegation during the period of delegation.

6.7 CO-TRUSTEE'S DUTY TO ACT

A Co-Trustee must participate in the performance of a trustee's function unless the Co-Trustee is unavailable to perform the function because of absence, illness, disqualification under other law, or other temporary incapacity or unless the Co-Trustee has properly delegated the performance of the function to another trustee.

END OF ARTICLE VI. TRUSTEE SUCCESSION

ARTICLE VII: TRUSTEE MANAGEMENT POWERS

7.1 INTRODUCTION:

To carry out the provisions of the Trusts created by this instrument, the Trustee shall have the management powers set forth below in addition to those now or later conferred by law.

7.2 GOVERNMENT AND INSURANCE BENEFITS:

The Trustee shall have the right to apply for government and insurance benefits on my behalf.

The Trustee shall further have the power to take any and all steps necessary, in the Trustee's judgment, to obtain and maintain my eligibility for any and all public benefits and entitlement programs. Such programs include, but are not limited to, Social Security, Supplemental Security Income, Veterans' Benefits, Medicare, Medicaid/Medi-Cal, and In Home Support Services.

For purposes of establishing the exempt status of my residence, wherever located, for Medi-Cal qualification, it is my intention to return home if I am institutionalized. The Trustee is directed to take such steps as are necessary to express my intent on an application for Medi-Cal Long-Term Care.

7.3 BROAD TRUSTEE POWERS:

The trustee shall have the full power to sell, encumber, convey, exchange, invest, reinvest, partition, divide, improve, and repair the property constituting the trust estate from time to time, and the trustees shall have all powers conferred on the trustees by law and all powers contained in California Probate Code sections 16200-16249 and any successor statutes. The enumeration of certain powers in this instrument shall not limit the trustees' general powers, and they shall have all the rights, powers, and privileges that an absolute owner of the same property would have, subject to their fiduciary obligations, and to any limitations stated elsewhere in this instrument.

7.4 INVESTMENT UNDER PRUDENT-PERSON RULE:

The trustee may, in the trustee's discretion, invest and reinvest trust funds in every kind of property (real, personal, or mixed) and every kind of investment, specifically including, but not limited to, corporate obligations of every kind; preferred or common stocks; shares of investment trusts, investment companies, and mutual funds; life insurance policies; notes, real estate, bonds, debentures, mortgages, deeds of trusts, mortgage participations, market funds and index funds appropriate under the then-prevailing circumstances (specifically including, but not limited to, the following circumstances set out in Probate Code section 16047(c)):

1. General economic conditions.
2. The possible effect of inflation or deflation.
3. The expected tax consequences of investment decisions or strategies.
4. The role that each investment or course of action plays within the overall trust portfolio.
5. The expected total return from income and the appreciation of capital.
6. Other resources of the beneficiaries known to the trustee as determined from information provided by the beneficiaries.
7. Needs for liquidity, regularity of income, and preservation or appreciation of capital.
8. An asset's special relationship or special value, if any, to the purposes of the trust or to one or more of the beneficiaries.

In so doing, the trustee shall exercise care, skill, and caution to attain the Settlor's goals under this instrument. The trustee shall consider individual investments as part of an overall investment strategy having risk and return objectives reasonably suited to the purposes of the trust. The trustee's investments may include stock in, or any common trust fund administered by, the trustee or stock in any entity owned by the trustee or that owns the trustee.

7.5 POWER TO RETAIN OR ABANDON PROPERTY:

The Trustee shall have the power to continue to hold any property, including any shares of the Trustee's own stock, and operate at the risk of the Trust Estate any business that the Trustee receives or acquires under the Trust as long as the Trustee considers it advisable. The Trustee shall have the power to abandon any property that the Trustee receives or acquires.

7.6 UNPRODUCTIVE PROPERTY:

Except when specifically restricted, the Trustee shall have the power to retain, purchase, or otherwise acquire unproductive property.

7.7 SELL, EXCHANGE, REPAIR:

The Trustee shall have the power to manage, control, grant options on, sell (for cash or on deferred payments with or without security), convey, exchange, partition, divide, improve, and repair Trust property.

7.8 LEASE:

The Trustee shall have the power to lease Trust property for terms within or beyond the terms of the Trust and for any purpose, including exploration for and removal of gas, oil, and other minerals and to enter into community oil leases, pooling, and utilization agreements.

7.9 SECURITIES:

The Trustee shall have all the rights, powers, and privileges of an owner of the securities held in Trust, including, but not by way of limitation, the power to vote, give proxies, and pay assessments; to participate in voting Trusts and pooling agreements (whether or not extending beyond the term of the Trust); to enter into shareholders' agreements; to consent to foreclosure, reorganizations, consolidations, merger liquidations, sales, and leases, and, incident to any such action, to deposit securities with and transfer title to any protective or other committee on such terms as the Trustee may deem advisable; and to exercise or sell stock subscription or conversion rights.

7.10 INVESTMENT FUNDS:

The Trustee shall have the power to invest in mortgage participations, in shares of investment trusts and regulated investment companies, including any under the control of any investment counsel employed by the Trustee, in mutual funds, money market funds, and index funds that investors of prudence, discretion, and intelligence acquire for their own account.

7.11 NOMINEE'S NAME:

The Trustee shall have the power to hold securities or other property in the Trustee's name as Trustee under this Trust, or in the Trustee's own name, or in the name of a nominee, or the Trustee may hold securities unregistered in such condition that ownership will pass by delivery.

7.12 INSURANCE:

The Trustee shall have the power to carry, at the expense of the Trust, insurance of such kinds and in such amounts as the Trustee deems advisable to protect the Trust Estate against any damage or loss and to protect the Trustee against liability with respect to third parties.

7.13 BORROW - GENERAL:

The Trustee shall have the power to borrow money and to encumber or hypothecate Trust property by mortgage, deed of trust, pledge, or by otherwise securing the indebtedness of the Trust or the joint indebtedness of the Trust and a co-owner of Trust property.

7.14 LOAN:

The Trustee shall have the power to loan money to any person, including a trust beneficiary or the estate of a trust beneficiary, at prevailing interest rates and with or without security as the Trustee deems advisable.

7.15 BONDS - LIMITATIONS:

The Trustee shall have the power to purchase bonds either at a premium or at a discount. For bonds purchased at a premium, the Trustee shall, in a reasonable manner, periodically repay to principal each premium from interest on the bond or sale or redemption proceeds. For bonds purchased at discounts, the Trustee shall periodically accumulate each discount as interest and, to the extent necessary, pay such discount out of principal or from the sale or redemption proceeds.

7.16 INVEST IN LIFE INSURANCE:

The Trustee shall have the power to acquire and maintain life insurance policies on the life of any person, including a trust beneficiary, and to exercise all rights of ownership granted to such policies.

7.17 GENERAL PARTNERSHIP RESTRICTION:

The Trustee, in the Trustee's absolute discretion, shall have the election to act only as a limited partner of any general partnership in the Trust and shall take any action necessary to effect this election.

7.18 TREASURY BONDS - SPECIAL TAX REDEMPTIONS:

The Trustee shall have the power to purchase at less than par obligations of the United States of America that are redeemable at par in payment of any federal estate tax liability of a Settlor in such amounts as the Trustee deems advisable. The Trustee shall exercise this discretion if the Trustee believes that a Settlor is in substantial danger of death, and the Trustee may borrow funds and give security for such purchase. The Trustee shall resolve any doubt concerning the desirability of making the purchase and its amount in favor of making the purchase and in purchasing a larger, even though somewhat excessive, amount. The Trustee shall not be liable to a Settlor, any heir, or any beneficiary of this Trust for losses resulting from purchases made in good faith. The Trustee shall redeem such obligations to the fullest extent possible in payment of a Settlor's federal estate tax liability.

END OF ARTICLE VII. TRUSTEE POWERS

ARTICLE VIII: TRUSTEE COMPENSATION AND DUTIES

8.1 TRUSTEE'S COMPENSATION:

The individual Trustee may pay itself reasonable compensation from the Trust Estate during each calendar year for all ordinary services and reasonable additional compensation for any extraordinary services, all without court order. If the individual Trustee serves for only part of a calendar year, the individual Trustee shall prorate the annual compensation. Co-Trustees shall be entitled to reasonable compensation, which shall be apportioned among the Co-trustees according to the services rendered by them.

8.2 COMPENSATION FOR CORPORATE TRUSTEE - FEE SCHEDULE:

The corporate Trustee shall pay itself on an annual basis according to the corporate Trustee's published fee schedule in effect from time to time.

8.3 SUCCESSOR TRUSTEE ACCOUNTING:

As long as the Settlor is serving as the Trustee, no accounting shall be required. If the Settlor is alive but not serving as the Trustee, then the Successor Trustee shall account only to the Settlor. After the death of the Settlor, the Successor Trustee shall account at least annually, at the termination of the trust, and upon change of trustees, to all of the current income and current principal beneficiaries. The beneficiary's written approval of the accounting shall be a complete protection of the Successor Trustee as to all matters and transactions stated or shown by the accounting. Failure to transmit to the Successor Trustee either (a) the written approval of such accounting, or (b) a written objection to the accounting, with reasons specified, within a period of sixty (60) days after a written request by the Successor Trustee for such approval shall constitute a written approval of such person entitled to the accounting. To the extent permitted by law, the written approval of the adult beneficiaries shall bind minor and contingent remainder interests. The form, content, and manner of delivery of an account or a report shall be in accordance with the provisions of California Probate Code sections 16060-16064.

8.4 EMPLOYMENT OF CONSULTANTS - GENERAL:

The Trustee may employ custodians, attorneys, accountants, investment advisers, corporate fiduciaries, or any other agents or advisers to assist the Trustee in the administration of this Trust and may rely on the advice given by these agents. The Trustee shall pay reasonable compensation for all services performed by these agents from the Trust Estate out of either income or principal as the Trustee in the Trustee's reasonable discretion determines. These payments shall not decrease the compensation to which the Trustee is entitled.

8.5 EXCULPATORY CLAUSE - ALL TRUSTEES:

No Trustee shall be liable to any person interested in this Trust for any act or default unless it results from the Trustee's bad faith, willful misconduct, or gross negligence.

8.6 BOND - WAIVER:

No Trustee, including nonresidents, shall be required to post bond or security.

8.7 TRUSTEE SELF-DEALING - LOAN, BUY, AND SELL:

The Trustee shall have the power to loan or advance the Trustee's own funds to the Trust for any Trust purpose, with interest at current rates, to receive security for such loans in the form of a mortgage, pledge, deed of trust, or other encumbrance of any assets of the Trust, to purchase or exchange assets of the Trust at their fair market value as determined by an independent appraiser, to sell property to the Trust at a price not in excess of its fair market value as determined by an independent appraiser, and to lease assets to or from the Trust for fair rental value as determined by an independent appraiser.

8.10 TRUSTEE AND EXECUTOR TRANSACTIONS - SELF-DEALING PERMITTED:

The Trustee and the executor of the Settlor's estate may freely contract financial transactions between themselves, such as the purchase and sale of assets and the making of loans, secured and unsecured, notwithstanding each office being held by the same person and apparent conflicts of interest.

8.11 CO-TRUSTEE MAY ALLOCATE DUTIES:

Any Co-Trustee may allocate duties between those serving by a written agreement and concurrence by a majority of the adult income and principal beneficiaries. After such delegation, any one Trustee may unilaterally revoke such delegation at will and without cause by written notice to the other Trustees and adult income and principal beneficiaries. The Trustee may, for example, exercise this power to delegate several actions for bank and securities brokerage transactions.

END OF ARTICLE VIII. TRUSTEE COMPENSATION AND DUTIES

ARTICLE IX: TRUST ADMINISTRATION PROVISIONS

9.1 INTRODUCTION:

The following additional Trust provisions shall apply under this instrument.

9.2 SPENDTHRIFT PROVISION:

No beneficiary shall anticipate, assign, encumber, or subject to any creditor's claim or to legal process any interest in principal or income before its actual receipt by any beneficiary. The beneficial and legal interests in this Trust, its principal, and its income shall be free from interference or control of any beneficiary's creditor and shall not be subject to claims of any such creditor or liable to attachment, execution, bankruptcy, or other process of law.

9.3 PERPETUITIES SAVINGS CLAUSE - SETTLOR'S DESCENDANTS:

All trusts created by this instrument or by the exercise of any power of appointment shall terminate twenty-one (21) years after the death of the Settlor's descendants living at the Settlor's death. The Trustee shall distribute the principal and undistributed income of a terminated Trust to the then-living income beneficiaries of that Trust in the same proportion that the beneficiaries are entitled to receive income when the Trust terminates. At the time of such termination, if the Trust does not fix the rights to income, the Trustee shall distribute the Trust by right of representation to the persons who, in the Trustee's reasonable discretion, are entitled to receive Trust payments.

9.4 DISCLAIMER OF ADMINISTRATIVE POWERS:

The Trustee may disclaim, release, or restrict the scope of any power held in connection with any Trust, including any administrative power, whether such power is expressly granted or implied by law, by a written instrument specifying the power to be disclaimed, released, or restricted and the nature of any such restriction. The special Trustee shall exercise all powers disclaimed or released.

9.5 TRUSTEE POWERS - FIDUCIARY ROLE:

The Trustee shall exercise all of the powers in the Trustee's fiduciary capacity and only in such capacity. Further, the Trustee shall have no power to enlarge or shift any of the beneficial interests under any trust except as an incidental consequence of the discharge of the Trustee's fiduciary duties and shall not make any distribution that discharges any beneficiary's legal obligations of support.

9.6 COMPROMISE CLAIMS:

The Trustee shall have the power to compromise, submit to arbitration, abandon, or otherwise adjust any claims or litigation against or in favor of the Trust.

9.7 LITIGATION:

The Trustee shall have the power to commence or defend litigation with respect to the Trust Estate, as the Trustee may deem advisable, at the expense of the Trust.

9.8 CONFLICTING CLAIMS AND WITHHOLDING PAYMENT:

On the occurrence of any event requiring the Trustee to divide, segregate, or distribute the Trust property, the Trustee may delay, without the payment of interest, the division, segregation, or distribution of all or any part of such property for such period of time as may be necessary to ascertain and provide for any such contingent liability. However, this delay shall not affect the vesting of any interests or the accrual and payment of Trust income to any beneficiary.

9.9 TRUSTEE POWERS SURVIVE:

All of the Trustee's powers, duties, and immunities shall continue after termination of any Trust until the Trustee has made actual distribution of such Trust Estate.

9.10 NOTICE OF EVENTS:

Unless the Trustee receives written notice of the occurrence of an event affecting the beneficial interests of the Trust, the Trustee shall not be liable to any beneficiary for any distributions made or other actions taken by the Trustee in good faith.

9.11 ADDITIONS TO TRUST BY THIRD PARTY:

With the consent of the Trustee, any third party may add additional property at any time to any trust.

9.12 CALIFORNIA LAW GOVERNS:

California law shall govern the validity, construction, interpretation, and administration of all trusts under this instrument.

9.13 NO CONTRACT FOR DISPOSITION OF TRUST:

No Settlor has made any agreement (other than this instrument) controlling the disposition of the Trust Estate, and the provisions of this Trust shall not be read as evidence of any such agreement.

END OF ARTICLE IX. TRUST ADMINISTRATION PROVISIONS

ARTICLE X: EXECUTION AND ACKNOWLEDGMENT

10.1 SIGNATURE CLAUSE - SETTLOR:

The Settlor certifies that the Settlor has read the foregoing Declaration of Trust and that it correctly states the terms and conditions under which the Trustee is to hold, manage, and distribute the Trust Estate. The Settlor approves the Declaration of Trust in all particulars and requests that the Trustee sign it.

Dated: May 7, 2012



HELEN V. MYERS, Settlor

The Trustee's accepts this appointment.


Dated: May 7, 2012



HELEN V. MYERS, Trustee

The Settlor's attorney approves this Declaration of Trust.

Dated: May 7, 2012



Karl D. Mowery
Attorney for Settlor/Trustee

10.2 ACKNOWLEDGMENT:

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

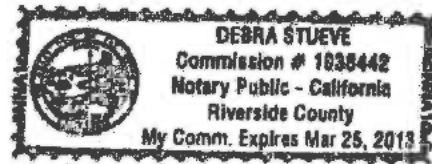
On May 7, 2012, before me, Debra Stueve, a Notary Public, personally appeared HELEN V. MYERS, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that ~~he~~/she executed the same in ~~his~~/her authorized capacity, and that by ~~his~~/her signature on the instrument the person, or the 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.

Signature

Debra Stueve



(Seal)

END OF ARTICLE X. EXECUTION AND ACKNOWLEDGMENT

1 LAW OFFICES OF KARL D. MOWERY
2 Karl D. Mowery, SBN 164080
3 464 S. Palm Avenue, Suite C
4 Hemet, California 92543
5 Telephone: (951) 766-7802
6 Facsimile: (951) 766-7112

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

MAR 19 2015

L. FULSAAS
L. FULSAAS

7 Attorney for Petitioner

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF RIVERSIDE

10
11 In Re HELEN V. MYERS LIVING TRUST,
12 Established May 7, 2012.

Case No. MCP-1400982

ORDER APPROVING PETITION TO
APPOINT SUCCESSOR TRUSTEE

Date: February 13, 2015

Time: 8:30 a.m.

Dept: T1

13
14
15
16
17 The verified petition of DAVID W. SIMISON, for an Order Approving Petition to
18 Appoint Successor Trustee, came before this Court on February 13, 2015, in Department T1, the
19 Honorable Mark A. Cope presiding. The Court, having proper jurisdiction, and being duly
20 advised of all the facts and law, finds as follows:

21 1. DAVID W. SIMISON is appointed as the successor Trustee of the HELEN V.
22 MYERS LIVING TRUST, dated May 7, 2012 (hereafter "Trust").

23 2. The successor Trustee is not authorized to sell or otherwise encumber the real
24 property owned by the Trust located at: 27101 Pinehurst Road, Sun City, California 92586.

25 3. Bond shall be filed by the successor Trustee in the amount of \$188,000.00.

26 Date: 3-19-15

27 *Mark A. Cope*
28 **JUDGE OF THE SUPERIOR COURT**

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3201233005267

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HELEN		2. MIDDLE VERA	
3. LAST (Family) MYERS			
4. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) HELEN CRANDELL MYERS			
5. DATE OF BIRTH mm/dd/yyyy 09/03/1917		6. AGE Yrs 94	
7. IF UNDER ONE YEAR Months Days		8. IF UNDER 24 HOURS Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SEXP ¹ at Time of Death WIDOWED	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14. DATE OF DEATH mm/dd/yyyy 05/09/2012	
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 HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 74			
20. DECEDENT'S RESIDENCE (Street and number, or location) 35458 WOSHKA LANE			
21. CITY WILDOMAR		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92595		24. YEARS IN COUNTY 24	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DANIEL CRANDELL, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 27101 PINEHURST ROAD, SUN CITY, CA 92586	
28. NAME OF SURVIVING SPOUSE/BND ² - FIRST SARAH		29. MIDDLE ELIZABETH	
30. LAST (BIRTH NAME) MUSINER		31. BIRTH STATE CANADA	
32. NAME OF FATHER/PARENT - FIRST WILLIAM		33. MIDDLE H	
34. LAST EDWARDS		35. BIRTH STATE ENGLAND	
36. NAME OF MOTHER/PARENT - FIRST SARAH		37. MIDDLE ELIZABETH	
38. LAST (BIRTH NAME) MUSINER		39. BIRTH STATE CANADA	
40. DISPOSITION DATE mm/dd/yyyy 05/18/2012		41. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL ROAD, WHITTIER, CA 90601	
42. TYPE OF DISPOSITION(S) BU		43. SIGNATURE OF EMBALMER ALAN PAVLAK	
44. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MORTUARY		45. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
46. LICENSE NUMBER EMB8057		47. DATE mm/dd/yyyy 05/17/2012	
101. PLACE OF DEATH RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> E/OP <input type="checkbox"/> OCA <input type="checkbox"/> H/Space <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. CITY WILDOMAR			
104. COUNTY RIVERSIDE			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 35458 WOSHKA LANE			
106. CAUSE OF DEATH Enter full chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) (1) UTERINE CANCER			
107. This Interval Between (Date and Date) YRS 2012-04043		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYDRONEPHROSIS, ACUTE RENAL FAILURE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attested Since: (A) mm/dd/yyyy (B) mm/dd/yyyy 10/27/2009 05/09/2012		115. SIGNATURE AND TITLE OF CERTIFIER MICHAEL S BASCH M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL S BASCH M.D. 41593 WINCHESTER RD #101, TEMECULA, CA 92590		117. DATE mm/dd/yyyy 05/17/2012	
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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
119. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)			
120. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
121. LOCATION OF INJURY (Street and number, or location, and city and zip)			
122. SIGNATURE OF CORONER / DEPUTY CORONER		123. DATE mm/dd/yyyy	
124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED **May 23, 2012**

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014089986

CERTIFICATE OF DEATH

3201433005358

STATE FILE NUMBER 3052014089986		LOCAL REGISTRATION NUMBER 3201433005358	
1. NAME OF DECEDENT - FIRST (Given) DANIEL		2. MIDDLE C	
3. LAST (Family) CRANDELL		4. DATE OF BIRTH mm/dd/yyyy 04/26/1937	
5. AGE Yrs. 77		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 05/06/2014		8. HOUR (24 Hour) 1520	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
13. EDUCATION - Highest Level Completed (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TRUCK DRIVER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION	
17. YEARS IN OCCUPATION 15		18. DECEDENT'S RESIDENCE (Street and number, or location) 27101 PINEHURST ROAD	
19. CITY MENIFEE		20. COUNTY/PROVINCE RIVERSIDE	
21. ZIP CODE 92586		22. YEARS IN COUNTY 28	
23. STATE/FOREIGN COUNTRY CA		24. INFORMANT'S NAME AND RELATIONSHIP ROBERT CRANDELL, SON	
25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 980 RED MOUNTAIN ROAD, GRANTS PASS, OR 97526		26. NAME OF SURVIVING SPOUSE/SRDP - FIRST -	
27. MIDDLE -		28. LAST (BIRTH NAME) -	
29. NAME OF FATHER/PARENT - FIRST CECIL		30. MIDDLE -	
31. LAST TOGGNAZZINI		32. BIRTH STATE CA	
33. NAME OF MOTHER/PARENT - FIRST HELEN		34. MIDDLE -	
35. LAST (BIRTH NAME) EDWARDS		36. BIRTH STATE CA	
37. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK		38. ADDRESS OF FINAL DISPOSITION (Street and number, or location) 3888 WORKMAN MILL ROAD, WHITTIER, CA 90601	
39. TYPE OF DISPOSITION BU		40. SIGNATURE OF EMBALLER NOT EMBALMED	
41. LICENSE NUMBER -		42. LICENSE NUMBER -	
43. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		44. DATE mm/dd/yyyy 05/15/2014	
45. PLACE OF DEATH MENIFEE VALLEY MEDICAL CENTER		46. HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
47. COUNTY RIVERSIDE		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 28400 MCCALL BLVD	
49. CITY MENIFEE		50. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT abbreviate. (A) RESPIRATORY FAILURE (B) CONGESTIVE HEART FAILURE (C) CARDIOMYOPATHY	
51. IMMEDIATE CAUSE (Final disease or condition resulting in death)		52. DAYS MOS	
53. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST CHRONIC RENAL FAILURE, PNEUMONIA		54. YEARS YEARS	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 57) CHRONIC RENAL FAILURE, PNEUMONIA		56. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 55? (If yes, list type of operation and date) NO		58. IF FEMALE, PREGNANT (LAST YEAR) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
59. SIGNATURE AND TITLE OF CERTIFIER TIN TUN M.D.		60. DATE mm/dd/yyyy 05/14/2014	
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TIN TUN M.D.		62. ADDRESS (Street and number, or location) 4020 W FLORIDA AVE, HEMET, CA 92545	
63. HOURS THAT INJURY OCCURRED AT THE HOUR, DATE AND PLACE BIRTH FROM THE CAUSES SUPPLIED 05/02/2014 05:08/2014		64. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
65. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		66. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
67. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		68. INJURY DATE mm/dd/yyyy	
69. LOCATION OF INJURY (Street and number, or location, and city and zip)		69. HOUR (24 Hours)	
70. SIGNATURE OF CORONER / DEPUTY CORONER		71. DATE mm/dd/yyyy	
72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health

DATE ISSUED **May 28, 2014**

Dr. Cameron Kaiser, M.D., Health Officer
 RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
 PRNCO (REV) 8/12



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

616943
I.D. TAG NO.

136-2012-020083
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name			First	Middle	Last	Suffix	Death Date
				David	Edward	Crandell		August 14, 2012
	Sex	Age	Social Security Number		County of Death			
	Male	53 years			Jackson			
	Birthdate	Birthplace			Was Decedent Ever in U.S. Armed Forces?			
	October 28, 1958	Norwalk, California			No			
	Residence				City/Town			
	1246 N 2nd Avenue 21				Gold Hill			
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Jackson		Oregon		97526		Yes	
	Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
	Married		Melissa Anne Hunnicutt					
	Father's Name				Mother's Name Prior to First Marriage			
	Daniel Cecil Crandell				Joan Franki Wisham			
	Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Melissa Crandell		Not Available		Spouse		3088 Old Stage Road, Central Point, OR 97502		
Place of Death				Facility Name				
Decedent's Residence								
Location of Death				City/Town or Location of Death		State		
1246 N 2nd Avenue 21				Gold Hill		Oregon		
Method of Disposition		Place of Disposition		Location (City/Town and State)				
Burial		Memory Gardens Memorial Park		Medford, Oregon				
Name and Complete Address of Funeral Facility								
Conger-Morris Central Point Chapel 800 S Front St, Central Point, Oregon 97502								
Date of Disposition		Funeral Director's Signature				OR License Number		
August 23, 2012		/s/ Steven C Morris						
Registrar's Signature				Date Received		Local File Number		
/s/ Mark Orndoff				August 21, 2012				
Amendment								

45-2CCS (01/06)



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS

DATE ISSUED **February 05, 2021**

Jennifer A. Woodward
JENNIFER A. WOODWARD, P.H.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFICATION OF TRUSTEES UNDER TRUST
(California Probate Code Section 18100.5)

I, David Simison, being of legal age, declares under penalty of perjury:

1. Declarant(s) certify the existence of the following described Trust and state that he/she/they are all of the current trustees:

Name of Trust: The Helen V. Myers Living Trust
Original Date of Trust: August 10, 2004
Trust Restated: April 13, 2010
Trust Restated: May 7, 2012
Trustor(s)/Settlor(s): Helen V. Myers
Original Trustee(s): Helen V. Myers
Successor Trustee(s): David Simison
Trust Identification, Social Security or Employer Identifier

2. Declarant(s) state that the Trust is in full force and effect and has not been revoked, terminated or otherwise amended in any manner which would cause the representations in this Certification to be incorrect. The name(s) of all persons who have any power to revoke the trust are: Helen V. Myers.

3. Declarant(s) state the following named trustee(s) is/are full empowered to act for said Trust and is/are properly exercising his/her/their authority under said Trust per Article 1: Facts and Declarations, Section 1.5 of The Helen V. Myers Living Trust dated May 07, 2012 in negotiating for, contract for and executing the document(s) attached hereto, and that no trustee(s) other than the following named trustees are necessary under the Trust to sign said document(s):

Trustees authorized to sign: David Simison
Nature of document: Assignment of Right to Collect Excess Proceeds
Date of document: 12-16-20

4. Declarant(s) state that to the best of their knowledge, there are no claims, challenges of any kind or cause of action alleged, contesting or questioning the validity of the Trust or the trustee's authority to act for the Trust.

5. This Declaration is prepared and executed pursuant to California Probate Code Section 18100.5.

Signed under penalty of perjury, this 16 day of DEC., 2020

David Simison
Signature

David Simison, Successor Trustee
27101 Pinehurst Rd
Sun City, CA 92586-3290

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 12/16/2020 before me, David Simison, personally appeared
(Date) (here insert name and title of the officer)

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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

(seal)

Signature of Notary Public

see attached

ACKNOWLEDGMENT

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

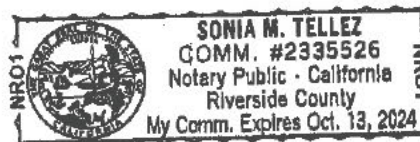
State of California
County of Riverside

On 12/14/2020 before me, Sonia M. Tellez, Notary Public
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.



Signature  (Seal)

AFFIDAVIT

I, David Simison as Successor Trustee of The Helen V. Myers Living Trust, dated May 7, 2012, do hereby declare:

1. I am over the age of 18 and a resident of Sun City, 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. Helen V. Myers Living Trust dated May 07, 2012 is one and the same as The Helen V Myers Living Trust dated April 13, 2010 listed on the Grant Deed as Document Number: 2010-0335642, recorded on July 19, 2010 in Riverside County, CA.
3. I, David Simison am the Successor Trustee of the Helen V Myers Living Trust, dated May 7, 2012.
4. I, David Simison am one and the same person as David Wayne Simison.
5. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 336120007.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 16 day of Dec, 2020, in Hemet, CA

x David Simison
David Simison as Successor Trustee of The Helen V. Myers Living Trust, dated May 7, 2012

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

16 day of December, 2020, by
Date Month Year
David Simison
Name of Signer



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

Signature David Simison
Signature of Notary Public

(Place Notary Seal Above)

TELEPHONE
(951) 766-7802

LAW OFFICES OF
KARL D. MOWERY
464 S. PALM AVENUE, SUITE C
HEMET, CALIFORNIA 92543

FACSIMILE
(951) 766-7112

MEMORANDUM

TO: DEBORAH S. SIMISON
27101 Pinehurst Road
Sun City, CA 92586

FROM: Karl D. Mowery

DATE: July 17, 2015

RE: The HELEN V. MYERS LIVING TRUST, dated May 7, 2012

Please accept our condolences regarding the recent deaths of the appointed Successor Trustees, DANIEL C. CRANDELL and DAVID E. CRANDELL. As part of Helen Myers' estate plan, she established a living trust called the HELEN V. MYERS LIVING TRUST, dated May 7, 2012 ("the Trust").

This office represents DAVID W. SIMISON, the court-appointed Successor Trustee of the Trust (hereafter "Trustee"). We are in the process of assisting the Trustee in the administration and distribution of the trust estate.

As potential heir and/or beneficiary of Trust instrument, you are entitled to the enclosed notice.

The purpose of this memorandum is to provide you with the enclosed formal notice entitled: "Notification by Trustee under Probate Code/section 16061.7."

Although the enclosed notification informs you that you may request a copy of the Trust, we take this opportunity herein to provide you with a copy of the Trust.

Distribution of the Trust estate usually does not occur until after expiration of the creditor claim period and a determination regarding debts and taxes have been made. After all debts, taxes, fees and any other obligations are determined, the Trustee will complete a final accounting and will distribute the assets of the Trust estate in accordance with the terms of the Trust.

Please remember that this office represents the Trustee and not the beneficiaries individually. Accordingly, neither this office nor the Trustee can give you tax, financial planning or legal advice concerning your interest as a beneficiary. If you have any questions generally concerning your rights and interests with respect to the Trust or other assets of the estate (Annuities, IRA, etc.), please consult your own professional tax, financial or legal advisor.

**NOTIFICATION BY TRUSTEE UNDER
PROBATE CODE SECTION 16061.7**

Dated: July 17, 2015

As required by law, you are hereby provided with notice of the following information regarding the HELEN V. MYERS LIVING TRUST, dated May 7, 2012:

1. The names of the Settlor of the Trust was HELEN V. MYERS.
2. The Trust was executed on May 7, 2012.
3. The names, address and telephone number of the current Trustee is:

DAVID W. SIMISON, Trustee
27101 Pinehurst Road
Sun City, CA 92586

Phone Number: (951) 766-7802

The Trustee requests that correspondence relating to the Trust be directed to her at the following address:

DAVID W. SIMISON, Trustee
464 S. Palm Avenue, Suite C
Hemet, California 92544

4. The principal place of administration of the Trust shall be:

464 S. Palm Avenue, Suite C
Hemet, California 92544

5. You are entitled, as a possible beneficiary or heir at law of the decedent, to request from the Trustee a true and complete copy of the "Terms of the Trust," as that term is defined in Section 16060.5 of the Probate Code. However, in your case, the Trustee has elected to enclose with this Notification a true and complete copy of the entire Trust, including any amendments to it.

The following is a required legal notice:

YOU MAY NOT BRING AN ACTION TO CONTEST THE TRUST MORE THAN 120 DAYS FROM THE DATE THIS NOTIFICATION BY THE TRUSTEE IS SERVED UPON YOU OR 60 DAYS FROM THE DATE ON WHICH A COPY OF THE TERMS OF THE TRUST IS MAILED OR PERSONALLY DELIVERED TO YOU DURING THAT 120-DAY PERIOD, WHICHEVER IS LATER.

PROOF OF SERVICE

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

I am a resident of and am employed in the aforementioned County and State; I am over the age of eighteen years and not a party to the within action; my business address is 464 S. Palm Avenue, Suite C, Hemet, California 92543.

On July 17, 2015, I served the following document(s):

**MEMORANDUM AND NOTIFICATION BY TRUSTEE UNDER PROBATE
CODE SECTION 16061.7**

upon the interested parties by placing a copy thereof enclosed in a sealed envelope addressed as follows:

JARED. CRANDELL
3088 Old Sage Road
Central Point, OR 97502

Son/Heir of DAVID E. CRANDELL

JACOB CRANDELL
3088 Old Sage Road
Central Point, OR 97502

Son/Heir of DAVID E. CRANDELL

DEBORAH S. SIMISON
27101 Pinehurst Road
Sun City, CA 92586

Beneficiary/Heir of DANIEL C. CRANDELL

 X (BY MAIL) I caused such envelope, with postage fully prepaid thereon, to be placed in the United States mail at Hemet, California.

 (BY FACSIMILE) I caused such document(s) to be telephonically delivered via facsimile transmission to each of the addressees designated on the attached Service List with a facsimile number indicated in their address information. Said documents(s) was/were transmitted from the firm's office in Hemet, California, on the date set forth above.

 (BY OVERNIGHT COURIER) I caused the above-referenced document(s) to be delivered to an overnight courier service for delivery at the addressees designated on the attached Service List.

I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice mail is deposited with the United States Postal Service on that same day with postage thereon fully prepaid at Hemet, California, in the ordinary course of business.

I declare the foregoing to be true and correct under the penalty of perjury under the laws of the State of California.

Dated: July 17, 2015

A handwritten signature in black ink, appearing to read "Debra Stueve", written over a horizontal line.

Debra Stueve

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215-2 Item 1063 Parcel Identification Number: 336120007

Assessee: MYERS, HELEN V TRUSTEE

Situs: 27101 PINEHURST RD MENIFEE 92586

Date Sold: July 21, 2020

Date Deed to Purchaser Recorded: September 11, 2020

Final Date to Submit Claim: September 11, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 230,000.00 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. 2020-0427869, recorded on 9/11/2020. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

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

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

Executed this Dec day of 10, 20 at Newport Beach, CA
County, State

[Signature]
Signature of Claimant

[Signature]
Signature of Claimant

Melissa Anne Crandell
Print Name

Melissa Anne Crandell
Print Name

4695 MacArthur Court suite #1100
Street Address

4695 MacArthur Court suite #1100
Street Address

Newport Beach, CA 92660
City, State, Zip

Newport Beach, CA 92660
City, State, Zip

(949) 398-0405
Phone Number

(949) 398-0405
Phone Number

REQUESTED BY AND MAIL TO:
 JON CHRISTENSEN
 TREASURER – TAX COLLECTOR
 4080 LEMON ST., 4th FL. MAIL STOP 1110
 RIVERSIDE, CALIFORNIA 92501

ALABBASI RUMZI M
 3121 CALLE LA PAZ
 RIVERSIDE, CA 92503

2020-0427869

09/11/2020 08:49 AM Fee: \$ 17.00

Page 1 of 2

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



690

Page	DA	PCOR	MISC	Long	R	A	Exam:	Cert	CC
SIZE	NCOR	SMF	NCHG	T: 020		NO SMF	SB2		

026-020 MENIFEE

Doc. Trans. Tax – computed on full value of property conveyed \$ 254.10

Jon Christensen, Tax Collector
Jon Christensen
 Signature of Declarant

TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY

On which the legally levied taxes were a lien for Fiscal Year 2013-2014
 And for nonpayment were duly declared to be in default 2014-336120007
 Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and RUMZI M ALABBASI, A MARRIED MAN AS HIS SOLE AND SEPARATE PROP ("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real property described herein which the SELLER sold to the PURCHASER at a public auction held on July 21, 2020 pursuant to a statutory power of sale in accordance with the provisions of Division 1, Part 6, Chapter 7, Revenue and Taxation Code, for the sum of \$230,600.00.

NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real property situated in said county, State of California, last assessed to MYERS HELEN V TRUSTEE, described as follows:

Assessor's Parcel Number 336120007

(SEE PAGE 2 ENTITLED LEGAL DESCRIPTION)

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

Executed on
July 21, 2020

By

Jon Christensen, Tax Collector

On September 1, 2020, before me, Peter Aldana, Assessor-County Clerk-Recorder, personally appeared Jon Christensen, Treasurer and Tax Collector for Riverside County, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within Instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the Instrument the person, or the 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.
 Peter Aldana, Assessor-County Clerk-Recorder

By:

Peter Aldana
 Deputy

Seal



LEGAL DESCRIPTION

LOT 182 OF TRACT NO. 2403 AS SHOWN BY MAP ON FILE IN BOOK 44, PAGES 5 TO 9 INCLUSIVE OF MAPS IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

HLG AFC

4445 McArthur Ct.

#1162

Newport Beach, CA 92660

TREASURER-TAX COLLECTOR

DEC 17 2020

RECEIVED

TSC?

John Christensen - Treasurer - Tax Collector

P.O. Box 12005

Riverside, CA 92502

2020 DEC 24 PM 12:58
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

RECEIVED



9250292205 8900



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: **Matthew Jennings, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 215-2 Item 1063 Parcel Identification Number: 336120007

Assessee: MYERS, HELEN V TRUSTEE

Situs: 27101 PINEHURST RD MENIFEE 92586

Date Sold: July 21, 2020

Date Deed to Purchaser Recorded: September 11, 2020

Final Date to Submit Claim: September 11, 2021

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

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

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

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

Executed this 28TH day of Sept, 2021 at Josephine County, Oregon
County, State


Signature of Claimant

Signature of Claimant

DANISE AUEN
Print Name

Print Name

1020 RED Mountain Dr.
Street Address

Street Address

GRANTS PASS, OR 97526
City, State, Zip

City, State, Zip

(949) 290-5400
Phone Number

Phone Number

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3 2002 3301 1529

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEDOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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35. NAME OF MOTHER—FIRST Margaret		36. MIDDLE -		37. LAST (MAIDEN) McLaughlin				38. BIRTH STATE NC																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
39. DATE M/M/DD/C C Y Y 12/18/2002		40. PLACE OF FINAL DISPOSITION Rose Hills Memorial Park 3888 S. Workman Mill Rd Whittier, CA 90601																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF CORONER <i>[Signature]</i>		43. LICENSE NO. 3672																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
44. NAME OF FUNERAL DIRECTOR Rose Hills Mort. - Whittier		45. LICENSE NO. [Signature]		46. DATE M/M/DD/C C Y Y 12/12/2002																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT		103. FACILITY (HOSPITAL) <input type="checkbox"/> CORN <input type="checkbox"/> RES <input type="checkbox"/> OTHER		104. COUNTY Riverside																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 35458 Woshka Lane		106. CITY Wildomar																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND D) (A) Ischemic Cardiomyopathy		108. INTERVAL BETWEEN ONSET AND DEATH Mo		109. LEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2002-7259																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
DUE TO (B) Coronary Artery Disease		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
DUE TO (C)		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Azotemia, Hypertension, Atrial Fibrillation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? 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 DECEDENT LAST SEEN ALIVE M/M/DD/C C Y Y. 01/26/2001 12/09/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				116. LICENSE NO. 3672		117. DATE M/M/DD/C C Y Y 12/10/2002																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS David W. Schwartz MD 29645 Rancho California Rd., Temecula CA 92591		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> CAUSE NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C C Y Y		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, ZIP)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE M/M/DD/C C Y Y		128. TRIPED NAME, TITLE OF CORONER OR DEPUTY CORONER Gary Feldman M.D.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
STATE REGISTRAR		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		AA		AB		AC		AD		AE		AF		AG		AH		AI		AJ		AK		AL		AM		AN		AO		AP		AQ		AR		AS		AT		AU		AV		AW		AX		AY		AZ		BA		BB		BC		BD		BE		BF		BG		BH		BI		BJ		BK		BL		BM		BN		BO		BP		BQ		BR		BS		BT		BU		BV		BW		BX		BY		BZ		CA		CB		CC		CD		CE		CF		CG		CH		CI		CJ		CK		CL		CM		CN		CO		CP		CQ		CR		CS		CT		CU		CV		CW		CX		CY		CZ		DA		DB		DC		DD		DE		DF		DG		DH		DI		DJ		DK		DL		DM		DN		DO		DP		DQ		DR		DS		DT		DU		DV		DW		DX		DY		DZ		EA		EB		EC		ED		EE		EF		EG		EH		EI		EJ		EK		EL		EM		EN		EO		EP		EQ		ER		ES		ET		EU		EV		EW		EX		EY		EZ		FA		FB		FC		FD		FE		FF		FG		FH		FI		FJ		FK		FL		FM		FN		FO		FP		FQ		FR		FS		FT		FU		FV		FW		FX		FY		FZ		GA		GB		GC		GD		GE		GF		GG		GH		GI		GJ		GK		GL		GM		GN		GO		GP		GQ		GR		GS		GT		GU		GV		GW		GX		GY		GZ		HA		HB		HC		HD		HE		HF		HG		HH		HI		HJ		HK		HL		HM		HN		HO		HP		HQ		HR		HS		HT		HU		HV		HW		HX		HY		HZ		IA		IB		IC		ID		IE		IF		IG		IH		II		IJ		IK		IL		IM		IN		IO		IP		IQ		IR		IS		IT		IU		IV		IW		IX		IY		IZ		JA		JB		JC		JD		JE		JF		JG		JH		JI		JJ		JK		JL		JM		JN		JO		JP		JQ		JR		JS		JT		JU		JV		JW		JX		JY		JZ		KA		KB		KC		KD		KE		KF		KG		KH		KI		KJ		KK		KL		KM		KN		KO		KP		KQ		KR		KS		KT		KU		KV		KW		KX		KY		KZ		LA		LB		LC		LD		LE		LF		LG		LH		LI		LJ		LK		LL		LM		LN		LO		LP		LQ		LR		LS		LT		LU		LV		LW		LX		LY		LZ		MA		MB		MC		MD		ME		MF		MG		MH		MI		MJ		MK		ML		MM		MN		MO		MP		MQ		MR		MS		MT		MU		MV		MW		MX		MY		MZ		NA		NB		NC		ND		NE		NF		NG		NH		NI		NJ		NK		NL		NM		NN		NO		NP		NQ		NR		NS		NT		NU		NV		NW		NX		NY		NZ		OA		OB		OC		OD		OE		OF		OG		OH		OI		OJ		OK		OL		OM		ON		OO		OP		OQ		OR		OS		OT		OU		OV		OW		OX		OY		OZ		PA		PB		PC		PD		PE		PF		PG		PH		PI		PJ		PK		PL		PM		PN		PO		PP		PQ		PR		PS		PT		PU		PV		PW		PX		PY		PZ		QA		QB		QC		QD		QE		QF		QG		QH		QI		QJ		QK		QL		QM		QN		QO		QP		QQ		QR		QS		QT		QU		QV		QW		QX		QY		QZ		RA		RB		RC		RD		RE		RF		RG		RH		RI		RJ		RK		RL		RM		RN		RO		RP		RQ		RR		RS		RT		RU		RV		RW		RX		RY		RZ		SA		SB		SC		SD		SE		SF		SG		SH		SI		SJ		SK		SL		SM		SN		SO		SP		SQ		SR		SS		ST		SU		SV		SW		SX		SY		SZ		TA		TB		TC		TD		TE		TF		TG		TH		TI		TJ		TK		TL		TM		TN		TO		TP		TQ		TR		TS		TT		TU		TV		TW		TX		TY		TZ		UA		UB		UC		UD		UE		UF		UG		UH		UI		UJ		UK		UL		UM		UN		UO		UP		UQ		UR		US		UT		UU		UV		UW		UX		UY		UZ		VA		VB		VC		VD		VE		VF		VG		VH		VI		VJ		VK		VL		VM		VN		VO		VP		VQ		VR		VS		VT		VU		VV		VW		VX		VY		VZ		WA		WB		WC		WD		WE		WF		WG		WH		WI		WJ		WK		WL		WM		WN		WO		WP		WQ		WR		WS		WT		WU		WV		WW		WX		WY		WZ		XA		XB		XC		XD		XE		XF		XG		XH		XI		XJ		XK		XL		XM		XN		XO		XP		XQ		XR		XS		XT		XU		XV		XW		XX		XY		XZ		YA		YB		YC		YD		YE		YF		YG		YH		YI		YJ		YK		YL		YM		YN		YO		YP		YQ		YR		YS		YT		YU		YV		YW		YX		YY		YZ		ZA		ZB		ZC		ZD		ZE		ZF		ZG		ZH		ZI		ZJ		ZK		ZL		ZM		ZN		ZO		ZP		ZQ		ZR		ZS		ZT		ZU		ZV		ZW		ZX		ZY		ZZ	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

12/17/2002

DATE ISSUED

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

[Signature]
Gary Feldman M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014089886

CERTIFICATE OF DEATH

3201433005358

1. NAME OF DECEDENT - FIRST (Given) DANIEL		2. MIDDLE C		3. LAST (Family) GRANDELL		LOCAL REGISTRATION NUMBER	
4. DATE OF BIRTH mm/dd/yyyy 04/26/1937				5. AGE at Death 77		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 05/06/2014	
13. EDUCATION - Highest Level Degree / Year HS GRADUATE		15. RACE WHITE		16. DECEASED IN PLACE - Up to 3 initials may be listed (nonresident on back)		8. HOUR (24 Hours) 1520	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TRUCK DRIVER				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION		19. YEARS BY OCCUPATION 15	
20. DECEDENT'S RESIDENCE (Street and number, or location) 27101 PINEHURST ROAD							
21. CITY MINIFEE		22. COUNTY/STATE RIVERSIDE		23. ZIP CODE 92586		24. YEARS IN COUNTY 26	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ROBERT GRANDELL, SON					
27. ADDRESS OF INFORMANT (Street and number, or location) 990 RED MOUNTAIN ROAD, GRANTS PASS, OR 97526							
28. NAME OF SURVIVING SPOUSE/SPR - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
31. NAME OF MOTHER/PARENT - FIRST CECIL		32. MIDDLE		33. LAST TOGGNAZZINI			
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST HELEN		36. MIDDLE		37. LAST (BIRTH NAME) EDWARDS	
38. BIRTH STATE CA		39. DEPOSITION DATE mm/dd/yyyy 05/17/2014					
40. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK		41. ADDRESS OF FINAL DISPOSITION 3888 WORKMAN MILL ROAD, WHITTIER, CA 90601					
42. TYPE OF DISPOSITION BU		43. SIGNATURE OF EMBALMER NOT EMBALMED		44. LICENSE NUMBER			
45. NAME OF FUNERAL HOME/CHapel ROSE HILLS MORTUARY		46. LICENSE NUMBER		47. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		48. DATE mm/dd/yyyy 05/15/2014	
101. PLACE OF DEATH MINIFEE VALLEY MEDICAL CENTER							
102. COUNTY RIVERSIDE		103. FACILITY ADDRESS OR LOCATION WHERE DEATH OCCURRED (Street and number, or location) 28400 MISCALL BLVD		104. CITY MINIFEE			
105. CAUSE OF DEATH		106. ICD-10 CODE		107. ICD-10 CODE			
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		109. INTERMEDIATE CAUSE (Disease or condition that preceded the final cause) CONGESTIVE HEART FAILURE		110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST CARDIOMYOPATHY			
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELECTED IN THE UNDERLYING CAUSE GIVEN IN 108 CHRONIC RENAL FAILURE, PNEUMONIA							
112. WAS OPERATION PERFORMED FOR ANY CONDITION SYSTEM 107 OR 122? If yes, specify condition and date							
113. IF FEMALE, PREGNANT IN LAST YEAR? NO							
114. I CERTIFY THAT I AM A MEMBER OF MY PEOPLE'S CHOICE AND I HAVE BEEN TRAINED BY THE COUNTY CLERK-RECORDER AND PLACED UNDER SUPERVISION BY THE COUNTY CLERK-RECORDER		115. SIGNATURE AND TITLE OF CLERK-RECORDER TIN TUN M.D.		116. LICENSE NUMBER		117. DATE mm/dd/yyyy 05/14/2014	
118. I CERTIFY THAT I AM A MEMBER OF MY PEOPLE'S CHOICE AND I HAVE BEEN TRAINED BY THE COUNTY CLERK-RECORDER AND PLACED UNDER SUPERVISION BY THE COUNTY CLERK-RECORDER		119. TYPE OF INJURY (e.g., Motor Vehicle, Fall, Poisoning, etc.)		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
122. NUMBER OF DEATH 1		123. PLACE OF INJURY (e.g., Home, Construction site, Worked site, etc.)		124. INJURED AT WORK? NO		125. INJURY DATE mm/dd/yyyy	
126. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
127. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
128. SIGNATURE OF CORONER / DEPUTY CORONER				129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
130. STATE REGISTRY YEAR							



CERTIFIED COPY OF VITAL RECORDS
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 **NOV 06 2014**

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

Larry W. Ward
LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3201133003889

Form containing personal data, residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only sections.



CERTIFIED COPY OF VITAL RECORD

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

MAY 14 2018



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Peter Aldana, Assessor-County Clerk-Recorder, Riverside County, California

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