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

ITEM: 19.4
(ID # 13998)
MEETING DATE:
Tuesday, March 19, 2024

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 476. Last assessed to: Ralph C. Larsen, adult son an undivided 50% interest and Marilyn R. Arrigona, adult daughter an undivided 50% interest. District 3. [$166,628-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from the State of California, Franchise Tax Board for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 449161026-1;

Continued on Page 2

ACTION:Policy

Matthew Jennings, Treasurer-Tax Collector 3/5/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:	Jeffries, Spiegel, Washington and Gutierrez
Nays:	None
Absent:	Perez
Date:	March 19, 2024
xc:	Tax Collector

Kimberly A. Rector
Clerk of the Board
By: Naomy Li
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 Cheryl J. Rudolph, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 449161026-1;
3. Approve the claim from Daniel R. Arrigona, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 449161026-1;
4. Approve the claim from Nancy L. Arrigona, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 449161026-1;
5. Deny the claim from Poser Investments, Inc. for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 449161026-1;
6. Direct the Treasurer-Tax Collector to provide to the Auditor-Controller the Order to Withhold Personal Income Tax from the Franchise Tax Board with respect to Ralph Larsen;
7. Authorize and direct the Auditor-Controller to issue a warrant to the State of California, Franchise Tax Board in the amount of $17,001.40, a separate warrant to the State of California, Franchise Tax Board in the amount of $25,660.39, to Cheryl J. Rudolph, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona in the amount of $41,322.39, Daniel R. Arrigona heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona in the amount of $41,322.38, and Nancy L. Arrigona, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona in the amount of $41,322.38, 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	$166,628	$ 0	$166,628	$ 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 01, 2018 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 26, 2018. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 18, 2018, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an

examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from the State of California, Franchise Tax Board based on a Notice of State Tax Lien recorded June 11, 2007 as Instrument No. 2007-0382089, extended on April 11, 2017 as Instrument No. 2017-0145152 and an Order to Withhold Personal Income Tax dated July 21, 2023.
2. Claim from Cheryl J. Rudolph, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona based on an Order for Final Distribution recorded on March 8, 1993 as Instrument No. 1993-84374, Declarations Under California Probate Code 13101 notarized September 23, 2019 and Certificates of Death for Ralph Charles Larsen and Marilyn Ruth Arrigona.
3. Claim from Daniel R. Arrigona, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona based on an Order for Final Distribution recorded on March 8, 1993 as Instrument No. 1993-84374, Declarations Under California Probate Code 13101 notarized September 27, 2019 and Certificates of Death for Ralph Charles Larsen and Marilyn Ruth Arrigona.
4. Claim from Nancy L. Arrigona, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona based on an Order for Final Distribution recorded on March 8, 1993 as Instrument No. 1993-84374, Declarations Under California Probate Code 13101 notarized September 20, 2019 and Certificates of Death for Ralph Charles Larsen and Marilyn Ruth Arrigona.
5. Claim from Poser Investments, Inc. based on an Abstract Judgment recorded March 17, 2008 as Instrument No. 2008-0128315.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that the State of California, Franchise Tax Board be awarded excess proceeds in the amount of $17,001.40, Cheryl J. Rudolph, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona in the amount of $49,875.85, Daniel R. Arrigona, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona in the amount of $49,875.85, and Nancy L. Arrigona, heir to the Estates of Ralph C. Larsen and Marilyn R. Arrigona in the amount of $49,875.84. The claim from Poser Investments, Inc. be denied since they were not a party of interest due to the expiration of their judgment prior to the tax sale.

With respect to the claims from Cheryl J. Rudolph, Daniel R. Arrigona, and Nancy L. Arrigona, heirs to the Estates of Ralph C. Larsen and Marilyn R. Arrigona, the State of California Franchise Tax Board also issued an Order to Withhold California Personal Income Tax in the amount of $25,660.39, pursuant to Revenue and Taxation Code Section 18670 (a). By law, the County must retain that amount from the excess proceeds awarded on the claims originating with the heirs of Ralph C. Larsen and remit that amount to the Franchise Tax Board to satisfy delinquent tax debts owed by Mr. Larsen.

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

Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to a lienholder and heirs to the estate of the last assessees of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim FTB

ATTACHMENT B. Claim Cheryl

ATTACHMENT C. Claim Daniel

ATTACHMENT D. Claim Nancy

ATTACHMENT E. Claim Poser

ATTACHMENT F. OTW Larsen

Cesar Bernal

Cesar Bernal , PRINCIPAL MGMT ANALYST 3/7/2024

Aaron Gettis

Aaron Gettis 2/15/2024

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
COLLECTION ADVISORY TEAM, MS A-240
PO BOX 2952
SACRAMENTO CA 95812-2952

Notice Date: August 9, 2018

In Reply Refer To:
624:YD:LARSEN

CLAIM FOR EXCESS PROCEEDS

COUNTY OF RIVERSIDE
JON CHRISTENSEN, TREASURER-TAX COLLECTOR
ATTN EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

Assessment No.	: 449161026-1 TC: 212 ITEM: 476
Situs Address	: 41138 MCDOWELL ST, HEMET, CA 92544
Assessee	: RALPH LARSEN
FTB ID	:
Date Sold	: May 1, 2018

I, Brenda Sizer, am the Supervisor of the Collection Advisory Team of the State of California, Franchise Tax Board and am authorized to execute this claim on behalf of said Board.

The Franchise Tax Board hereby claims any or all of the excess proceeds resulting from the trustee sale or tax defaulted sale on May 1, 2018. Pursuant to Government Code Section 6103, State of California Franchise Tax Board is exempt from payment of any fee for processing this claim.

The claim is based on the fact that the Franchise Tax Board was a party in interest in the property at the time of sale and the following proof is submitted to establish rights to the excess proceeds:

A Certificate of Tax Due and Delinquency reflecting the current tax indebtedness of RALPH LARSEN, Account Number

A perfected and enforceable state tax lien arose upon all real property of RALPH LARSEN pursuant to Revenue and Taxation Code Section 19221.

The amount of the claim for the Franchise Tax Board is $17,001.40 as of May 1, 2018.

I declare under penalty of perjury that the foregoing and attached supporting documents are true and correct.

If you have any questions regarding this claim, contact Yen Dao of this department at (916) 845-5922.

C Dittersen

for Brenda Sizer, Supervisor
Collection Advisory Team

STATE OF CALIFORNIA
FRANCHISE TAX BOARD

CERTIFICATE OF TAX DUE AND DELINQUENCY

Filed Pursuant to Part 10 or 11, Division 2, Revenue and Taxation Code

State of California)
)
County of Sacramento)

The Franchise Tax Board certifies:

The taxpayer, is delinquent in payment of tax, penalties, interest and costs imposed upon the provisions of the California Revenue and Taxation Code.

The name of the taxpayer, the last known address, and the amount of the delinquent tax, penalties, interest and costs owed by the taxpayer are as follows:

RALPH LARSEN
41138 MCDOWELL ST
HEMET CA 92544

Tax Year	Tax	Penalties	Interest	Fees	Payments	Total
2003	$6,046.00	$3,023.00	$7,819.40	$113.00	$0.00	$17,001.40
Total Liened	**$6,046.00**	**$3,023.00**	**$7,819.40**	**$113.00**	**$0.00**	**$17,001.40 ***

Tax Year	Tax	Penalties	Interest	Fees	Payments	Total
2002	$6,610.00	$2,053.00	$8,556.42	$124.00	$0.00	$17,343.42
2003	$0.00	$0.00	$186.09	$0.00	$0.00	$186.09
Total Un-Liened	**$6,610.00**	**$2,053.00**	**$8,742.51**	**$124.00**	**$0.00**	**$17,529.51 ** **

Additional interest and penalties accrue until paid in full.

(*) Balances reflect the secured delinquent amount as of the date of this certificate that was subject to a filed or recorded Notice of State Tax Lien prior to the trustee sale or tax defaulted sale on May 1, 2018.

(**) Balances reflect the delinquent amount as of the date of this certificate that was not subject to a filed or recorded Notice of State Tax Lien prior to the trustee sale or tax defaulted sale on May 1, 2018.

The following Notice of State Tax Lien has been recorded or filed:

Certificate No. 07144888810 recorded in the office of the county recorder of Riverside County on June 11, 2007, for the tax year 2003, under Instrument No. 2007-0382089 and extended on April 11, 2017, under Certificate No. 17090367700 and Instrument No. 2017-0145152.

The taxpayer is indebted to the State of California in the above amount; no part of the indebtedness has been paid and the whole thereof is now due, owing and unpaid from the taxpayer to the State of California; the Franchise Tax Board has fully complied with all provisions of the Revenue and Taxation Code relating to the computation and levy of tax, penalties, and interest.

IN WITNESS WHEREOF the Franchise Tax Board has caused this Certificate to be executed in its name and on its behalf and its seal to be affixed by the undersigned, thereunto duly authorized.

Date: August 9, 2018
(Seal)

FRANCHISE TAX BOARD
of the State of California

BY _____
Yen Dao, Specialist
(916) 845-5922

ocording Requested by

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
Sacramento CA 95812-2952

And When Recorded Mail to

Special Procedures Section
PO BOX 2952
Sacramento CA 95812-2952

DOC # 2007-0382089
06/11/2007 08:00A Fee:NC
Page 1 of 1
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder

M
036
036

NOTICE OF STATE TAX LIEN

FILED WITH: RIVERSIDE

CERTIFICATE NUMBER: 07144888810

The Franchise Tax Board of the State of California hereby certifies that the following named taxpayer(s) is liable under parts 10 or 11 of Division 2 of the Revenue and Taxation Code to the State of California for amount due and required to be paid by said taxpayer as follows:

Name of Taxpayer(s) : RALPH C LARSEN

FTB Account Number :

Social Security Number(s) :

Last Known Address : 41138 MCDOWELL ST
: HEMET CA 92544-6351

For Taxable Years : 2003

TAX	PENALTY	INTEREST	COLLECTION FEES	PAYMENTS	ADJUSTMENTS	* TOTAL
$6,046.00	$3,023.00	$1,643.05	$101.00	$0.00	$0.00	$10,813.05

Further interest and fees will accrue at the rate prescribed by law until paid; that the Franchise Tax Board of the State of California complied with all of the provisions of parts 10 or 11 of Division 2 of the Revenue and Taxation Code of the State of California in computing, levying, determining and assessing the tax; the said amounts are due and payable and have not been paid. Said lien attaches to all property and rights to such property now owned or later acquired by the taxpayer.

IN WITNESS WHEREOF, the Franchise Tax Board of the State of California has duly authorized the undersigned to execute this Notice in its name.

DATED: 05/30/07

FRANCHISE TAX BOARD
of the State of California

Collection Bureau
Telephone Number: (916) 845-4350

By:

*Additional interest is accruing at the rate prescribed by law.

Authorized facsimile signature.

FTB 2930 V1 ARCS (REV 03-2004)

Recording Requested by

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
Sacramento CA 95812-2952

And When Recorded Mail to

Special Procedures Section
PO Box 2952
Sacramento CA 95812-2952

2017-0145152
04/11/2017 04:49 PM Fee: $ 0.00
Page 1 of 1
Recorded in Official Records
County of Riverside
Peter Aldana
Assessor-County Clerk-Recorder

134

Notice of State Tax Lien

Filed With: RIVERSIDE

Certificate Number	:	17090367700
Extend Certificate Number	:	07144888810
Document No./ Book	:	2007-0382089
Page	:	
Recorded	:	06/11/07

The Franchise Tax Board of the State of California hereby certifies that the following named taxpayer(s) is liable under parts 10 or 11 of Division 2 of the Revenue and Taxation Code to the State of California for amount due and required to be paid by said taxpayer(s) as follows:

Name of Taxpayer(s) : RALPH C LARSEN

FTB Account Number :

Social Security Number(s) :

Last Known Address : 41138 MCDOWELL ST
: HEMET CA 92544-6351

For Taxable Years : 2003

Total Lien Amount* : $16,284.20

Further interest and fees will accrue at the rate prescribed by law until paid; that the Franchise Tax Board of the State of California complied with all of the provisions of parts 10 or 11 of Division 2 of the Revenue and Taxation Code of the State of California in computing, levying, determining and assessing the tax; the said amounts are due and payable and have not been paid. Said lien attaches to all property and rights to such property now owned or later acquired by the taxpayer.

IN WITNESS WHEREOF, the Franchise Tax Board of the State of California has duly authorized the undersigned to execute this Notice in its name.

Dated: 03/31/17

FRANCHISE TAX BOARD
of the State of California

Collection Bureau
Telephone Number: (916) 845-4350

By: Jozel D Brunett

Authorized facsimile signature.

*Additional interest is accruing at the rate prescribed by law.

FTB 2930 V11 ARCS (REV 06-2014)

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
COLLECTION ADVISORY TEAM, MS A-240
PO BOX 2952
SACRAMENTO CA 95812-2952

Notice Date: July 21, 2023

In Reply Refer To:
624:YD:LARSEN

CLAIM FOR EXCESS PROCEEDS

COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR
ATTN: EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

Assessment No.	: 449161026-1 TC: 212 ITEM: 476
Situs Address	: 41138 MCDOWELL ST, HEMET, CA 92544
Assessee	: RALPH LARSEN
FTB ID	:
Date Sold	: May 1, 2018

I, Yen Dao, am employed by the State of California, Franchise Tax Board (FTB) as a Specialist with the Collection Advisory Team. I submit this claim for excess proceeds under Civil Code Section 2924j on FTB's behalf in my official capacity as an FTB employee and not otherwise.

FTB hereby claims any or all of the excess proceeds resulting from the trustee's sale or tax defaulted sale on May 1, 2018.

The claim is based on the fact that FTB was a party in interest in the property at the time of sale and the following proof is submitted to establish rights to the excess proceeds:

> A Certificate of Tax Due and Delinquency reflecting the current tax indebtedness of RALPH LARSEN, Account Number

A perfected and enforceable state tax lien arose upon all real property of RALPH LARSEN pursuant to Revenue and Taxation Code Section 19221.

The amount of the claim for the Franchise Tax Board is $17,001.40 as of May 1, 2018.

I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached supporting documents are true and correct.

If you have any questions regarding this claim, contact Yen Dao of this department at (916) 845-5922.

Yen Dao, Specialist
Collection Advisory Team

STATE OF CALIFORNIA
FRANCHISE TAX BOARD

CERTIFICATE OF TAX DUE AND DELINQUENCY

Filed Pursuant to Part 10 or 11, Division 2, Revenue and Taxation Code

State of California)
)
County of Sacramento)

The Franchise Tax Board certifies:

The taxpayer, is delinquent in payment of tax, penalties, interest and costs imposed upon the provisions of the California Revenue and Taxation Code.

The name of the taxpayer, the last known address, and the amount of the delinquent tax, penalties, interest and costs owed by the taxpayer are as follows:

RALPH LARSEN
41138 MCDOWELL ST
HEMET CA 92544

Tax Year	Tax	Penalties	Interest	Fees	Payments	Total
2003	$6,046.00	$3,023.00	$7,819.40	$113.00	$0.00	$17,001.40
Total Liened	**$6,046.00**	**$3,023.00**	**$7,819.40**	**$113.00**	**$0.00**	**$17,001.40 ***

Tax Year	Tax	Penalties	Interest	Fees	Payments	Total
2002	$6,610.00	$2,053.00	$12,639.38	$124.00	$0.00	$21,426.38
2003	$0.00	$0.00	$4,234.01	$0.00	$0.00	$4,234.01
Total Un-Liened	**$6,610.00**	**$2,053.00**	**$16,873.39**	**$124.00**	**$0.00**	**$25,660.39 ** **

Additional interest and penalties accrue until paid in full.

(*) Balances reflect the secured delinquent amount as of the date of this certificate that was subject to a filed or recorded Notice of State Tax Lien prior to the trustee sale or tax defaulted sale on May 1, 2018.

(**) Balances reflect the delinquent amount as of the date of this certificate that was not subject to a filed or recorded Notice of State Tax Lien prior to the trustee sale or tax defaulted sale on May 1, 2018.

The following Notice of State Tax Lien has been recorded or filed:

Certificate No. 07144888810 recorded in the office of the county recorder of Riverside County on June 11, 2007, for the tax year 2003, under Instrument No. 2007-0382089 and extended on April 11, 2017, under Certificate No. 17090367700 and Instrument No. 2017-0145152.

The taxpayer is indebted to the State of California in the above amount; no part of the indebtedness has been paid and the whole thereof is now due, owing and unpaid from the taxpayer to the State of California; the Franchise Tax Board has fully complied with all provisions of the Revenue and Taxation Code relating to the computation and levy of tax, penalties, interest and costs.

IN WITNESS WHEREOF the Franchise Tax Board has caused this Certificate to be executed in its name and on its behalf and its seal to be affixed by the undersigned, thereunto duly authorized.

Date: July 21, 2023
(Seal)

FRANCHISE TAX BOARD
of the State of California

BY_____
Yen Dao, Specialist
(916) 845-5922

1027177.1471.2

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

RECEIVED
2019 JUN -5 AM 11: 2
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: **Jon Christensen, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 212 Item 476 Assessment Number: 449161026-1

Assessee: LARSEN, RALPH C & ARRIGONA, MARILYN R

Situs: 41138 MCDOWELL ST HEMET 92544

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $ 55,542.98 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. 1993-084374 ; recorded on 03/08/1993 . A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

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

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

Executed this 10 day of MAY, 2019 at Montgomery County, Texas
County, State

	Cheryl J. Rudolph
Signature of Claimant	Signature of Claimant
	Cheryl J. Rudolph
Print Name	Print Name
	11E. Post Oak Lane
Street Address	Street Address
	Shepherd, Texas 77371
City, State, Zip	City, State, Zip
	936-714-2259
Phone Number	Phone Number
	arrigonarudolph@gmail.com
Email Address	Email Address

84374

DEC 2 3 1997

FILED
RIVERSIDE COUNTY
DEC 28 1992
ARTHUR A. SIMS, Clerk
M. Avalos, D.

RALPH C. LARSEN
Attorney at Law
1611 S. Catalina, Suite 210
Redondo Beach, California 90277
(310) 540-3600

In Pro Per

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF RIVERSIDE

In Re Estate of: WILLIAM M. LARSEN, aka WILLIAM McKINLEY LARSEN, Deceased.	CASE NO. 61495 ORDER FOR FINAL DISTRIBUTION ON WAIVER OF ACCOUNT, WAIVER OF STATUTORY ATTORNEY'S FEES AND WAIVER OF EXECUTOR'S COMMISSIONS [Probate Code Section 910, 10954, 11005, 11640 and 11642]

RALPH C. LARSEN, as Executor of the Estate of WILLIAM M. LARSEN, also known as WILLIAM McKINLEY LARSEN, deceased, having filed his Petition for Final Distribution on Waiver of Account, Wavier of Allowance of Statutory Attorney's Fees and Waiver of Executor's Commissions on November 23, 1992, and said Petition having been heard on December 28, 1992, at 9:30 a.m., in Department 1, before the Honorable William H. Sullivan, the Court finds:

1. Notice of Hearing of the Petition has been regularly given as prescribed by law. A copy of the Petition for Final Distribution on Waiver of Account, and Waiver for Allowance of Statutory Attorney's Commissions and Wavier of Statutory Executor's Commissions was given to all interested parties.

///

2. All acts and transactions of the Executor of the Estate of WILLIAM M. LARSEN, also known as WILLIAM McKINLEY LARSEN, during the period of the account are truly shown and should be approved.

3. WILLIAM M. LARSEN died testate on December 28, 1990, in the County of Riverside, State of California, and was at the time of his death a resident of the County of Riverside, State of California.

4. On April 15, 1991, RALPH C. LARSEN was appointed as Executor of the Decedent's estate and qualified as such on April 24, 1990.

5. Notice of death has been given as required by law, the time for filing or presenting claims has expired, and the estate is now in a condition to be closed.

6. All claims filed and presented against the estate have either been allowed by the Executor, approved and paid, or rejected in writing and more than three months have lapsed since service of the last notices of rejection was served.

7. No personal property taxes were due and payable by this estate.

8. A Federal Estate Tax Return was not filed for this estate as there were insufficient assets to warrant the filing of same.

9. All assets of the estate are Decedent's separate property.

10. Distribution should be ordered as specified below.

///

IT IS HEREBY ORDERED, ADJUDGED AND DECREED THAT:

1. The administration of the estate is brought to a close;

2. The Executor of the Estate of WILLIAM M. LARSEN, deceased, has in his possession assets totalling $100,000.00, all of which is real property, at its appraised value, more fully described herein;

3. The Petition and Report of the Executor is settled and allowed, and approved as filed;

4. All acts and transactions of the Executor relating to the matters set forth in the Petition and Report are confirmed and approved;

5. That Statutory Attorney's Fees and Executor's Commissions are waived;

6. Notice of Death has been given as required by law;

7. That the Executor distribute all of the assets of the estate as follows:

A. To RALPH C. LARSEN, Adult Son

An undivided 50% interest in and to that certain parcel of real property commonly known as 41138 McDowell, Hemet, California, more particularly described as follows:

Real property located in the County of Riverside, State of California, legally described as Lot 10, Tract 2841, per map book 55, pages 16 and 17 of Maps, Riverside County.

Assessor's Parcel No. 449-161-026 $50,000

B. To MARILYN R. ARRIGONA, Adult Daughter

An undivided 50% interest in and to that certain parcel of real property commonly

known as 41138 McDowell, Hemet, California, more particularly described as follows:

Real property located in the County of Riverside, State of California, legally described as Lot 10, Tract 2841, per map book 55, pages 16 and 17 of Maps, Riverside County.

Assessor's Parcel No. 449-161-026 $50,000

8. Any other property of the estate not now known or hereinafter discovered that may belong to the estate or in which the Decedent or the estate may have any interest shall be distributed to equally to RALPH C. LARSEN and MARILYN R. ARRIGONA.

DATED: 12/25/92

William H. McCurry
Judge of the Superior Court

This must be in red to be a "CERTIFIED COPY"

Each document to which this certificate is attached is certified to be a full, true and correct copy of the original on file and of record in my office.

ARTHUR A. SIMS, CLERK Riverside Superior Court, County of Riverside, State of California

Dated: JAN 11 1993

Certification must be in red to be a "CERTIFIED COPY"

SUPERIOR COURT OF RIVERSIDE COUNTY * CALIFORNIA *

84374

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

MAR - 8 1993

Recorded in Official Records
of Riverside County, California

Recorder

Fees $ 14

84374

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/04)

STATE FILE NUMBER: 3200933000583
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): RALPH
2. MIDDLE: CHARLES
3. LAST (Family): LARSEN
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 09/29/1935
5. AGE Yrs: 73
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER:
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): NEVER MARRIED
7. DATE OF DEATH mm/dd/ccyy: 01/16/2009
8. HOUR (24 Hours): 2020
13. EDUCATION — Highest Level/Degree (see worksheet on back): ASSOCIATE
14/15. SPANISH? (If yes, see worksheet on back) [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): WHITE
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: ATTORNEY
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): LAW
19. YEARS IN OCCUPATION: 40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 41138 MC DOWELL ST.
21. CITY: HEMET
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92544
24. YEARS IN COUNTY: 18
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: PAUL VANDEN-EIKHOF, FRIEND
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 120 LYNDON ST., HERMOSA BEACH, CA 90254

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: -
29. MIDDLE: -
30. LAST (Maiden Name):
31. NAME OF FATHER — FIRST: WILLIAM
32. MIDDLE: M.
33. LAST: LARSEN
34. BIRTH STATE: NE
35. NAME OF MOTHER — FIRST: RUTH
36. MIDDLE: P.
37. LAST (Maiden): PRUNTY
38. BIRTH STATE: IA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 01/23/2009
40. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518
41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: ARLINGTON MORTUARY
45. LICENSE NUMBER: FD-1033
46. SIGNATURE OF LOCAL REGISTRAR: ERIC K. FRYKMAN, M.D.
47. DATE mm/dd/ccyy: 01/21/2009

PLACE OF DEATH

101. PLACE OF DEATH: PARKVIEW COMM.HOSP.MED.CTR.
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [X] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 3865 JACKSON ST.
106. CITY: RIVERSIDE

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
Time Interval Between Onset and Death: (AT) YRS
108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: 2009-00438

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
(B)
(BT)
109. BIOPSY PERFORMED? [ ] YES [X] NO
(C)
(CT)
110. AUTOPSY PERFORMED? [ ] YES [X] NO
(D)
(DT)
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
Decedent Attended Since (A) mm/dd/ccyy — Decedent Last Seen Alive (B) mm/dd/ccyy
115. SIGNATURE AND TITLE OF CERTIFIER:
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy:
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: [X] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126. SIGNATURE OF CORONER / DEPUTY CORONER: DAWNA WIMSATT
127. DATE mm/dd/ccyy: 01/21/2009
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: DAWNA WIMSATT, DEPUTY CORONER

STATE REGISTRAR: A | B | C | D | E
012009000977561
FAX AUTH. #
CENSUS TRACT

034533513

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

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

DATE ISSUED DEC 02 2015

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

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

PBNCO (Rev) 11/14

PACIFIC BANCNOTE CO. - NBN CO

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Controller Betty T. Yee
California State Controller's Office
Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Ralph C. Larsen [Name of Decedent], hereinafter "Decedent," died in the City of Riverside, County of Riverside, State of CA on January 16, , 2009.

2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.

3. Check one of the following appropriate boxes.

   ☒ No proceeding is now being or has been conducted in California for administration of the Decedent's estate.

   ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred fifty thousand dollars ($150,000).

5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. Item 476, Assessment #449161026-1, Situs 41138 McDowell St, Hemet CA, Riverside County - excess proce

6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.

   ☒ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

   ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

   The name of the successor of the Decedent is: _____

7. No other person has a superior right to the interest of the Decedent in the described property.

8. The declarants request that the described property be paid, delivered, or transferred to the declarants.

9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

	Nancy Arrigona	
Signature	Name *[Print or Type]*	Date:
Cheryl J. Rudolph	Cheryl J. Rudolph	
Signature	Name *[Print or Type]*	Date:
	Daniel R. Arrigona	
Signature	Name *[Print or Type]*	Date:

For a tutorial on completing this form, visit https://sco.ca.gov/upd_form_claim.html

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 23rd DAY OF September 2019
BY Amie Skinner
NOTARY PUBLIC

AMIE FEARRINGTON
NOTARY PUBLIC
STATE OF TEXAS
ID # 13133525-0
My Comm. Expires 10-31-2021

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
MAR 13 2018

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-18-039102

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): MARILYN RUTH ARRIGONA
(Maiden): LARSEN
2. DATE OF DEATH (mm-dd-yyyy): ACTUAL OR PRESUMED MARCH 1, 2018
3. SEX: FEMALE
4. DATE OF BIRTH (mm-dd-yyyy): DECEMBER 23, 1932
5. AGE-Last Birthday (Years): 85
IF UNDER 1 YR.: Mo / Days
IF UNDER 1 DAY: Hours / Min
6. BIRTHPLACE (City & State or Foreign Country): INGLEWOOD, CA
7. SOCIAL SECURITY NUMBER: -
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage):
10a. RESIDENCE STREET ADDRESS: 5715 MESA DR.
10b. APT. NO.: 211
10c. CITY OR TOWN: AUSTIN
10d. COUNTY: TRAVIS
10e. STATE: TEXAS
10f. ZIP CODE: 78731
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE: WILLIAM MCKINLEY LARSEN
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RUTH PRISCILLA PRUNTY
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: TRAVIS
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO): AUSTIN, 78731
16. FACILITY NAME (If not institution, give street address): 5715 MESA DR. NO.211
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: NANCY ARRIGONA - DAUGHTER
18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code): 7701 LONG POINT DR., AUSTIN, TX 78731
19. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SPENCER E. DOBBS BY ELECTRONIC SIGNATURE - 114577
21. ☒ Unknown
Section
Block
Lot
Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): ONION CREEK MEMORIAL PARK CREMATORY
23. LOCATION (City/Town, and State): AUSTIN, TX
24. NAME OF FUNERAL FACILITY: ALL FAITHS FUNERAL SERVICES - SOUTH
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 4360 S. CONGRESS AVE #115, AUSTIN, TX 78745
26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time,date and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: ELIZABETH BURNELL , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): MARCH 8, 2018
29. LICENSE NUMBER: K2315
30. TIME OF DEATH(Actual or presumed): 03:49 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code): ELIZABETH BURNELL 902 CRYSTAL FALLS PARKWAY, LEANDER, TX 78641
32. TITLE OF CERTIFIER: MD

CAUSE OF DEATH

33. PART 1. 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 EACH

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ------> resulting in death)	a. SYSTOLIC CONGESTIVE HEART FAILURE	YEARS
Due to (or as a consequence of)		
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	b. CORONARY ARTERY DISEASE	YEARS
Due to (or as a consequence of)		
	c.	
Due to (or as a consequence of)		
	d.	

PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown
38. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY(mm-dd-yyyy)
40b. TIME OF INJURY
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City,State,Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED
42a. REGISTRAR FILE NO.: 0201025
42b. DATE RECEIVED BY LOCAL REGISTRAR: MARCH 12, 2018
42c. REGISTRAR: REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED

EDR NUMBER 000002270242

JLF

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006

QA1237371587

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAR 13 2018

TARA DAS
STATE REGISTRAR

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES STATE OF TEXAS VITAL STATISTICS

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Banknote Corporation of America

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Controller Betty T. Yee
California State Controller's Office
Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Marilyn R. Arrigona [Name of Decedent], hereinafter "Decedent," died in the City of Austin, County of TRAVIS, State of Texas on March 1, 2018.

2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.

3. Check one of the following appropriate boxes.

   ☑ No proceeding is now being or has been conducted in California for administration of the Decedent's estate.

   ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred fifty thousand dollars ($150,000).

5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. Item 476, Assessment # 449161026-1, Situs 41138 McDowell St, Hemet CA, Riverside County - excess proceeds

6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.

   ☑ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

   ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

   The name of the successor of the Decedent is: _____

7. No other person has a superior right to the interest of the Decedent in the described property.

8. The declarants request that the described property be paid, delivered, or transferred to the declarants.

9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Nancy Arrigona — Signature; NANCY Arrigona — Name *[Print or Type]*; Date:

Cheryl J. Rudolph — Signature; Cheryl J. Rudolph — Name *[Print or Type]*; Date:

D R Arrigona — Signature; Daniel R Arrigona — Name *[Print or Type]*; Date:

For a tutorial on completing this form, visit https://sco.ca.gov/upd_form_claim.html

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 3rd DAY OF September, 2019
BY Amie Skinner
NOTARY PUBLIC

AMIE FEARRINGTON
NOTARY PUBLIC
STATE OF TEXAS
ID # 13133525-0
My Comm. Expires 10-31-2021

1627177.1471.2

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

RECEIVED

2019 JUN -5 AM 11:22

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: **Jon Christensen, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 212 Item 476 Assessment Number: 449161026-1

Assessee: LARSEN, RALPH C & ARRIGONA, MARILYN R

Situs: 41138 MCDOWELL ST HEMET 92544

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $ 55,542.98 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. 1993-084374 ; recorded on 03/08/1993. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

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

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

Executed this 14 day of MAY, 2019 at TRAVIS County, TEXAS
County, State

Signature of Claimant	Signature of Claimant
Print Name	Daniel R. Arrigona Print Name
Street Address	9202 Knoll Crest Loop Street Address
City, State, Zip	Austin TX 78759 City, State, Zip
Phone Number	512-911-1611 Phone Number
Email Address	arrigona@f-m.fm Email Address

84374

DEC 2 3 1992

FILED
RIVERSIDE COUNTY
DEC 28 1992
ARTHUR A. SIMS, Clerk
M. Avalos, D.

RALPH C. LARSEN
Attorney at Law
1611 S. Catalina, Suite 210
Redondo Beach, California 90277
(310) 540-3600

In Pro Per

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF RIVERSIDE

In Re Estate of: WILLIAM M. LARSEN, aka WILLIAM McKINLEY LARSEN, Deceased.	CASE NO. 61495 ORDER FOR FINAL DISTRIBUTION ON WAIVER OF ACCOUNT, WAIVER OF STATUTORY ATTORNEY'S FEES AND WAIVER OF EXECUTOR'S COMMISSIONS [Probate Code Section 910, 10954, 11005, 11640 and 11642]

RALPH C. LARSEN, as Executor of the Estate of WILLIAM M. LARSEN, also known as WILLIAM McKINLEY LARSEN, deceased, having filed his Petition for Final Distribution on Waiver of Account, Wavier of Allowance of Statutory Attorney's Fees and Waiver of Executor's Commissions on November 23, 1992, and said Petition having been heard on December 28, 1992, at 9:30 a.m., in Department 1, before the Honorable William H. Sullivan, the Court finds:

1. Notice of Hearing of the Petition has been regularly given as prescribed by law. A copy of the Petition for Final Distribution on Waiver of Account, and Waiver for Allowance of Statutory Attorney's Commissions and Wavier of Statutory Executor's Commissions was given to all interested parties.

///

2. All acts and transactions of the Executor of the Estate of WILLIAM M. LARSEN, also known as WILLIAM McKINLEY LARSEN, during the period of the account are truly shown and should be approved.

3. WILLIAM M. LARSEN died testate on December 28, 1990, in the County of Riverside, State of California, and was at the time of his death a resident of the County of Riverside, State of California.

4. On April 15, 1991, RALPH C. LARSEN was appointed as Executor of the Decedent's estate and qualified as such on April 24, 1990.

5. Notice of death has been given as required by law, the time for filing or presenting claims has expired, and the estate is now in a condition to be closed.

6. All claims filed and presented against the estate have either been allowed by the Executor, approved and paid, or rejected in writing and more than three months have lapsed since service of the last notices of rejection was served.

7. No personal property taxes were due and payable by this estate.

8. A Federal Estate Tax Return was not filed for this estate as there were insufficient assets to warrant the filing of same.

9. All assets of the estate are Decedent's separate property.

10. Distribution should be ordered as specified below.

///

IT IS HEREBY ORDERED, ADJUDGED AND DECREED THAT:

1. The administration of the estate is brought to a close;

2. The Executor of the Estate of WILLIAM M. LARSEN, deceased, has in his possession assets totalling $100,000.00, all of which is real property, at its appraised value, more fully described herein;

3. The Petition and Report of the Executor is settled and allowed, and approved as filed;

4. All acts and transactions of the Executor relating to the matters set forth in the Petition and Report are confirmed and approved;

5. That Statutory Attorney's Fees and Executor's Commissions are waived;

6. Notice of Death has been given as required by law;

7. That the Executor distribute all of the assets of the estate as follows:

A. To RALPH C. LARSEN, Adult Son

An undivided 50% interest in and to that certain parcel of real property commonly known as 41138 McDowell, Hemet, California, more particularly described as follows:

Real property located in the County of Riverside, State of California, legally described as Lot 10, Tract 2841, per map book 55, pages 16 and 17 of Maps, Riverside County.

Assessor's Parcel No. 449-161-026 $50,000

B. To MARILYN R. ARRIGONA, Adult Daughter

An undivided 50% interest in and to that certain parcel of real property commonly

known as 41138 McDowell, Hemet, California, more particularly described as follows:

Real property located in the County of Riverside, State of California, legally described as Lot 10, Tract 2841, per map book 55, pages 16 and 17 of Maps, Riverside County.

Assessor's Parcel No. 449-161-026 $50,000

8. Any other property of the estate not now known or hereinafter discovered that may belong to the estate or in which the Decedent or the estate may have any interest shall be distributed to equally to RALPH C. LARSEN and MARILYN R. ARRIGONA.

DATED: 12/28/92

William H. McCurdy
Judge of the Superior Court

This must be in red to be a "CERTIFIED COPY"

Each document to which this certificate is attached is certified to be a full, true and correct copy of the original on file and of record in my office.

ARTHUR A. SINS, CLERK Riverside
Superior Court, County of Riverside,
State of California

Dated: JAN 11 1993

Certification must be in red to be a "CERTIFIED COPY"

SUPERIOR COURT OF RIVERSIDE COUNTY * CALIFORNIA *

84374

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

MAR - 8 1993

Recorded in Official Records
of Riverside County, California

Recorder

Fees $ 14

84374

14/3 SM

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/04)

STATE FILE NUMBER: 3200933000583
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): RALPH
2. MIDDLE: CHARLES
3. LAST (Family): LARSEN
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 09/29/1935
5. AGE Yrs: 73
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER:
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): NEVER MARRIED
7. DATE OF DEATH mm/dd/ccyy: 01/16/2009
8. HOUR (24 Hours): 2020
13. EDUCATION — Highest Level/Degree (see worksheet on back): ASSOCIATE
14/15. WAS DECEDENT HISPANIC/HISPANO/LATINO, SPANISH? (If yes, see worksheet on back) [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): WHITE
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: ATTORNEY
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): LAW
19. YEARS IN OCCUPATION: 40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 41138 MC DOWELL ST.
21. CITY: HEMET
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92544
24. YEARS IN COUNTY: 18
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: PAUL VANDEN-EIKHOF, FRIEND
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 120 LYNDON ST., HERMOSA BEACH, CA 90254

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: -
29. MIDDLE: -
30. LAST (Maiden Name): -
31. NAME OF FATHER — FIRST: WILLIAM
32. MIDDLE: M.
33. LAST: LARSEN
34. BIRTH STATE: NE
35. NAME OF MOTHER — FIRST: RUTH
36. MIDDLE: P.
37. LAST (Maiden): PRUNTY
38. BIRTH STATE: IA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 01/23/2009
40. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518
41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: ARLINGTON MORTUARY
45. LICENSE NUMBER: FD-1033
46. SIGNATURE OF LOCAL REGISTRAR: ERIC K. FRYKMAN, M.D.
47. DATE mm/dd/ccyy: 01/21/2009

PLACE OF DEATH

101. PLACE OF DEATH: PARKVIEW COMM.HOSP.MED.CTR.
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [X] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 3865 JACKSON ST.
106. CITY: RIVERSIDE

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(A) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
(B)
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.
(C)
(D)

Time Interval Between Onset and Death:
(AT) YRS
(BT)
(CT)
(DT)

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO
REFERRAL NUMBER: 2009-00438
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since: (A) mm/dd/ccyy (B) mm/dd/ccyy Decedent Last Seen Alive
115. SIGNATURE AND TITLE OF CERTIFIER:
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy:
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [X] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126. SIGNATURE OF CORONER / DEPUTY CORONER: DAWNA WIMSATT
127. DATE mm/dd/ccyy: 01/21/2009
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: DAWNA WIMSATT, DEPUTY CORONER

STATE REGISTRAR: A | B | C | D | E
012009000977561
FAX AUTH. #:
CENSUS TRACT:

034533513

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

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

DATE ISSUED: DEC 02 2015

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

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

PBNCO (Rev) 11/14

PACIFIC BANCNOTE CO. — NBNCO

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Controller Betty T. Yee
California State Controller's Office
Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Ralph C. Larsen [Name of Decedent], hereinafter "Decedent," died in the City of Riverside, County of Riverside, State of CA on January 16, , 2018.

2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.

3. Check one of the following appropriate boxes.

   ☒ No proceeding is now being or has been conducted in California for administration of the Decedent's estate.

   ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred fifty thousand dollars ($150,000).

5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. Item 476, Assessment #449161026-1, Situs 41138 McDowell St, Hemet CA, Riverside County - excess proce

6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.

   ☒ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

   ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

   The name of the successor of the Decedent is: _____

7. No other person has a superior right to the interest of the Decedent in the described property.

8. The declarants request that the described property be paid, delivered, or transferred to the declarants.

9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

	Nancy Arrigona	
Signature	Name *[Print or Type]*	Date:
	Cheryl J. Rudolph	
Signature	Name *[Print or Type]*	Date:
	Daniel R. Arrigona	
Signature	Name *[Print or Type]*	Date: 09/21/2019

For a tutorial on completing this form, visit https://sco.ca.gov/upd_form_claim.html

STATE OF TEXAS
COUNTY OF TRAVIS

Before me, Jack Cook, a notary public for the State of Texas, on this day personally appeared Daniel Arrigona known to me through TX DL 06423147 to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 27th day of September, 2019.

Signature of Notary Public

(SEAL)

JACK COOK
Notary Public, State of Texas
Notary ID# 12958165-6
My Commission Expires
DECEMBER 20, 2021

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
MAR 13 2018

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-18-039102

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): MARILYN RUTH ARRIGONA
(Maiden): LARSEN
2. DATE OF DEATH (mm-dd-yyyy) ACTUAL OR PRESUMED: MARCH 1, 2018
3. SEX: FEMALE
4. DATE OF BIRTH (mm-dd-yyyy): DECEMBER 23, 1932
5. AGE-Last Birthday (Years): 85
IF UNDER 1 YR.: Mo / Days
IF UNDER 1 DAY: Hours / Min
6. BIRTHPLACE (City & State or Foreign Country): INGLEWOOD, CA
7. SOCIAL SECURITY NUMBER: [illegible]
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage):
10a. RESIDENCE STREET ADDRESS: 5715 MESA DR.
10b. APT. NO.: 211
10c. CITY OR TOWN: AUSTIN
10d. COUNTY: TRAVIS
10e. STATE: TEXAS
10f. ZIP CODE: 78731
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE: WILLIAM MCKINLEY LARSEN
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RUTH PRISCILLA PRUNTY
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: TRAVIS
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO): AUSTIN, 78731
16. FACILITY NAME (If not institution, give street address): 5715 MESA DR. NO.211
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: NANCY ARRIGONA - DAUGHTER
18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code): 7701 LONG POINT DR., AUSTIN, TX 78731
19. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SPENCER E. DOBBS BY ELECTRONIC SIGNATURE - 114577
21. ☒ Unknown
Section
Block
Lot
Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): ONION CREEK MEMORIAL PARK CREMATORY
23. LOCATION (City/Town, and State): AUSTIN, TX
24. NAME OF FUNERAL FACILITY: ALL FAITHS FUNERAL SERVICES - SOUTH
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 4360 S. CONGRESS AVE #115, AUSTIN, TX 78745
26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time,date and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: ELIZABETH BURNELL BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): MARCH 8, 2018
29. LICENSE NUMBER: K2315
30. TIME OF DEATH (Actual or presumed): 03:49 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code): ELIZABETH BURNELL 902 CRYSTAL FALLS PARKWAY, LEANDER, TX 78641
32. TITLE OF CERTIFIER: MD

CAUSE OF DEATH

33. PART 1. 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 EACH.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)	a. SYSTOLIC CONGESTIVE HEART FAILURE	YEARS
	Due to (or as a consequence of):	
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	b. CORONARY ARTERY DISEASE	YEARS
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown
38. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY(mm-dd-yyyy)
40b. TIME OF INJURY
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City,State,Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED
42a. REGISTRAR FILE NO.: 0201025
42b. DATE RECEIVED BY LOCAL REGISTRAR: MARCH 12, 2018
42c. REGISTRAR: REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED

EDR NUMBER 000002270242

JLF

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006

QA12371587

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAR 13 2018

TARA DAS
STATE REGISTRAR

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES — STATE OF TEXAS — VITAL STATISTICS

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Controller Betty T. Yee
California State Controller's Office
Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Marilyn R. Arrigona [Name of Decedent], hereinafter "Decedent," died in the City of Austin, County of TRAVIS, State of TEXAS on March 1, 2018.

2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.

3. Check one of the following appropriate boxes.

   ☑ No proceeding is now being or has been conducted in California for administration of the Decedent's estate.

   ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred fifty thousand dollars ($150,000).

5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. Item 476, Assessment # 449161026-1, Situs 41138 McDowell St, Hemet CA, Riverside County - excess proceeds

6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.

   ☑ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

   ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

   The name of the successor of the Decedent is: _____

7. No other person has a superior right to the interest of the Decedent in the described property.

8. The declarants request that the described property be paid, delivered, or transferred to the declarants.

9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Nancy Arrigona — NANCY Arrigona
Signature — Name *[Print or Type]* — Date:

Cheryl J. Rudolph — Cheryl J. Rudolph
Signature — Name *[Print or Type]* — Date:

Daniel R Arrigona — Daniel R Arrigona
Signature — Name *[Print or Type]* — Date:

For a tutorial on completing this form, visit https://sco.ca.gov/upd_form_claim.html

1627177.1471.2

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

RECEIVED
2019 JUN -5 AM 11: 22
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: **Jon Christensen, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 212 Item 476 Assessment Number: 449161026-1

Assessee: LARSEN, RALPH C & ARRIGONA, MARILYN R

Situs: 41138 MCDOWELL ST HEMET 92544

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $ 55,542.98 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. 1993-084374; recorded on 03/08/1993. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

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

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

Executed this 14 day of May, 2019 at Travisco Texas
County, State

Mandy Savage

Signature of Claimant	Signature of Claimant
Nancy L. Arrigona	
Print Name	Print Name
7701 Long Point Dr	
Street Address	Street Address
Austin, TX 78731	
City, State, Zip	City, State, Zip
512-831-8882	
Phone Number	Phone Number
narrigona@gmail.com	
Email Address	Email Address

MANDY COLLEEN SAVAGE
My Notary ID # 12087993
Expires August 30, 2020

84374

DEC 2 8 1997

FILED
RIVERSIDE COUNTY
DEC 28 1992
ARTHUR A. SIMS, Clerk
M. Avalos, D.

RALPH C. LARSEN
Attorney at Law
1611 S. Catalina, Suite 210
Redondo Beach, California 90277
(310) 540-3600

In Pro Per

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF RIVERSIDE

In Re Estate of: WILLIAM M. LARSEN, aka WILLIAM McKINLEY LARSEN, Deceased.	CASE NO. 61495 ORDER FOR FINAL DISTRIBUTION ON WAIVER OF ACCOUNT, WAIVER OF STATUTORY ATTORNEY'S FEES AND WAIVER OF EXECUTOR'S COMMISSIONS [Probate Code Section 910, 10954, 11005, 11640 and 11642]

RALPH C. LARSEN, as Executor of the Estate of WILLIAM M. LARSEN, also known as WILLIAM McKINLEY LARSEN, deceased, having filed his Petition for Final Distribution on Waiver of Account, Wavier of Allowance of Statutory Attorney's Fees and Waiver of Executor's Commissions on November 23, 1992, and said Petition having been heard on December 28, 1992, at 9:30 a.m., in Department 1, before the Honorable William H. Sullivan, the Court finds:

1. Notice of Hearing of the Petition has been regularly given as prescribed by law. A copy of the Petition for Final Distribution on Waiver of Account, and Waiver for Allowance of Statutory Attorney's Commissions and Wavier of Statutory Executor's Commissions was given to all interested parties.

///

2. All acts and transactions of the Executor of the Estate of WILLIAM M. LARSEN, also known as WILLIAM McKINLEY LARSEN, during the period of the account are truly shown and should be approved.

3. WILLIAM M. LARSEN died testate on December 28, 1990, in the County of Riverside, State of California, and was at the time of his death a resident of the County of Riverside, State of California.

4. On April 15, 1991, RALPH C. LARSEN was appointed as Executor of the Decedent's estate and qualified as such on April 24, 1990.

5. Notice of death has been given as required by law, the time for filing or presenting claims has expired, and the estate is now in a condition to be closed.

6. All claims filed and presented against the estate have either been allowed by the Executor, approved and paid, or rejected in writing and more than three months have lapsed since service of the last notices of rejection was served.

7. No personal property taxes were due and payable by this estate.

8. A Federal Estate Tax Return was not filed for this estate as there were insufficient assets to warrant the filing of same.

9. All assets of the estate are Decedent's separate property.

10. Distribution should be ordered as specified below.

///

IT IS HEREBY ORDERED, ADJUDGED AND DECREED THAT:

1. The administration of the estate is brought to a close;

2. The Executor of the Estate of WILLIAM M. LARSEN, deceased, has in his possession assets totalling $100,000.00, all of which is real property, at its appraised value, more fully described herein;

3. The Petition and Report of the Executor is settled and allowed, and approved as filed;

4. All acts and transactions of the Executor relating to the matters set forth in the Petition and Report are confirmed and approved;

5. That Statutory Attorney's Fees and Executor's Commissions are waived;

6. Notice of Death has been given as required by law;

7. That the Executor distribute all of the assets of the estate as follows:

A. To RALPH C. LARSEN, Adult Son

An undivided 50% interest in and to that certain parcel of real property commonly known as 41138 McDowell, Hemet, California, more particularly described as follows:

Real property located in the County of Riverside, State of California, legally described as Lot 10, Tract 2841, per map book 55, pages 16 and 17 of Maps, Riverside County.

Assessor's Parcel No. 449-161-026 $50,000

B. To MARILYN R. ARRIGONA, Adult Daughter

An undivided 50% interest in and to that certain parcel of real property commonly

known as 41138 McDowell, Hemet, California, more particularly described as follows:

Real property located in the County of Riverside, State of California, legally described as Lot 10, Tract 2841, per map book 55, pages 16 and 17 of Maps, Riverside County.

Assessor's Parcel No. 449-161-026 $50,000

8. Any other property of the estate not now known or hereinafter discovered that may belong to the estate or in which the Decedent or the estate may have any interest shall be distributed to equally to RALPH C. LARSEN and MARILYN R. ARRIGONA.

DATED: 12/25/92

William H. McCurdy
Judge of the Superior Court

This must be in red to be a "CERTIFIED COPY"

Each document to which this certificate is attached is certified to be a full, true and correct copy of the original on file and of record in my office.

ARTHUR A. SIMS, CLERK Riverside Superior Court, County of Riverside, State of California

Dated: JAN 11 1993

Certification must be in red to be a "CERTIFIED COPY"

SUPERIOR COURT OF RIVERSIDE COUNTY * CALIFORNIA *

84374

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

MAR - 8 1993

Recorded in Official Records
of Riverside County, California

Recorder

Fees $ 14

14
B SM

84374

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/04)

STATE FILE NUMBER:
LOCAL REGISTRATION NUMBER: 3200933000583

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): RALPH
2. MIDDLE: CHARLES
3. LAST (Family): LARSEN
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 09/29/1935
5. AGE Yrs: 73 — IF UNDER ONE YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER:
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): NEVER MARRIED
7. DATE OF DEATH mm/dd/ccyy: 01/16/2009
8. HOUR (24 Hours): 2020
13. EDUCATION — Highest Level/Degree (see worksheet on back): ASSOCIATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): WHITE
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: ATTORNEY
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): LAW
19. YEARS IN OCCUPATION: 40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 41138 MC DOWELL ST.
21. CITY: HEMET
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92544
24. YEARS IN COUNTY: 18
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: PAUL VANDEN-EIKHOF, FRIEND
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 120 LYNDON ST., HERMOSA BEACH, CA 90254

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: -
29. MIDDLE: -
30. LAST (Maiden Name): -
31. NAME OF FATHER — FIRST: WILLIAM
32. MIDDLE: M.
33. LAST: LARSEN
34. BIRTH STATE: NE
35. NAME OF MOTHER — FIRST: RUTH
36. MIDDLE: P.
37. LAST (Maiden): PRUNTY
38. BIRTH STATE: IA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 01/23/2009
40. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518
41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: ARLINGTON MORTUARY
45. LICENSE NUMBER: FD-1033
46. SIGNATURE OF LOCAL REGISTRAR: ERIC K. FRYKMAN, M.D.
47. DATE mm/dd/ccyy: 01/21/2009

PLACE OF DEATH

101. PLACE OF DEATH: PARKVIEW COMM.HOSP.MED.CTR.
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [X] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 3865 JACKSON ST.
106. CITY: RIVERSIDE

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
(B)
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 (C)
(D)

Time Interval Between Onset and Death: (AT) YRS; (BT); (CT); (DT)

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: 2009-00438
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since (A) mm/dd/ccyy — Decedent Last Seen Alive (B) mm/dd/ccyy
115. SIGNATURE AND TITLE OF CERTIFIER:
116. LICENSE NUMBER:
117. DATE mm/dd/ccyy:
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [X] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
126. SIGNATURE OF CORONER / DEPUTY CORONER: DAWNA WIMSATT
127. DATE mm/dd/ccyy: 01/21/2009
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: DAWNA WIMSATT, DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E

012009000977561

FAX AUTH. #:
CENSUS TRACT:

034533513

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

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

DATE ISSUED DEC 02 2015

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

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

PBNCO (Rev) 11/14

PACIFIC BANCNOTE CO. - NBN CO.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Controller Betty T. Yee
California State Controller's Office
Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Ralph C. Larsen [Name of Decedent], hereinafter "Decedent," died in the City of Riverside, County of Riverside, State of CA on January 16, 2009.

2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.

3. Check one of the following appropriate boxes.

   ☑ No proceeding is now being or has been conducted in California for administration of the Decedent's estate.

   ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred fifty thousand dollars ($150,000).

5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. Item 476, Assessment # 449161026-1, Situs 41138 McDowell St, Hemet CA, Riverside County, excess proceeds

6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.

   ☑ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

   ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

   The name of the successor of the Decedent is: _____

7. No other person has a superior right to the interest of the Decedent in the described property.

8. The declarants request that the described property be paid, delivered, or transferred to the declarants.

9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Signature	Name *[Print or Type]*	Date:
Nancy Arrigona	Nancy Arrigona	9/20/19
Mandy Savage	Name *[Print or Type]*	9/20/19
Signature	Name *[Print or Type]*	Date:

MANDY COLLEEN SAVAGE
My Notary ID # 12087993
Expires August 30, 2020

For a tutorial on completing this form, visit https://sco.ca.gov/upd_form_claim.html

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
MAR 13 2018

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER** 142-18-039102

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): MARILYN RUTH ARRIGONA
(Maiden): LARSEN
2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy): MARCH 1, 2018
3. SEX: FEMALE
4. DATE OF BIRTH (mm-dd-yyyy): DECEMBER 23, 1932
5. AGE-Last Birthday (Years): 85
IF UNDER 1 YR. Mo / Days
IF UNDER 1 DAY Hours / Min
6. BIRTHPLACE (City & State or Foreign Country): INGLEWOOD, CA
7. SOCIAL SECURITY NUMBER: 5
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage):
11. ADDRESS: 5715 MESA DR.
10b. APT. NO.: 211
10c. CITY OR TOWN: AUSTIN
10d. COUNTY: TRAVIS
10e. STATE: TEXAS
10f. ZIP CODE: 78731
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE: WILLIAM MCKINLEY LARSEN
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RUTH PRISCILLA PRUNTY
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: TRAVIS
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): AUSTIN, 78731
16. FACILITY NAME (If not institution, give street address): 5715 MESA DR. NO 211
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: NANCY ARRIGONA - DAUGHTER
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 7701 LONG POINT DR., AUSTIN, TX 78731
19. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SPENCER E. DOBBS ,BY ELECTRONIC SIGNATURE - 114577
21. ☒ Unknown
Section
Block
Lot
Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): ONION CREEK MEMORIAL PARK CREMATORY
23. LOCATION (City/Town, and State): AUSTIN, TX
24. NAME OF FUNERAL FACILITY: ALL FAITHS FUNERAL SERVICES - SOUTH
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 4360 S. CONGRESS AVE #115, AUSTIN, TX 78745
26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: ELIZABETH BURNELL , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): MARCH 8, 2018
29. LICENSE NUMBER: K2315
30. TIME OF DEATH (Actual or presumed): 03:49 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): ELIZABETH BURNELL 902 CRYSTAL FALLS PARKWAY, LEANDER, TX 78641
32. TITLE OF CERTIFIER: MD

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH

33. PART 1. 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 EACH.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)	a. SYSTOLIC CONGESTIVE HEART FAILURE	YEARS
	Due to (or as a consequence of):	
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	b. CORONARY ARTERY DISEASE	YEARS
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown
38. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY (mm-dd-yyyy)
40b. TIME OF INJURY
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED
42a. REGISTRAR FILE NO.: 0201025
42b. DATE RECEIVED BY LOCAL REGISTRAR: MARCH 12, 2018
42c. REGISTRAR: REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED

VS-112 REV 1/2006

QA1237371587

JLF

EDR NUMBER 000002270242

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAR 13 2018

TARA DAS
STATE REGISTRAR

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Banknote Corporation of America

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Controller Betty T. Yee
California State Controller's Office
Unclaimed Property Division

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Marilyn R. Arrigona [Name of Decedent], hereinafter "Decedent," died in the City of Austin, County of TRAVIS, State of Texas on March 1, 2018.

2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.

3. Check one of the following appropriate boxes.

   ☑ No proceeding is now being or has been conducted in California for administration of the Decedent's estate.

   ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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 one hundred fifty thousand dollars ($150,000).

5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. Item 476, Assessment # 449161026-1, Situs 41138 McDowell St, Hemet CA, Riverside County - excess proceeds

6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.

   ☑ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

   ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

   The name of the successor of the Decedent is: _____

7. No other person has a superior right to the interest of the Decedent in the described property.

8. The declarants request that the described property be paid, delivered, or transferred to the declarants.

9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Signature	Name *[Print or Type]*	Date:
Nancy Arrigona	NANCY Arrigona	
Cheryl J. Rudolph	Cheryl J. Rudolph	
[illegible]	Daniel R Arrigona	

For a tutorial on completing this form, visit https://sco.ca.gov/upd_form_claim.html

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

RECEIVED

2018 AUG 20 PM 2:17

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: **Jon Christensen, Treasurer-Tax Collector**

Re: **Claim for Excess Proceeds**

TC 212 Item 476 Assessment No.: 449161026-1

Assessee: LARSEN, RALPH C & ARRIGONA, MARILYN R

Situs: 41138 MCDOWELL ST HEMET 92544

Date Sold: May 1, 2018

Date Deed to Purchaser Recorded: June 26, 2018

Final Date to Submit Claim: June 26, 2019

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of $ 126750.97 from the sale of the above mentioned real property. I/We were the [XX] 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. 20050706155 recorded on 8-26-2005. 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.

Amended Abstract of Judgment recorded in Riverside County document 2008-0128315 on 3-17-2008.
See attached declaration.

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 14 day of August, 2018 at Los Angeles, California
County, State

Richard Share	
Signature of Claimant	Signature of Claimant
Richard Share Legal Affairs Consultant	
Print Name	Print Name
55 W. Sierra Madre Blvd. #202	
Street Address	Street Address
Sierra Madre, CA 91024	
City, State, Zip	City, State, Zip
626-355-7100	
Phone Number	Phone Number

SCO 8-21 (1-99)

RECORDING REQUESTED BY

Poser Investments, Inc.
Attention: Don Orsbern
150 N. Santa Anita Ave., #530
Arcadia, CA 91006
Telephone:(800) 333-1527 x 110

WHEN RECORDED MAIL TO

NAME Poser Investments, Inc.

MAILING ADDRESS 150 N. Santa Anita Ave Suite 530

CITY, STATE ZIP CODE Arcadia, CA 91006

DOC # 2008-0128315
03/17/2008 08:00A Fee:18.00
Page 1 of 3
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NOTICE SENT					T:		CTY	UNI	055

M
055

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

19-

TITLE(S)

ABSTRACT OF JUDGMENT

Poser Investments, Inc. v. Ralph C. Larsen, etc.
Superior Court of California, County of Los Angeles
Southwest District, Torrance Courthouse, Case No. 95C00523

EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):
Recording requested by and return to:
Richard Hudson Share (SBN 035202)
RICHARD HUDSON SHARE & ASSOCIATES
150 N. Santa Anita Ave., Suite 530

Arcadia, CA 91006
(800)771-0104

[x] ATTORNEY FOR [ ] JUDGMENT CREDITOR [x] ASSIGNEE OF RECORD

FOR RECORDER'S USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
STREET ADDRESS: 825 Maple Ave.
MAILING ADDRESS: 825 Maple Ave.
CITY AND ZIP CODE: Torrance, CA 90503
BRANCH NAME: SOUTHWEST DISTRICT, TORRANCE COURTHOUSE

PLAINTIFF: SOUTH BAY BANK

DEFENDANT: RALPH C. LARSEN, etc.

CASE NUMBER: 95C00523

FOR COURT USE ONLY

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS

[ ] Amended

1. The [ ] judgment creditor [x] assignee of record applies for an abstract of judgment and represents the following:
   a. Judgment debtor's
      Name and last known address
      RALPH C. LARSEN
      41138 McDowell Street
      Hemet, CA 92544
   b. Driver's license No. and state: [x] Unknown
   c. Social security No.: [ ] Unknown
   d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): RALPH C. LARSEN
      1638 E. 17th Street, Suite G
      Santa Ana, CA 92705
2. [ ] Information on additional judgment debtors is shown on page 2.
3. Judgment creditor (name and address):
   Poser Investments, Inc.; 150 N. Santa Anita Ave., Suite 530, Arcadia, CA 91006
4. [ ] Information on additional judgment creditors is shown on page 2.
5. [x] Original abstract recorded in this county:
   a. Date: August 26, 2005
   b. Instrument No.: 2005-0706155

Date: January 30, 2008
Richard Hudson Share
(TYPE OR PRINT NAME)
(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed: $ 60,117.76
7. All judgment creditors and debtors are listed on this abstract.
8. a. Judgment entered on (date): 02-06-1997
   b. Renewal entered on (date): 01-05-2007
9. [ ] This judgment is an installment judgment.
10. [ ] An [ ] execution lien [ ] attachment lien is endorsed on the judgment as follows:
    a. Amount: $
    b. In favor of (name and address):
11. A stay of enforcement has
    a. [x] not been ordered by the court.
    b. [ ] been ordered by the court effective until (date):
12. a. [x] I certify that this is a true and correct abstract of the judgment entered in this action.
    b. [ ] A certified copy of the judgment is attached.

[SEAL] SUPERIOR COURT LOS ANGELES COUNTY CALIFORNIA

This abstract issued on (date): FEB 14 2008

Clerk, by T. KENDRICK, Deputy
JOHN A. CLARKE

EXHIBIT 5

Richard Hudson Share (SBN 035202)
RICHARD HUDSON SHARE & ASSOCIATES
55 W Sierra Madre Blvd., Suite 202
Sierra Madre, CA 91024

Telephone: (800) 771-0104
Fax: (626) 355-7133

Attorneys for
Poser Investments, Inc.
Assignee of Judgment Creditor

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

STANLEY MOSK COURTHOUSE

SOUTH BAY BANK, Assignor POSER INVESTMENTS, INC., Assignee Plaintiff v. RALPH C. LARSEN Defendant	CASE NO. 95C00523 (CIVIL UNLIMITED) **DECLARATION RE: CLAIM FOR EXCESS PROCEEDS** (Revenue and Taxation Code Section 4675) (Assessment No.: 449161026-1)

I, Richard Share, declare as follows:

COMPETENCY OF DECLARANT

1. I am the attorney for Poser Investments, Inc. ("Poser"). I have personal knowledge of the matters set forth in this Declaration, and if I were called upon to testify, I could and would testify competently thereto.

2. I am one of the custodians of the books, records, and files, of Poser, as those books, records, and files pertain to the judgment entered against Ralph C. Larsen in this

action. I have personally worked on said books, records, and files, and as to the following facts, I know them to be true of my own knowledge, or I have gained knowledge of them from the business records of Poser, which were made at or about the time of the events recorded and which are maintained in the ordinary course of Poser's business at or near the time of the acts, conditions, or events to which they relate. Any such document or record was prepared in the ordinary course of business of Poser by a person employed by Poser, who had personal knowledge of the event being recorded and had a business duty to so accurately record such event. I know from my prior experience with Poser that these records are accurate and trustworthy.

THE AMOUNT OF THE CLAIM

3. The amount now due and owing, and the amount of the claim, is principal in the amount of $60,117.76, plus accrued interest from January 5, 2007, the date that the judgment was renewed, to August 9, 2018, the date of this declaration, in the amount of $66,633.21, for a total now due and payable of $126,750.97. All payments received, and all credits, are recorded on the Statement of Account, which applies all payments first to accrued interest, and computes the amount of interest that is now due and owing. A copy of the Statement of Account is attached is attached hereto and incorporated herein by this reference as Exhibit 1. The Statement of Account, page 2, states the following:

" TOTALS	accrued	less credits	New balance
Principal:	60,117.76	0.00	60,117.76
Interest:	69,736.60	3,103.39	66,633.21
SUBTOTAL:	129,854.36	3,103.39	126,750.97"

4. Poser renewed the judgment that it holds against Judgment Debtor, Ralph

C Larsen, (Larsen), on January 5, 2007, in the amount of $60,117.76, plus interest at the rate of 10.0% per year from January 5, 2007, until paid in full. A copy of the Application for and Renewal of Judgment is attached hereto and incorporated herein by this reference as Exhibit 2.

5. After the Judgment was renewed, Larsen made payments starting on February 1, 2008 and continuing through September 20, 2008, in the total amount of $3,103.39, which payments were applied solely against accrued interest, resulting in accrued interest now due and owing of $66,633.21. See Statement of Account, Exhibit 1, page 2.

THE JUDGMENT LIEN SECURING THIS CLAIM

4. Ralph C. Larsen, (Larsen)" obtained a loan from South Bay Bank. When Larsen failed to pay the loan, South Bay Bank obtained judgment against him in the amount of $34,404.17, plus interest at the rate of 10.0% per year on February 6, 1997.

5. On April 7, 2005, South Bay Bank assigned its judgment against Larsen to Poser Investments, Inc., ("Poser"). A copy of the Assignment of Judgment is attached hereto and incorporated herein by this reference as Exhibit 5.

6. Poser discovered that Larsen owned an interest in real property in the County of Riverside, and immediately recorded an Abstract of Judgment in the County of Riverside on August 26, 2005, document number 2005-0706155, which created a lien on all real estate in the County of Riverside in which Larsen owed or had an interest. A copy of the Abstract recorded in Riverside on August 26, 2005, is attached hereto and incorporated herein by this reference as Exhibit 3.

7. When the judgment was renewed on January 5, 2007, in the amount of

$60,117.76, Poser recorded an amended Abstract of Judgment in the County of Riverside on March 17, 2008, as Document Number 2008-0128315, stating that the amount of the judgment was now $60,117.76. A copy of the Abstract recorded in Riverside on March 17, 2008, is attached hereto and incorporated herein by this reference as Exhibit 4.

8. The legal effect of the recording of the Abstracts of Judgment recorded August 26, 2005 and March 17, 2008, was to create a judgment lien on the real property located at 41138 McDowell Street, Hemet, CA 92544, from August 26, 2005 to the date the Deed to Purchaser was recorded, June 26, 2018, in the amount of $60,117.76, plus accrued interest in the amount of $66,633.21, for a total amount secured by the abstracts of judgment of $126,750.97.

Executed on August 9, 2018, Sierra Madre, California.

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

Richard Hudson Share, Declarant

EXHIBIT 1

POSER INVESTMENTS, INC.
PO Box 850
Sierra Madre, CA 91025-0850
PHONE (800) 333-1527 FAX (626) 355-7133
(626) 355-7100

August 9, 2018

Ralph C. Larsen
209 East Washington Ave.
Hemet, 92544-6351

STATEMENT OF ACCOUNT

For account of.....: Ralph C. Larsen
Our client.....: SOUTH BAY BANK
Account #.....:
Please refer to ourfile: 495

Judgment start.$: 60117.76 JUDGMENT
Starting interest rate of: 10.00%
Interest calculation date: 01/05/2007

#	Date	Pmt/Adj	Paid Princip	Accrued Interest	Unpaid Princip	Unpaid Interest	Unpaid Oth Chges	New Balance
0	01/05/2007				60117.76	0.00		60117.76
			JUDGMENT					
01P	02/01/2008	-300.00	0.00	6456.48	60117.76	6156.48	0.00	66274.24
			- Ralph C. Larsen					
01P	02/16/2008	-1003.39	0.00	247.06	60117.76	5400.15	0.00	65517.91
			- Ralph C. Larsen					
01P	03/01/2008	-300.00	0.00	230.59	60117.76	5330.74	0.00	65448.50
			- Ralph C. Larsen					
01P	04/01/2008	-300.00	0.00	510.59	60117.76	5541.33	0.00	65659.09
			- Ralph C. Larsen					
01P	05/05/2008	-300.00	0.00	560.00	60117.76	5801.33	0.00	65919.09
			- Ralph C. Larsen					
01P	06/06/2008	-300.00	0.00	527.06	60117.76	6028.39	0.00	66146.15
			- Ralph C. Larsen					

STATEMENT OF ACCOUNT FOR OURFILE: 495

#	Date	Pmt/Adj	Paid Princip	Accrued Interest	Unpaid Princip	Unpaid Interest	Unpaid Oth Chges	New Balance
01	06/06/2008				60117.76	6028.39	0.00	66146.15
01P	07/09/2008	-300.00	0.00	543.53	60117.76	6271.92	0.00	66389.68
			- Ralph C. Larsen					
01P	09/20/2008	-300.00	0.00	1202.36	60117.76	7174.28	0.00	67292.04
			- Ralph C. Larsen					
NOW	08/09/2018			59458.94	60117.76	66633.21	0.00	126750.97

TOTALS	accrued	less credits	New balance
Principal:	60117.76	0.00	60117.76
Interest :	69736.60	3103.39	66633.21
SUBTOTAL :	129854.36	3103.39	126750.97

Less credits:
Payments : -3103.39
Adjustmnt: 0.00
==========
BALANCE : 126750.97 + daily interest of $16.4706 at rate 10.00%
Month interest $499.6082

This firm is a debt collector. We are attempting to collect a debt, and any information obtained will be used for the purpose of collecting the debt.

EXHIBIT 2

MATTHEW JENNINGS

County of Riverside Treasurer - Tax Collector

Giovane Pizano
Assistant Treasurer

Melissa Johnson
Assistant Tax Collector

AUGUST 11, 2023

Final Notice

POSER INVESTMENTS INC.
C/O RICHARD SHARE
55 W. SIERRA MADRE BLVD. #202
SIERRA MADRE, CA 91024

Re: PIN: 449161026-1
TC 212 Item 476
Date of Sale: May 1, 2018

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.

__Copy of a trust/will
__Notarized Statement of different/misspelled
__Original Notarized Authorization for Agent to Collect Excess Proceeds
__Notarized Assignment of Right to Collect Excess Proceeds
__Certified Death Certificate
__Copy of Marriage Certificate for

__ Notarized Updated Statement of Monies Owed (as of date of tax sale)
__Articles of Incorporation (if applicable Statement by Domestic Stock)
__Court Order Appointing Administrator
__Deed (Quitclaim/Grant etc...)
X Other: Copy of Extended Lien of Abstract of Judgment doc# 2008-0128315

Please send in all **original** documents by **August 26, 2023** to: Riverside County Treasurer-Tax Collector, Attn: Excess Proceeds, P.O. Box 12005, Riverside, CA 92502-2205. If you should have any questions, please contact me at the number listed below.

Sincerely,

Maricela Ambriz

Accounting Technician I
Tax Sale Operations/Excess Proceeds
Tel 951 955-3336/Fax 951 955-3990

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Poser Investments Inc.
c/o Richard Share
55 W. Sierra Madre Blvd. #202
Sierra Madre, CA 91024

9590 9402 7411 2055 3695 13

2. Article Number (Transfer from service label)
7019 2970 0002 1940 5758

COMPLETE THIS SEC

A. Signature
X

B. Received by (Printe

D. Is delivery address c
If YES, enter deliver

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted
☐ Certified Mail®
☐ Certified Mail Restricted D
☐ Collect on Delivery
☐ Collect on Delivery Restrict
☐ Insured Mail
☐ Insured Mail Restricted Del (over $500)

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
COLLECTION ADVISORY TEAM, M/S A-240
PO BOX 2952
SACRAMENTO CA 95812-2952

July 21, 2023

In reply refer to:
624:YD:LARSEN

COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR
ATTN: EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

Assessment No.	: 449161026-1 TC: 212 ITEM: 476
Situs Address	: 41138 MCDOWELL ST, HEMET, CA 92544
Assessee	: RALPH LARSEN
FTB ID	:
Date Sold	: May 1, 2018

When the Franchise Tax Board receives a request for a claim to excess proceeds and there is an unpaid balance for California Corporation Tax that is not secured by a recorded lien, this department may issue to the Court an ORDER TO WITHHOLD CORPORATION TAX. Pursuant to Revenue and Taxation Code 18670(a), this order attaches to all credits, real property or other things of value in your control belonging to RALPH LARSEN. **This OTW is in addition and supplement to the Franchise Tax Board Claim for Surplus Funds.** When paying the Franchise Tax Board by check, it is essential that the FTB account number appear on the check. Referencing any other number will delay the processing of the check.

If you have any questions regarding this claim, please contact the undersigned.

Yen Dao

Yen Dao, Specialist
Collection Advisory Team
(916) 845-5922

STATE OF CALIFORNIA
Franchise Tax Board, M/S A-240
PO BOX 2952
SACRAMENTO CA 95812-2952
(916) 845-5922

ORDER TO WITHHOLD PERSONAL INCOME TAX

PART 1 — RETAIN FOR YOUR RECORDS

Date: July 21, 2023

COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR
ATTN: EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

Case No.: 449161026-1
Acct. No.:
SSN:
Tax Year(s): 2002, 2003

Taxpayer's Name and Address:

RALPH LARSEN
41138 MCDOWELL ST
HEMET CA 92544

AMOUNT DUE
$ 25,660.39

We are issuing THIS ORDER TO WITHHOLD to enforce payment of an amount due for California Personal Income Tax. The taxpayer has not paid the amount due, shown above. (See reverse side for applicable sections of the California Revenue and Taxation Code.)

THIS ORDER ATTACHES TO ALL CREDITS, PERSONAL PROPERTY, OR OTHER THINGS OF VALUE IN YOUR POSSESSION OR UNDER YOUR CONTROL BELONGING TO THE TAXPAYER. THIS INCLUDES, BUT IS NOT LIMITED TO, PAYMENTS DUE THE TAXPAYER AS A RESULT OF THE TRUSTEE SALE, APN NUMBER 449161026-1 ON MAY 1, 2018. THIS ORDER PERTAINS TO A LIABILITY NOT CLAIMED HEREIN.

YOU ARE REQUIRED TO WITHHOLD the lesser of (1) the amount due shown above, or (2) the amount in your possession or under your control belonging to the taxpayer at the time you received this Order.

IN COMPLYING WITH THIS ORDER, WE REQUEST THAT YOU:

1. NOTIFY the taxpayer that you are withholding funds pursuant to the order by delivering PART 3 to the taxpayer as soon as possible.
2. RETAIN ANY FUNDS WITHHELD FOR 10 BUSINESS DAYS FROM THE DATE YOU RECEIVED THIS ORDER OR UNTIL THE DISTRIBUTION OF FUNDS HAVE BECOME FINAL, WHICHEVER IS LATER. AT THE END OF THE HOLDING PERIOD, REMIT ANY FUNDS WITHHELD UNLESS YOU HAVE RECEIVED A RELEASE FROM THIS DEPARTMENT. PLEASE INCLUDE A COPY OF THIS ORDER WITH YOUR REMITTANCE.
3. COMPLETE the questionnaire on PART 2. Please attach your remittance, if any, to that page and mail it to the Franchise Tax Board office shown at the top of this page (envelope enclosed).
4. ADVISE any interested parties to present claims to the Franchise Tax Board.
5. REFER to PART 2 if you possess or control any property other than cash, payments or credits belonging to the taxpayer.

EXCERPTS FROM CALIFORNIA REVENUE AND TAXATION CODE

18670. NOTICE TO WITHHOLD, HOW SERVED

(a) The Franchise Tax Board may by notice, served personally or by first-class mail, require any employer, person, officer or department of the state, political subdivision or agency of the state, including the Regents of the University of California, a city organized under a freeholders' charter, or a political body not a subdivision or agency of the state, having in their possession, or under their control, any credits or other personal property or other things of value, belonging to a taxpayer or to an employer or person who has failed to withhold and transmit amounts due pursuant to this article, to withhold, from the credits or other personal property or other things of value, the amount of any tax, interest, or penalties due from the taxpayer or the amount of any liability incurred by that employer or person for failure to withhold and transmit amounts due from a taxpayer under this part and to transmit the amount withheld to the Franchise Tax Board at the times that it may designate. However, in the case of a depository institution, as defined in Section 19(b) of the Federal Reserve Act 12 U.S.C. Sec. 461(b)(1)(A), amounts due from a taxpayer under this part shall be transmitted to the Franchise Tax Board not less than 10 business days from receipt of the notice. To be effective, the notice shall state the amount due from the taxpayer and shall be delivered or mailed to the branch or office reported in information returns filed with the Franchise Tax Board, or the branch or office where the credits or other property is held, unless another branch or office is designated by the employer, person, officer or department of the state, political subdivision or agency of the state, including the Regents of the University of California, a city organized under a freeholders' charter, or a political body not a subdivision or agency of the state.

(b) (1) At least 45 days before sending a notice to withhold to the address indicated on the information return, the Franchise Tax Board shall request a depository institution to do either of the following:

(A) Verify that the address on its information return is its designated address for receiving notices to withhold.

(B) Provide the Franchise Tax Board with a designated address for receiving notices to withhold.

(2) Once the depository institution has specified a designated address pursuant to paragraph (1), the Franchise Tax Board shall send all notices to that address unless the depository institution provides notification of another address. The Franchise Tax Board shall send all notices to withhold to a new designated address 30 days after notification.

(3) Failure to verify or provide a designated address within 30 days of receiving the request shall be deemed verification of the address on the information return as the depository institution's designated address.

(c) Any corporation or person failing to withhold the amounts due from any taxpayer and transmit them to the Franchise Tax Board after service of the notice shall be liable for those amounts. However, in the case of a depository institution, if a notice to withhold is mailed to the branch where the account is located or principal banking office, the depository institution shall be liable for a failure to withhold only to the extent that the accounts can be identified in information normally maintained at that location in the ordinary course of business.

18672. FAILURE TO WITHHOLD, LIABILITY

Any employer or person failing to withhold the amount due from any taxpayer and transmit the same to the Franchise Tax Board after service of a notice pursuant to Section 18670 or 18671 is liable for those amounts.

18674. WITHHOLD AGENT, MUST PAY WITHOUT RESORTING TO ACTION

(a) Any employer or person required to withhold and transmit any amount pursuant to this article shall comply with the requirement without resort to any legal or equitable action in a court of law or equity. Any employer or person paying to the Franchise Tax Board any amount required by it to be withheld is not liable therefor to the person from whom withheld unless the amount withheld is refunded to the withholding agent. However, if a depository institution, as defined in 12 U.S.C. Section 461 (b)(1)(A) withholds and pays to the Franchise Tax Board pursuant to this article any monies held in a deposit account in which the delinquent taxpayer and another person or persons have an interest, or in an account held in the name of a third party or parties in which the delinquent taxpayer is ultimately determined to have no interest, the depository institution paying those monies to the Franchise Tax Board is not liable therefor to any of the persons who have an interest in the account, unless the amount withheld is refunded to the withholding agent.

(b) In the case of a deposit account or accounts for which this notice to withhold applies, the depository institution shall send a notice by first-class mail to each person named on the account or accounts included in the notice from the Franchise Tax Board, provided a current address for each person is available to the institution. This notice shall inform each person as to the reason for the hold placed on the account or accounts, the amount subject to being withheld and the date by which this amount is to be remitted to the Franchise Tax Board. An institution may assess the account or accounts of each person receiving this notice a reasonable service charge not to exceed three dollars ($3).

STATE OF CALIFORNIA
Franchise Tax Board, M/S A-240
PO BOX 2952
SACRAMENTO CA 95812-2952
(916) 845-5922

ORDER TO WITHHOLD PERSONAL INCOME TAX

PART 2 — RETURN WITH PAYMENT

Date: July 21, 2023

COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR
ATTN: EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

Case No.: 449161026-1
Acct. No.:
SSN:
Tax Year(s): 2002, 2003

Taxpayer's Name and Address:

RALPH LARSEN
41138 MCDOWELL ST
HEMET CA 92544

AMOUNT DUE
$ 25,660.39

PLEASE COMPLETE THE QUESTIONNAIRE BELOW.

A. ☐ Payment of $_____ is attached.

Payment is not attached because (check one):

B. ☐ Account closed

C. ☐ Unable to locate account

D. ☐ No funds/nothing to report

E. ☐ Other (Please attach explanation.)

NOTICE:

If you possess or control any property other than cash or credits belonging to the taxpayer, (1) do NOT convert such property to cash as a result of this order, but provide us with a description of the property under your control and hold the property until you receive a release from this department. (2) If such property is sold for other reasons, remit the cash proceeds to this department.

Property other than cash may include, but is not limited to, stocks, bonds, stock options, stock rights, contents of safe deposit boxes, etc.

Contact this office at the address shown above if you are not sure how to proceed in special or unusual circumstances.

STATE OF CALIFORNIA
Franchise Tax Board, M/S A-240
PO BOX 2952
SACRAMENTO CA 95812-2952
(916) 845-5922

ORDER TO WITHHOLD PERSONAL INCOME TAX

PART 3 — FURNISH TO TAXPAYER

Date: July 21, 2023

COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR
ATTN: EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

Case No.: 449161026-1
Acct. No.:
SSN:
Tax Year(s): 2002, 2003

Taxpayer's Name and Address:

RALPH LARSEN
41138 MCDOWELL ST
HEMET CA 92544

AMOUNT DUE
$ 25,660.39

The Franchise Tax Board has issued an ORDER TO WITHHOLD to the addressee shown above under authorization of Section 18670 of the California Revenue and Taxation Code to enforce payment of an amount due for California Personal Income Tax.

The addressee has been instructed to deduct and withhold the amount due, shown above, from any credits or payments of any nature due, owing, and unpaid to you. Such credits and payments include, but are not limited to, deposits in financial institutions, declared dividends, rents, royalties, deposits in vacation or holiday trust funds, Individual Retirement Accounts, Keogh Accounts and other personal property in the possession of or controlled by the addressee.

The amount withheld by the addressee will be paid to the Franchise Tax Board and applied to your account for the tax years noted above. You should determine the amount withheld by the addressee and, if it is less than the amount due, you should forward payment of the remaining unpaid balance immediately to avoid further collection action. Please make your check or money order payable to the FRANCHISE TAX BOARD, attach it to this notice, and mail it to the Franchise Tax Board office shown at the top of this page.

SPECIAL INFORMATION CONCERNING TAXPAYER RIGHTS

If we levy upon your bank account in error, we can reimburse you for bank charges incurred as a result of our error. To receive reimbursement, you must write to us at the above address within 90 days from the date of the levy.

If immediate, full payment of the amount due will create an undue hardship, or if you have already paid the amount due, or if the amount is not due, contact us immediately. Please telephone the number shown at the top of this form for account information. You should have this notice with you when you call.

The Franchise Tax Board has a Taxpayer Advocate who reviews those cases where taxpayers have been unable to resolve their problems with the Franchise Tax Board through normal channels. To contact the Taxpayer Advocate, write to: Taxpayer Advocate Bureau, PO Box 157, Rancho Cordova CA 95741-0157. FAX (916) 845-6614. You may also email the Advocate at **http://www.ftb.ca.gov.**