

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



**ITEM:** 19.19  
(ID # 23035)

**MEETING DATE:**  
Tuesday, February 27, 2024

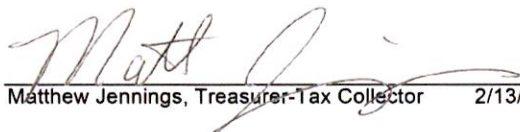
**FROM :** TREASURER-TAX COLLECTOR:

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 215, Item 1698. Last assessed to: The Estate of Kathleen Dolores Adair. District 3. [\$61,932-Fund 65595 Excess Proceeds from Tax Sale]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from Susan D. Walker, Executrix of the Estate of Kathleen Dolores Adair, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 569150038;
2. Authorize and direct the Auditor-Controller to issue a warrant to Susan D. Walker, Executrix of the Estate of Kathleen Dolores Adair in the amount of \$61,932.49 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**

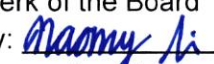
  
Matthew Jennings, Treasurer-Tax Collector 2/13/2024

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**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**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
COST	\$ 61,932	\$ 0	\$ 61,932	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale.			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	23/24

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 5, 2020 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 15, 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 July 24, 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 one claim for excess proceeds:

1. Claim from Susan D. Walker, Executrix of the Estate of Kathleen Dolores Adair based on a Grant Deed recorded November 5, 1974 as Instrument No. 1974-142965, a copy of the Last Will and Testament of Kathleen Dolores Adair dated June 21, 2006, and Certificate of Death for Kathleen Dolores Adair.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Susan D. Walker, Executrix of the Estate of Kathleen Dolores Adair be awarded excess proceeds in the amount of \$61,932.49. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

**Impact on Residents and Businesses**

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

**ATTACHMENTS (if any, in this order):**

**ATTACHMENT A. Claim Walker**

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

*Cesar Bernal*  
Cesar Bernal, PRINCIPAL MGMT ANALYST 2/16/2024

*Aaron Gettis*  
Aaron Gettis, Deputy County Counsel 10/27/2023

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

RECEIVED

2020 OCT 28 PM 4:46

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1698 Parcel Identification Number: 569150038

Assessee: ADAIR KATHLEEN DOLORES ESTATE OF

Situs:

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 61,932.49 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.

Please find enclosed the following documents to substantiate my claim to excess proceeds from sale of Property of Kathleen Adair's Estate - Im Susan D Walker Executrix of the estate for Kathleen Adair. See attached List.

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 19th day of October, 2020 at Sullivan County Indiana  
County, State

Susan D Walker  
Signature of Claimant

Signature of Claimant

Susan D Walker  
Executrix of Estate  
Print Name

Print Name

410 W Alexander St.  
Street Address

Street Address

Carlisle IN 47838  
City, State, Zip

City, State, Zip

817 235 2455  
Phone Number

Phone Number

gumpy406@frontier.com  
Email Address

Email Address

142965

Order No.  
Escrow No.  
Loan No.

WHEN RECORDED MAIL TO:  
Richard F. Boyon  
3025 Wendell Way  
Riverside, Ca. 92507

PAID  
Doc. Transfer Tax  
W. B. BALOGH  
INV. CO. RECORDER

RECEIVED FOR RECORD  
NOV 5 1974  
No. 142965  
Presented in Official  
of Riverside County, California  
W. B. Balogh  
FEE \$

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Mr. William J. Adair  
5152 Sereno Drive  
Tempe City, Ca.

DOCUMENTARY TRANSFER TAX 2.30

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

Richard F. Boyon  
Signature of Declarant or Agent determining tax - Firm Name

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
Richard F. Boyon and Julia N. Boyon, husband and wife

hereby GRANT(S) to

William J. Adair and Kathleen D. Adair, husband and wife

the real property in the City of  
County of Riverside

State of California, described as

See attached

Dated November 5-1974

STATE OF CALIFORNIA  
COUNTY OF  
Riverside

On November 5-1974


before me, the undersigned, a Notary Public in and for said  
State, personally appeared Richard F. Boyon  
and Julia N. Boyon

known to me to be the person(s) whose name(s)  
subscribed to the within instrument and acknowledged that  
THEY executed the same.

WITNESS my hand and official seal.

Signature D. Anne Harrelson

Richard F. Boyon  
Julia N. Boyon

 D. ANNE HARRELSON  
NOTARY PUBLIC  
RIVERSIDE COUNTY  
CALIFORNIA  
My Commission Expires January 29, 1978

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (10/69)

142965

Parcel I: That portion of the Northwest one-quarter of Section 28, Township 6 South, Range 1 East, San Bernardino Base and Meridian:

Commencing at the northwest corner of said Section 28, thence South 89 32' 00" East along the north line of said Section 28, 1,034.00 feet; Thence continuing South 89 32' 00" East along said north line of Section 28 651.06 feet to the west line of the east 60 acres of said Northwest one quarter; thence South 00° 17' 42" East along the west line of said 60 acres, 582.81 feet; thence North 89 32' 00" West, 422.50 feet; thence continuing North 89° 32' 00" West, 422.50 feet; thence South 00° 28' 51" East 257.75 feet, to the TRUE POINT OF BEGINNING:

Thence South 89° 32' 00" East, 422.50 feet; thence South 00° 28' 51" East, 257.75 feet, thence North 89° 32' 00" West, 422.50 feet; thence North 00° 28' 51" West, 257.75 feet to the TRUE POINT OF BEGINNING; and containing 2 1/2 acres more or less. Also subject to easements, conditions, restrictions of Record.

Parcel II Easement:

A non-exclusive easement for Ingress and egress road and public utility purposes 40 feet wide, measured at right angles northerly and easterly of the following described side line:

Commencing at the northwest corner of Section 28, Township 6 South, Range 1 East, SBBM; thence South 00 28' 51" East, along the West line of said Sec. 28, 1,166.17 feet to the TRUE POINT OF BEGINNING of said side line;

Thence North 54 24' 37" East, 115.65 feet; thence South 89 32' 00" East, 1,164.13 feet; thence North 0 28' 51" West, 257.75 feet to the terminus of said side line.

Parcel III Easement:

A non exclusive easement for ingress and egress Road purposes over that portion of Section 29, Township 6 South, Range 1 East, SBBM, described as follows:

Commencing at the Intersection of the South line of the Northeast one-quarter of said Section 29, with the Easterly right-of-way line of Red Mountain Road, 88 feet wide, as shown by map 746 W on file in the Office of the County Surveyor, Riverside County, California:

Thence North 07 22' 00" East along said Easterly right-of-way line, 863.66 feet to the beginning of a tangent curve Southeasterly, having a radius of 456.28 feet; thence Northeasterly along said curve through an angle of 56 04' 30", 446.28; thence North 63 26' 30" East along said Easterly right-of-way line, 599.23 feet to the beginning of a tangent curve concave Northwesterly, having a radius of 544.00 feet; thence Northeasterly along said curve through an angle of 22 34' 00", 214.39 feet to the TRUE POINT OF BEGINNING of said Easement;

Thence South 43 59' 29" East, 193.24 feet to the beginning of a tangent curve concave Northerly, having a radius of 433.00 feet; thence Southeasterly along said curve through an angle of 58 06", 439.20 feet; thence North 77 53' 35" East, 391.56 feet to a point on the East line of said Northeast one-quarter of Section 29, said point being the most Southwesterly corner of the parcel of land conveyed to Susan Lynne Peabody by Deed Recorded Dec. 15, 1971, as instrument No. 142982 official records of said Riverside County; thence North 00 28' 51" West, 66.73 feet along said East line of Northeast one-quarter of Section 29, also being the West line of said parcel of land conveyed to Susan Lynne Peabody;

Thence South 77 53' 35" West, 405.14 feet to the beginning of a tangent curve concave Northerly having a radius of 367.00 feet; thence Northwesterly along said curve through an angle of 58 06' 56", 372.25 feet; thence North 43 59' 29" West, 203.30 feet to said Easterly right-of-way line of Red Mountain Road; thence Southwesterly along said right-of-way line a distance of 66.81 feet to the TRUE POINT OF BEGINNING of said Easement.

Grantor herein reserves, from Parcel II and Parcel III easements herein above, the right to grant and/or convey to others the use of said easements or parts thereof; also grantor herein makes this grant with the right that above easements maybe granted by grantees herein to and for the benefit of the fee title holder or holders of other properties.

This deed is given to fulfill that certain contract by and between Grantor, Richard F. Boyon and Julia N. Boyon, husband and wife, and Grantee, William J. Adair and Kathleen D. Adair, husband and wife, dated the ELEVENTH day of JUNE, 1967 and subject to restrictions and easements of records.

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER



3

**Last Will and Testament**  
**Of**  
**KATHLEEN DOLORES ADAIR**

I, KATHLEEN DOLORES ADAIR, a resident of the City of Hemet, County of Riverside, California, declare that this is my Will.

FIRST: I hereby revoke all prior Wills and Codicils I have previously made.

SECOND: I am a single woman.

THIRD: I have one child whose name is as follows:

PEGGY ANN ADAIR.

I have no children who have predeceased me and left issue surviving.

FOURTH: I nominate, constitute and appoint SUSAN D. WALKER as Executrix of this my Will, to serve without bond or other security. If SUSAN D. WALKER is unable or unwilling to act or to continue to act as Executrix, then I nominate, constitute and appoint JAMES OUART as Executor of this my Will, to serve without bond or other security.

FIFTH: I give and grant to my Executrix full and complete power and authority to administer my estate pursuant to the Independent Administration of Estates Act (Section 591, and following of the California Probate Code), in the manner and on such terms as my Executrix may deem best, to sell, convey, transfer, dispose of, borrow for, lease, mortgage, encumber rent, exchange, operate, manage, control, vote stock, invest and reinvest any and all of my estate, in

KDA

every kind of property, real, personal, or mixed, and every kind of investment, specifically including but not limited to interest-bearing accounts, corporate obligations of every kind, preferred or common stocks, shares of investment trusts, including funds administered by the Executrix, mutual funds, and mortgage participations, that men of prudence, discretion and intelligence acquire for their own account, without notice and without order of any court whatsoever.

SIXTH: I direct that all estate, inheritance, succession or other death taxes, duties, charges or assessments which are assessed by reason of my death against my estate or against my beneficiary be paid out of my estate.

SEVENTH: I hereby give, devise, and bequeath the remainder of my estate, real, personal, and mixed, of every nature, kind and description, wherever situated and however held, which is or may be subject to my testamentary disposition at the time of my death, including all residue and lapsed gifts as follows:

A. Seventy percent (70%) to the AMERICAN INSTITUTE FOR CANCER RESEARCH.

B. Thirty percent (30%) to the NATIONAL WILDLIFE FOUNDATION.

If any of the organizations listed above are not in existence at the time of my death, then to the remaining organization.

I hereby specifically disinherit my daughter, PEGGY ANN ADAIR, her children, issue and heirs and they shall not participate in my probate estate in any way.

EIGHTH: Any beneficiary who fails to survive me by 60 days shall be deemed to have



predeceased me. Any beneficiary required to survive any other person, who fails to survive such other person by 60 days, shall be deemed to have predeceased such person. If it cannot be established that the beneficiary has survived by 60 days, the beneficiary shall be deemed to have failed to survive for the required period.

NINTH: If any provision of this Will or if any Codicil to this Will should be invalid, it is my intention that all of the remaining provisions thereof shall continue to be fully effective.

TENTH: I have not entered into either a contract to make Wills or a contract not to revoke Wills.

ELEVENTH: If any beneficiary under this Will directly or indirectly contests this Will or any of its provisions (including any codicil), or its probate, all interest of that beneficiary under this Will shall be forfeited and shall be disposed of as if that beneficiary had predeceased me without issue.

TWELFTH: As used in this Will, the masculine, feminine, or neuter gender, and the singular or plural number shall each be deemed to include the others whenever the context so indicates.

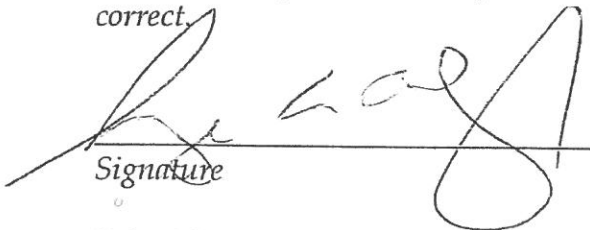
THIRTEENTH: The meaning and legal effect of any disposition in this Will is to be determined by the laws of the State of California.

IN WITNESS WHEREOF, I sign my name on this, my Will, on June 21, 2006 in the County of Riverside, California.

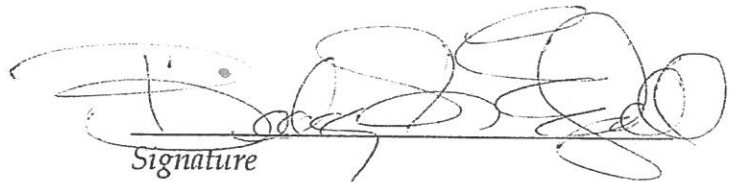
Kathleen Dolores Adair  
Signature of KATHLEEN DOLORES ADAIR

**STATEMENT OF WITNESSES.** On the date written below, KATHLEEN DOLORES ADAIR declared to us, the undersigned, that this instrument was the Will of KATHLEEN DOLORES ADAIR and requested us to act as witnesses to it. KATHLEEN DOLORES ADAIR thereupon signed this Will, in our presence, all of us being present at the same time. At that time, KATHLEEN DOLORES ADAIR appeared to us to be of sound mind and memory, and, to the best of our knowledge, was not acting under fraud, duress, menace, or undue influence. Understanding this document was to be the Will of KATHLEEN DOLORES ADAIR we now, at the request of KATHLEEN DOLORES ADAIR in the presence of KATHLEEN DOLORES ADAIR and in the presence of each other, sign our names as witnesses.

EXECUTED ON June 21, 2006, in the County of Riverside, State of California. Each of the undersigned does hereby declare under the penalty of perjury that the foregoing is true and correct.

  
Signature

Print Name: GEORGE A. ALSPAUGH  
Address: 910 N. STATE ST.  
HEMET, CA 92543

  
Signature

Print Name: Becky Edgell  
Address: 910 N. State St.  
Hemet, CA 92543



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052012188035

### CERTIFICATE OF DEATH

3201233010860

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 2008)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>KATHLEEN</b>		2. MIDDLE <b>DOLORES</b>		3. LAST (Family) <b>ADAIR</b>	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/copy <b>11/29/1932</b>		5. AGE Yrs. <b>79</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>					
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/copy <b>08/09/2012</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>42</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>34215 LOUIS LANE</b>					
21. CITY <b>HEMET</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92544</b>	
24. YEARS IN COUNTY <b>20</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>SUSAN WALKER, NIECE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>410 N. ALEXANDER STREET, CARLISLE, IN 47838</b>		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>SAMUEL</b>		32. MIDDLE <b>COLLEY</b>		33. LAST <b>BENN</b>	
34. BIRTH STATE <b>UNK</b>		35. NAME OF MOTHER/PARENT - FIRST <b>GRACE</b>		36. MIDDLE <b>MARGARET</b>	
37. LAST (BIRTH NAME) <b>ATWOOD</b>		38. BIRTH STATE <b>PA</b>			
39. DISPOSITION DATE mm/dd/copy <b>10/19/2012</b>		40. PLACE OF FINAL DISPOSITION RES. - SUSAN WALKER <b>410 N. ALEXANDER STREET, CARLISLE, IN 47838</b>			
41. TYPE OF DISPOSITION(S) <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>RUBIDOUX MORTUARY</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>		47. DATE mm/dd/copy <b>10/18/2012</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>34215 LOUIS LANE</b>		106. CITY <b>HEMET</b>	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous air embolism without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) <b>DIFFUSE THERMAL INJURY &amp; INHALATION OF PRODUCTS OF COMBUSTION</b> (Final disease or condition resulting in death) (B) (C) (D) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Time Interval Between Onset and Death (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>UNK</b> (B) (C) (D)		108. DEATH REPORTED TO CORONER? REFERRAL NUMBER <b>2012-06753</b> 109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) <b>NO</b>				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: Absent Since: _____ Decedent: Last Seen At: _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>AIMEE ROBERTS</b>		116. LICENSE NUMBER <b>-</b>	
117. DATE mm/dd/copy <b>10/17/2012</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>AIMEE ROBERTS, DEPUTY CORONER</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/copy <b>08/09/2012</b>		122. HOUR (24 Hours) <b>UNK</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>OWN RESIDENCE</b>					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>VICTIM OF STRUCTURE FIRE</b>					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>34215 LOUIS LANE, HEMET, CA 92544</b>					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>AIMEE ROBERTS</b>		127. DATE mm/dd/copy <b>10/17/2012</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>AIMEE ROBERTS, DEPUTY CORONER</b>	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
				"01000100217965"	

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.

**Nov 21, 2012**  
DATE ISSUED

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

