

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



ITEM: 19.33
(ID # 23289)

MEETING DATE:
Tuesday, February 27, 2024

FROM : TREASURER-TAX COLLECTOR:

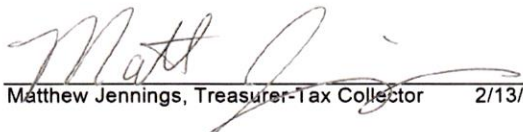
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 217, Item 4772. Last assessed to: Paul B. Stephenson and Barbara Stephenson, husband and wife, as Joint Tenants. District 4. [\$38,332-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Global Discoveries, Ltd., Assignee for Allen Daniel Stephenson, as heir to the Estate of Paul B. Stephenson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 667174001;

Continued on Page 2

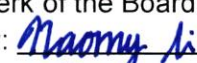
ACTION:Policy


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**

RECOMMENDED MOTION: That the Board of Supervisors:

2. Approve the claim from Global Discoveries, Ltd., Assignee for James Paul Stephenson, as heir to the Estate of Paul B. Stephenson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 667174001;
3. Approve the claim from Global Discoveries, Ltd., Assignee for Marcia Marie Joslin, as heir to the Estate of Paul B. Stephenson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 667174001; and
4. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., Assignee for Allen Daniel Stephenson, as heir to the Estate of Paul B. Stephenson in the amount of \$12,777.53, Global Discoveries, Ltd., Assignee for James Paul Stephenson, as heir to the Estate of Paul B. Stephenson in the amount of \$12,777.53, and Global Discoveries, Ltd., Assignee for Marcia Marie Joslin, as heir to the Estate of Paul B. Stephenson in the amount of \$12,777.52, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 38,332	\$ 0	\$ 38,332	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	23/24

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 18, 2021 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 28, 2021. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 4, 2021 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Global Discoveries, Ltd., Assignee for Allen Daniel Stephenson, as heir to the Estate of Paul B. Stephenson based on an Assignment of Right to Collect

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

Excess Proceeds notarized September 10, 2021, a Grant Deed recorded July 22, 1976 as Instrument No. 1976-106541, an Affidavit for Collection of Personal Property notarized August 7, 2021, and Certificates of Death for Barbara M. Stephenson and Paul Beverly Stephenson.

2. Claim from Global Discoveries, Ltd., Assignee for James Paul Stephenson, as heir to the Estate of Paul B. Stephenson based on an Assignment of Right to Collect Excess Proceeds notarized September 10, 2021, a Grant Deed recorded July 22, 1976 as Instrument No. 1976-106541, an Affidavit for Collection of Personal Property notarized August 30, 2021, and Certificates of Death for Barbara M. Stephenson and Paul Beverly Stephenson.
3. Claim from Global Discoveries, Ltd., Assignee for Marcia Marie Joslin, as heir to the Estate of Paul B. Stephenson based on an Assignment of Right to Collect Excess Proceeds notarized July 26, 2022, a Grant Deed recorded July 22, 1976 as Instrument No. 1976-106541, an Affidavit for Collection of Personal Property notarized July 24, 2022, and Certificates of Death for Barbara M. Stephenson and Paul Beverly Stephenson.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., Assignee for Allen Daniel Stephenson, as heir to the Estate of Paul B. Stephenson be awarded excess proceeds in the amount of \$12,777.53, Global Discoveries, Ltd., Assignee for James Paul Stephenson, as heir to the Estate of Paul B. Stephenson in the amount of \$12,777.53, and Global Discoveries, Ltd., Assignee for Marcia Marie Joslin, as heir to the Estate of Paul B. Stephenson in the amount of \$12,777.52. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim GlobalA

ATTACHMENT B. Claim GlobalJ

ATTACHMENT C. Claim GlobalM


Cesar Bernal, PRINCIPAL MGMT ANALYST 2/16/2024


Aaron Gettis, Deputy County Counsel 1/3/2024

CLAIM SUMMARY

Date: September 3, 2021
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 667174001
Last Assessee: STEPHENSON BARBARA STEPHENSON PAUL B
Sale Date: 5/13/2021
TC: TC 217
Item Number: 4772
Deadline: 7/28/2022

RECEIVED
2021 SEP 20 PM 3:51
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. **Explanation of Events**
2. Grant Deed granting interest to Paul B. Stephenson and Barbara Stephenson, husband and wife as joint tenants as Document Number: 106541, recorded on 07/22/1976 in Riverside County, CA.
3. **Certified** Certification of Death for Barbara M. Stephenson
 - a. **Paul Stephenson is listed as Surviving Spouse**
4. **Certified** Certificate of Death for Paul Beverly Stephenson
 - a. **James P. Stephenson is listed as Informant**
5. Probate Affidavit for the Estate of Paul B. Stephenson signed by Allen Daniel Stephenson and James Paul Stephenson
6. Certificate of Live Birth for Allen Daniel Stephenson
 - a. **Paul Beverly Stephenson is listed as "Father"**
 - b. **Barbara Marie Atchley is listed as "Mother". "Atchley" is Barbara's maiden last name**
7. Birth Certificate for James Paul Stephenson
 - a. Was born to **Barbara Atchley Stephenson and Paul Stephenson**
8. Affidavit signed by Allen Daniel Stephenson declaring under penalty of perjury his identity
9. Affidavit signed by James Paul Stephenson declaring under penalty of perjury his identity.
10. Assignment of Rights To Collect Excess Proceeds signed by Allen Daniel Stephenson as heir to the Estate of Paul B Stephenson
11. Assignment of Rights To Collect Excess Proceeds signed by James Paul Stephenson as heir to the Estate of Paul B Stephenson
12. Claim form(s) signed by Global Discoveries
13. Photo ID for Assignor: Allen Daniel Stephenson
14. Photo ID for Assignor: James Paul Stephenson

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



- One warrant in the amount of \$25,555.06 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: 7020-3160-0000-7617-5300

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 667174001 Tax Sale Number 10217, Item 4772 sold at public auction on 5/13/2021. I understand that the total of excess proceeds available for refund is \$ 39,190.00+/-, 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.

Allen Daniel Stephenson (Signature)

05/07/2021 (Date)

Allen Daniel Stephenson as heir to the Estate of Paul B Stephenson (Name Printed)

Tax ID/SS#

30 Forest Ave Apt 2 (Address)

Southwest Harbor, ME, 04679 (City/State/Zip)

207-266-0987 (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 Maine

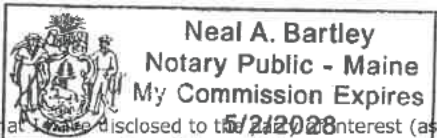
County of Hancock

On 8/7/2021 before me, Neal A. Bartley, personally appeared Allen Daniel Stephenson

(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. Neal A. Bartley (Signature of Notary Public)



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

Jed Byerly (Signature of Assignee)

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

Tax ID/SS#

P.O. Box 1748 (Address)

Modesto, CA 95353-1748 (City/State/Zip)

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

County of Stanislaus

On 9/10/2021 before me, Candace Cox - Notary Public, personally appeared Jed Byerly

(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. Candace Cox (Signature of Notary Public)



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

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 217 Item 4772 Parcel Identification Number: 667174001

Assessee: STEPHENSON BARBARA STEPHENSON PAUL B

Situs: CA 92282 (VACANT)

Date Sold: 5/13/2021

Date Deed to Purchaser Recorded: 07/28/2021

Final Date to Submit Claim: 7/28/2022

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$25,555.06 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. 1976-106541 recorded on 7/22/1976. 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 Refer to Claim Summary and Supporting Documents Enclosed

If the property is held in Joint Tenancy, the tax sale 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 September, 2021 at Stanislaus, CA
County, State

[Signature]
Signature of Claimant
Tax ID #

[Signature]
Signature of Claimant

Jed Byerly, Managing Member
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A
Street Address

Street Address

Modesto, CA 95354
City, State, Zip

City, State, Zip

(209) 593-3913
Phone Number

Phone Number

RECORDING REQUESTED BY

106541

Name: Mr. & Mrs. P. B. Stephenson
Street Address: P. O. Box 701
City: Desert Hot Springs, Ca. 92240
State: Zip:

PAID
Doc. Transfer Tax
W. D. BALOGH
RIV. CO. RECORDER

RECEIVED FOR RECORD
JUL 22 1976
AT 9:00 O'CLOCK A.M.
At Request of
TITLE INS. & TRUST CO.
Book 1974, Page 106541
Recorded in Official Records
of Riverside County, California
W.D. Balogh Recorder

SPACE ABOVE THIS LINE FOR RECORDER'S USE

BANK OF AMERICA

DOCUMENTARY TRANSFER TAX \$ 3.30

X Computed on full value of property conveyed
Or computed on full value less liens and encumbrances remaining at time of sale

TITLE ORDER NO.

ESCROW NO. 614-5195

Signature of Declarant or Agent determining tax. Firm name

GRANT DEED

INDIVIDUAL

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

FRANK G. WEIR and DIANA M. WEIR,
husband and wife,

do hereby GRANT to

PAUL B. STEPHENSON and BARBARA STEPHENSON,
husband and wife, as Joint Tenants,

all that real property situated in the UNINCORPORATED AREA County of Riverside,
State of California, described as follows:

Lot 46 of Sierra View Estates No. 2, as per map recorded in Book 36, pages 55 and 56
of Maps, Riverside County Records.

358403 - AD

SUBJECT TO:

- 1. All General and Special taxes for the fiscal year 1976-1977, a lien not yet due or payable.
- 2. Covenants, conditions, restrictions, reservations, rights, rights of way and easements of record.

DATED: July 9, 19 76

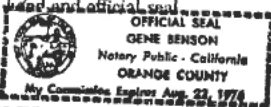
Signature of Frank G. Weir
Signature of Diana M. Weir

STATE OF CALIFORNIA

County of Orange } SS
On July 14, 1976 before me, the undersigned, a Notary Public in and for said
County and State, personally appeared Frank G. Weir and Diana M. Weir

Known to me to be the person(s) whose name(s) ARE subscribed to the within instrument and acknowledged
to me that they executed the same.

WITNESS my hand and official seal
Notary Public in and for said Orange County and State.
My Commission expires 19



MAIL TAX STATEMENTS TO:

TRU-361 3-73

Name

Address

Zip

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Paul B. Stephenson died on 12/27/2010 in the County of Howell, State of Maine;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$ 39,190.00 +-, generated from Assessor's Parcel Number(s) 667174001, sold at the Riverside County, California, public auction of tax-defaulted property held on 5/13/2021.

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

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

05/07/2021
(DATE)
8/30/2021
(DATE)

(DATE)

(DATE)

(DATE)

Allen Daniel Stephenson
Printed Name
James Paul Stephenson
Printed Name
Marcia Joslin
Printed Name

Printed Name

Printed Name

Allen Daniel Stephenson
signature
[Signature]
signature

signature

signature

signature

(Attach Additional Sheet if Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of Maine

County of Hancock

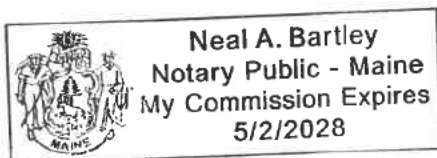
On 8/7/2021 before me, Neal A. Bartley, personally appeared

Allen Daniel Stephenson (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.

Neal A. Bartley (seal)
Signature of Notary Public



MISSOURI

CERTIFICATION OF DEATH

DATE FILED: JULY 28, 2003

STATE FILE NUMBER: 124-03-018955

DECEDENT NAME: BARBARA M STEPHENSON

SEX: FEMALE

DATE OF DEATH: JULY 14, 2003

COUNTY OF DEATH: GREENE

DATE OF BIRTH: MAY 29, 1939

MARITAL STATUS: MARRIED

EVER IN ARMED FORCES: NO

SOCIAL SECURITY NUMBER:

RESIDENCE ADDRESS: 220 E OAK WEST PLAINS, MISSOURI

SURVIVING SPOUSE: PAUL STEPHENSON
(IF WIFE, MAIDEN NAME):

UNDERLYING CAUSE (ICD CODE): (C349) MANNER: NATURAL
SMALL CELL LUNG CANCER

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: HOWELL

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI

DATE ISSUED: AUGUST 17, 2021

Kenneth J. Palermo
Kenneth J. Palermo
State Registrar



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

ORIGINAL - STATE COPY - Place of Death COPY - Place of Residence COPY - Place of Birth

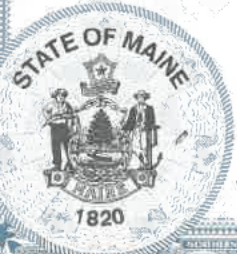
* See attached NAME KNOWN TO PHYSICIAN Paul Stephenson

STATE OF MAINE DEPARTMENT OF HUMAN SERVICES MEDICAL EXAMINER FORM CERTIFICATE OF DEATH State File Number: 10-11715

Main form containing fields for decedent information (1a-23), informant (27), disposition (28-32), medical examiner (33-36), and cause of death (37-48).

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: DATE ISSUED: ATTEST: STATE REGISTRAR



VS-31

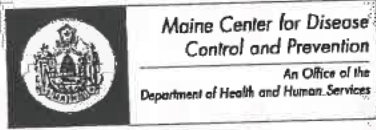
This copy is not valid unless the seal and signature of the Registrar displays.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

Bangor



Office of Vital Records
11 State House Station
244 Water Street
Augusta, Maine 04333-0011

(207) 287-3771
Fax: (207) 287-1093
TTY: 1-800-806-0215

10-11715

Supplemental Certificate of Death
(For use with Standard and Medical Examiner Death Certificates)

To: Vital Statistics	From: Margaret S. Greenwald, M.D., Chief Medical Examiner
Decedent: Paul Stephenson, 2010-2366A	Date of Death: 12/27/2010 Town or City of Death: Bangor

The death certificate of the above named decedent contains the medical certification of the cause of death, which appears below. To properly classify this death for statistical purposes, please furnish us with the information requested. Please hand print or type the information onto the form. If date signed is requested, the date on the death certificate is either missing or inaccurate with reflection to the date of the event. Time of death may be entered as found, approximately, between or notified together with an estimate of the time, if necessary. Please note that Medical Certifiers only need to correct/amend the highlighted information that was incorrect or missing on the original death certificate. Return this form to address listed above.

DATE OF DEATH (Mo/Day/Yr)	TIME OF DEATH	TOWN OR CITY OF DEATH	COUNTY OF DEATH
PLACE OF DEATH (Check Only One) Hospital: <input type="checkbox"/> DOA <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient Other: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		FACILITY NAME (If not institution, give street and number)	
DATE SIGNED			APPROXIMATE INTERVAL: Onset to death
<p>CAUSE OF DEATH</p> <p>PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Dilated Cardiomyopathy</u> Due to (or as a consequence of):</p> <p>Sequentially list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p> <p>b. _____ Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p> <p>d. _____</p>			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	IF FEMALE: <input type="checkbox"/> Not pregnant within one year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the last year	MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Withheld Per AG <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
DATE OF INJURY (Mo/Day/Yr) (Spell Month)	TIME OF INJURY	PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION OF INJURY: State: _____ City or Town: _____		Apartment No.: _____ Zip Code: _____	IS TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Unknown <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Pedestrian
DESCRIBE HOW INJURY OCCURRED: _____			
SOURCE: <input type="checkbox"/> Police Report <input checked="" type="checkbox"/> ME Report <input type="checkbox"/> Teletype <input type="checkbox"/> Toxicology Report			

Medical Certifier's Signature: *[Signature]*

Today's Date: 6/28/2011

VS7B RM(1)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

AUG 16 2021

TOWN OF:

DATE ISSUED:

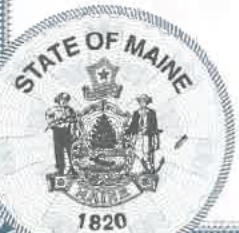
ATTEST:

[Signature]
STATE REGISTRAR

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

VS-31

This copy is not valid unless the seal and signature of the Registrar displays.



AFFIDAVIT

I, Allen Daniel Stephenson, do hereby declare:

1. I am over the age of 18 and a resident of Southwest Harbor, ME. 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. Paul B. Stephenson and Barbara Stephenson are one and the same people listed on the Grant Deed as Document Number: 106541, Recorded on 07/22/1976, in Riverside County, CA.
3. I am a biological son to Paul B. Stephenson and Barbara Stephenson. Paul B. Stephenson is one and the same person as Paul Beverly Stephenson and Paul Stephenson. Barbara Stephenson is one and the same person as Barbara M. Stephenson, Barbara Marie Stephenson, Barbara Marie Atchley, Barbara M. Atchley and Barbara Atchley.
4. I am one and the same person who is listed as Allen Daniel Stevenson on the probate for the Estate of Paul Beverly Stephenson as Estate Number: _____ filed on 03/07/2011 in Howell County, MO. My last name was spelled incorrectly and is a typographical error. My last name should have been spelled as "Stephenson".
5. My father Paul Beverly Stephenson is one and the same person who is listed as Paul Beverly Stevenson on the probate documents for his Estate as Estate Number: _____ filed on 03/07/2011 in Howell County, MO. The last name was spelled incorrectly and is a typographical error. My father's last name should have been spelled as "Stephenson".
6. I, Allen Daniel Stephenson am one and the same person who is listed as Allen D. Stephenson on my Maine Identification Card as ID # _____
7. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 667174001.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 24 day of October, in 2022.

x Allen Daniel Stephenson
Allen Daniel Stephenson as heir to the Estate of Paul B Stephenson

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 Maine

County of Hancock

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

24 day of October, 2022, by
Date Month Year

Allen Daniel Stephenson
Name of Signer

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

Signature Sarah Abbott
Signature of Notary Public

(Place Notary Seal Above)

CLAIM SUMMARY

Date: September 3, 2021
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 667174001
Last Assessee: STEPHENSON BARBARA STEPHENSON PAUL B
Sale Date: 5/13/2021
TC: TC 217
Item Number: 4772
Deadline: 7/28/2022

RECEIVED
2021 SEP 20 PM 3:41
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. **Explanation of Events**
2. Grant Deed granting interest to Paul B. Stephenson and Barbara Stephenson, husband and wife as joint tenants as Document Number: 106541, recorded on 07/22/1976 in Riverside County, CA.
3. **Certified** Certification of Death for Barbara M. Stephenson
 - a. **Paul Stephenson is listed as Surviving Spouse**
4. **Certified** Certificate of Death for Paul Beverly Stephenson
 - a. **James P. Stephenson is listed as Informant**
5. Probate Affidavit for the Estate of Paul B. Stephenson signed by Allen Daniel Stephenson and James Paul Stephenson
6. Certificate of Live Birth for Allen Daniel Stephenson
 - a. **Paul Beverly Stephenson is listed as "Father"**
 - b. **Barbara Marie Atchley is listed as "Mother". "Atchley" is Barbara's maiden last name**
7. Birth Certificate for James Paul Stephenson
 - a. Was born to **Barbara Atchley Stephenson and Paul Stephenson**
8. Affidavit signed by Allen Daniel Stephenson declaring under penalty of perjury his identity
9. Affidavit signed by James Paul Stephenson declaring under penalty of perjury his identity.
10. Assignment of Rights To Collect Excess Proceeds signed by Allen Daniel Stephenson as heir to the Estate of Paul B Stephenson
11. Assignment of Rights To Collect Excess Proceeds signed by James Paul Stephenson as heir to the Estate of Paul B Stephenson
12. Claim form(s) signed by Global Discoveries
13. Photo ID for Assignor: Allen Daniel Stephenson
14. Photo ID for Assignor: James Paul Stephenson

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



- One warrant in the amount of \$25,555.06 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: 7020-3160-0000-7617-5300

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 667174001 Tax Sale Number TC217, Item 4772 sold at public auction on 5/13/2021. I understand that the total of excess proceeds available for refund is \$ 39,190.00+/-, 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.

James Paul Stephenson as heir to the estate of Paul B Stephenson (Signature of Party of Interest/Assignor) 30 Aug 2021 (Date)

James Paul Stephenson as heir to the Estate of Paul B Stephenson (Name Printed) 833 Priscilla Lane (Address) Chesapeake, VA, 23322 (City/State/Zip) 757-403-2202 (Area Code/Telephone Number)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of VIRGINIA

County of VA Beach

On Aug 30 2021 before me, Joy Annuma King personally appeared James Paul Stephenson

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

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

WITNESS my hand and official seal.

Signature of Notary Public

(seal)



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

(Signature of Assignee)

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

Tax ID/SS#

P.O. Box 1748 (Address)

Modesto, CA 95353-1748 (City/State/Zip)

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of California

County of Stanislaus

On 9/10/2021 before me, Candace Cox-Notary Public personally appeared Jed Byerly

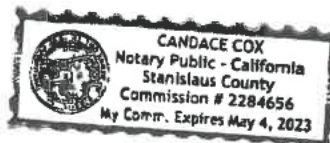
(here insert name and title of the officer) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their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

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

WITNESS my hand and official seal.

Signature of Notary Public

(seal)



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

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 Item 4772 Parcel Identification Number: 667174001

Assessee: STEPHENSON BARBARA STEPHENSON PAUL B

Situs: CA 92282 (VACANT)

Date Sold: 5/13/2021

Date Deed to Purchaser Recorded: 07/28/2021

Final Date to Submit Claim: 7/28/2022

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$25,555.06 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. 1976-106541 recorded on 7/22/1976. 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.

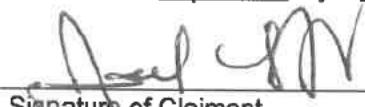
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Please Refer to Claim Summary and Supporting Documents Enclosed

If the property is held in Joint Tenancy, the tax sale 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 September, 2021 at Stanislaus, CA
County, State



Signature of Claimant
Tax ID #

Signature of Claimant

Jed Byerly, Managing Member
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A

Street Address

Street Address

Modesto, CA 95354

City, State, Zip

City, State, Zip

(209) 593-3913

Phone Number

Phone Number

SCO 8-21 (1-99)

GD Number: 42056-379598

RECORDING REQUESTED BY

106541

Name: Mr. & Mrs. P. B. Stephenson
Street Address: P. O. Box 701
City: Desert Hot Springs, Ca. 92240
State: Zip:

PAID
Doc. Transfer Tax
W. D. BALOGH
RIV. CO. RECORDER

RECEIVED FOR RECORD
JUL 22 1976

AT 9:00 O'CLOCK A.M.
At Request of
TITLE INS. & TRUST CO.
Book 1979, Page 106541
Recorded in Official Records
of Riverside County, California
W.D. Balogh Recorder

SPACE ABOVE THIS LINE FOR RECORDER'S USE
DOCUMENTARY TRANSFER TAX \$ 3.30

BANK OF AMERICA

TITLE ORDER NO.

ESCROW NO. 614-5195

Computed on full value of property conveyed
 Or computed on full value less liens and encumbrances remaining at time of sale

Frank G. Weir
Signature of Declarant or Agent determining TAX. First name

GRANT DEED

INDIVIDUAL

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

FRANK C. WEIR and DIANA M. WEIR,
husband and wife,

do hereby GRANT to

PAUL B. STEPHENSON and BARBARA STEPHENSON,
husband and wife, as Joint Tenants,

all that real property situated in the UNINCORPORATED AREA County of Riverside,
State of California, described as follows:

Lot 46 of Sierra View Estates No. 2, as per map recorded in Book 36, pages 55 and 56
of Maps, Riverside County Records.

SUBJECT TO:

- 1. All General and Special taxes for the fiscal year 1976-1977, a lien not yet due or payable.
- 2. Covenants, conditions, restrictions, reservations, rights, rights of way and easements of record.

DATED: July 9, 19 76

Frank G. Weir
Frank G. Weir

Diana M. Weir
Diana M. Weir

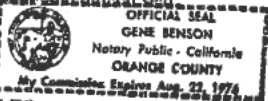
STATE OF CALIFORNIA

County of Orange } SS

On July 14, 1976 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Frank G. Weir and Diana M. Weir

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

WITNESS my hand and official seal



Gene Benson
Notary Public in and for said Orange County and State.
My Commission expires _____ 19 _____

MAIL TAX STATEMENTS TO:

1RU-361 3-73

Name

Address

Zip

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

- 1. Paul B. Stephenson died on 12/27/2010 in the County of Hancock, State of Maine;
- 2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
- 3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
- 4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$166,250.00.
- 5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in California Revenue and Taxation Code, Section 4675, et seq] in the approximate amount of approximately \$ 39,190.00 +-, generated from Assessor's Parcel Number(s) 667174001, sold at the Riverside County, California, public auction of tax-defaulted property held on 5/13/2021.

- 6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Allen Daniel Stephenson, James Paul Stephenson and Marcia Joslin

7. The undersigned (please check which box(s) applies):

- Is successor(s) of the decedent to the decedent's interest in the described property, or
- Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

- 8. No other person has a superior right to the interest of the decedent in the described property;
- 9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

08/30/2021
 (DATE) 8/30/2021
 (DATE) _____
 (DATE) _____
 (DATE) _____
 (DATE) _____

Allen Daniel Stephenson
 Printed Name
James Paul Stephenson
 Printed Name
Marcia Joslin
 Printed Name

 Printed Name

 Printed Name

Allen Daniel Stephenson
 signature
[Signature]
 signature

 signature

 signature

(Attach Additional Sheet if Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

State of VIRGINIA

County of VA Beach

On Aug 30, 2024 before me, Joy Angruma King, personally appeared
(Date) (here insert name and title of the officer)

James Paul Stephenson, 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



MISSOURI

CERTIFICATION OF DEATH

DATE FILED: JULY 28, 2003

STATE FILE NUMBER: 124-03-018955

DECEDENT NAME: BARBARA M STEPHENSON

SEX: FEMALE

DATE OF DEATH: JULY 14, 2003

COUNTY OF DEATH: GREENE

DATE OF BIRTH: MAY 29, 1939

MARITAL STATUS: MARRIED

EVER IN ARMED FORCES: NO

SOCIAL SECURITY NUMBER:

RESIDENCE ADDRESS: 220 E OAK WEST PLAINS, MISSOURI

SURVIVING SPOUSE: (IF WIFE, MAIDEN NAME): PAUL STEPHENSON

UNDERLYING CAUSE (ICD CODE): (C349) MANNER: NATURAL SMALL CELL LUNG CANCER

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES:HOWELL

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

DATE ISSUED: AUGUST 17, 2021

Kenneth J. Palermo
Kenneth J. Palermo
State Registrar



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

ORIGINAL - STATE COPY - Place of Death COPY - Place of Residence COPY - Place of Injury

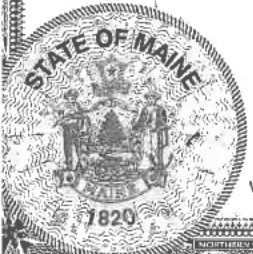
* See attached STATE OF MAINE DEPARTMENT OF HUMAN SERVICES MEDICAL EXAMINER FORM CERTIFICATE OF DEATH State File Number: 10 * 11715

NAME KNOWN TO PHYSICIAN Paul Stephenson

Main form containing fields for 1a-39, including personal information, medical history, and cause of death.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY. AUG 16 2021

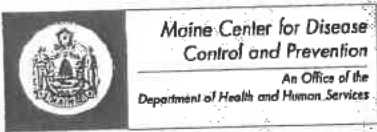
TOWN OF: DATE ISSUED: ATTEST: STATE REGISTRAR



CERTIFICATION OF VITAL RECORD

STATE OF MAINE

Bangor



Office of Vital Records
11 State House Station
244 Water Street
Augusta, Maine 04333-0011

(207) 287-3771
Fax: (207) 287-1093
TTY: 1-800-606-0215

10-11715

Supplemental Certificate of Death
(For use with Standard and Medical Examiner Death Certificates)

To: Vital Statistics	From: Margaret S. Greenwald, M.D., Chief Medical Examiner	
Decedent: Paul Stephenson, 2010-2366A/	Date of Death: 12/27/2010	Town or City of Death: Bangor

The death certificate of the above named decedent contains the medical certification of the cause of death, which appears below. To properly classify this death for statistical purposes, please furnish us with the information requested. Please hand print or type the information onto the form. If date signed is requested, the date on the death certificate is either missing or inaccurate with reflection to the date of the event. Time of death may be entered as found, approximately, between or notified together with an estimate of the time, if necessary. Please note that Medical Certifiers only need to correct/amend the highlighted information that was incorrect or missing on the original death certificate. Return this form to address listed above.

DATE OF DEATH (Mo/Day/Yr)	TIME OF DEATH	TOWN OR CITY OF DEATH	COUNTY OF DEATH
PLACE OF DEATH (Check Only One)		FACILITY NAME (If not institution, give street and number)	
Hospital: <input type="checkbox"/> DOA <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient Other: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		DATE SIGNED	
CAUSE OF DEATH PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines, if necessary.			Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Dilated Cardiomyopathy</u> Due to (or as a consequence of): _____ b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO THE CAUSE LISTED ON LINE a. ENTER THE UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			_____
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	IF FEMALE: <input type="checkbox"/> Not pregnant within one year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the last year	MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Withheld Per AG <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
DATE OF INJURY (Mo/Day/Yr) (Spell Month)	TIME OF INJURY	PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION OF INJURY: State: _____ City or Town: _____		Apartment No.: _____ Zip Code: _____	IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Unknown <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Pedestrian
DESCRIBE HOW INJURY OCCURRED:			
SOURCE: <input type="checkbox"/> Police Report <input checked="" type="checkbox"/> ME Report <input type="checkbox"/> Teletype <input type="checkbox"/> Toxicology Report			

Medical Certifier's Signature: *[Signature]*

Today's Date: *6/28/2011*

VS18 RD4/11

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

AUG 16 2021

TOWN OF:

DATE ISSUED:

ATTEST:

[Signature]
STATE REGISTRAR

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

VS-31

This copy is not valid unless the seal and signature of the Registrar displays.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CLAIM SUMMARY

Date: July 26, 2022
To: Riverside County Treasurer and Tax Collector
Assessors Parcel Number: 667174001
Last Assessee: STEPHENSON BARBARA STEPHENSON PAUL B
Sale Date: 5/13/2021
TC: TC 217
Item Number: 4772
Deadline: 7/28/2022

RECEIVED
2022 JUL 28 AM 9:56
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Dear Treasurer/Tax Collector:

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

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

1. **Explanation of Events**
2. Grant Deed granting interest to Paul B. Stephenson and Barbara Stephenson, husband and wife as joint tenants as Document Number: 106541, recorded on 07/22/1976 in Riverside County, CA.
3. Certification of Death for Barbara M. Stephenson
 - a. **Certified vital record to follow**
 - b. **Paul Stephenson is listed as Surviving Spouse**
4. **Certified** Certificate of Death for Paul Beverly Stephenson
5. Probate Affidavit for the Estate of Paul B. Stephenson signed by Marcia Marie Joslin
6. **Certified** Certificate of Live Birth for Marcia Marie Stephenson
 - a. **Paul Beverly Stephenson is listed as "Father"**
 - b. **Barbara Marie Atchley s listed as "Mother", "Atchley" is Barbara's maiden last name**
7. Certificate of Confidential Marriage for Marcia Marie Stephenson to reference her maiden last name to her current last name.
8. Affidavit signed by Marcia Marie Joslin declaring under penalty of perjury her identity.
9. Assignment of Rights To Collect Excess Proceeds signed by Marcia Marie Joslin as heir to the Estate of Paul B Stephenson
10. Claim form(s) signed by Global Discoveries, Ltd.
11. Photo ID for Assignor: Marcia Marie Joslin

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

- One warrant in the amount of \$12,777.53 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: 7021-1970-0001-3800-2272

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 667174001 Tax Sale Number TC 217, Item 4772 sold at public auction on 5/13/2021. I understand that the total of excess proceeds available for refund is \$ 38,332.58+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

(Signature of Party of Interest/Assignor)

2-23-22 (Date)

Marcia Marie Joslin as heir to the Estate of Paul B Stephenson (Name Printed)

Tax ID/SS#

1210 E Ames Avenue (Address)

Kingman, AZ, 86409 (City/State/Zip)

928-715-4424 (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 Arizona

County of Mohave

On 2-24-22 before me, Rhonda Ruth Shultz, personally appeared

Marcia Joslin (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. Rhonda Ruth Shultz (seal) Signature of Notary Public



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

(Signature of Assigned)

Jed Byerly, Managing Member (Name Printed)

Tax ID/SS#

Global Discoveries Ltd. (Address)

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

Phone: (209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of CALIFORNIA

County of STANISLAUS

On 7/26/22 before me, Maria Mendoza, Notary Public, personally appeared

Jed Byerly (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. Maria Mendoza (seal) Signature of Notary Public



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

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 217 Item 4772 Parcel Identification Number: 667174001

Assessee: STEPHENSON BARBARA STEPHENSON PAUL B

Situs: CA 92282 (VACANT)

Date Sold: 5/13/2021

Date Deed to Purchaser Recorded: 7/28/2021

Final Date to Submit Claim: 7/28/2022

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$12,777.53 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. 1976-106541 recorded on 7/22/1976. 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 Refer to Claim Summary and Supporting Documents Enclosed

If the property is held in Joint Tenancy, the tax sale 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 26th day of July, 2022 at STANISLAUS, CALIFORNIA
County, State

[Signature]
Signature of Claimant
Tax ID #

[Signature]
Signature of Claimant

Jed Byerly, Managing Member
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A
Street Address

Street Address

Modesto, CA 95354
City, State, Zip

City, State, Zip

(209) 593-3913
Phone Number

Phone Number

SCO 8-21 (1-99)

RECORDING REQUESTED BY

106541

AND WHEN RECORDED MAP TO

Name: Mr. & Mrs. P. B. Stephenson
 Street Address: P. O. Box 701
 City: Desert Hot Springs, Ca. 92240
 State:
 Zip:

PAID
 Doc. Transfer Tax
 W. D. BALOGH
 RIV. CO. RECORDER

RECEIVED FOR RECORD
 JUL 22 1976
 AT 9:00 O'CLOCK A.M.
 An Agent of
 TITLE INS. & TRUST CO.
 Book 1976, Page 106541
 Presented in Official Records
 of Riverside County, California
W.D. Balogh

SPACE ABOVE THIS LINE FOR RECORDER'S USE

BANK OF AMERICA

DOCUMENTARY TRANSFER TAX \$ 3.30
 Computed on full value of property conveyed
 Or computed on full value less liens and encumbrances remaining at time of sale

TITLE ORDER NO. _____
 ESCROW NO. 614-5195

Frank G. Weir
 Signature of Declarant or Agent determining Tax. Firm name

GRANT DEED
INDIVIDUAL

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
FRANK G. WEIR and DIANA M. WEIR,
 husband and wife,
 do hereby GRANT to PAUL B. STEPHENSON and BARBARA STEPHENSON,
 husband and wife, as Joint Tenants,
 all that real property situated in the UNINCORPORATED AREA County of Riverside,
 State of California, described as follows:

356403-AD

Lot 46 of Sierra View Estates No. 2, as per map recorded in Book 36, pages 55 and 56 of Maps, Riverside County Records.

SUBJECT TO:

1. All General and Special taxes for the fiscal year 1976-1977, a lien not yet due or payable.
2. Covenants, conditions, restrictions, reservations, rights, rights of way and easements of record.

DATED: July 9, 1976

Frank G. Weir
 Frank G. Weir
Diana M. Weir
 Diana M. Weir

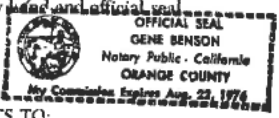
STATE OF CALIFORNIA

County of Orange } SS
 On July 14, 1976 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Frank G. Weir and Diana M. Weir

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

WITNESS my hand and official seal

Gene Benson
 Notary Public in and for said Orange County and State.
 My Commission expires 19



MAIL TAX STATEMENTS TO: _____ Name _____ Address _____ Zip _____

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Paul B. Stephenson died on 12/27/2010 in the County of Penobscot State of Maine
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$38,332.58 +-, generated from Assessor's Parcel Number(s) 667174001, sold at the Riverside County, California, public auction of tax-defaulted property held on 5/13/2021.
6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:

Marcia Marie Joslin, Allen Daniel Stephenson, James Paul Stephenson.
7. The undersigned (please check which box(s) applies):

 Is successor(s) of the decedent to the decedent's interest in the described property, or
 Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

7-18-22

(DATE)

Marcia Marie Joslin

Printed Name



signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(Attach Additional Sheet if Necessary)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of Arizona

County of Mohave

On 7-24-20 before me, Rhonda Ruth Shultz, personally appeared
(Date) (here insert name and title of the officer)

Marcia Jordan, 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.

Rhonda Ruth Shultz (seal)
Signature of Notary Public



LOCAL REGISTRAR
HOWELL COUNTY HEALTH DEPT
180 S KENTUCKY
WEST PLAINS, MO 65775



MISSOURI DEPARTMENT OF HEALTH
AND SENIOR SERVICES
FEE RECEIPT
DEATH CERTIFICATION

REGISTRANT(S):

MARCIA JOSLIN
1210 E AMES AVE.
CK
KINGMAN, AZ 86409

BARBARA M STEPHENSON
D9999-999999
1 COPY

YOUR RECENT REQUEST HAS BEEN ACTED UPON AS INDICATED BELOW:				
DATE RECEIVED	TOTAL AMOUNT	AMOUNT THIS REQUEST	PROCESSING FEE REQUIRED	REFUND
07/25/2022	14.00	14.00	0.00	0.00

MO 580-0698 (10-2021)

UNAPPLIED REMITTANCES ONLY VALID FOR ONE YEAR AFTER RECEIPT. When you inquire about your request, please return this receipt. If a refund is indicated, it will be mailed within 30 to 60 days.

STATE OF MISSOURI

DEATH CERTIFICATION

DATE FILED: JULY 28, 2003

STATE FILE NUMBER: 124-03-018955

DECEDENT'S NAME: BARBARA M STEPHENSON

DATE OF DEATH: JULY 14, 2003
COUNTY OF DEATH: GREENE
MARITAL STATUS: MARRIED
EVER IN ARMED FORCES: NO

DATE OF BIRTH: MAY 29, 1939
SSN:
SEX: FEMALE


RESIDENCE ADDR: 220 E OAK, WEST PLAINS, MISSOURI
SURV SPOUSE (PRIOR FIRST MARRIAGE): PAUL STEPHENSON

CAUSE OF DEATH (ICD CODE): C349
SMALL CELL LUNG CANCER

MANNER: NATURAL

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

ISSUED LOCALLY BY: HOWELL
DATE ISSUED: JULY 25, 2022


Dylan R. Bryant
Deputy State Registrar



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

ORIGINAL - STATE COPY - Place of Death COPY - Place of Residence COPY - Place Permit Issue

* See attached

STATE OF MAINE DEPARTMENT OF HUMAN SERVICES MEDICAL EXAMINER FORM CERTIFICATE OF DEATH State File Number: 10 * 11715

NAME KNOWN TO PHYSICIAN Paul Stephenson

Main form body containing fields for name, date of death, birth place, marital status, education, and medical examiner information.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

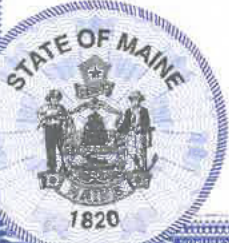
TOWN OF:

DATE ISSUED: JUL 22 2014

ATTEST:

Signature of Registrar/Municipal Clerk/State Archivist

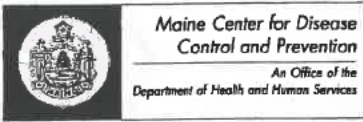
STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST



CERTIFICATION OF VITAL RECORD

STATE OF MAINE

Bangor



Office of Vital Records
11 State House Station
244 Water Street
Augusta, Maine 04333-0011

(207) 287-3771
Fax: (207) 287-1093
TTY: 1-800-606-0215

10-11715

Supplemental Certificate of Death

(For use with Standard and Medical Examiner Death Certificates)

To: Vital Statistics	From: Margaret S. Greenwald, M.D., Chief Medical Examiner	
Decedent: Paul Stephenson, 2010-2366A	Date of Death: 12/27/2010	Town or City of Death: Bangor

The death certificate of the above named decedent contains the medical certification of the cause of death, which appears below. To properly classify this death for statistical purposes, please furnish us with the information requested. Please hand print or type the information onto the form. If date signed is requested, the date on the death certificate is either missing or inaccurate with reflection to the date of the event. Time of death may be entered as found, approximately, between or notified together with an estimate of the time, if necessary. Please note that Medical Certifiers only need to correct/amend the highlighted information that was incorrect or missing on the original death certificate. Return this form to address listed above.

DATE OF DEATH (Mo/Day/Yr)	TIME OF DEATH	TOWN OR CITY OF DEATH	COUNTY OF DEATH
PLACE OF DEATH (Check Only One) Hospital: <input type="checkbox"/> DOA <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient Other: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____		FACILITY NAME (If not institution, give street and number)	DATE SIGNED
<p align="center">CAUSE OF DEATH</p> <p>PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Dilated Cardiomyopathy</u> Due to (or as a consequence of): _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p> <p>b. _____ Due to (or as a consequence of): _____</p> <p>c. _____ Due to (or as a consequence of): _____</p> <p>d. _____</p>			Approximate Interval: Onset to death
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I		WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	IF FEMALE: <input type="checkbox"/> Not pregnant within one year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the last year	MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Withheld Per AG <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
DATE OF INJURY (Mo/Day/Yr) (Spell Month)	TIME OF INJURY	PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION OF INJURY: State: _____ City or Town: _____		Apartment No.: _____ Zip Code: _____	IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Unknown <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Pedestrian
DESCRIBE HOW INJURY OCCURRED:			
SOURCE: <input type="checkbox"/> Police Report <input checked="" type="checkbox"/> ME Report <input type="checkbox"/> Teletype <input type="checkbox"/> Toxicology Report			

Medical Certifier's Signature: *[Signature]* Today's Date: 4/28/2011

VS7B R04/11

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: _____

DATE ISSUED: _____

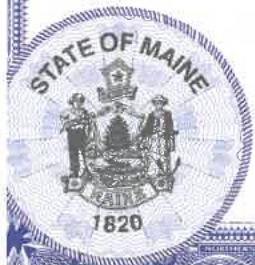
ATTEST: _____

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

VS-31

This copy not valid unless the seal and signature of the Registrar displays.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



AFFIDAVIT

I, Marcia Marie Joslin as heir to the Estate of Paul B Stephenson, do hereby declare:

1. I am over the age of 18 and a resident of Kingman, AZ. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Paul B. Stephenson and Barbara Stephenson are one and the same people listed on the Grant Deed as Document Number: 106541, Recorded on 07/22/1976, in Riverside County, CA.
3. I am a biological daughter to Paul B. Stephenson and Barbara Stephenson. Paul B. Stephenson is one and the same person as Paul Beverly Stephenson and Paul Stephenson. Barbara Stephenson is one and the same person as Barbara M. Stephenson, Barbara Marie Stephenson, Barbara Marie Atchley, Barbara M. Atchley and Barbara Atchley.
4. I, Marcia Marie Joslin am one and the same person as Marcia M. Joslin and Marcia Joslin.
5. I Marcia Marie Joslin am one and the same person as Marcia Marie Stephenson, Marcia M. Stephenson and Marcia Stephenson.
6. I cannot provide any original or copies of Tax Bills, title Insurance Policies, Utility Bills or any other supporting documentation to reference the PO Box 701 Desert Hot Spring CA 92240 address, which is one and the same address that in on the above referenced Grant Deed. I have never received mail at this address as it belonged to my parents Paul B. Stephenson and Barbara Stephenson
7. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 667174001.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 18 day of July, 2022, in Mohave, Arizona.

x [Signature]
Marcia Marie Joslin as heir to the Estate of Paul B Stephenson

JURAT

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State of Arizona

County of Mohave

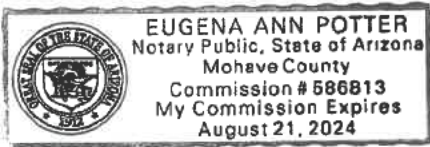
Subscribed and sworn to (or affirmed) before me on this

18 day of July, 20 22, by
Date Month Year

Marcia Marie Joslin
Name of Signer

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

Signature [Signature]
Signature of Notary Public



(Place Notary Seal Above)