

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



ITEM: 19.5
(ID # 14601)

MEETING DATE:
Tuesday, March 19, 2024

FROM : TREASURER-TAX COLLECTOR:

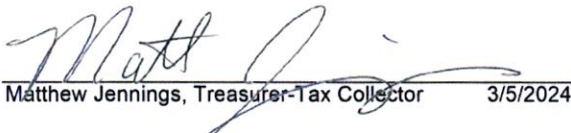
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 212, Item 99. Last assessed to: Estate of Willie Lee Jackson. District 1. [\$32,368-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Deborah Jackson, heir to the Estate of Willie Lee Jackson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 315151020-6;

Continued on Page 2

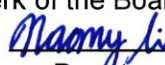
ACTION: Policy


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: 
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 Deborah Jackson, Authorized Agent for Byron H. Jackson, heir to the Estate of Willie Lee Jackson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 315151020-6;
3. Approve the claim from Cheryl Farmer, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 315151020-6;
4. Approve the claim from Romenetha Brown, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 315151020-6;
5. Approve the claim from Katharine M. Norris, heir to the Estate of Romanetha Norris, heir to the Estate of Willie Lee Jackson, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 315151020-6;
6. Authorize and direct the Auditor-Controller to issue a warrant to Deborah Jackson, heir to the Estate of Willie Lee Jackson in the amount of \$9,248.13, Deborah Jackson, Authorized Agent for Byron H. Jackson, heir to the Estate of Willie Lee Jackson in the amount of \$9,248.13, Cheryl Farmer, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson in the amount of \$4,624.06, Romenetha Brown, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson in the amount of \$4,624.06, and Katharine M. Norris, heir to the Estate of Romanetha Norris, heir to the Estate of Willie Lee Jackson in the amount of \$4,624.07 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; and
7. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$4,624.06 to the County General Fund pursuant to Revenue and Taxation Code Section 4674.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 32,368	\$ 0	\$ 32,368	\$ 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

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

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 1, 2018 public auction tax 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.

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code 4676 (c). The Treasurer-Tax Collector's Office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

1. Examined parties of interest reports to notify all parties of interest attached to the parcel.
2. Researched all last assessee's through the County's Property Tax System for any additional addresses.
3. Used Accurint (people finder) to notify any new addresses that may be listed for our last assessees.
4. Advertised in newspapers for three consecutive weeks in The Desert Sun, Palo Verde Valley Times, and The Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4676 (b).

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's Deed to the Purchaser, which was recorded on June 26, 2018.

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

1. Claim from Deborah Jackson, heir to the Estate of Willie Lee Jackson based on a Grant Deed recorded August 26, 1975 as Instrument No. 1975-104463, an Affidavit - Death of Joint Tenant recorded October 16, 1996 as Instrument No. 1996-395236, a First and Final Account and Report of Co- Administrators and Petition for Allowance of Statutory Attorney Fees, Statutory Commissions and Fee and Commission for Extraordinary Services and for Distribution filed on January 22, 1998, and a Certificate of Death for Willie Lee Jackson.

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

2. Claim from Deborah Jackson, Authorized Agent for Byron H. Jackson, heir to the Estate of Willie Lee Jackson based on an Authorization for Agent to Collect Excess Proceeds notarized September 4, 2018, a Grant Deed recorded August 26, 1975 as Instrument No. 1975-104463, an Affidavit - Death of Joint Tenant recorded October 16, 1996 as Instrument No. 1996-395236, a First and Final Account and Report of Co- Administrators and Petition for Allowance of Statutory Attorney Fees, Statutory Commissions and Fee and Commission for Extraordinary Services and for Distribution filed on January 22, 1998, an Affidavit Under California Probate Code Section 13101 notarized January 19, 2024, and Certificates of Death for Willie Lee Jackson and Byron H. Jackson.
3. Claim from Cheryl Farmer, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson based on a Grant Deed recorded August 26, 1975 as Instrument No. 1975-104463, an Affidavit - Death of Joint Tenant recorded October 16, 1996 as Instrument No. 1996-395236, a First and Final Account and Report of Co- Administrators and Petition for Allowance of Statutory Attorney Fees, Statutory Commissions and Fee and Commission for Extraordinary Services and for Distribution filed on January 22, 1998, a Declaration Under California Probate Code Section 13101 notarized August 22, 2023, and Certificates of Death for Willie Lee Jackson and Bobbie Jean Brown.
4. Claim from Romanetha Brown, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson based on a Grant Deed recorded August 26, 1975 as Instrument No. 1975-104463, an Affidavit - Death of Joint Tenant recorded October 16, 1996 as Instrument No. 1996-395236, a First and Final Account and Report of Co- Administrators and Petition for Allowance of Statutory Attorney Fees, Statutory Commissions and Fee and Commission for Extraordinary Services and for Distribution filed on January 22, 1998, a Declaration Under Probate Code Section 13101 notarized September 21, 2023, and Certificates of Death for Willie Lee Jackson and Bobbie Jean Brown.
5. Claim from Katharine M. Norris, heir to the Estate of Romanetha Norris, heir to the Estate of Willie Lee Jackson based on a Grant Deed recorded August 26, 1975 as Instrument No. 1975-104463, an Affidavit - Death of Joint Tenant recorded October 16, 1996 as Instrument No. 1996-395236, a First and Final Account and Report of Co- Administrators and Petition for Allowance of Statutory Attorney Fees, Statutory Commissions and Fee and Commission for Extraordinary Services and for Distribution filed on January 22, 1998, a Declaration Under California Probate Code Section 13101 notarized December 19, 2018, and Certificates of Death for Willie Lee Jackson and Romanetha Norris.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Deborah Jackson, heir to the Estate of Willie Lee Jackson be awarded excess proceeds in the amount of \$9,248.13, Deborah Jackson, Authorized Agent for Byron H. Jackson, heir to the Estate of Willie Lee Jackson be awarded excess proceeds in the amount of \$9,248.13, Cheryl Farmer, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson be awarded excess proceeds in the amount of \$4,624.06, Romanetha

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

Brown, heir to the Estate of Bobbie Jean Brown, heir to the Estate of Willie Lee Jackson be awarded excess proceeds in the amount of \$4,624.06, and Katharine M. Norris, heir to the Estate of Romanetha Norris, heir to the Estate of Willie Lee Jackson be awarded excess proceeds in the amount of \$4,624.07. Since there are no other claimants the unclaimed excess proceeds in the amount of \$4,624.06 will be transferred to the County General Fund. 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 heirs of the last assessee of the property and transferred to the County General Fund.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Deborah

ATTACHMENT B. Claim DeborahforByron

ATTACHMENT C. Claim Cheryl

ATTACHMENT D. Claim Romenetha

ATTACHMENT E. Claim Katherine


Cesar Bernal, PRINCIPAL MGMT ANALYST 3/7/2024


Aaron Gettis 2/23/2024

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

RECEIVED

2019 OCT 29 PM 5:03

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 212 Item 99 Assessment No.: 315151020-6

Assessee: JACKSON WILLIE LEE ESTATE OF

Situs:

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 \$ 9,248.12 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. 104463; recorded on JUNE 26, 2018. 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.

- 1) SUPERIOR COURT ORDER FILED 1/22/98
- 2) ORIGINAL DEATH CERTIFICATE WILLIE LEE JACKSON
- 3) GRANT DEED 104463 - RIVERSIDE CALIFORNIA CERTIFIED COPY
- 4) AFFIDAVIT - JOINT TENANT CERTIFIED COPY

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 26th day of OCTOBER, 2018 at GARDENA, CALIFORNIA
County, State

Deborah Jackson
Signature of Claimant

Signature of Claimant

DEBORAH JACKSON
Print Name

Print Name

13800 CASIMIR AVE
Street Address

Street Address

GARDENA, CA 90249
City, State, Zip

City, State, Zip

310 404-3623 (c)
Phone Number 310 324-5845 (H)

Phone Number

104463

WHEN RECORDED
PLEASE MAIL THIS INSTRUMENT TO

Herman L. Jackson, Lee Jackson
14108 Buhalberg
Gardena, Ca 90249

RECEIVED WITH RECORDS
AUG 26 1975
W.D. BALOGH
COUNTY RECORDER

Order No. _____
Escrow No. _____
Loan No. _____

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

GRANT DEED

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

Marile Franko, a widow, do hereby

GRANT to Herman L. Jackson and Willie Lee Jackson, husband and wife

the real property in the County of Riverside
State of California, described as

Lot 213 of UPTON ACRES NO. 1 as shown by Map on file in Book 14 page 99 of Maps
Records of Riverside County, California.

Notary Public
My Comm. Expires _____
I hereby certify that the foregoing is a true and correct copy of the original as the same appears in my records.

Dated: August 26, 1975

Marile Franko
MARILE FRANKO

STATE OF CALIFORNIA
COUNTY OF
Riverside

On August 26, 1975
before me, the undersigned, a Notary Public and duly qualified
State personally appeared MARILE FRANKO

known to me 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.

WITNES my hand and seal this _____ day of August, 1975.

Notary Public
Dorothy G. Deaton
DOROTHY G. DEATON

OFFICIAL SEAL
W. D. BALOGH
COUNTY RECORDER
RIVERSIDE, CALIFORNIA

MAIL TAX STATEMENT TO _____
I hereby certify that the foregoing is a true and correct copy of the original as the same appears in my records.

END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

RECORDING REQUEST BY *6*

395236
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

PUBLIC RECORD
OCT 16 1996

WHEN RECORDED MAIL TO
NAME PARALEGAL PROBATE SERVICE
MAILING ADDRESS 116 SOUTH OAK STREET
CITY, STATE ZIP CODE INGLEWOOD, CA 90301

Recorded in Official Records
of Westside County, California
Recorder

Page 9 *21*

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

21 *12*
2+3P
LB

M

AFFIDAVIT -- DEATH OF JOINT TENANT

RECORDING REQUESTED BY

395236

AND WHEN RECEIVED MAIL TO

BARBARA BRUNNER
PARALEGAL PROBATE SERVICE
116 SO. OAK STREET
INGLEWOOD, CALIFORNIA 90301

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of RIVERSIDE

} ss.

BOBBIE JEAN BROWN, of legal age, being first duly sworn, deposes and says: That HERMAN L. JACKSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HERMAN L. JACKSON named as one of the parties in that certain GRANT DEED dated AUGUST 26, 1975 executed by MERLIE FRANKS, A WIDOW to HERMAN L. JACKSON AND WILLIE LEE JACKSON, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 104463, on AUGUST 26, 1975, in book _____, page _____, of Official Records of RIVERSIDE County, California, covering the following described property situated in the CITY OF PERRIS, State of California: RIVERSIDE

LOT 213 OF UPTON ACRES NO. 6, AS SHOWN ON FILE IN BOOK 14 PAGE 99 OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

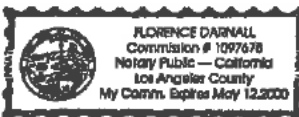
Dated July 19, 1996

Bobbie Jean Brown
BOBBIE JEAN BROWN

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 19th day of July, 1996

Florence Darnall

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

395236

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38619023805

1A. NAME OF DECEASED—FIRST		1B. MIDDLE		1C. LAST		1D. DATE OF DEATH (MONTH, DAY, YEAR)		1E. TIME HOUR	
MURKIN				JACKSON		MAY 13, 1986		0402hrs	
2. SEX & RACE/ETHNICITY		3. MARITAL STATUS		4. DATE OF BIRTH		5. AGE		6. IF UNDER 1 YEAR OF AGE	
Male Black Amer.		Married		July 20, 1917		68 years		MONTHS DAYS	
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		8. FATHER AND MOTHER (NAME AND STATE)		9. MARRIAGE (DATE AND PLACE)		10. NAME OF SURVIVING SPOUSE (IF ANY, DATE DECEASED)		11. NAME AND MOTHER (AGE OF MOTHER)	
Arkansas		Tom Jackson Arkansas		Lola Torrance Arkansas		Willie Lee Christopher			
12. OCCUPATION		13. PLACE OF BIRTH (CITY AND STATE)		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF ANY, DATE DECEASED)		16. NAME OF MOTHER (IF DECEASED)	
Tire Finisher		137 yrs		Arkansas		Married		Willie Lee Christopher	
17. USUAL RESIDENCE		18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19. CITY AND ADDRESS OF DEPARTMENT—RELATIONSHIP		20. NAME AND ADDRESS OF DEPARTMENT—RELATIONSHIP		21. NAME AND ADDRESS OF DEPARTMENT—RELATIONSHIP	
13108 Ruthalen Street		13108 Ruthalen Street		California		Willie Lee Jackson-Wife		13108 Ruthalen Street	
22. PLACE OF DEATH		23. CITY OR TOWN		24. COUNTY		25. STATE		26. ZIP CODE	
GARDENA MEMORIAL HOSPITAL		GARDENA		LOS ANGELES		CALIFORNIA		90248	
27. CAUSE OF DEATH		28. MANNER OF DEATH		29. APPROVED STATE MEDICAL EXAMINER		30. WITNESSED BY		31. WITNESSED BY	
Acute myocardial infarction		Natural		No		No		No	
32. DEATH CERTIFICATE		33. PHYSICIAN—SIGNATURE AND ADDRESS BY TITLE		34. DATE OF DEATH		35. LICENSE NO.		36. SIGNATURE OF REGISTRAR	
1145 WEST BEACON BEACH BLVD		Dr. [Signature]		MAY 13, 1986		[License No.]		[Signature]	
37. DEPARTMENT		38. NAME AND ADDRESS OF DEPARTMENT		39. LICENSE NO.		40. SIGNATURE OF REGISTRAR		41. DATE	
Harrison-Ross Mortuary		6872		[License No.]		[Signature]		MAY 19 1986	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk

CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

OCT 2 - 1986
19-382753

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFIED COPY

JAN 22 1998

SUPERIOR COURT

1 BETTYE BARNARD SBN 65129
Attorney at Law
2 110 South La Brea Avenue, Suite 280
Inglewood, California 90301
3 Telephone No. (310) 674-5426
4 FAX (310) 674-7697

5 Attorney for Co-Administrators

Feb 23, 1998 9:25 AM N-11
DATE OF HEARING

6
7
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF LOS ANGELES

10
11 Estate of) CASE NO. KP-003 801 Consolidated with
12) and carried under BP-034 227
13)
14 WILLIE LEE JACKSON, aka) FIRST AND FINAL ACCOUNT AND REPORT OF CO-
ADMINISTRATORS AND PETITION FOR ALLOWANCE
15) OF STATUTORY ATTORNEY FEES, STATUTORY
WILLIE L. JACKSON,) COMMISSIONS AND FEE AND COMMISSION FOR
Deceased) EXTRAORDINARY SERVICES AND FOR
DISTRIBUTION

16 BOBBIE JEAN BROWN and ROMANETHA NORRIS, as co-administrators
17 of the above estate hereby renders their first and final account
18 and report of co-administrators and petition for allowance of
19 of statutory attorney fees, statutory commissions and fee and
20 commission for extraordinary services and for distribution.

21 1. Date of Death and Residence. The Decedent died intestate
22 on October 1, 1993, in Inglewood, California and was a resident of
23 Los Angeles County, California.

24 2. Appointment and Issuance of Letters. Petitioners were
25 appointed co-administrators of the above estate on July 10, 1995
26 and qualified on March 20, 1996 and ever since has been the duly
27 appointed, qualified and acting co-administrators of the above
28 estate.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. Summary of Account. Petitioners have kept all cash in a interest bearing account.

Petitioner is chargeable, and is entitled to the credits, respectively, as set forth in the summary of account. The attached supporting schedules are hereby incorporated herein by reference.

Exhibit A: Summary of Account.

Exhibit B: Estimated Market Value of Assets As of the End of the Accounting Period.

Exhibit C: Computation of Statutory Commissions and Fees.

Exhibit D: Proposed Distribution.

Exhibit E: Extraordinary Services rendered by Attorney and by Co-Administrators.

Schedule A: Receipts

Schedule B: Gains on Sale

Schedule C: Disbursements

Schedule D: Loss on Sales

Schedule E: Other credits

Schedule F: Property on Hand

4. The Independent Administration of Estates Act. On July 10, 1995 petitioners were granted full authority by order of this Court to administer the estate under The Independent Administration of Estates Act with limited authority under the Act. This authority has not been revoked.

5. Period of Account. This Account and Report covers the period from October 1, 1993, the Decedent's date of death to December 31, 1997.

6. Status of Estate. Petitioners have performed all required duties as personal representatives of the estate. All debts of the

1 Decedent and the estate, and all expenses of administration, except
2 funds advanced by petitioner, incurred to date, including costs of
3 publications, have been paid. The estate is in a condition to be
4 closed.

5 7. Inventory and Appraisal. An inventory and appraisal of the
6 estate filed herein, shows the value of the estate to be
7 196,500.00. Petitioners alleges that such inventory contains all
8 assets of the estate that have come to Petitioners knowledge or
9 into their possession.

10 8. Reappraisal for Sale. The real property of the estate
11 commonly known as 13108 Ruthellen, Gardena, California was
12 re-appraised for sale. After giving notice under the full powers of
13 The Independent Administration of Estates Act, the real property
14 was sold \$150,000.00, with a 5% commission.

15 9. California and Federal Estate Taxes. California and
16 Federal Estate Tax Returns have not been filed since the Decedent's
17 estate was less than the statutory amount requiring the filing of
18 estate tax returns. Thus, no estate taxes were due or payable by
19 the above estate.

20 10. Income Taxes. All California and Federal income taxes due
21 and payable by the estate, as far as known by petitioners have been
22 paid.

23 11. Real and Personal Property Taxes. There are no personal
24 property taxes due or payable by the estate, and all real property
25 taxes were paid current through the escrow.

26 12. Notice of Death. Notice of death has been published and a
27 Proof of Publication has been filed. Petitioner has made a
28 reasonable effort to locate and give notice to all known or

1 reasonably ascertainable creditor, pursuant to Probate Code Section
2 9050. Petitioners are the daughters of the above named Decedent
3 are well aware of the Decedent's business affairs. Petitioners made
3 a change of address for the Decedent and has reviewed all mail for
4 possible creditors and none has been located.

5 13. All Creditors' Claims Filed Have Been Settled. Petitioner
6 paid all debts of Decedent during the statutory period of time
7 within which claims could have been presented or filed and after
8 investigation thereof, but without submission of verified claims.
9 All such items were due and paid in good faith and were the true
10 amounts of indebtedness. No creditor claims were filed in the
11 above estate. The time to file claims has expired.

12
13 14. Nature of Estate Property. The whole of the estate is
14 Decedent's separate property as Decedent spouse is predeceased.

15 * 15. Heirs and Beneficiaries. Pursuant to the laws of
16 succession for the State of California the following heirs are
17 the persons entitled to distribution of the balance of the estate,
18 together with any other property belonging to the estate, whether
19 described herein or not.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
Bryon H. Jackson	Adult	Son
Romanetha Norris	Adult	Daughter
Bobbie Jean Brown	Adult	Daughter
Deborah Jackson	Adult	Granddaughter

1 16. Prior Distributions. No prior distributions have been
2 made from this estate.

3 17. Proposed Distribution of the Estate. The balance of the
4 estate as shown on Schedule F, together with any other property
5 belonging to the estate, whether described herein or not should be
6 distributed to the persons listed on Exhibit "D".

7 18. Commissions and Fees. The commissions provided by law for
8 petitioner's ordinary services are \$4,561.42 which have not been
9 paid. Petitioner should be authorized to pay themselves that sum in
10 discharge of the statutory commissions.

11 Bettye Barnard has provided legal services to petitioner and
12 the estate the statutory fee provided by law for such services is
13 the sum of \$4,561.42 which has not been paid. Petitioner should be
14 authorized to pay said attorney that sum in discharge of the
15 statutory fee. Exhibit "C" sets forth the basis and computation of
16 the Statutory Commissions and Fees and incorporated by reference.

17 19. Commission and Fees for Extraordinary Services. Petitioners
18 as co-administrators of the estate has rendered extraordinary
19 services to the estate in connection with repairs to the real
20 property and sale of the real property; services include meeting
21 with realtors and attorney. Petitioners believes that a reasonable
22 commission for said extraordinary services is the sum of \$1,750.00.

23 Petitioners attorney Bettye Barnard has rendered extraordinary
24 services to petitioner and the estate in regard to the sale of the
25 real property and in defending client's priority by filing of
26 objections to the appointment of Deborah Jackson. Exhibit "E" sets
27 forth the services provided. Bettye Barnard by her endorsement on
28 on this on this petition believes that the sum of \$8,600.00 is a

1 reasonable fee for the 43 hours of extraordinary services.
2 of extraordinary services.

3 20. Request for Special Notice. A Request for Special Notice
4 has been filed by Mariellen Ross and CA Civil and Judicial Bonding.

5 21. Notice to Director of Health Services. Notice to the
6 Director of Health Services in compliance with Probate Code Section
7 9202 is not required because neither Decedent nor her predeceased
8 spouse received any Medi-Cal Benefits.
9 Medi-Cal Benefits.

10 WHEREFORE, Petitioner prays for an order of this Court that:

11 1. The First and Final Account of petitioners as
12 co-administrators be settled, allowed, and approved as filed.

13 2. Petitioners be authorized and ordered to pay Bettye Barnard
14 statutory attorney fees in the amount of \$4,561.42.

15 3. Petitioners be authorized and ordered to pay Bettye Barnard
16 the additional sum of \$8,600.00 in payment of attorney fees for
17 extraordinary services.

18 4. Petitioners be authorized and ordered to pay themselves
19 statutory commissions in the amount of \$4,561.42.

20 5. Petitioners be authorized and ordered to pay themselves the
21 additional sum of \$1,750.00.

22 6. Distribution of the balance of the estate as shown on
23 Schedule F, be ordered distributed to the persons and shares as shown
24 on Exhibit "D", together with any other property belonging to the
25 estate, whether described herein or not.

26 DATED: December 30, 1997

27 Bobbie Jean Brown
BOBBIE JEAN BROWN, Petitioner

Bettye Barnard
BETTYE BARNARD, Attorney
for Petitioners

Romanetha Norris
ROMANETHA NORRIS, Petitioner

VERIFICATION

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I have read the foregoing ~~FIRST AND FINAL ACCOUNT AND REPORT AND PETITION FOR ALLOWANCE OF FEES, COMMISSIONS AND FOR DISTRIBUTION~~ and know its contents.

CHECK APPLICABLE PARAGRAPH

I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am an Officer a partner a _____ of _____

a party to this action, and am authorized to make this verification for and on its behalf, and I make this verification for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am one of the attorneys for _____

a party to this action. Such party is absent from the county of aforesaid where such attorneys have their offices, and I make this verification for and on behalf of that party for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.

Executed on December 30, 1997, at Los Angeles, California.

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

BOBBIE JEAN BROWN

Bobbie Jean Brown

ROMANETHA NORRIS

Type or Print Name

Signature

PROOF OF SERVICE

1013A (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF _____

I am employed in the county of _____, State of California.

I am over the age of 18 and not a party to the within action; my business address is: _____

On _____, 19____, I served the foregoing document described as _____

by placing the true copies thereof enclosed in sealed envelopes addressed as stated on the attached mailing list:

by placing the original a true copy thereof enclosed in sealed envelopes addressed as follows:

BY MAIL

*I deposited such envelope in the mail at _____, California. The envelope was mailed with postage thereon fully prepaid.

As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at _____ California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on _____, 19____, at _____, California.

*(BY PERSONAL SERVICE) I delivered such envelope by hand to the offices of the addressee.

Executed on _____, 19____, at _____, California.

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

(Federal) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Type or Print Name

Signature

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "A"

SUMMARY OF ACCOUNT

CHARGES

Inventory and Appraisement	\$196,500.00
Receipts: (Schedule "A")	71.12
Gain on Sale (Schedule "B")	<u>-0-</u>
TOTAL CHARGES	\$196,571.12

CREDITS

Disbursements (Schedule "C")	\$ 32,304.39
Loss on Sale (Schedule "D")	26,000.00
Other Credits (Schedule "E")	-0-
Property on Hand (Schedule "F")	<u>138,266.73</u>
TOTAL CREDITS	\$196,571.12

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "B"

ESTIMATED MARKET VALUE OF THE ASSETS ON HAND
AS OF THE END OF THE ACCOUNTING PERIOD

<u>Inventory Number</u>	<u>Description</u>	<u>Inventory or Carry Value</u>	<u>Fair Market Value as of 12/30/97</u>
1.	13108 Ruthellen	\$176,000.00	Sold for \$150,000.00
2.	Unimproved Real Property. Paris, CA	\$20,000.00	Per Comparable Sales \$10,000.00
3.	Misc. furniture	\$500.00	Estimated value \$500.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "C"

BASIS AND COMPUTATION OF STATUTORY
COMMISSIONS AND FEES

BASIS

Inventory and Appraisement	\$196,500.00
Receipts (see Schedule "A")	71.12
Gain on Sale (see Schedule "B")	-0-
Less Loss on Sales (see Schedule "D")	<u>(26,000.00)</u>
TOTAL BASIS FOR COMPUTATION OF STATUTORY COMMISSION & FEE	\$170,571.12

COMPUTATION:

4% on the sum of \$15,000.00 =	\$ 600.00
3% on the sum of 85,000.00 =	2,550.00
2% on the sum of 70,571.12 =	1,411.42
<u>Totals</u>	<u>\$170,571.12</u> <u>\$4,561.42</u>

Statutory Fee to BETTYE BARNARD \$4,561.42

Statutory Commission to BOBBIE JEAN BROWN and
ROMANEHA NORRIS \$4,561.42

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "D"

PROPOSED DISTRIBUTION

PURSUANT TO THE LAWS OF SUCCESSION FOR THE STATE OF CALIFORNIA, THE FOLLOWING PERSONS ARE ENTITLED TO DISTRIBUTION OF THE BALANCE OF THE ESTATE AS SHOWN SCHEDULE "F", TOGETHER WITH ANY OTHER PROPERTY BELONGING TO THE ESTATE, WHETHER DESCRIBED HEREIN OR NOT.

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SHARE</u>
ROMANETHA NORRIS 370 Hamilton Street, Apt. 8 San Francisco, CA 94134	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BOBBIE JEAN BROWN 4330 Pendleton Lynwood, CA 90249	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BYRON H. JACKSON Herder St. 4 6606 St. Wendel 15 Oberlexinweler, West Germany	Daughter	Adult	25% of balance of estate as shown on Schedule F.
DEBORAH JACKSON c/o Mariellen Ross Attorney at Law 223 W. Foothill Blvd., 2 nd Floor Claremont, CA 91711	Granddaughter (child of Milrene Jackson) Deceased daughter	Adult	25% of balance of estate as shown on Schedule F.

ESTATE OF WILLIE MAE JACKSON, Deceased

EXHIBIT "E" (Extraordinary Attorney Services
of BETTYE BARNARD)

DATE	TIME	SERVICES
4/28/95	20.00	Litigation regarding appointment and contested priority. Court appearances in Pomona Courts.
thru 3/18/96	15.00	Research and preparation of all necessary documents.
6/5/97	8.00	Client conferences, preparation of sale documents, review of escrow documents and conferences with broker and escrow officers.
thru 8/18/97		
	<u>43.00</u>	43 hours x \$200.00 = \$8,600.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "A"

RECEIPTS

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNTS</u>
10/1/94	Redeemed \$25.00 U.S. Savings Bond	\$67.32
8/97	Interest Great Western Bank	<u>3.80</u>
	TOTAL RECEIPTS	\$71.12

SCHEDULE "B"

Gains on Sales

THERE WERE NO GAINS ON SALES FOR THIS ACCOUNT.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "C"

(Credits)

Petitioner is entitled to the following credits:

4-13-95	Clerk of Court - filing fee	182.00
4-14-95	Clerk of Court - filing fee	14.00
4/19/95	Metropolitan News- notice of death	165.00
5/10/95	Gardena Valley News - notice of death	330.00
5/28/95	County Recorder	2.00
8/01/95	Calif. Civil & Judicial Bonding	780.00
8/01/95	Clerk of Court - certification	26.24
10/25/95	County Recorder - death certificates	18.00
1/04/96	Metro Water	25.00
1/04/96	Source One Mortgage	268.00
1/06/96	Replacement of Locks	113.03
1/24/96	Metro Water	34.12
2/29/96	Source One Mortgage	269.00
3/02/96	Painting of Gutters & Rear of House	175.00
3/03/96	Homebase - floor repair supplies	35.64
3/09/96	Paint supplies	164.41
3/09/96	Reback's plumbing	175.00
3/13/96	Clean fireplaces & varnish	100.00
4/03/96	Source One Mortgage	269.00
4/15/96	So. Calif. Edison	70.39
4/15/96	Metro Water	12.39
5/06/96	Source One Mortgage	269.00
5/21/96	So. Calif. Edison	20.65
5/24/96	Clean up of Parris property (fire)	350.00
5/24/96	Source One Mortgage	269.00
5/24/96	Kenneth Thomas - referee fee	246.50
5/31/96	E. Villaneuva - notary fee	20.00
7/08/96	Source One Mortgage	268.00
7/19/96	F. Darnell - notary fee	10.00
8/03/96	Source One Mortgage	153.00
8/06/96	Metro Water	23.69
8/06/96	So. Calif. Edison	28.51
8/16/96	Strapped hot water heater	25.00
8/16/97	Clean up and removal of old carpets	250.00
8/01/96	Calif. Civil & Judicial Bonding	780.00
8/04/96	Source One Mortgage	268.00
8/13/96	Source One Mortgage	269.00
10/24/96	Riverside County Tax Collector	125.41
10/30/96	Metro Water	24.44
11/4/96	Source One Mortgage	268.00
12/3/96	Source one Mortgage	269.00
12/16/96	Riverside County Tax Collector	12.50
1/06/97	Source One Mortgage	268.00
1/27/97	Hauling of trash from clean up	300.00
2/05/97	Source One Mortgage	268.00
3/04/97	Source One Mortgage	268.00
3/07/97	Replacement of floorboards on service porch	150.00
3/09/97	Painted interior of house	600.00
3/19/97	Metro Water	28.19
4/03/97	Source one Mortgage	268.00

268.00
 property (fire) 350.00
 28.40
 268.00
 Tax Collector 50.72
 268.00
 268.00
 27.83
 37.59
 Social Bonding 780.00
 Tax Collector 44.06
 (17 months x \$40.00) = 680.00
 HIGH SOUTHWEST ESCROW

ON, Deceased
 27

Source One \$10,237.64
 71.20
 90.00
 52.00
 7,500.00
 567.74
 150.70
 mps 165.00
 715.00
 on 155.00
 36.00
 65.00
 75.00
 22.50

<u>GROSS SALE</u>	<u>LOSS</u>
\$150,000.00	\$26,000.00

19,902.73
 \$ 32,304.39

TOTAL LOSS ON SALE \$26,000.00

PING.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "F"

PROPERTY ON HAND

Balance for Distribution =	\$128,266.73
Consisting of:	
Inventory Item No. 2 Unimproved real property in Paris, County of Riverside, CA	Appraised at \$20,000.00
Inventory Item No. 3 Misc. Furniture	Appraised at 500.00
* Cash	
Great Western Bank - Account 5501 Lakewood Blvd., Lakewood, CA	\$117,766.73
* Subject to Fees and Commissions as allowed by Court.	
TOTAL Property on Hand	\$128,266.73

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

39319042243

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT—FIRST (GIVEN) Willie		1B MIDDLE Lee		1C LAST (FAMILY) Jackson	
2A DATE OF DEATH—MO. DAY, YR. 10/01/1993		2B HOUR 0745		2C SEX Female	
4 RACE Black		5 HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6 DATE OF BIRTH—MO. DAY, YR. 05/15/1920	
7 AGE IN YEARS 73		IF UNDER 1 YEAR MONTHS _____ DAYS _____		IF UNDER 24 HOURS HOURS _____ MINUTES _____	
8 STATE OF BIRTH AR		9 CITIZEN OF WHAT COUNTRY USA		10A FULL NAME OF FATHER Willie Christian	
10B STATE OF BIRTH AR		11A FULL MAIDEN NAME OF MOTHER Cora Cross		11B STATE OF BIRTH AR	
12 MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13 SOCIAL SECURITY NO.		14 MARITAL STATUS Widowed	
15 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) None		16A USUAL OCCUPATION Homemaker		16B USUAL KIND OF BUSINESS OR INDUSTRY Own Home	
16C USUAL EMPLOYER Self-Employed		16D YEARS IN OCCUPATION 57		17 EDUCATION—YEARS COMPLETED 9	
18A RESIDENCE—STREET AND NUMBER OR LOCATION 13108 Ruthelen Street		18B CITY Gardena		18C ZIP CODE 90249	
18D COUNTY Los Angeles		18E NUMBER OF YEARS IN THIS COUNTY 50		18F STATE OR FOREIGN COUNTRY California	
19A PLACE OF DEATH Daniel Freeman Hospital		19B IF HOSPITAL, SPECIFY ONE IF BR/OP, DOA IP		19C COUNTY Los Angeles	
19D STREET ADDRESS—STREET AND NUMBER OR LOCATION 333 N. Prairie Ave.		19E CITY Inglewood		20 NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ms. Deborah Jackson, Daughter 13108 Ruthelen Street Gardena, Calif. 90249	
21 DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Ventricular Tachycardia		22 TIME INTERVAL BETWEEN ONSET AND DEATH 5 Mins		23 WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) Pulmonary Embolism		10 Mins		24A WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Systemic Atherosclerosis		20 Yrs		24B WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25 NO		26B LIST TYPE OF OPERATION AND DATE	
27A DECEASED ATTENDED SINCE MONTH, DAY, YEAR 05/14/1987		27B DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR 10/01/1993		27C CERTIFIER'S LICENSE NUMBER C37207	
27D DATE SIGNED 10/04/1993		27E SIGNATURE AND DESIGN OR TITLE OF CERTIFIER <i>Jay Thompson M.D.</i>		27F TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Jay Thompson, M.D., 1704 W. Manchester Ave., L.A., CA	
28A SIGNATURE AT TITLE OF CORONER OR DEPUTY CORONER		28B DATE SIGNED		29 MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	
30A PLACE OF INJURY		30B INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C DATE OF INJURY MONTH, DAY, YEAR	
30D HOUR		31 LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		32 DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A DISPOSITION(S) Burial		34B PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Woodlawn Mem. Pk., 1715 E. Greenleaf Dr., Compton, CA		34C DATE MO, DAY, YR. 10/09/1993	
35A SIGNATURE OF ENBALMER <i>James McLeary</i>		35B LICENSE NO. 8124		36A NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Angelus Funeral Home	
36B LICENSE NO. 243		36C SIGNATURE OF LOCAL REGISTRAR <i>Rafael C. Mateo</i>		36D REGISTRATION DATE OCT 06 1993	
STATE REGISTRAR		CENSUS TRACT		A. B. C. D. E. F.	

AMENDED
1 OF 2

11 (REV 7-92) 4009

MAKE NO ERASURES, WHITEDOUTS, OR OTHER ALTERATIONS

04 9-1-0230

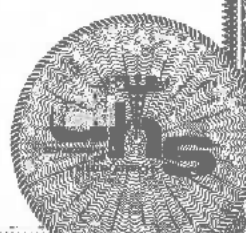
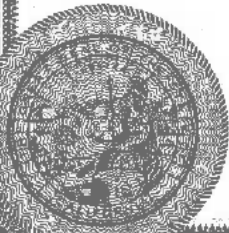
This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED
JAN 27 1994

894852

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



CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD

BIRTH DEATH FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

39319042243
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.
--------------------------------	-----	-----	-----

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson
	2. SEX Female	3. DATE OF EVENT—MONTH, DAY, YEAR 10/01/1993	4A. CITY OF OCCURRENCE Inglewood
ADDITIONAL INFORMATION TO LOCATE RECORD	4B. COUNTY OF OCCURRENCE Los Angeles		5. FATHER'S NAME AS STATED ON ORIGINAL Willie Christian
	6. MOTHER'S NAME AS STATED ON ORIGINAL Cora Cross		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
		10A.	Willie Christian

2 of 2

9. To Correct the Record.

AFFIDAVITS AND SIGNATURES
We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	10A. SIGNATURE OF FIRST PERSON <i>Grothe</i>	10B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	10C. DATE SIGNED 10/14/1993
	10D. AGE Legal	10E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	
USE BLACK INK ONLY	11A. SIGNATURE OF SECOND PERSON <i>Harold Frank</i>	11B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	11C. DATE SIGNED 10/14/1993
	11D. AGE Legal	11E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR OF VITAL STATISTICS	13. DATE ACCEPTED FOR REGISTRATION JAN 26 1994
--------------------------------	---------------------------------------------------------------	---------------------------------------------------

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 24 (REV. 8/81) 91 60955

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

894853

DATE ISSUED
JAN 27 1994

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

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

RECEIVED

2018 OCT 29 PM 4:58

RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 212 Item 99 Assessment No.: 315151020-6

Assessee: JACKSON WILLIE LEE ESTATE OF

Situs:

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 \$ 9,248.12 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. 104463; recorded on JUNE 26, 2018. 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.

- 1) SUPERIOR COURT ORDER FILED 1/22/98
- 2) DEATH CERTIFICATE COPY WILLIE LEE JACKSON
- 3) ORIGINAL DEATH CERTIFICATE IN DEBORAH JACKSON DOCUMENTS
- 4) GRANT DEED 104463 - RIVERSIDE CALIFORNIA
- 5) CERTIFIED COPY DEBORAH JACKSON DOCUMENTS
- 6) AFFIDAVIT - DEATH OF JOINT TENANT FOR 104463
- 7) CERTIFIED COPY DEBORAH JACKSON DOCUMENTS
- 8) AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS NOTARIZED

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 4 day of September, 2018 at Ramstein A.B.
County, State

Byron H Jackson
Signature of Claimant

N/A
Signature of Claimant

BYRON H. JACKSON
Print Name

Print Name

Vor Dem Hübel 2
Street Address

Street Address

St. Wendel, 66606 Germany
City, State, Zip

City, State, Zip

01149 6851 8023911
Phone Number

Phone Number

#5

AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make DEBORAH JACKSON my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 315751020-6 sold at public auction on MAY 1, 2018. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 9248.12 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Byron H Jackson
(Signature of Party of Interest)

BYRON H. JACKSON
(Name Printed)

Vor Dem Hübel 2
(Address)

STATE OF CALIFORNIA)
COUNTY OF AIR FORCE)ss.
WITH THE UNITED STATES
AT APO AE 09094-0325

ST. Wendel, 66606
(City/State/Zip)

(049) 06851-8023911
(Area Code/Telephone Number)

On 04 SEP 2018 86AWJA, before me, BYRON H. JACKSON ^{TS/} TSGT ERIC C. WATTS, personally appeared BYRON H. JACKSON, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.
Li Chen
(Signature of Notary)



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

Deborah Jackson
(Signature of Agent)

DEBORAH JACKSON
(Name Printed)

13800 CASIMIR AVE
(Address)

STATE OF CALIFORNIA)
COUNTY OF AIR FORCE)ss.
WITH THE UNITED STATES
AT APO AE 09094-0325

GARDENA, CA 90247
(City/State/Zip)

On 04 SEP 2018 86AWJA, before me, the undersigned, a Notary Public in and for said State, personally appeared DEBORAH JACKSON, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Li Chen TSGT ERIC C. WATTS
(Signature of Notary)



104763

WHEN RECORDED
PLEASE MAIL THIS INSTRUMENT TO

RETURN TO: WILLIE LEE JACKSON
1410 Bonhill Street
Sardinas, Cal 90749

RECEIVED BY REC'D
AUG 26 1975

104763

Order No. _____

Excess No. _____

Loan No. _____

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

GRANT DEED

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

I, Merle Frank, a widow,

do hereby

GRANT TO Herman L. Jackson and Willie Lee Jackson, husband and wife,

the real property in the County of Alameda, State of California, described as:

Lot 213 of SHIPON ACRES NO. 22 as shown on a map on file in book 1, page 99 of Maps & Record of Alameda County, California.

RECORDED
INDEXED
FILED
AUG 26 1975
W. D. BALOGH, COUNTY REC'D

Dated: August 26, 1975

CITY OF CALIFORNIA
COUNTY OF ALAMEDA

Merle Frank
MERLE FRANK

Witness: _____

Subscribed and sworn to before me on this _____ day of _____, 1975, at _____, California.

My official duties require me to certify that _____ is a duly qualified person.

Notary Public for the State of California

OFFICIAL SEAL
W. D. BALOGH
COUNTY REC'D
ALAMEDA COUNTY
CALIFORNIA

Witness: _____

Subscribed and sworn to before me on this _____ day of _____, 1975, at _____, California.

My official duties require me to certify that _____ is a duly qualified person.

Notary Public for the State of California

#4

RECORDING REQUEST BY 6

395236
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

PUBLIC RECORD
OCT 16 1996

WHEN RECORDED MAIL TO

NAME PARALEGAL PROBATE SERVICE

MAILING ADDRESS 116 SOUTH OAK STREET

CITY STATE ZIP CODE INGLEWOOD, CA 90301

Recorded in Official Records
of Riverside County, California
Recorder

Fee \$ 21

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

21 12
2+3P
LB

TITLE(S)

101

AFFIDAVIT - DEATH OF JOINT TENANT

RECORDING REQUESTED BY

395236

AND WHEN DELIVERED MAIL TO

BARBARA BRUNNER
PARALEGAL PROBATE SERVICE
118 SO. OAK STREET
INGLEWOOD, CALIFORNIA 90301

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of RIVERSIDE } ss.

That **BOBBIE JEAN BROWN**, of legal age, being first duly sworn, deposes and says: Certificate of Death, is the same person as **HERMAN L. JACKSON**, the decedent mentioned in the attached certified copy of named as one of the parties in that certain **GRANT DEED** dated **AUGUST 26, 1975** executed by **MERLIE FRANKS, A WIDOW** to **HERMAN L. JACKSON AND WILLIE LEE JACKSON, HUSBAND AND WIFE**, as joint tenants, recorded as Instrument No. **104463**, on **AUGUST 26, 1975** in book _____, page _____, of Official Records of **RIVERSIDE** County, California, covering the following described property situated in the **CITY OF FERRIS** County of **RIVERSIDE**, State of California:

LOT 213 OF UPTON ACRES NO. 6, AS SHOWN ON FILE IN BOOK 14 PAGE 99 OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

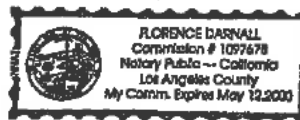
Dated July 19, 1996

Bobbie Jean Brown
BOBBIE JEAN BROWN

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 19th day of July 1996

Florence Darnall

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

JAN 22 1998

SUPERIOR COURT

1 BETTYE BARNARD SBN 65129
Attorney at Law
2 110 South La Brea Avenue, Suite 280
Inglewood, California 90301
3 Telephone No. (310) 674-5426
FAX (310) 674-7697
4

5 Attorney for Co-Administrators

Feb 23, 1998 9:30 AM N-11
DATE OF HEARING

6
7
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF LOS ANGELES
10

11 Estate of) CASE NO. KP-003 801 Consolidated with
12) and carried under BP-034 227
13)
14 WILLIE LEE JACKSON, aka) FIRST AND FINAL ACCOUNT AND REPORT OF CO-
ADMINISTRATORS AND PETITION FOR ALLOWANCE
15) OF STATUTORY ATTORNEY FEES, STATUTORY
WILLIE L. JACKSON,) COMMISSIONS AND FEE AND COMMISSION FOR
16) EXTRAORDINARY SERVICES AND FOR
Deceased) DISTRIBUTION

17 BOBBIE JEAN BROWN and ROMANETHA NORRIS, as co-administrators
18 of the above estate hereby renders their first and final account
19 and report of co-administrators and petition for allowance of
20 of statutory attorney fees, statutory commissions and fee and
21 commmission for extraordinary services and for distribution.

22 1. Date of Death and Residence. The Decedent died intestate
23 on October 1, 1993, in Inglewood, California and was a resident of
24 Los Angeles County, California.

25 2. Appointment and Issuance of Letters. Petitioners were
26 appointed co-administrators of the above estate on July 10, 1995
27 and qualified on March 20, 1996 and ever since has been the duly
28 appointed, qualified and acting co-administrators of the above
estate.

1 3. Summary of Account. Petitioners have kept all cash in a
2 interest bearing account.

3 Petitioner is chargeable, and is entitled to the credits,
4 respectively, as set forth in the summary of account. The attached
5 supporting schedules are hereby incorporated herein by reference.

6 Exhibit A: Summary of Account.

7 Exhibit B: Estimated Market Value of Assets As of the End of
8 the Accounting Period.

9 Exhibit C: Computation of Statutory Commissions and Fees.

10 Exhibit D: Proposed Distribution.

11 Exhibit E: Extraordinary Services rendered by Attorney and by
12 Co-Administrators.

13 Schedule A: Receipts

14 Schedule B: Gains on Sale

15 Schedule C: Disbursements

16 Schedule D: Loss on Sales

17 Schedule E: Other credits

18 Schedule F: Property on Hand

19 4. The Independent Administration of Estates Act. On July 10,
20 1995 petitioners were granted full authority by order of this
21 Court to administer the estate under The Independent Administration
22 of Estates Act with limited authority under the Act. This
23 authority has not been revoked.

24 5. Period of Account. This Account and Report covers the
25 period from October 1, 1993, the Decedent's date of death to
26 December 31, 1997.

27 6. Status of Estate. Petitioners have performed all required
28 duties as personal representatives of the estate. All debts of the

1 Decedent and the estate, and all expenses of administration, except
2 funds advanced by petitioner, incurred to date, including costs of
3 publications, have been paid. The estate is in a condition to be
4 closed.

5 7. Inventory and Appraisal. An inventory and appraisal of the
6 estate filed herein, shows the value of the estate to be
7 196,500.00. Petitioners alleges that such inventory contains all
8 assets of the estate that have come to Petitioners knowledge or
9 into their possession.

10 8. Reappraisal for Sale. The real property of the estate
11 commonly known as 13108 Ruthellen, Gardena, California was
12 re-appraised for sale. After giving notice under the full powers of
13 The Independent Administration of Estates Act, the real property
14 was sold \$150,000.00, with a 5% commission.

15 9. California and Federal Estate Taxes. California and
16 Federal Estate Tax Returns have not been filed since the Decedent's
17 estate was less than the statutory amount requiring the filing of
18 estate tax returns. Thus, no estate taxes were due or payable by
19 the above estate.

20 10. Income Taxes. All California and Federal income taxes due
21 and payable by the estate, as far as known by petitioners have been
22 paid.

23 11. Real and Personal Property Taxes. There are no personal
24 property taxes due or payable by the estate, and all real property
25 taxes were paid current through the escrow.

26 12. Notice of Death. Notice of death has been published and a
27 Proof of Publication has been filed. Petitioner has made a
28 reasonable effort to locate and give notice to all known or

1 reasonably ascertainable creditor, pursuant to Probate Code Section
2 9050. Petitioners are the daughters of the above named Decedent
3 are well aware of the Decedent's business affairs. Petitioners made
3 a change of address for the Decedent and has reviewed all mail for
4 possible creditors and none has been located.

5 13. All Creditors' Claims Filed Have Been Settled. Petitioner
6 paid all debts of Decedent during the statutory period of time
7 within which claims could have been presented or filed and after
8 investigation thereof, but without submission of verified claims.
9 All such items were due and paid in good faith and were the true
10 amounts of indebtedness. No creditor claims were filed in the
11 above estate. The time to file claims has expired.

12
13 14. Nature of Estate Property. The whole of the estate is
14 Decedent's separate property as Decedent spouse is predeceased.

15 * 15. Heirs and Beneficiaries. Pursuant to the laws of
16 succession for the State of California the following heirs are
17 the persons entitled to distribution of the balance of the estate,
18 together with any other property belonging to the estate, whether
19 described herein or not.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
Bryon H. Jackson	Adult	Son
Romanetha Norris	Adult	Daughter
Bobbie Jean Brown	Adult	Daughter
Deborah Jackson	Adult	Granddaughter

1 16. Prior Distributions. No prior distributions have been
2 made from this estate.

3 17. Proposed Distribution of the Estate. The balance of the
4 estate as shown on Schedule F, together with any other property
5 belonging to the estate, whether described herein or not should be
6 distributed to the persons listed on Exhibit "D".

7 18. Commissions and Fees. The commissions provided by law for
8 petitioner's ordinary services are \$4,561.42 which have not been
9 paid. Petitioner should be authorized to pay themselves that sum in
10 discharge of the statutory commissions.

11 Bettye Barnard has provided legal services to petitioner and
12 the estate the statutory fee provided by law for such services is
13 the sum of \$4,561.42 which has not been paid. Petitioner should be
14 authorized to pay said attorney that sum in discharge of the
15 statutory fee. Exhibit "C" sets forth the basis and computation of
16 the Statutory Commissions and Fees and incorporated by reference.

17 19. Commission and Fees for Extraordinary Services. Petitioners
18 as co-administrators of the estate has rendered extraordinary
19 services to the estate in connection with repairs to the real
20 property and sale of the real property; services include meeting
21 with realtors and attorney. Petitioners believes that a reasonable
22 commission for said extraordinary services is the sum of \$1,750.00.

23 Petitioners attorney Bettye Barnard has rendered extraordinary
24 services to petitioner and the estate in regard to the sale of the
25 real property and in defending client's priority by filing of
26 objections to the appointment of Deborah Jackson. Exhibit "E" sets
27 forth the services provided. Bettye Barnard by her endorsement on
28 on this on this petition believes that the sum of \$8,600.00 is a

1 reasonable fee for the 43 hours of extraordinary services.
2 of extraordinary services.

3 20. Request for Special Notice. A Request for Special Notice
4 has been filed by Mariellen Ross and CA Civil and Judicial Bonding.


5 21. Notice to Director of Health Services. Notice to the
6 Director of Health Services in compliance with Probate Code Section
7 9202 is not required because neither Decedent nor her predeceased
8 spouse received any Medi-Cal Benefits.
9 Medi-Cal Benefits.

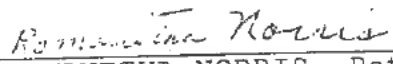
10 WHEREFORE, Petitioner prays for an order of this Court that:

- 11 1. The First and Final Account of petitioners as
12 co-administrators be settled, allowed, and approved as filed.
13 2. Petitioners be authorized and ordered to pay Bettye Barnard
14 statutory attorney fees in the amount of \$4,561.42.
15 3. Petitioners be authorized and ordered to pay Bettye Barnard
16 the additional sum of \$8,600.00 in payment of attorney fees for
17 extraordinary services.
18 4. Petitioners be authorized and ordered to pay themselves
19 statutory commissions in the amount of \$4,561.42.
20 5. Petitioners be authorized and ordered to pay themselves the
21 additional sum of \$1,750.00.
22 6. Distribution of the balance of the estate as shown on
23 Schedule F, be ordered distributed to the persons and shares as shown
24 on Exhibit "D", together with any other property belonging to the
25 estate, whether described herein or not.

26 DATED: December 30, 1997


BOBBIE JEAN BROWN, Petitioner

27 
BETTYE BARNARD, Attorney
for Petitioners


ROMANETHA NORRIS, Petitioner

VERIFICATION

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I have read the foregoing ~~FIRST AND FINAL ACCOUNT AND REPORT AND PETITION FOR ALLOWANCE OF FEES, COMMISSIONS AND FOR DISTRIBUTION~~ and know its contents.

CHECK APPLICABLE PARAGRAPH

I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am an Officer a partner, a _____ of _____

a party to this action, and am authorized to make this verification for and on its behalf, and I make this verification for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am one of the attorneys for _____, a party to this action. Such party is absent from the county of aforesaid where such attorneys have their offices, and I make this verification for and on behalf of that party for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.

Executed on December 30, 1997, at Los Angeles, California.

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

BOBBIE JEAN BROWN

ROMANETHA NORRIS

Type or Print Name

Bobbie Jean Brown

Signature

PROOF OF SERVICE

1013A (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF _____

I am employed in the county of _____, State of California. I am over the age of 18 and not a party to the within action; my business address is: _____

On _____, 19____, I served the foregoing document described as _____

_____ in this action
 by placing the true copies thereof enclosed in sealed envelopes addressed as stated on the attached mailing list:
 by placing the original a true copy thereof enclosed in sealed envelopes addressed as follows:

BY MAIL

I deposited such envelope in the mail at _____, California. The envelope was mailed with postage thereon fully prepaid.

As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at _____, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on _____, 19____, at _____, California.

**** (BY PERSONAL SERVICE) I delivered such envelope by hand to the offices of the addressee.**

Executed on _____, 19____, at _____, California.

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

(Federal) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Type or Print Name

Signature

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "A"

SUMMARY OF ACCOUNT

CHARGES

Inventory and Appraisalment	\$196,500.00
Receipts: (Schedule "A")	71.12
Gain on Sale (Schedule "B")	<u>-0-</u>
TOTAL CHARGES	\$196,571.12

CREDITS

Disbursements (Schedule "C")	\$ 32,304.39
Loss on Sale (Schedule "D")	26,000.00
Other Credits (Schedule "E")	-0-
Property on Hand (Schedule "F")	<u>138,266.73</u>
TOTAL CREDITS	\$196,571.12

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "B"

ESTIMATED MARKET VALUE OF THE ASSETS ON HAND
AS OF THE END OF THE ACCOUNTING PERIOD

<u>Inventory Number</u>	<u>Description</u>	<u>Inventory or Carry Value</u>	<u>Fair Market Value as of 12/30/97</u>
1.	13108 Ruthellen	\$176,000.00	Sold for \$150,000.00
2.	Unimproved Real Property. Paris, CA	\$20,000.00	Per Comparable Sales \$10,000.0
3.	Misc. furniture	\$500.00	Estimated value \$500.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "C"

BASIS AND COMPUTATION OF STATUTORY
COMMISSIONS AND FEES

BASIS

Inventory and Appraisement	\$196,500.00
Receipts (see Schedule "A")	71.12
Gain on Sale (see Schedule "B")	-0-
Less Loss on Sales (see Schedule "D")	<u>(26,000.00)</u>
TOTAL BASIS FOR COMPUTATION OF STATUTORY COMMISSION & FEE	\$170,571.12

COMPUTATION:

4% on the sum of \$15,000.00 =	\$ 600.00
3% on the sum of 85,000.00 =	2,550.00
2% on the sum of 70,571.12 =	1,411.42
<u>Totals</u>	<u>\$170,571.12</u> <u>\$4,561.42</u>

Statutory Fee to BETTYE BARNARD \$4,561.42

Statutory Commission to BOBBIE JEAN BROWN and
ROMANEHA NORRIS \$4,561.42

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "D"

PROPOSED DISTRIBUTION

PURSUANT TO THE LAWS OF SUCCESSION FOR THE STATE OF CALIFORNIA, THE FOLLOWING PERSONS ARE ENTITLED TO DISTRIBUTION OF THE BALANCE OF THE ESTATE AS SHOWN SCHEDULE "F", TOGETHER WITH ANY OTHER PROPERTY BELONGING TO THE ESTATE, WHETHER DESCRIBED HEREIN OR NOT.

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SHARE</u>
ROMANETHA NORRIS 370 Hamilton Street, Apt. 8 San Francisco, CA 94134	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BOBBIE JEAN BROWN 4330 Pendleton Lynwood, CA 90249	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BYRON H. JACKSON Herder St. 4 5606 St. Wendel 15 Oberlexinweler, West Germany	Daughter	Adult	25% of balance of estate as shown on Schedule F.
DEBORAH JACKSON c/o Mariellen Ross Attorney at Law 223 W. Foothill Blvd., 2 nd Floor Claremont, CA 91711	Granddaughter (child of Milrene Jackson) Deceased daughter	Adult	25% of balance of estate as shown on Schedule F.

ESTATE OF WILLIE MAE JACKSON, Deceased

EXHIBIT "E" (Extraordinary Attorney Services
of BETTYE BARNARD)

DATE	TIME	SERVICES
4/28/95	20.00	Litigation regarding appointment and contested priority. Court appearances in Pomona Courts.
thru 3/18/96	15.00	Research and preparation of all necessary documents.
6/5/97 thru 8/18/97	8.00	Client conferences, preparation of sale documents, review of escrow documents and conferences with broker and escrow officers.
	<u>43.00</u>	43 hours x \$200.00 = \$8,600.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "A"

RECEIPTS

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNTS</u>
10/1/94	Redeemed \$25.00 U.S. Savings Bond	\$67.32
8/97	Interest Great Western Bank	<u>3.80</u>
	TOTAL RECEIPTS	\$71.12

SCHEDULE "B"

Gains on Sales

THERE WERE NO GAINS ON SALES FOR THIS ACCOUNT.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "C"

(Credits)

Petitioner is entitled to the following credits:

4-13-95	Clerk of Court - filing fee	182.00
4-14-95	Clerk of Court - filing fee	14.00
4-19-95	Metropolitan News- notice of death	165.00
5/10/95	Gardena Valley News - notice of death	330.00
5/28/95	County Recorder	2.00
8-01/95	Calif. Civil & Judicial Bonding	780.00
9/01/95	Clerk of Court - certification	26.24
10/25/95	County Recorder - death certificates	18.00
1/04/96	Metro Water	25.00
1/04/96	Source One Mortgage	268.00
1-06/96	Replacement of Locks	113.03
1/24/96	Metro Water	34.12
2/29/96	Source One Mortgage	269.00
3/02/96	Painting of Gutters & Rear of House	175.00
3-03/96	Homebase - floor repair supplies	35.64
3-09/96	Paint supplies	164.41
3/09/96	Reback's plumbing	178.00
3/13/96	Clean fireplaces & varnish	100.00
4/03/96	Source One Mortgage	269.00
4/15/96	So. Calif. Edison	70.39
4/15/96	Metro Water	12.39
5/06/96	Source One Mortgage	269.00
5-21/96	So. Calif. Edison	20.55
5-24/96	Clean up of Parris property (fire)	350.00
5-31/96	Source One Mortgage	269.00
6-04/96	Kenneth Thomas - referee fee	246.50
6-01/96	E. Villaneuva - notary fee	20.00
6-08/96	Source One Mortgage	268.00
7/19/96	F. Darnell - notary fee	10.00
8/03/96	Source One Mortgage	153.00
8/06/96	Metro Water	23.69
8/06/96	So. Calif. Edison	28.51
8/16/96	Strapped hot water heater	25.00
8/16/97	Clean up and removal of old carpets	250.00
8-01/96	Calif. Civil & Judicial Bonding	780.00
8-04/96	Source One Mortgage	268.00
8-13/96	Source One Mortgage	269.00
10/24/96	Riverside County Tax Collector	125.41
10/30/96	Metro Water	24.44
11/4/96	Source One Mortgage	268.00
12/3/96	Source one Mortgage	269.00
12/16/96	Riverside County Tax Collector	12.50
1/06/97	Source One Mortgage	268.00
1/27/97	Hauling of trash from clean up	300.00
2/05/97	Source One Mortgage	268.00
3/04/97	Source One Mortgage	268.00
3/07/97	Replacement of floorboards on service porch	150.00
3/09/97	Painted interior of house	600.00
3/19/97	Metro Water	28.19
4/03/97	Source one Mortgage	268.00

268.00
 property (fire) 350.00
 28.40
 268.00
 ix Collector 50.72
 268.00
 268.00
 27.83
 37.59
 .cial Bonding 780.00
 ix Collector 44.06
 (17 months x \$40.00) = 680.00
 IGH SOUTHWEST ESCROW

ON, Deceased

27

Source One \$10,237.64
 71.20
 90.00
 52.00
 7,500.00
 567.74
 150.70
 mps 165.00
 715.00
 on 155.00
 36.00
 65.00
 75.00
 22.50

GROSS SALE LOSS

\$150,000.00 \$26,000.00

19,902.73

TOTAL LOSS ON SALE \$26,000.00

\$ 32,304.39

TING.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "F"

PROPERTY ON HAND

Balance for Distribution -	\$128,266.73
Consisting of:	
Inventory Item No. 2 Unimproved real property in Paris, County of Riverside, CA	Appraised at \$20,000.00
Inventory Item No. 3 Misc. Furniture	Appraised at 500.00
* Cash	
Great Western Bank - Account 5501 Lakewood Blvd., Lakewood, CA	\$117,766.73
* Subject to Fees and Commissions as allowed by Court.	
Real Property on Hand	\$128,266.73

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

39319042243

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) Willie			1B. MIDDLE Lee			1C. LAST (FAMILY) Jackson			2A. DATE OF DEATH—MO, DAY, YR. 10/01/1993			2B. HOUR 0745		3. SEX Female	
4. RACE Black			5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			6. DATE OF BIRTH—MO, DAY, YR. 05/15/1920			7. AGE IN YEARS 73		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES		
8. STATE OF BIRTH AR		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Willie Christian			10B. STATE OF BIRTH AR		11A. FULL MAIDEN NAME OF MOTHER Cora Cross			11B. STATE OF BIRTH AR			
12. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE			13. SOCIAL SECURITY NO.			14. MARITAL STATUS Widowed			15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) None						
16A. USUAL OCCUPATION Homemaker			16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home			16C. USUAL EMPLOYER Self-Employed			16D. YEARS IN OCCUPATION 57		17. EDUCATION—YEARS COMPLETED 9				
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 13108 Ruthelen Street									18B. CITY Gardena			18C. ZIP CODE 90249			
18D. COUNTY Los Angeles			18E. NUMBER OF YEARS IN THIS COUNTY 50			18F. STATE OR FOREIGN COUNTRY California			20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ms. Deborah Jackson, Daughter 13108 Ruthelen Street Gardena, Calif. 90249						
19A. PLACE OF DEATH Daniel Freeman Hospital			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP			19C. COUNTY Los Angeles			22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 333 N. Prairie Ave.									19E. CITY Inglewood			23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Ventricular Tachycardia ▶ 5 Mins DUE TO (B) Pulmonary Embolism ▶ 10 Mins DUE TO (C) Systemic Atherosclerosis ▶ 20 Yrs.															
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None									26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. No						
1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Jay Thompson MD</i>			27C. CERTIFIER'S LICENSE NUMBER C37207			27D. DATE SIGNED 10/04/1993						
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 05/14/1987			DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 10/01/1993			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Jay Thompson, M.D., 1704 W. Manchester Ave., L.A., CA									
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>			28B. DATE SIGNED									
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY			30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)									33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
34A. DISPOSITION(S) Burial			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Woodlawn Mem. Pk., 1715 E. Greenleaf Dr., Compton, CA			34C. DATE MO, DAY, YR. 10/09/1993			35A. SIGNATURE OF EMBALMER <i>[Signature]</i>		35B. LICENSE NO. 8124				
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Angelus Funeral Home			36B. LICENSE NO. 243			37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			38. REGISTRATION DATE OCT 06 1993						
STATE REGISTRAR A.		B.		C.		D.		E.		F.		CENSUS TRACT			

AMENDED 1 OF 2

11 (REV. 7-92) 4609

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

04 9-1-07 30

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by: Michael Davis
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED
JAN 27 1994

894852

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



CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD (

BIRTH DEATH FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

39319042243
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.
--------------------------------	-----	-----	-----

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson
	2. SEX Female	3. DATE OF EVENT—MONTH, DAY, YEAR 10/01/1993	4A. CITY OF OCCURRENCE Inglewood
ADDITIONAL INFORMATION TO LOCATE RECORD	5. FATHER'S NAME AS STATED ON ORIGINAL Willie Christian		6. MOTHER'S NAME AS STATED ON ORIGINAL Cora Cross
	4B. COUNTY OF OCCURRENCE Los Angeles		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
		10A.	Willie Christian

2 OF 2

REASON FOR CORRECTION
b. To Correct the Record.

AFFIDAVITS AND SIGNATURES
We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	10A. SIGNATURE OF FIRST PERSON <i>Gyette Weas</i>	10B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	10C. DATE SIGNED 10/14/1993
	10D. AGE Legal	10E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	
USE BLACK INK ONLY	11A. SIGNATURE OF SECOND PERSON <i>Harold Frank</i>	11B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	11C. DATE SIGNED 10/14/1993
	11D. AGE Legal	11E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR OF VITAL STATISTICS <i>Michael Davis</i> OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	13. DATE ACCEPTED FOR REGISTRATION JAN 26 1994
--------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 24 (REV. 6/91) 91 60955

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

894853

DATE ISSUED
JAN 27 1994

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



AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

RECEIVED
2024 JAN 23 PM 1:02
RIVERSIDE COUNTY
TREASURER
(name of decedent) died on
GERMANY

The undersigned state(s) as follows:

BYRON H JACKSON
3/7/19 (date), in the County of ST WENZEL, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - B. 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.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. An Inventory and Appraisalment of the real property in the decedent's estate is attached, or There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

ASSM # 315151020-6 ITEM 99 TC 2B

(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:

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

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

Date	Printed name	Signature
<u>1/19/24</u>	<u>DEBORAH JACKSON</u>	<u>Deborah Jackson</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisalment (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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

STATE OF CALIFORNIA)

COUNTY OF Los Angeles)

On January 19, 2024 before me, April Dooley, Notary Public
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared, Deborah Jackson

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

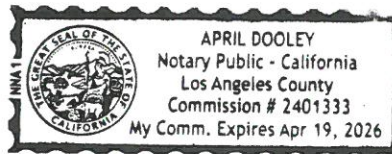
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



NOTARY PUBLIC SIGNATURE

(SEAL)



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT Affidavit Under California Probate Code Section 13101

DATE OF DOCUMENT 1/19/2024 NUMBER OF PAGES 1

SIGNERS(S) OTHER THAN NAMED ABOVE _____

SIGNER'S NAME _____ SIGNER'S NAME _____

RIGHT THUMBPRINT

RIGHT THUMBPRINT

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) JACKSON, BYRON, H		GRADE Grade RET/ E-7	BRANCH OF SERVICE Arme U.S ARMY	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays UNITED STATES	DATE OF BIRTH Date de naissance 23 MAR 1942	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARRIAGE STATUS État Civil		RELIGION Culte
<input type="checkbox"/> CAUCASOID Caucasiqne		<input type="checkbox"/> SINGLE Célibataire		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) BAPTIST OF CHURCHES
<input checked="" type="checkbox"/> NEGROID Négride		<input type="checkbox"/> DIVORCED Divorcé		
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> MARRIED Marié		
<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> SEPARATED Séparé		<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> JEWISH Juif				
NAME OF NEXT OF KIN Nom du plus proche parent ROSWITHA JACKSON		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit WIFE		
STREET ADDRESS Domicile à (Rue) PSC 2 BOX 5425		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris) APO, AE 09012		

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. METASTATIC COLON CANCER		YEARS
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives		HYPERTENSION, ATRIAL FIBRILLATION, CORONARY ARTERY DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIASTOLIC HEART FAILURE, PRIOR TOBACCO USE

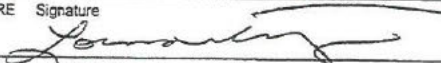
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 19:00 07 MARCH 2019	PLACE OF DEATH Lieu de décès LANDSTUHL REGIONAL MEDICAL CENTER, APO AE 09180
----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire LOUIS MARTINEZ, Col, USAF, MC, FS	TITLE OR DEGREE Titre ou diplôme CHIEF MEDICAL OFFICER
----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

GRADE Grade 0-6	INSTALLATION OR ADDRESS Installation ou adresse LANDSTUHL REGIONAL MEDICAL CENTER, APO AE 09180-3100
---------------------------	----------------------------------------------------------------------------------------------------------------

DATE Date 11 MARCH 2019	SIGNATURE Signature 
-----------------------------------	------------------------------------------------------------------------------------------------------------

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2019 MAY -6 AM 8:46

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 212 Item 99 Assessment No.: 315151020-6

Assessee: JACKSON WILLIE LEE ESTATE OF

Situs:

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 \$ 2312.03 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. 104463; recorded on JUNE 26, 2018. 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.

- 1) SUPERIOR COURT ORDER FILED 1/22/98
- 2) DEATH CERTIFICATE COPY OF WILLIE LEE JACKSON ORIGINAL DEATH CERTIFICATE IN DEBORAH JACKSON
- 3) GRANT DEED 104463 - RIVERSIDE, CALIFORNIA CERTIFIED COPY IN DEBORAH JACKSON DOCUMENTS
- 4) AFFIDAVIT - DEATH OF JOINT TENANT F44 104463 CERTIFIED COPY IN DEBORAH JACKSON DOCUMENTS
- 5) PROBATE FORM 13101-DEATH CERTIFICATE BOBBIE JEAN BROWN BIRTH CERTIFICATE ROMANETHA BROWN

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 3RD day of APRIL, 2019 at LOS ANGELES, CALIFORNIA
County, State


Signature of Claimant

Signature of Claimant

Romanetha Brown
Print Name

Print Name

1951 W 39th Pl.
Street Address

Street Address

L.A. Ca, 90062
City, State, Zip

City, State, Zip

323 792-4083
Phone Number

Phone Number

109763

WHEN RECORDED
PLEASE MAIL THIS INSTRUMENT TO

Herman L. Jackson and Willie Lee Jackson
14108 Mitchell St.
Gardena, Ca. 90249

RECEIVED FOR RECORDING
AUG 26 1977



Order No. _____
Escrow No. _____
Loan No. _____

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

GRANT DEED

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

Merlie Franks, a widow,

do hereby

GRANT to Herman L. Jackson and Willie Lee Jackson, husband and wife,

the real property in the County of Riverside, State of California, described as:

Lot 213 of UPTON ACRES No. _____ as shown on Map on File in Book 16, page 39 of Maps
Records of Riverside County, California.



Dated: August 26, 1977

W.D. Balogh
COUNTY RECORDER

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

On August 26, 1977

before me, the undersigned, a Notary Public in and for the State of California, personally appeared _____

known to me 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.

Witness my hand and Notary Seal this 26th day of August, 1977.

Notary Public in and for the State of California



END RECORDED DOCUMENT

W. D. BALOGH, COUNTY RECORDER

RECORDING REQUEST BY 6

395236
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

PUBLIC RECORD

OCT 16 1996

WHEN RECORDED MAIL TO
NAME **PARALEGAL PROBATE SERVICE**
MAILING ADDRESS **116 SOUTH OAK STREET**
CITY STATE ZIP CODE **INGLEWOOD, CA 90301**

Recorded in Official Records
of Riverside County, California
Recorder

Fee \$ 21

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

21 $\frac{12}{2+3P}$
LB

TITLE(S)

M

AFFIDAVIT - DEATH OF JOINT TENANT

RECORDING REQUESTED BY

395236

AND WHEN RECORDED MAIL TO

BARBARA BRUNNER
PARALEGAL PROBATE SERVICE
118 SO. OAK STREET
INGLEWOOD, CALIFORNIA 90301

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of RIVERSIDE

} ss.

That **BOBBIE JEAN BROWN**, of legal age, being first duly sworn, deposes and says: **HERMAN L. JACKSON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **HERMAN L. JACKSON** named as one of the parties in that certain **GRANT DEED** dated **AUGUST 26, 1975**, executed by **MERLIE FRANKS, A WIDOW** to **HERMAN L. JACKSON AND WILLIE LEE JACKSON, HUSBAND AND WIFE**, as joint tenants, recorded as Instrument No. **104463**, on **AUGUST 26, 1975**, in book _____, page _____, of Official Records of **RIVERSIDE** County, California, covering the following described property situated in the **CITY OF PERRIS** County of **RIVERSIDE**, State of California:

LOT 213 OF UPTON ACRES NO. 6, AS SHOWN ON FILE IN BOOK 14 PAGE 99 OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

Dated July 19, 1996

Bobbie Jean Brown
BOBBIE JEAN BROWN

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 19th day of July, 1996

Florence Darnall

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

JAN 22 1998

SUPERIOR COURT

BETTYE BARNARD SBN 65129
Attorney at Law
110 South La Brea Avenue, Suite 280
Inglewood, California 90301
Telephone No. (310) 674-5426
FAX (310) 674-7697

Attorney for Co-Administrators

9 Feb 23, 1998 9:12 AM N-11
DATE OF HEARING

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

Estate of) CASE NO. KP-003 801 Consolidated with
) and carried under BP-034 227
)
) FIRST AND FINAL ACCOUNT AND REPORT OF CO-
13 WILLIE LEE JACKSON, aka) ADMINISTRATORS AND PETITION FOR ALLOWANCE
) OF STATUTORY ATTORNEY FEES, STATUTORY
14 WILLIE L. JACKSON,) COMMISSIONS AND FEE AND COMMISSION FOR
) EXTRAORDINARY SERVICES AND FOR
15 Deceased) DISTRIBUTION

BOBBIE JEAN BROWN and ROMANETHA NORRIS, as co-administrators of the above estate hereby renders their first and final account and report of co-administrators and petition for allowance of of statutory attorney fees, statutory commissions and fee and commission for extraordinary services and for distribution.

1. Date of Death and Residence. The Decedent died intestate on October 1, 1993, in Inglewood, California and was a resident of Los Angeles County, California.

2. Appointment and Issuance of Letters. Petitioners were appointed co-administrators of the above estate on July 10, 1995 and qualified on March 20, 1996 and ever since has been the duly appointed, qualified and acting co-administrators of the above estate.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. Summary of Account. Petitioners have kept all cash in a interest bearing account.

Petitioner is chargeable, and is entitled to the credits, respectively, as set forth in the summary of account. The attached supporting schedules are hereby incorporated herein by reference.

Exhibit A: Summary of Account.

Exhibit B: Estimated Market Value of Assets As of the End of the Accounting Period.

Exhibit C: Computation of Statutory Commissions and Fees.

Exhibit D: Proposed Distribution.

Exhibit E: Extraordinary Services rendered by Attorney and by Co-Administrators.

Schedule A: Receipts

Schedule B: Gains on Sale

Schedule C: Disbursements

Schedule D: Loss on Sales

Schedule E: Other credits

Schedule F: Property on Hand

4. The Independent Administration of Estates Act. On July 10, 1995 petitioners were granted full authority by order of this Court to administer the estate under The Independent Administration of Estates Act with limited authority under the Act. This authority has not been revoked.

5. Period of Account. This Account and Report covers the period from October 1, 1993, the Decedent's date of death to December 31, 1997.

6. Status of Estate. Petitioners have performed all required duties as personal representatives of the estate. All debts of the

1 Decedent and the estate, and all expenses of administration, except
2 funds advanced by petitioner, incurred to date, including costs of
3 publications, have been paid. The estate is in a condition to be
4 closed.

5 7. Inventory and Appraisal. An inventory and appraisal of the
6 estate filed herein, shows the value of the estate to be
7 196,500.00. Petitioners alleges that such inventory contains all
8 assets of the estate that have come to Petitioners knowledge or
9 into their possession.

10 8. Reappraisal for Sale. The real property of the estate
11 commonly known as 13108 Ruthellen, Gardena, California was
12 re-appraised for sale. After giving notice under the full powers of
13 The Independent Administration of Estates Act, the real property
14 was sold \$150,000.00, with a 5% commission.

15 9. California and Federal Estate Taxes. California and
16 Federal Estate Tax Returns have not been filed since the Decedent's
17 estate was less than the statutory amount requiring the filing of
18 estate tax returns. Thus, no estate taxes were due or payable by
19 the above estate.

20 10. Income Taxes. All California and Federal income taxes due
21 and payable by the estate, as far as known by petitioners have been
22 paid.

23 11. Real and Personal Property Taxes. There are no personal
24 property taxes due or payable by the estate, and all real property
25 taxes were paid current through the escrow.

26 12. Notice of Death. Notice of death has been published and a
27 Proof of Publication has been filed. Petitioner has made a
28 reasonable effort to locate and give notice to all known or

1 reasonably ascertainable creditor, pursuant to Probate Code Section
2 9050. Petitioners are the daughters of the above named Decedent
3 are well aware of the Decedent's business affairs. Petitioners made
3 a change of address for the Decedent and has reviewed all mail for
4 possible creditors and none has been located.

5 13. All Creditors' Claims Filed Have Been Settled. Petitioner
6 paid all debts of Decedent during the statutory period of time
7 within which claims could have been presented or filed and after
8 investigation thereof, but without submission of verified claims.
9 All such items were due and paid in good faith and were the true
10 amounts of indebtedness. No creditor claims were filed in the
11 above estate. The time to file claims has expired.

12
13 14. Nature of Estate Property. The whole of the estate is
14 Decedent's separate property as Decedent spouse is predeceased.

15 * 15. Heirs and Beneficiaries. Pursuant to the laws of
16 succession for the State of California the following heirs are
17 the persons entitled to distribution of the balance of the estate,
18 together with any other property belonging to the estate, whether
19 described herein or not.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
Bryon H. Jackson	Adult	Son
Romanetha Norris	Adult	Daughter
Bobbie Jean Brown	Adult	Daughter
Deborah Jackson	Adult	Granddaughter

1 16. Prior Distributions. No prior distributions have been
2 made from this estate.

3 17. Proposed Distribution of the Estate. The balance of the
4 estate as shown on Schedule F, together with any other property
5 belonging to the estate, whether described herein or not should be
6 distributed to the persons listed on Exhibit "D".

7 18. Commissions and Fees. The commissions provided by law for
8 petitioner's ordinary services are \$4,561.42 which have not been
9 paid. Petitioner should be authorized to pay themself that sum in
10 discharge of the statutory commissions.

11 Bettye Barnard has provided legal services to petitioner and
12 the estate the statutory fee provided by law for such services is
13 the sum of \$4,561.42 which has not been paid. Petitioner should be
14 authorized to pay said attorney that sum in discharge of the
15 statutory fee. Exhibit "C" sets forth the basis and computation of
16 the Statutory Commissions and Fees and incorporated by reference.

17 19. Commission and Fees for Extraordinary Services. Petitioners
18 as co-administrators of the estate has rendered extraordinary
19 services to the estate in connection with repairs to the real
20 property and sale of the real property; services include meeting
21 with realtors and attorney. Petitioners believes that a reasonable
22 commission for said extraordinary services is the sum of \$1,750.00.

23 Petitioners attorney Bettye Barnard has rendered extraordinary
24 services to petitioner and the estate in regard to the sale of the
25 real property and in defending client's priority by filing of
26 objections to the appointment of Deborah Jackson. Exhibit "E" sets
27 forth the services provided. Bettye Barnard by her endorsement on
28 on this on this petition believes that the sum of \$8,600.00 is a

1 reasonable fee for the 43 hours of extraordinary services.
2 of extraordinary services.

3 20. Request for Special Notice. A Request for Special Notice
4 has been filed by Mariellen Ross and CA Civil and Judicial Bonding.

5 21. Notice to Director of Health Services. Notice to the
6 Director of Health Services in compliance with Probate Code Section
7 9202 is not required because neither Decedent nor her predeceased
8 spouse received any Medi-Cal Benefits.
9 Medi-Cal Benefits.

10 WHEREFORE, Petitioner prays for an order of this Court that:

11 1. The First and Final Account of petitioners as
12 co-administrators be settled, allowed, and approved as filed.

13 2. Petitioners be authorized and ordered to pay Bettye Barnard
14 statutory attorney fees in the amount of \$4,561.42.

15 3. Petitioners be authorized and ordered to pay Bettye Barnard
16 the additional sum of \$8,600.00 in payment of attorney fees for
17 extraordinary services.

18 4. Petitioners be authorized and ordered to pay themselves
19 statutory commissions in the amount of \$4,561.42.

20 5. Petitioners be authorized and ordered to pay themselves the
21 additional sum of \$1,750.00.

22 6. Distribution of the balance of the estate as shown on
23 Schedule F, be ordered distributed to the persons and shares as shown
24 on Exhibit "D", together with any other property belonging to the
25 estate, whether described herein or not.

26 DATED: December 30, 1997

27 Bobbie Jean Brown
BOBBIE JEAN BROWN, Petitioner

Bettye Barnard
BETTYE BARNARD, Attorney
for Petitioners

Romanetha Norris
ROMANETHA NORRIS, Petitioner

VERIFICATION

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I have read the foregoing ~~FIRST AND FINAL ACCOUNT AND REPORT AND PETITION FOR ALLOWANCE OF FEES, COMMISSIONS AND FOR DISTRIBUTION~~ and know its contents.

CHECK APPLICABLE PARAGRAPH

I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am an Officer a partner _____ a _____ of _____

_____ a party to this action, and am authorized to make this verification for and on its behalf, and I make this verification for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am one of the attorneys for _____ a party to this action. Such party is absent from the county of aforesaid where such attorneys have their offices, and I make this verification for and on behalf of that party for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.

Executed on December 30, 1997, at Los Angeles, California.

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

BOBBIE JEAN BROWN

ROMANETHA NORRIS

Type or Print Name

Bobbie Jean Brown

Signature

PROOF OF SERVICE

1013A (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF _____

I am employed in the county of _____, State of California.

I am over the age of 18 and not a party to the within action; my business address is: _____

On _____, 19____, I served the foregoing document described as _____

_____ on _____ in this action

by placing the true copies thereof enclosed in sealed envelopes addressed as stated on the attached mailing list:

by placing the original a true copy thereof enclosed in sealed envelopes addressed as follows:

BY MAIL

I deposited such envelope in the mail at _____, California.

The envelope was mailed with postage thereon fully prepaid.

As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at _____ California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on _____, 19____, at _____, California.

**** (BY PERSONAL SERVICE) I delivered such envelope by hand to the offices of the addressee.**

Executed on _____, 19____, at _____, California.

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

(Federal) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Type or Print Name

Signature

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "A"

SUMMARY OF ACCOUNT

CHARGES

Inventory and Appraisement	\$196,500.00
Receipts: (Schedule "A")	71.12
Gain on Sale (Schedule "B")	<u>-0-</u>
TOTAL CHARGES	\$196,571.12

CREDITS

Disbursements (Schedule "C")	\$ 32,304.39
Loss on Sale (Schedule "D")	26,000.00
Other Credits (Schedule "E")	-0-
Property on Hand (Schedule "F")	<u>138,266.73</u>
TOTAL CREDITS	\$196,571.12

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "B"

ESTIMATED MARKET VALUE OF THE ASSETS ON HAND
AS OF THE END OF THE ACCOUNTING PERIOD

<u>Inventory Number</u>	<u>Description</u>	<u>Inventory or Carry Value</u>	<u>Fair Market Value as of 12/30/97</u>
1.	13108 Ruthellen	\$176,000.00	Sold for \$150,000.00
2.	Unimproved Real Property. Paris, CA	\$20,000.00	Per Comparable Sales \$10,000.00
3.	Misc. furniture	\$500.00	Estimated value \$500.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "C"

BASIS AND COMPUTATION OF STATUTORY
COMMISSIONS AND FEES

BASIS

Inventory and Appraisement	\$196,500.00
Receipts (see Schedule "A")	71.12
Gain on Sale (see Schedule "B")	-0-
Less Loss on Sales (see Schedule "D")	<u>(26,000.00)</u>
TOTAL BASIS FOR COMPUTATION OF STATUTORY COMMISSION & FEE	\$170,571.12

COMPUTATION:

4% on the sum of \$15,000.00 =	\$ 600.00
3% on the sum of 85,000.00 =	2,550.00
2% on the sum of 70,571.12 =	1,411.42
<u>Totals</u>	<u>\$170,571.12</u> <u>\$4,561.42</u>

Statutory Fee to BETTYE BARNARD \$4,561.42

Statutory Commission to BOBBIE JEAN BROWN and
ROMANEHA NORRIS \$4,561.42

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "D"

PROPOSED DISTRIBUTION

PURSUANT TO THE LAWS OF SUCCESSION FOR THE STATE OF CALIFORNIA, THE FOLLOWING PERSONS ARE ENTITLED TO DISTRIBUTION OF THE BALANCE OF THE ESTATE AS SHOWN SCHEDULE "F", TOGETHER WITH ANY OTHER PROPERTY BELONGING TO THE ESTATE, WHETHER DESCRIBED HEREIN OR NOT.

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SHARE</u>
ROMANETHA NORRIS 370 Hamilton Street, Apt. 8 San Francisco, CA 94134	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BOBBIE JEAN BROWN 4330 Pendleton Lynwood, CA 90249	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BYRON H. JACKSON Herder St. 4 6606 St. Wendel 15 Oberlexinweler, West Germany	Daughter	Adult	25% of balance of estate as shown on Schedule F.
DEBORAH JACKSON c/o Mariellen Ross Attorney at Law 223 W. Foothill Blvd., 2 nd Floor Claremont, CA 91711	Granddaughter (child of Milrene Jackson) Deceased daughter.	Adult	25% of balance of estate as shown on Schedule F.

ESTATE OF WILLIE MAE JACKSON, Deceased

EXHIBIT "E" (Extraordinary Attorney Services
of BETTYE BARNARD)

DATE	TIME	SERVICES
4/28/95	20.00	Litigation regarding appointment and contested priority. Court appearances in Pomona Courts.
thru 3/18/96	15.00	Research and preparation of all necessary documents.
6/5/97 thru 8/18/97	8.00	Client conferences, preparation of sale documents, review of escrow documents and conferences with broker and escrow officers.
	<u>43.00</u>	43 hours x \$200.00 = \$8,600.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "A"

RECEIPTS

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNTS</u>
10/1/94	Redeemed \$25.00 U.S. Savings Bond	\$67.32
8/97	Interest Great Western Bank	<u>3.80</u>
	TOTAL RECEIPTS	\$71.12

SCHEDULE "B"

Gains on Sales

THERE WERE NO GAINS ON SALES FOR THIS ACCOUNT.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "C"

(Credits)

Petitioner is entitled to the following credits:

4-13-95	Clerk of Court - filing fee	182.00
4-14-95	Clerk of Court - filing fee	14.00
4/19/95	Metropolitan News- notice of death	165.00
5/10/95	Gardena Valley News - notice of death	330.00
5/28/95	County Recorder	2.00
5/01/95	Calif. Civil & Judicial Bonding	780.00
9/01/95	Clerk of Court - certification	26.24
10/25/95	County Recorder - death certificates	18.00
1/04/96	Metro Water	25.00
1/04/96	Source One Mortgage	268.00
1/06/96	Replacement of Locks	113.03
1/24/96	Metro Water	34.12
2/29/96	Source One Mortgage	269.00
3/02/96	Painting of Gutters & Rear of House	175.00
3/03/96	Homebase - floor repair supplies	35.64
3/09/96	Paint supplies	164.41
3/09/96	Reback's plumbing	178.00
3/13/96	Clean fireplaces & varnish	100.00
4/03/96	Source One Mortgage	269.00
4/15/96	So. Calif. Edison	70.39
4/15/96	Metro Water	12.39
5/06/96	Source One Mortgage	269.00
5/21/96	So. Calif. Edison	20.55
5/24/96	Clean up of Parris property (fire)	350.00
5/24/96	Source One Mortgage	269.00
5/24/96	Kenneth Thomas - referee fee	246.50
6/01/96	E. Villaneuva - notary fee	20.00
7/08/96	Source One Mortgage	268.00
7/19/96	F. Darnell - notary fee	10.00
8/03/96	Source One Mortgage	153.00
8/06/96	Metro Water	23.69
8/06/96	So. Calif. Edison	28.51
8/16/96	Strapped hot water heater	25.00
8/16/97	Clean up and removal of old carpets	250.00
9/01/96	Calif. Civil & Judicial Bonding	780.00
9/04/96	Source One Mortgage	268.00
9/04/96	Source One Mortgage	269.00
10/24/96	Riverside County Tax Collector	125.41
10/30/96	Metro Water	24.44
11/4/96	Source One Mortgage	268.00
12/3/96	Source one Mortgage	269.00
12/16/96	Riverside County Tax Collector	12.50
1/06/97	Source One Mortgage	268.00
1/27/97	Hauling of trash from clean up	300.00
2/05/97	Source One Mortgage	268.00
3/04/97	Source One Mortgage	268.00
3/07/97	Replacement of floorboards on service porch	150.00
3/09/97	Painted interior of house	600.00
3/19/97	Metro Water	28.19
4/03/97	Source one Mortgage	268.00

= 268.00
 property (fire) 350.00
 28.40
 = 268.00
 ix Collector 50.72
 = 268.00
 = 268.00
 27.83
 37.59
 .cial Bonding 780.00
 ix Collector 44.06
 (17 months x \$40.00) = 680.00
 IGH SOUTHWEST ESCROW

ON Deceased

27

Source One \$10,237.64
 71.20
 90.00
 52.00
 7,500.00
 567.74
 150.70
 mps 165.00
 715.00
 on 155.00
 36.00
 65.00
 75.00
 22.50

<u>GROSS SALE</u>	<u>LOSS</u>
\$150,000.00	\$26,000.00

19,902.73

TOTAL LOSS ON SALE \$26,000.00

\$ 32,304.39

PING.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "F"

PROPERTY ON HAND

Balance for Distribution -	\$128,266.73
Consisting of:	
Inventory Item No. 2 Unimproved real property in Paris, County of Riverside, CA	Appraised at \$20,000.00
Inventory Item No. 3 Misc. Furniture	Appraised at 500.00
* Cash	
Great Western Bank - Account 5501 Lakewood Blvd., Lakewood, CA	\$117,766.73
* Subject to Fees and Commissions as allowed by Court.	
Total Property on Hand	\$128,266.73

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

39319042243

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson	2A. DATE OF DEATH—MO, DAY, YR 10/01/1993	2B. HOUR 0745	3. SEX Female
4. RACE Black	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO, DAY, YR 05/15/1920	7. AGE IN YEARS 73	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HOURS HOURS _____ MINUTES _____
8. STATE OF BIRTH AR	8. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Willie Christian	10B. STATE OF BIRTH AR	11A. FULL MAIDEN NAME OF MOTHER Cora Cross	11B. STATE OF BIRTH AR
12. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS Widowed	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) None	16A. USUAL OCCUPATION HOMEMAKER	16B. USUAL EMPLOYER Own Home
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 13108 Ruthelen Street	18B. CITY Gardena	18C. ZIP CODE 90249	18D. YEARS IN OCCUPATION 57	17. EDUCATION—YEARS COMPLETED 9	19. EDUCATION—YEARS COMPLETED 9
19A. PLACE OF DEATH Daniel Freeman Hospital	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	19C. COUNTY Los Angeles	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ms. Deborah Jackson, Daughter 13108 Ruthelen Street Gardena, Calif. 90249	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Ventricular Tachycardia	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (B) Pulmonary Embolism	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (C) Systemic Atherosclerosis	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. NO	27A. DECEASED ATTENDED SINCE MONTH, DAY, YEAR 05/14/1987	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Jay Thompson MD	27C. CERTIFIER'S LICENSE NUMBER C37207	27D. DATE SIGNED 10/04/1993
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)
34A. DISPOSITION(S) Burial	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Woodlawn Mem. Pk., 1715 E. Greenleaf Dr., Compton, CA	34C. DATE MO, DAY, YR 10/09/1993	35A. SIGNATURE OF EMBALMER James McArthur	35B. LICENSE NO. 8124	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Angelus Funeral Home
36B. LICENSE NO. 243	37. SIGNATURE OF LOCAL REGISTRAR Robert C. Matis	38. REGISTRATION DATE OCT 06 1993	A.	B.	C.
D.	E.	F.	CENSUS TRACT	G.	H.

11 (REV. 7-92) 4609

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

04 9-1-0230

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics

by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

894852

DATE ISSUED
JAN 27 1994

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



CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD

BIRTH DEATH FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

39319042243
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.
--------------------------------	-----	-----	-----

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson
	2. SEX Female	3. DATE OF EVENT—MONTH, DAY, YEAR 10/01/1993	4A. CITY OF OCCURRENCE Inglewood
ADDITIONAL INFORMATION TO LOCATE RECORD	5. FATHER'S NAME AS STATED ON ORIGINAL Willie Christian		6. MOTHER'S NAME AS STATED ON ORIGINAL Cora Cross
	4B. COUNTY OF OCCURRENCE Los Angeles		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
		10A.	Willie Christian

2 of 2

REASON FOR CORRECTION: 9. To Correct the Record.

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	10A. SIGNATURE OF FIRST PERSON <i>Grotte Weir</i>	10B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	10C. DATE SIGNED 10/14/1993
	10D. AGE Legal	10E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	
USE BLACK INK ONLY	11A. SIGNATURE OF SECOND PERSON <i>Harold Frank</i>	11B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	11C. DATE SIGNED 10/14/1993
	11D. AGE Legal	11E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	13. DATE ACCEPTED FOR REGISTRATION JAN 26 1994
--------------------------------	---------------------------------------------------------------------------------------------------	---------------------------------------------------

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 24 (REV. 6/81) 91 60953

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.
Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR
DATE ISSUED
JAN 27 1994
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

894853





Controller Malia M. Cohen

California State Controller's Office

Unclaimed Property Division

2023 SEP 27 PM 12:07

RECEIVED
SAN DIEGO COUNTY
ASS- TAX COLLECTION

Declaration Under Probate Code Section 13101

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

- That Bobbie Jean Brown [Name of Decedent], hereinafter "Decedent," died in the City of Lynwood, County of Los Angeles, State of California on Dec. 19, 2019.
- 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.
- 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.
- 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 \$ _____ (See instructions under Section 4 for amount.)
- 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. ASSM # 31515102-6 Item 99 TC
- 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: Romenetha Brown
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- 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 <u>Romenetha Brown</u>	Name [Print or Type] <u>Romenetha Brown</u>	Date: <u>9-21-23</u>
Signature	Name [Print or Type]	Date:
Signature	Name [Print or Type]	Date:

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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

STATE OF CALIFORNIA)
COUNTY OF Los Angeles)

On 9/21/2023 before me, April Dooley
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC

personally appeared, Romenetha Brown

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

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

WITNESS my hand and official seal.

[Handwritten Signature]

NOTARY PUBLIC SIGNATURE

(SEAL)



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT Declaration Under Probate Code

DATE OF DOCUMENT 9/21/2023 NUMBER OF PAGES 1

SIGNERS(S) OTHER THAN NAMED ABOVE _____

SIGNER'S NAME _____ SIGNER'S NAME _____

RIGHT THUMBPRINT

RIGHT THUMBPRINT

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 1999 19 05 27 18

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY ON ERASURES, WHITEDOUTS OR ALTERATIONS VB-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST GIVEN Robbie		2. MIDDLE Jean		3. LAST (FAMILY) Brown			
4. DATE OF BIRTH M/M/D/D/C/C/Y 06/23/1937		5. AGE YRS 62		6. SEX F		7. DATE OF DEATH M/M/D/D/C/C/Y 12/19/1999	
8. STATE OF BIRTH AR		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS DIVORCED	
14. RACE Black		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed			
17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS OWN HOME		19. YEARS IN OCCUPATION 42			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 4220 PENDELTON AVE.							
21. CITY LYNWOOD		22. COUNTY Los Angeles		23. ZIP CODE 90262		25. STATE OR FOREIGN COUNTRY California	
26. NAME, RELATIONSHIP CHERYL FARMER - DAUGHTER				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 4220 PENDELTON AVE., LYNWOOD, CA 90262			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
31. NAME OF FATHER—FIRST HERMAN		32. MIDDLE LEE		33. LAST JACKSON		34. BIRTH STATE AR	
35. NAME OF MOTHER—FIRST WILLIE		36. MIDDLE LEE		37. LAST (MAIDEN) CROSS		38. BIRTH STATE AR	
39. DATE M/M/D/D/C/C/Y 12/27/1999		40. PLACE OF FINAL DISPOSITION LINCOLN CEMETERY, 16701 S. CENTRAL AVE., CARSON, CA 90220					
41. TYPE OF DISPOSITIONS BURIAL		42. SIGNATURE OF ENCLERK <i>Albert J. Tillman</i>				43. LICENSE NO. 66496	
44. NAME OF FUNERAL DIRECTOR Tillman Riverside Mort.		45. SIGNATURE OF LOCAL REGISTRAR <i>Mark [Signature]</i>				47. DATE M/M/D/D/C/C/Y 12/27/1999	
101. PLACE OF DEATH St. Francis Med. Ctr.		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 3630 East Imperial Hwy.		106. CITY Lynwood					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (A): METASTATIC CARCINOMA		MONTHS		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (B): STOMACH CARCINOMA		MONTHS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C):				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D):							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 RENAL FAILURE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y 11/26/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>R. McKenzie M.D.</i>		116. LICENSE NO.		117. DATE M/M/D/D/C/C/Y 12/23/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP RICARDO E. MCKENZIE, M.D., 3633 MLK, JR. BLVD., #2, LYNWOOD, CA 90262							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/C/Y		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/D/D/C/C/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
 Registrar-Recorder/County Clerk

MAR 26 2019



This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG02

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2019 MAY 20 AM 6:08

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 212 Item 99 Assessment No.: 315151020-6

Assessee: JACKSON WILLIE LEE ESTATE OF

Situs:

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 \$2,312.03 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. 104463; recorded on JUNE 26 2018. 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.

- 1) SUPERIOR COURT ORDER FILED 1/22/98
- 2) DEATH CERTIFICATE COPY WILLIE LEE JACKSON
- 3) ORIGINAL DEATH CERTIFICATE IN DEBORAH JACKSON DOCUMENTS
- 4) GRANT DEED 104463 - RIVERSIDE CALIFORNIA
- 5) CERTIFIED COPY IN DEBORAH JACKSON DOCUMENTS
- 6) AFFIDAVIT - DEATH OF JOINT TENANT FOR 104463
- 7) CERTIFIED COPY DEBORAH JACKSON DOCUMENTS
- 8) PROBATE FORM 3101 - DEATH CERTIFICATE - BOBBIE JEAN BROWN
- 9) BIRTH CERTIFICATE - CHERYL BROWN

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 1st day of May, 2019 at Clark County, State

Cheryl Farmer
Signature of Claimant

Signature of Claimant

CHERYL FARMER
Print Name

Print Name

2151 Citrus Hill Avenue Apt 1104
Street Address

Street Address

Las Vegas Nevada 89106
City, State, Zip

City, State, Zip

702 544-3030
Phone Number

Phone Number

104463

WHEN RECORDED,
PLEASE MARK THIS INSTRUMENT TO

Berman Jr. Jackson and Wilma Lee Jackson
11108 Butcherfield
Gardens, Van Nuys, California

Order No. _____
Escrow No. _____
Loan No. _____

RECEIVED FOR RECORD
AUG 26 1975



SPACE ABOVE THIS LINE FOR RECORDERS USE

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

GRANT DEED

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

I, Merle E. Franks, a single man, do hereby

GRANT to Berman Jr. Jackson and Wilma Lee Jackson, husband and wife

the real property in the County of Riverside
State of California, described as:

Lot 213 of the IMPRON AGRES No. _____ shown by Map on file in Book 16 page 99 of Maps
Records of Riverside County, California.



Dated: August 26, 1975

STATE OF CALIFORNIA
COUNTY OF Riverside

On August 26, 1975
before me, the undersigned authority, the said Merle E. Franks
did personally appear, known to me 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.

Witness my hand and seal of office this _____ day of _____, 1975.

Merle E. Franks
MERLE E. FRANKS
Notary Public



MAILING STATEMENT TO THE FINANCIAL INSTITUTIONS OF THE COUNTY OF RIVERSIDE, CALIFORNIA

RECORDING REQUEST BY

395236
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

PUBLIC RECORD

OCT 16 1996

WHEN RECORDED MAIL TO

NAME, PARALEGAL PROBATE SERVICE

MAILING ADDRESS 116 SOUTH OAK STREET

CITY, STATE ZIP CODE INGLEWOOD, CA 90301

Recorded in Official Records
of Riverside County, California

Recorder
Fee \$ 21

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

21 12
2+3P
LB

TITLE(S)

M

AFFIDAVIT - DEATH OF JOINT TENANT

RECORDING REQUESTED BY

395236

AND WHEN RECEIVED MAIL TO

BARBARA BRUNNER
PARALEGAL PROBATE SERVICE
118 SO. OAK STREET
INGLEWOOD, CALIFORNIA 90301

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of RIVERSIDE

} ss.

That **BOBBIE JEAN BROWN**, of legal age, being first duly sworn, deposes and says: **HERMAN L. JACKSON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **HERMAN L. JACKSON** GRANT DEED dated **AUGUST 26, 1975** executed by **MERLIE FRANKS, A WIDOW** to **HERMAN L. JACKSON AND WILLIE LEE JACKSON, HUSBAND AND WIFE** as joint tenants, recorded as Instrument No. **104463**, on **AUGUST 26, 1975**, in book _____, page _____, of Official Records of **RIVERSIDE** County, California, covering the following described property situated in the **CITY OF PERRIS** County of **RIVERSIDE**, State of California:

LOT 213 OF UPTON ACRES NO. 6, AS SHOWN ON FILE IN BOOK 14 PAGE 99 OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

Dated July 19, 1996

Bobbie Jean Brown
BOBBIE JEAN BROWN

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 19th day of July, 1996

Florence Darnall

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

395236

STATE FILE NUMBER				LOCAL INFORMATION NUMBER AND CORPORATE NUMBER	
1A. NAME OF DECEASED—FIRST		1B. INITIAL	1C. LAST		1D. DATE OF DEATH—MONTH, DAY, YEAR
HERSON			JACKSON		MAY 13, 1986
1E. SEX	1F. RACE/ETHNICITY	1G. GROUP/HIGHLAND NO.	1H. DATE OF BIRTH		1I. AGE
Male	Black Amer.	XX	July 20, 1917		68 YEARS
1J. EMPLOYER OF DECEASED		1K. NAME AND BIRTHPLACE OF FATHER		1L. DEPT. NAME AND BIRTHPLACE OF MOTHER	
Tire Finisher		Tom Jackson Arkansas		Lola Torrance Arkansas	
1M. ADDRESS OF DECEASED		1N. SOCIAL SECURITY NUMBER		1O. MARITAL STATUS	
13108 Ruthelen Street				Married	
1P. PRESENT OCCUPATION		1Q. NUMBER OF YEARS THIS OCCUPATION	1R. EMPLOYED BY STATE		1S. NAME OF SURVIVORS SPOUSE IF WIFE, OVER DEPT. NAME
Tire Finisher		37 Yrs	Uniproval Company		Willie Lee Christopher
1T. USUAL RESIDENCE—STREET ADDRESS STREET AND NUMBER OR LOCATION		1U. CITY OR TOWN		1V. NAME AND ADDRESS OF EMPLOYER—RELATIONSHIP	
13108 Ruthelen Street		Gardena		Willie Lee Jackson-Wife 13108 Ruthelen Street Gardena, California	
1W. PLACE OF DEATH		1X. COUNTY		1Y. NAME AND ADDRESS OF EMPLOYER—RELATIONSHIP	
GARDENA MEMORIAL HOSPITAL		LOS ANGELES		Willie Lee Jackson-Wife 13108 Ruthelen Street Gardena, California	
1Z. STREET ADDRESS STREET AND NUMBER OR LOCATION		2A. CITY OR TOWN		2B. NAME AND ADDRESS OF EMPLOYER—RELATIONSHIP	
1145 WEST BECONDO BEACH BLVD		GARDENA		Willie Lee Jackson-Wife 13108 Ruthelen Street Gardena, California	
2C. DEATH WAS CAUSED BY		2D. ENTER ONLY ONE CAUSE FOR LINE 2C, AND (1) IMMEDIATE CAUSE		2E. WAS DEATH REPORTED TO CORONER?	
Atherosclerosis (cardiovascular disease)		DISEASE		YES-6666	
2F. DEATH WAS CAUSED BY		2G. ENTER ONLY ONE CAUSE FOR LINE 2F, AND (1) IMMEDIATE CAUSE		2H. WAS DEATH REPORTED TO CORONER?	
				NO	
2I. CITY OR TOWN		2J. COUNTY		2K. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2L. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2M. INTER-CITY TRAVEL AND CHANGE OF TITLE		2N. DATE DECEASED	
Los Angeles				MAY 13 1986	
2O. CITY OR TOWN		2P. COUNTY		2Q. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2R. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2S. INTER-CITY TRAVEL AND CHANGE OF TITLE		2T. DATE DECEASED	
Los Angeles				MAY 13 1986	
2U. CITY OR TOWN		2V. COUNTY		2W. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2X. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2Y. INTER-CITY TRAVEL AND CHANGE OF TITLE		2Z. DATE DECEASED	
Los Angeles				MAY 13 1986	
2AA. CITY OR TOWN		2AB. COUNTY		2AC. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2AD. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2AE. INTER-CITY TRAVEL AND CHANGE OF TITLE		2AF. DATE DECEASED	
Los Angeles				MAY 13 1986	
2AG. CITY OR TOWN		2AH. COUNTY		2AI. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2AJ. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2AK. INTER-CITY TRAVEL AND CHANGE OF TITLE		2AL. DATE DECEASED	
Los Angeles				MAY 13 1986	
2AM. CITY OR TOWN		2AN. COUNTY		2AO. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2AP. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2AQ. INTER-CITY TRAVEL AND CHANGE OF TITLE		2AR. DATE DECEASED	
Los Angeles				MAY 13 1986	
2AS. CITY OR TOWN		2AT. COUNTY		2AU. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2AV. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2AW. INTER-CITY TRAVEL AND CHANGE OF TITLE		2AX. DATE DECEASED	
Los Angeles				MAY 13 1986	
2AY. CITY OR TOWN		2AZ. COUNTY		2BA. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2BB. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2BC. INTER-CITY TRAVEL AND CHANGE OF TITLE		2BD. DATE DECEASED	
Los Angeles				MAY 13 1986	
2BE. CITY OR TOWN		2BF. COUNTY		2BG. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2BH. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2BI. INTER-CITY TRAVEL AND CHANGE OF TITLE		2BJ. DATE DECEASED	
Los Angeles				MAY 13 1986	
2BK. CITY OR TOWN		2BL. COUNTY		2BM. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2BN. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2BO. INTER-CITY TRAVEL AND CHANGE OF TITLE		2BP. DATE DECEASED	
Los Angeles				MAY 13 1986	
2BQ. CITY OR TOWN		2BR. COUNTY		2BS. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2BT. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2BU. INTER-CITY TRAVEL AND CHANGE OF TITLE		2BV. DATE DECEASED	
Los Angeles				MAY 13 1986	
2BW. CITY OR TOWN		2BX. COUNTY		2BY. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2BZ. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C1. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C2. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C3. CITY OR TOWN		2C4. COUNTY		2C5. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C6. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C7. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C8. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C9. CITY OR TOWN		2C10. COUNTY		2C11. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C12. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C13. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C14. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C15. CITY OR TOWN		2C16. COUNTY		2C17. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C18. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C19. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C20. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C21. CITY OR TOWN		2C22. COUNTY		2C23. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C24. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C25. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C26. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C27. CITY OR TOWN		2C28. COUNTY		2C29. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C30. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C31. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C32. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C33. CITY OR TOWN		2C34. COUNTY		2C35. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C36. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C37. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C38. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C39. CITY OR TOWN		2C40. COUNTY		2C41. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C42. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C43. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C44. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C45. CITY OR TOWN		2C46. COUNTY		2C47. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C48. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C49. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C50. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C51. CITY OR TOWN		2C52. COUNTY		2C53. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C54. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C55. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C56. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C57. CITY OR TOWN		2C58. COUNTY		2C59. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C60. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C61. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C62. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C63. CITY OR TOWN		2C64. COUNTY		2C65. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C66. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C67. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C68. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C69. CITY OR TOWN		2C70. COUNTY		2C71. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C72. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C73. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C74. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C75. CITY OR TOWN		2C76. COUNTY		2C77. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C78. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C79. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C80. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C81. CITY OR TOWN		2C82. COUNTY		2C83. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C84. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C85. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C86. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C87. CITY OR TOWN		2C88. COUNTY		2C89. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C90. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C91. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C92. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C93. CITY OR TOWN		2C94. COUNTY		2C95. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	
2C96. COUNTY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CORONER'S CERTIFICATE		2C97. INTER-CITY TRAVEL AND CHANGE OF TITLE		2C98. DATE DECEASED	
Los Angeles				MAY 13 1986	
2C99. CITY OR TOWN		2C100. COUNTY		2C101. DATE DECEASED	
Gardena		Los Angeles		MAY 13 1986	

This is to certify that this document is a true copy of the original record filed with the Registrar/Recorder/County Clerk.

Conny B. McCormack
CONNY B. MCCORMACK
 Registrar/Recorder/County Clerk

OCT 2 - 1986
 19-382753

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar/Recorder/County Clerk.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JAN 22 1998

SUPERIOR COURT

1 BETTYE BARNARD SBN 65129
Attorney at Law
2 110 South La Brea Avenue, Suite 280
Inglewood, California 90301
3 Telephone No. (310) 674-5426
4 FAX (310) 674-7697

5 Attorney for Co-Administrators

9 Feb 23, 1998 9:25 AM N-11
DATE OF HEARING

6
7
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF LOS ANGELES

10
11 Estate of) CASE NO. KP-003 801 Consolidated with
12) and carried under BP-034 227
13)
14 WILLIE LEE JACKSON, aka) FIRST AND FINAL ACCOUNT AND REPORT OF CO-
ADMINISTRATORS AND PETITION FOR ALLOWANCE
15) OF STATUTORY ATTORNEY FEES, STATUTORY
WILLIE L. JACKSON,) COMMISSIONS AND FEE AND COMMISSION FOR
16) EXTRAORDINARY SERVICES AND FOR
Deceased) DISTRIBUTION

17 BOBBIE JEAN BROWN and ROMANETHA NORRIS, as co-administrators
18 of the above estate hereby renders their first and final account
19 and report of co-administrators and petition for allowance of
20 of statutory attorney fees, statutory commissions and fee and
commission for extraordinary services and for distribution.

21 1. Date of Death and Residence. The Decedent died intestate
22 on October 1, 1993, in Inglewood, California and was a resident of
23 Los Angeles County, California.

24 2. Appointment and Issuance of Letters. Petitioners were
25 appointed co-administrators of the above estate on July 10, 1995
26 and qualified on March 20, 1996 and ever since has been the duly
27 appointed, qualified and acting co-administrators of the above
28 estate.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. Summary of Account. Petitioners have kept all cash in a interest bearing account.

Petitioner is chargeable, and is entitled to the credits, respectively, as set forth in the summary of account. The attached supporting schedules are hereby incorporated herein by reference.

Exhibit A: Summary of Account.

Exhibit B: Estimated Market Value of Assets As of the End of the Accounting Period.

Exhibit C: Computation of Statutory Commissions and Fees.

Exhibit D: Proposed Distribution.

Exhibit E: Extraordinary Services rendered by Attorney and by Co-Administrators.

Schedule A: Receipts

Schedule B: Gains on Sale

Schedule C: Disbursements

Schedule D: Loss on Sales

Schedule E: Other credits

Schedule F: Property on Hand

4. The Independent Administration of Estates Act. On July 10, 1995 petitioners were granted full authority by order of this Court to administer the estate under The Independent Administration of Estates Act with limited authority under the Act. This authority has not been revoked.

5. Period of Account. This Account and Report covers the period from October 1, 1993, the Decedent's date of death to December 31, 1997.

6. Status of Estate. Petitioners have performed all required duties as personal representatives of the estate. All debts of the

1 Decedent and the estate, and all expenses of administration, except
2 funds advanced by petitioner, incurred to date, including costs of
3 publications, have been paid. The estate is in a condition to be
4 closed.

5 7. Inventory and Appraisal. An inventory and appraisal of the
6 estate filed herein, shows the value of the estate to be
7 196,500.00. Petitioners alleges that such inventory contains all
8 assets of the estate that have come to Petitioners knowledge or
9 into their possession.

10 8. Reappraisal for Sale. The real property of the estate
11 commonly known as 13108 Ruthellen, Gardena, California was
12 re-appraised for sale. After giving notice under the full powers of
13 The Independent Administration of Estates Act, the real property
14 was sold \$150,000.00, with a 5% commission.

15 9. California and Federal Estate Taxes. California and
16 Federal Estate Tax Returns have not been filed since the Decedent's
17 estate was less than the statutory amount requiring the filing of
18 estate tax returns. Thus, no estate taxes were due or payable by
19 the above estate.

20 10. Income Taxes. All California and Federal income taxes due
21 and payable by the estate, as far as known by petitioners have been
22 paid.

23 11. Real and Personal Property Taxes. There are no personal
24 property taxes due or payable by the estate, and all real property
25 taxes were paid current through the escrow.

26 12. Notice of Death. Notice of death has been published and a
27 Proof of Publication has been filed. Petitioner has made a
28 reasonable effort to locate and give notice to all known or

1 reasonably ascertainable creditor, pursuant to Probate Code Section
2 9050. Petitioners are the daughters of the above named Decedent
3 are well aware of the Decedent's business affairs. Petitioners made
3 a change of address for the Decedent and has reviewed all mail for
4 possible creditors and none has been located.

5 13. All Creditors' Claims Filed Have Been Settled. Petitioner
6 paid all debts of Decedent during the statutory period of time
7 within which claims could have been presented or filed and after
8 investigation thereof, but without submission of verified claims.
9 All such items were due and paid in good faith and were the true
10 amounts of indebtedness. No creditor claims were filed in the
11 above estate. The time to file claims has expired.

12
13 14. Nature of Estate Property. The whole of the estate is
14 Decedent's separate property as Decedent spouse is predeceased.

15 * 15. Heirs and Beneficiaries. Pursuant to the laws of
16 succession for the State of California the following heirs are
17 the persons entitled to distribution of the balance of the estate,
18 together with any other property belonging to the estate, whether
19 described herein or not.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
Bryon H. Jackson	Adult	Son
Romanetha Norris	Adult	Daughter
Bobbie Jean Brown	Adult	Daughter
Deborah Jackson	Adult	Granddaughter

1 16. Prior Distributions. No prior distributions have been
2 made from this estate.

3 17. Proposed Distribution of the Estate. The balance of the
4 estate as shown on Schedule F, together with any other property
5 belonging to the estate, whether described herein or not should be
6 distributed to the persons listed on Exhibit "D".

7 18. Commissions and Fees. The commissions provided by law for
8 petitioner's ordinary services are \$4,561.42 which have not been
9 paid. Petitioner should be authorized to pay themself that sum in
10 discharge of the statutory commissions.

11 Bettye Barnard has provided legal services to petitioner and
12 the estate the statutory fee provided by law for such services is
13 the sum of \$4,561.42 which has not been paid. Petitioner should be
14 authorized to pay said attorney that sum in discharge of the
15 statutory fee. Exhibit "C" sets forth the basis and computation of
16 the Statutory Commissions and Fees and incorporated by reference.

17 19. Commission and Fees for Extraordinary Services. Petitioners
18 as co-administrators of the estate has rendered extraordinary
19 services to the estate in connection with repairs to the real
20 property and sale of the real property; services include meeting
21 with realtors and attorney. Petitioners believes that a reasonable
22 commission for said extraordinary services is the sum of \$1,750.00.

23 Petitioners attorney Bettye Barnard has rendered extraordinary
24 services to petitioner and the estate in regard to the sale of the
25 real property and in defending client's priority by filing of
26 objections to the appointment of Deborah Jackson. Exhibit "E" sets
27 forth the services provided. Bettye Barnard by her endorsement on
28 on this on this petition believes that the sum of \$8,600.00 is a

1 reasonable fee for the 43 hours of extraordinary services.
2 of extraordinary services.

3 20. Request for Special Notice. A Request for Special Notice
4 has been filed by Mariellen Ross and CA Civil and Judicial Bonding.

5 21. Notice to Director of Health Services. Notice to the
6 Director of Health Services in compliance with Probate Code Section
7 9202 is not required because neither Decedent nor her predeceased
8 spouse received any Medi-Cal Benefits.
9 Medi-Cal Benefits.

10 WHEREFORE, Petitioner prays for an order of this Court that:

11 1. The First and Final Account of petitioners as
12 co-administrators be settled, allowed, and approved as filed.

13 2. Petitioners be authorized and ordered to pay Bettye Barnard
14 statutory attorney fees in the amount of \$4,561.42.

15 3. Petitioners be authorized and ordered to pay Bettye Barnard
16 the additional sum of \$8,600.00 in payment of attorney fees for
17 extraordinary services.

18 4. Petitioners be authorized and ordered to pay themselves
19 statutory commissions in the amount of \$4,561.42.

20 5. Petitioners be authorized and ordered to pay themselves the
21 additional sum of \$1,750.00.

22 6. Distribution of the balance of the estate as shown on
23 Schedule F, be ordered distributed to the persons and shares as shown
24 on Exhibit "D", together with any other property belonging to the
25 estate, whether described herein or not.

26 DATED: December 30, 1997


BOBBIE JEAN BROWN, Petitioner


BETTYE BARNARD, Attorney
for Petitioners


ROMANETHA NORRIS, Petitioner

VERIFICATION

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I have read the foregoing ~~FIRST AND FINAL ACCOUNT AND REPORT AND PETITION FOR ALLOWANCE OF FEES, COMMISSIONS AND FOR DISTRIBUTION~~ and know its contents.

CHECK APPLICABLE PARAGRAPH

I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am an Officer a partner a _____ of _____

_____ a party to this action, and am authorized to make this verification for and on its behalf, and I make this verification for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am one of the attorneys for _____ a party to this action. Such party is absent from the county of aforesaid where such attorneys have their offices, and I make this verification for and on behalf of that party for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.

Executed on December 30, 1997, at Los Angeles, California.

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

BOBBIE JEAN BROWN

Bobbie Jean Brown

ROMANETHA NORRIS

Type or Print Name

Signature

PROOF OF SERVICE

0013A (1/1) CCP Revised 5/1/88a

STATE OF CALIFORNIA, COUNTY OF _____

I am employed in the county of _____, State of California.

I am over the age of 18 and not a party to the within action; my business address is: _____

On _____, 19____, I served the foregoing document described as _____

_____ on _____ in this action

by placing the true copies thereof enclosed in sealed envelopes addressed as stated on the attached mailing list;
 by placing the original a true copy thereof enclosed in sealed envelopes addressed as follows:

BY MAIL

I deposited such envelope in the mail at _____, California. The envelope was mailed with postage thereon fully prepaid.

As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at _____, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on _____, 19____, at _____, California.

**** (BY PERSONAL SERVICE)** I delivered such envelope by hand to the offices of the addressee.

Executed on _____, 19____, at _____, California.

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

(Federal) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Type or Print Name

Signature

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "A"

SUMMARY OF ACCOUNT

CHARGES

Inventory and Appraisement	\$196,500.00
Receipts: (Schedule "A")	71.12
Gain on Sale (Schedule "B")	<u>-0-</u>
TOTAL CHARGES	\$196,571.12

CREDITS

Disbursements (Schedule "C")	\$ 32,304.39
Loss on Sale (Schedule "D")	26,000.00
Other Credits (Schedule "E")	-0-
Property on Hand (Schedule "F")	<u>138,266.73</u>
TOTAL CREDITS	\$196,571.12

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "B"

ESTIMATED MARKET VALUE OF THE ASSETS ON HAND
AS OF THE END OF THE ACCOUNTING PERIOD

<u>Inventory Number</u>	<u>Description</u>	<u>Inventory or Carry Value</u>	<u>Fair Market Value as of 12/30/97</u>
1.	13108 Ruthellen	\$176,000.00	Sold for \$150,000.00
2.	Unimproved Real Property. Paris, CA	\$20,000.00	Per Comparable Sales \$10,000.00
3.	Misc. furniture	\$500.00	Estimated value \$500.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "C"

BASIS AND COMPUTATION OF STATUTORY
COMMISSIONS AND FEES

BASIS

Inventory and Appraisement	\$196,500.00
Receipts (see Schedule "A")	71.12
Gain on Sale (see Schedule "B")	-0-
Less Loss on Sales (see Schedule "D")	<u>(26,000.00)</u>
TOTAL BASIS FOR COMPUTATION OF STATUTORY COMMISSION & FEE	\$170,571.12

COMPUTATION:

4% on the sum of \$15,000.00 =	\$ 600.00
3% on the sum of 85,000.00 =	2,550.00
2% on the sum of 70,571.12 =	1,411.42
<u>Totals</u>	<u>\$170,571.12</u>
	\$4,561.42

Statutory Fee to BETTYE BARNARD \$4,561.42

Statutory Commission to BOBBIE JEAN BROWN and
ROMANEHA NORRIS \$4,561.42

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "D"

PROPOSED DISTRIBUTION

PURSUANT TO THE LAWS OF SUCCESSION FOR THE STATE OF CALIFORNIA, THE FOLLOWING PERSONS ARE ENTITLED TO DISTRIBUTION OF THE BALANCE OF THE ESTATE AS SHOWN SCHEDULE "F", TOGETHER WITH ANY OTHER PROPERTY BELONGING TO THE ESTATE, WHETHER DESCRIBED HEREIN OR NOT.

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SHARE</u>
ROMANETHA NORRIS 370 Hamilton Street, Apt. 8 San Francisco, CA 94134	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BOBBIE JEAN BROWN 4330 Pendleton Lynwood, CA 90249	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BYRON H. JACKSON Herder St. 4 6606 St. Wendel 15 Oberlexinweler, West Germany	Daughter	Adult	25% of balance of estate as shown on Schedule F.
DEBORAH JACKSON c/o Mariellen Ross Attorney at Law 223 W. Foothill Blvd., 2 nd Floor Claremont, CA 91711	Granddaughter (child of Milrene Jackson) Deceased daughter	Adult	25% of balance of estate as shown on Schedule F.

ESTATE OF WILLIE MAE JACKSON, Deceased

EXHIBIT "E" (Extraordinary Attorney Services
of BETTYE BARNARD)

DATE	TIME	SERVICES
4/28/95	20.00	Litigation regarding appointment and contested priority. Court appearances in Pomona Courts.
thru		
3/18/96	15.00	Research and preparation of all necessary documents.
6/5/97	8.00	Client conferences, preparation of sale documents, review of escrow documents and conferences with broker and escrow officers.
thru		
8/18/97		
	<u>43.00</u>	43 hours x \$200.00 = \$8,600.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "A"

RECEIPTS

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNTS</u>
10/1/94	Redeemed \$25.00 U.S. Savings Bond	\$67.32
8/97	Interest Great Western Bank	<u>3.80</u>
	TOTAL RECEIPTS	\$71.12

SCHEDULE "B"

Gains on Sales

THERE WERE NO GAINS ON SALES FOR THIS ACCOUNT.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "C"

(Credits)

Petitioner is entitled to the following credits:

4-13-95	Clerk of Court - filing fee	182.00
4-14-95	Clerk of Court - filing fee	14.00
4-19/95	Metropolitan News- notice of death	165.00
5/10/95	Gardena Valley News - notice of death	330.00
5/28/95	County Recorder	2.00
5/01/95	Calif. Civil & Judicial Bonding	780.00
5/01/95	Clerk of Court - certification	26.24
10/25/95	County Recorder - death certificates	18.00
1/04/96	Metro Water	25.00
1/04/96	Source One Mortgage	268.00
1/06/96	Replacement of Locks	113.03
1/24/96	Metro Water	34.12
2/29/96	Source One Mortgage	269.00
3/02/96	Painting of Gutters & Rear of House	175.00
3/03/96	Homebase - floor repair supplies	35.64
3/09/96	Paint supplies	164.41
3/09/96	Reback's plumbing	178.00
3/13/96	Clean fireplaces & varnish	100.00
4/03/96	Source One Mortgage	269.00
4/15/96	So. Calif. Edison	70.39
4/15/96	Metro Water	12.39
5/06/96	Source One Mortgage	269.00
5/06/96	So. Calif. Edison	20.55
5/24/96	Clean up of Parris property (fire)	350.00
5/04/96	Source One Mortgage	269.00
5/04/96	Kenneth Thomas - referee fee	246.50
5/01/96	E. Villaneuva - notary fee	20.00
7/08/96	Source One Mortgage	268.00
7/19/96	F. Darnell - notary fee	10.00
8/03/96	Source One Mortgage	153.00
3/06/96	Metro Water	23.69
3/06/96	So. Calif. Edison	28.51
3/16/96	Strapped hot water heater	25.00
5/16/97	Clean up and removal of old carpets	250.00
5/01/96	Calif. Civil & Judicial Bonding	780.00
5/04/96	Source One Mortgage	268.00
5/13/96	Source One Mortgage	269.00
10/24/96	Riverside County Tax Collector	125.41
10/30/96	Metro Water	24.44
11/4/96	Source One Mortgage	268.00
12/3/96	Source one Mortgage	269.00
12/16/96	Riverside County Tax Collector	12.50
1/06/97	Source One Mortgage	268.00
1/27/97	Hauling of trash from clean up	300.00
2/05/97	Source One Mortgage	268.00
3/04/97	Source One Mortgage	268.00
3/07/97	Replacement of floorboards on service porch	150.00
3/09/97	Painted interior of house	600.00
3/19/97	Metro Water	28.19
4/03/97	Source one Mortgage	268.00

=
 property (fire) 268.00
 350.00
 28.40
 =
 ix Collector 268.00
 50.72
 =
 268.00
 =
 268.00
 27.83
 37.59
 .cial Bonding 780.00
 ix Collector 44.06
 (17 months x \$40.00) = 680.00
 IGH SOUTHWEST ESCROW

ON, Deceased

27

Source One \$10,237.64
 71.20
 90.00
 52.00
 7,500.00
 567.74
 150.70
 mps 165.00
 715.00
 on 155.00
 36.00
 65.00
 75.00
 22.50
19,902.73
 \$ 32,304.39

GROSS SALE

LOSS

\$150,000.00

\$26,000.00

TOTAL LOSS ON SALE \$26,000.00

PING.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "F"

PROPERTY ON HAND

Balance for Distribution \$128,266.73

Consisting of:

Inventory Item No. 2 Unimproved real property
in Paris, County of Riverside, CA
Appraised at \$20,000.00

Inventory Item No. 3 Misc. Furniture
Appraised at 500.00

* Cash

Great Western Bank - Account \$117,766.73
5501 Lakewood Blvd., Lakewood, CA

* Subject to Fees and Commissions as allowed
by Court.

Total Property on Hand \$128,266.73

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39319042243

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) Willie		1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson		2A. DATE OF DEATH—MO. DAY, YR. 10/01/1993
4. RACE Black		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. 05/15/1920	7. AGE IN YEARS 73
8. STATE OF BIRTH AR		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Willie Christian	
12. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS Widowed	
16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home		16C. USUAL EMPLOYER Self-Employed	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 13108 Ruthelen Street		18B. CITY Gardena		18C. ZIP CODE 90249	
18D. COUNTY Los Angeles		18E. NUMBER OF YEARS IN THIS COUNTY 50		18F. STATE OR FOREIGN COUNTRY California	
18A. PLACE OF DEATH Daniel Freeman Hospital		18B. IF HOSPITAL, SPECIFY ONE IP, ER/OP, DOA IP		18C. COUNTY Los Angeles	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 333 N. Prairie Ave.		19E. CITY Inglewood		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ms. Deborah Jackson, Daughter 13108 Ruthelen Street Gardena, Calif. 90249	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Ventricular Tachycardia		TIME INTERVAL BETWEEN ONSET AND DEATH 5 Mins		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) Pulmonary Embolism		10 Mins		23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Systemic Atherosclerosis		20 Yrs.		24A. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. No		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 05/14/1987		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Jay Thompson M.D.</i>	
27A. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 10/01/1993		27C. CERTIFIER'S LICENSE NUMBER C37207		27D. DATE SIGNED 10/04/1993	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Jay Thompson, M.D., 1704 W. Manchester Ave., L.A., CA		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Woodlawn Mem. Pk., 1715 E. Greenleaf Dr., Compton, CA		34C. DATE MO. DAY, YR. 10/09/1993	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Angelus Funeral Home		36B. LICENSE NO. 243		35A. SIGNATURE OF EMBALMER <i>[Signature]</i>	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Angelus Funeral Home		36B. LICENSE NO. 243		35B. LICENSE NO. 8124	
37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		38. REGISTRATION DATE OCT 06 1993			
STATE REGISTRAR		A.		B.	
STATE REGISTRAR		C.		D.	
STATE REGISTRAR		E.		F.	
STATE REGISTRAR		G.		CENSUS TRACT	

AMENDED
1 OF 2

11 (REV. 7-92) 4609

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

04 9-1-07 50

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coyle, MD, MPH, Director and State Registrar of Vital Statistics
by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

894852

DATE ISSUED
JAN 27 1994

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



CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD

39319042243
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.
--------------------------------	-----	-----	-----

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson
	2. SEX Female	3. DATE OF EVENT—MONTH, DAY, YEAR 10/01/1993	4A. CITY OF OCCURRENCE Inglewood
ADDITIONAL INFORMATION TO LOCATE RECORD	5. FATHER'S NAME AS STATED ON ORIGINAL Willie Christian		6. MOTHER'S NAME AS STATED ON ORIGINAL Cora Cross
	4B. COUNTY OF OCCURRENCE Los Angeles		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
	10A.	Willie Christian	Willie Christopher
2 of 2			

REASON FOR CORRECTION: 9. To Correct the Record.

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	10A. SIGNATURE OF FIRST PERSON <i>Grothe Weas</i>	10B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	10C. DATE SIGNED 10/14/1993
	10D. AGE Legal	10E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	
USE BLACK INK ONLY	11A. SIGNATURE OF SECOND PERSON <i>Harold Frank</i>	11B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	11C. DATE SIGNED 10/14/1993
	11D. AGE Legal	11E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	13. DATE ACCEPTED FOR REGISTRATION JAN 26 1994
--------------------------------	---------------------------------------------------------------------------------------------------	---------------------------------------------------

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 (REV. 6/81)
91 60955

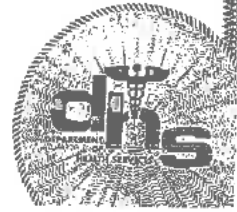
This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

894853

DATE ISSUED
JAN 27 1994

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





Controller Malia M. Cohen
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:

- That Bobbie Jean Brown [Name of Decedent], hereinafter "Decedent," died in the City of Lynwood, County of Los Angeles, State of Calif on 12-19-1999 ~~20~~ 1999.
- 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.
- 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.
- 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 \$ _____. (See instructions under Section 4 for amount.)
- 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. 315151020-6
- 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: Cheryl Farmer
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- 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.

<u>Cheryl Farmer</u> Signature	<u>CHERYL FARMER</u> Name [Print or Type]	<u>8-22-2023</u> Date:

STATE OF LAS VEGAS NEVADA

COUNTRY OF CLARK

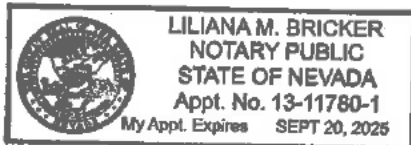
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 23 DAY OF AUGUST 2023

BY: CHERL ANN FARMER


NOTARY PUBLIC SIGNATURE

Liliana Bricker
NOTARY NAME

MI COMISSION EXPIRES: SEP 20/2025



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 1999 19 052718

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—First (Given)		2. MIDDLE		3. LAST (Family)			
Rahnie		Jean		Brown			
4. DATE OF BIRTH M/M/DD/CYY		5. AGE YRS		6. SEX		7. DATE OF DEATH M/M/DD/CYY	
06/23/1937		62		F		12/19/1999	
8. STATE OF BIRTH		10. SEX		11. MILITARY SERVICE		12. MARITAL STATUS	
AR				NO		DIVORCED	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER			
Black		NO		Self Employed			
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
HOMEMAKER		OWN HOME		62			
20. RESIDENCE—STREET AND NUMBER OR LOCATION							
4220 PENDELTON AVE.							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
LYNWOOD		Los Angeles		90262		33	
25. STATE OR FOREIGN COUNTRY		27. MAILING ADDRESS—STREET AND NUMBER OR PALM ROUTE NUMBER, CITY OR TOWN, STATE, ZIP					
California		4220 PENDELTON AVE., LYNWOOD, CA 90262					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
HERMAN		LEE		JACKSON		AR	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
WILLIE		LEE		CROSS		AR	
39. DATE M/M/DD/CYY		40. PLACE OF FINAL DISPOSITION					
12/27/1999		LINCOLN CEMETERY, 16701 S. CENTRAL AVE., CARSON, CA 90220					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMERALD		43. LICENSE NO.			
BURIAL		<i>Robert L. Uleman</i>		#5496			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CYY	
Tillman Riverside Mort.		FD757		<i>Mark L...</i>		12/27/1999	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
St. Francis Med. Ctr.		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		Los Angeles	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY					
3630 East Imperial Hwy.		Lynwood					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER			
(A) METASTATIC CARCINOMA		MONTHS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(B) STOMACH CARCINOMA		MONTHS		109. BIOPSY PERFORMED			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(C)				110. AUTOPSY PERFORMED			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(D)				111. USED IN DETERMINING CAUSE			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
RENAL FAILURE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/CYY	
11/26/1999		12/19/1999		<i>R. McKenzie M.D.</i>		A43601	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH					
RICARDO E. MCKENZIE, M.D., 3633 MEL, JR., ELVD., #2, LYNWOOD, CA 90262		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE					
120. INJURY AT WORK		121. INJURY DATE M/M/DD/CYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CYY		128. TYPE, NAME, TITLE OF CORONER OR DEPUTY CORONER			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
 Registrar-Recorder/County Clerk

MAR 26 2019

 100003089150

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

CALOSANG02



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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 212 Item 99 Assessment No.: 315151020-6

Assessee: JACKSON WILLIE LEE ESTATE OF

Situs:

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 \$ 36,992.51 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. 104463; recorded on JUNE 26, 2018. 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.

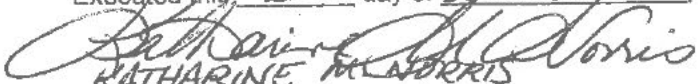
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

- 1) SUPERIOR COURT ORDER FILED 1/22/98
- 2) DEATH CERTIFICATE COPY WILLIE LEE JACKSON
- 3) ORIGINAL DEATH CERTIFICATE IN DEBORAH JACKSON DOCUMENTS
- 4) GRANT DEED 104463 - RIVERSIDE CALIFORNIA
- 5) CERTIFIED COPY DEBORAH JACKSON DOCUMENTS
- 6) AFFIDAVIT - DEATH OF JOINT TENANT FOR 104463
- 7) CERTIFIED COPY DEBORAH JACKSON DOCUMENTS
- 8) PROBATE FORM 13101

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 22 day of DECEMBER, 2018 at ALAMEDA, CALIFORNIA
County, State


KATHARINE M. NORRIS
Signature of Claimant

Signature of Claimant

KATHARINE M. NORRIS
Print Name

Print Name

255 MACARTHUR BLVD #106
Street Address

Street Address

OAKLAND, CA. 94610
City, State, Zip

City, State, Zip

510-584-6308
Phone Number

Phone Number

RECEIVED
2019 JAN 10 PM 4:58
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

104463

WHEN RECORDED
PLEASE MAIL THIS INSTRUMENT TO:

Herman L. & Willie Mae Jackson
14108 Ruthless St.
Gardena, Cal. 90249

REC'D FOR RECORD
AUG 26 1975

W.D. BALOGH
COUNTY RECORDER
RIVERSIDE COUNTY, CALIF.

Order No. _____
Escrow No. _____
Loan No. _____

PLACE INTERNAL REVENUE STAMPS IN THIS SPACE

GRANT DEED

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

Merlin Frank, a widow, do hereby

GRANT to Herman L. Jackson and Willie Mae Jackson, husband and wife

the real property in the County of Riverside
State of California, described as:

LOT 213 OF UPTON ACRES NO. 20 (as shown by Map on file in Book 14 page 39 of Maps
Records of Riverside County, California)

OFFICIAL STATE
COURT CLERK
RIVERSIDE COUNTY, CALIF.

Dated: August 26, 1975

STATE OF CALIFORNIA
COUNTY OF
Riverside

Merlin Frank
MERLIN FRANK

On August 26, 1975
I, _____
notary public in and for the State of California,
did personally observe the execution of the foregoing
instrument and the identity of the signers.

OFFICIAL STATE
COURT CLERK
RIVERSIDE COUNTY, CALIF.

Known to me to be the person whose name is subscribed to the within instrument and acknowledged to me as the person whose name is subscribed to the within instrument.

Witness my hand and seal this _____ day of _____, 1975.

My commission expires _____

END RECORDED DOCUMENT - W. D. BALOGH, COUNTY RECORDER

RECORDING REQUEST BY 6

395236
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

PUBLIC RECORD
OCT 16 1996

WHEN RECORDED MAIL TO
NAME PARALEGAL PROBATE SERVICE
MAILING ADDRESS 116 SOUTH OAK STREET
CITY, STATE ZIP CODE INGLEWOOD, CA 90301

Recorded in Official Records
of Inglewood County, California
Recorder
Fee \$ 21

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

21 12
2+3P
LB

101

AFFIDAVIT - DEATH OF JOINT TENANT

RECORDING REQUESTED BY

395236

AND WHEN DEPOSITED MAIL TO

BARBARA BRUNNER
PARALEGAL PROBATE SERVICE
118 SO. OAK STREET
INGLEWOOD, CALIFORNIA 90301

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of ~~RIVERSIDE~~

} ss.

That **BOBBIE JEAN BROWN**, of legal age, being first duly sworn, deposes and says: **HERMAN L. JACKSON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **HERMAN L. JACKSON** named as one of the parties in that certain **GRANT DEED** dated **AUGUST 26, 1975** executed by **MERLIE FRANKS, A WIDOW** to **HERMAN L. JACKSON AND WILLIE LEE JACKSON, HUSBAND AND WIFE** as joint tenants, recorded as Instrument No. **104463**, on **AUGUST 26, 1975**, in book _____, page _____, of Official Records of **RIVERSIDE** County, California, covering the following described property situated in the **CITY OF PERRIS**, County of **RIVERSIDE**, State of California:

LOT 213 OF UPTON ACRES NO. 6, AS SHOWN ON FILE IN BOOK 14 PAGE 99 OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

Dated July 19, 1996

Bobbie Jean Brown
BOBBIE JEAN BROWN

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 19th day of July, 1996

Florence Darnall

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

395236

CERTIFICATE OF DEATH 38619023805

1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. TIME	
HERMAN				JACKSON		MAY 13, 1986		0402Hrs	
3. SEX		4. RACE/ETHNICITY		5. BIRTH DATE (MONTH, DAY, YEAR)		7. AGE		8. LENGTH OF RESIDENCE IN COUNTY (MONTHS, DAYS)	
Male		Black Amer.		July 20, 1917		68		7	
9. PLACE OF BIRTH (CITY AND COUNTY)		10. NAME AND BIRTHPLACE OF FATHER		11A. COUNTY OF DEATH		11B. SOCIAL SECURITY NUMBER		11C. MARITAL STATUS	
Arkansas		Tom Jackson Arkansas		L.A.				Married	
12. PRIMARY OCCUPATION		13. TYPE OF DEATH		14. NAME OF SURVIVING SPOUSE (IF DECEASED, SURVIVING SPOUSE)		15. KIND OF INDUSTRY OR BUSINESS		16. DATE OF DEATH	
Tire Finisher		37 Yrs		Natural Causes		Lola Torrance Arkansas		MAY 19 1986	
17A. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		17B. CITY OR TOWN		18. NAME AND ADDRESS OF INFORMANT—RELATIVE		19. CITY OR TOWN		20. SIGNATURE OF INFORMANT	
13108 Ruthelen Street		Gardena		Willie Lee Jackson-Wife		Gardena, California		[Signature]	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		22. DEATH WAS CAUSED BY		23. DEATH REPORTED TO	
GARDENA MEMORIAL HOSPITAL		LOS ANGELES		GARDENA		Heart Disease		[Signature]	
24. DEATH WAS CAUSED BY		25. DEATH REPORTED TO		26. DEATH REPORTED TO		27. DEATH REPORTED TO		28. DEATH REPORTED TO	
Heart Disease		[Signature]		[Signature]		[Signature]		[Signature]	
29. I CERTIFY THAT DEATH OCCURRED AT THE NAME, DATE AND PLACE STATED FROM THE CAUSE STATED AS RETURNED BY LAW I HAVE MADE AN IMPARTIAL INVESTIGATION		30. I CERTIFY THAT DEATH OCCURRED AT THE NAME, DATE AND PLACE STATED FROM THE CAUSE STATED AS RETURNED BY LAW I HAVE MADE AN IMPARTIAL INVESTIGATION		31. I CERTIFY THAT DEATH OCCURRED AT THE NAME, DATE AND PLACE STATED FROM THE CAUSE STATED AS RETURNED BY LAW I HAVE MADE AN IMPARTIAL INVESTIGATION		32. I CERTIFY THAT DEATH OCCURRED AT THE NAME, DATE AND PLACE STATED FROM THE CAUSE STATED AS RETURNED BY LAW I HAVE MADE AN IMPARTIAL INVESTIGATION		33. I CERTIFY THAT DEATH OCCURRED AT THE NAME, DATE AND PLACE STATED FROM THE CAUSE STATED AS RETURNED BY LAW I HAVE MADE AN IMPARTIAL INVESTIGATION	
34. NAME OF FUNERAL HOME (IF FUNERAL HOME AS USED)		35. LICENSE NO.		36. LOCAL		37. DATE		38. SIGNATURE	
Harrison-Ross Mortuary		PRT		11		MAY 19 1986		[Signature]	
39. STATE REGISTRAR		40. COUNTY CLERK		41. LOCAL		42. DATE		43. SIGNATURE	
4272						MAY 19 1986		[Signature]	

This is to certify that this document is a true copy of the official record filed with the Registrar/Recorder/County Clerk.

CONNY S. MCCORMACK
Registrar/Recorder/County Clerk

OCT. 2 - 1986
19-382753



ANY ALTERATION OR FALSIFICATION OF THIS CERTIFICATE IS A CRIME UNDER PENAL CODE SECTION 261.5.

JAN 22 1998

SUPERIOR COURT

BETTYE BARNARD SBN 65129
Attorney at Law
110 South La Brea Avenue, Suite 280
Inglewood, California 90301
Telephone No. (310) 674-5426
FAX (310) 674-7697

Attorney for Co-Administrators

Feb. 23, 1998 9:30 AM N-11
DATE OF HEARING

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

Estate of)	CASE NO. KP-003 801 Consolidated with
)	and carried under <u>BP-034 227</u>
)	
WILLIE LEE JACKSON, aka))	FIRST AND FINAL ACCOUNT AND REPORT OF CO-
)	ADMINISTRATORS AND PETITION FOR ALLOWANCE
WILLIE L. JACKSON,)	OF STATUTORY ATTORNEY FEES, STATUTORY
)	COMMISSIONS AND FEE AND COMMISSION FOR
<u>Deceased</u>)	EXTRAORDINARY SERVICES AND FOR
)	DISTRIBUTION

BOBBIE JEAN BROWN and ROMANETHA NORRIS, as co-administrators of the above estate hereby renders their first and final account and report of co-administrators and petition for allowance of of statutory attorney fees, statutory commissions and fee and commission for extraordinary services and for distribution.

1. Date of Death and Residence. The Decedent died intestate on October 1, 1993, in Inglewood, California and was a resident of Los Angeles County, California.

2. Appointment and Issuance of Letters. Petitioners were appointed co-administrators of the above estate on July 10, 1995 and qualified on March 20, 1996 and ever since has been the duly appointed, qualified and acting co-administrators of the above estate.

1 3. Summary of Account. Petitioners have kept all cash in a
2 interest bearing account.

3 Petitioner is chargeable, and is entitled to the credits,
4 respectively, as set forth in the summary of account. The attached
5 supporting schedules are hereby incorporated herein by reference.

6 Exhibit A: Summary of Account.

7 Exhibit B: Estimated Market Value of Assets As of the End of
8 the Accounting Period.

9 Exhibit C: Computation of Statutory Commissions and Fees.

10 Exhibit D: Proposed Distribution.

11 Exhibit E: Extraordinary Services rendered by Attorney and by
12 Co-Administrators.

13 Schedule A: Receipts

14 Schedule B: Gains on Sale

15 Schedule C: Disbursements

16 Schedule D: Loss on Sales

17 Schedule E: Other credits

18 Schedule F: Property on Hand

19 4. The Independent Administration of Estates Act. On July 10,
20 1995 petitioners were granted full authority by order of this
21 Court to administer the estate under The Independent Administration
22 of Estates Act with limited authority under the Act. This
23 authority has not been revoked.

24 5. Period of Account. This Account and Report covers the
25 period from October 1, 1993, the Decedent's date of death to
26 December 31, 1997.

27 6. Status of Estate. Petitioners have performed all required
28 duties as personal representatives of the estate. All debts of the

1 Decedent and the estate, and all expenses of administration, except
2 funds advanced by petitioner, incurred to date, including costs of
3 publications, have been paid. The estate is in a condition to be
4 closed.

5 7. Inventory and Appraisal. An inventory and appraisal of the
6 estate filed herein, shows the value of the estate to be
7 196,500.00. Petitioners alleges that such inventory contains all
8 assets of the estate that have come to Petitioners knowledge or
9 into their possession.

10 8. Reappraisal for Sale. The real property of the estate
11 commonly known as 13108 Ruthellen, Gardena, California was
12 re-appraised for sale. After giving notice under the full powers of
13 The Independent Administration of Estates Act, the real property
14 was sold \$150,000.00, with a 5% commission.

15 9. California and Federal Estate Taxes. California and
16 Federal Estate Tax Returns have not been filed since the Decedent's
17 estate was less than the statutory amount requiring the filing of
18 estate tax returns. Thus, no estate taxes were due or payable by
19 the above estate.

20 10. Income Taxes. All California and Federal income taxes due
21 and payable by the estate, as far as known by petitioners have been
22 paid.

23 11. Real and Personal Property Taxes. There are no personal
24 property taxes due or payable by the estate, and all real property
25 taxes were paid current through the escrow.

26 12. Notice of Death. Notice of death has been published and a
27 Proof of Publication has been filed. Petitioner has made a
28 reasonable effort to locate and give notice to all known or

1 reasonably ascertainable creditor, pursuant to Probate Code Section
2 9050. Petitioners are the daughters of the above named Decedent
3 are well aware of the Decedent's business affairs. Petitioners made
3 a change of address for the Decedent and has reviewed all mail for
4 possible creditors and none has been located.

5 13. All Creditors' Claims Filed Have Been Settled. Petitioners
6 paid all debts of Decedent during the statutory period of time
7 within which claims could have been presented or filed and after
8 investigation thereof, but without submission of verified claims.
9 All such items were due and paid in good faith and were the true
10 amounts of indebtedness. No creditor claims were filed in the
11 above estate. The time to file claims has expired.

12
13 14. Nature of Estate Property. The whole of the estate is
14 Decedent's separate property as Decedent spouse is predeceased.

15 * 15. Heirs and Beneficiaries. Pursuant to the laws of
16 succession for the State of California the following heirs are
17 the persons entitled to distribution of the balance of the estate,
18 together with any other property belonging to the estate, whether
19 described herein or not.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
Bryon H. Jackson	Adult	Son
Romanetha Norris	Adult	Daughter
Bobbie Jean Brown	Adult	Daughter
Deborah Jackson	Adult	Granddaughter

1 16. Prior Distributions. No prior distributions have been
2 made from this estate.

3 17. Proposed Distribution of the Estate. The balance of the
4 estate as shown on Schedule F, together with any other property
5 belonging to the estate, whether described herein or not should be
6 distributed to the persons listed on Exhibit "D".

7 18. Commissions and Fees. The commissions provided by law for
8 petitioner's ordinary services are \$4,561.42 which have not been
9 paid. Petitioner should be authorized to pay himself that sum in
10 discharge of the statutory commissions.

11 Bettye Barnard has provided legal services to petitioner and
12 the estate the statutory fee provided by law for such services is
13 the sum of \$4,561.42 which has not been paid. Petitioner should be
14 authorized to pay said attorney that sum in discharge of the
15 statutory fee. Exhibit "C" sets forth the basis and computation of
16 the Statutory Commissions and Fees and incorporated by reference.

17 19. Commission and Fees for Extraordinary Services. Petitioners
18 as co-administrators of the estate has rendered extraordinary
19 services to the estate in connection with repairs to the real
20 property and sale of the real property; services include meeting
21 with realtors and attorney. Petitioners believes that a reasonable
22 commission for said extraordinary services is the sum of \$1,750.00.

23 Petitioners attorney Bettye Barnard has rendered extraordinary
24 services to petitioner and the estate in regard to the sale of the
25 real property and in defending client's priority by filing of
26 objections to the appointment of Deborah Jackson. Exhibit "E" sets
27 forth the services provided. Bettye Barnard by her endorsement on
28 on this on this petition believes that the sum of \$8,600.00 is a

1 reasonable fee for the 43 hours of extraordinary services.
2 of extraordinary services.

3 20. Request for Special Notice. A Request for Special Notice
4 has been filed by Mariellen Ross and CA Civil and Judicial Bonding.

5 21. Notice to Director of Health Services. Notice to the
6 Director of Health Services in compliance with Probate Code Section
7 9202 is not required because neither Decedent nor her predeceased
8 spouse received any Medi-Cal Benefits.
9 Medi-Cal Benefits.

10 WHEREFORE, Petitioner prays for an order of this Court that:

11 1. The First and Final Account of petitioners as
12 co-administrators be settled, allowed, and approved as filed.

13 2. Petitioners be authorized and ordered to pay Bettye Barnard
14 statutory attorney fees in the amount of \$4,561.42.

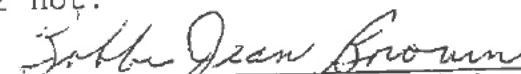
15 3. Petitioners be authorized and ordered to pay Bettye Barnard
16 the additional sum of \$8,600.00 in payment of attorney fees for
17 extraordinary services.


18 4. Petitioners be authorized and ordered to pay themselves
19 statutory commissions in the amount of \$4,561.42.

20 5. Petitioners be authorized and ordered to pay themselves the
21 additional sum of \$1,750.00.

22 6. Distribution of the balance of the estate as shown on
23 Schedule F, be ordered distributed to the persons and shares as shown
24 on Exhibit "D", together with any other property belonging to the
25 estate, whether described herein or not.

26 DATED: December 30, 1997


BOBBIE JEAN BROWN, Petitioner


BETTYE BARNARD, Attorney
for Petitioners


ROMANETHA NORRIS, Petitioner

VERIFICATION

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I have read the foregoing ~~FIRST AND FINAL ACCOUNT AND REPORT AND PETITION FOR ALLOWANCE OF FEES, COMMISSIONS AND FOR DISTRIBUTION~~ and know its contents.

CHECK APPLICABLE PARAGRAPH

I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am an Officer a partner a _____ of _____

a party to this action, and am authorized to make this verification for and on its behalf, and I make this verification for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am one of the attorneys for _____, a party to this action. Such party is absent from the county of aforesaid where such attorneys have their offices, and I make this verification for and on behalf of that party for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.

Executed on December 30, 1997, at Los Angeles, California.

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

BOBBIE JEAN BROWN

Bobbie Jean Brown

ROMANETHA NORRIS

Type or Print Name

Signature

PROOF OF SERVICE

1013A (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF _____

I am employed in the county of _____, State of California.

I am over the age of 18 and not a party to the within action; my business address is: _____

On _____, 19____, I served the foregoing document described as _____

by placing the true copies thereof enclosed in sealed envelopes addressed as stated on the attached mailing list:

by placing the original a true copy thereof enclosed in sealed envelopes addressed as follows:

BY MAIL

*I deposited such envelope in the mail at _____, California. The envelope was mailed with postage thereon fully prepaid.

As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at _____ California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on _____, 19____, at _____, California.

** (BY PERSONAL SERVICE) I delivered such envelope by hand to the offices of the addressee.

Executed on _____, 19____, at _____, California.

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

(Federal) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Type or Print Name

Signature

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "A"

SUMMARY OF ACCOUNT

CHARGES

Inventory and Appraisement	\$196,500.00
Receipts: (Schedule "A")	71.12
Gain on Sale (Schedule "B")	<u>-0-</u>
TOTAL CHARGES	\$196,571.12

CREDITS

Disbursements (Schedule "C")	\$ 32,304.39
Loss on Sale (Schedule "D")	26,000.00
Other Credits (Schedule "E")	-0-
Property on Hand (Schedule "F")	<u>138,266.73</u>
TOTAL CREDITS	\$196,571.12

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "B"

ESTIMATED MARKET VALUE OF THE ASSETS ON HAND
AS OF THE END OF THE ACCOUNTING PERIOD

<u>Inventory Number</u>	<u>Description</u>	<u>Inventory or Carry Value</u>	<u>Fair Market Value as of 12/30/97</u>
1	13108 Ruthellen	\$176,000.00	Sold for \$150,000.00
2	Unimproved Real Property. Paris, CA	\$20,000.00	Per Comparable Sales \$10,000.0
3	Misc. furniture	\$500.00	Estimated value \$500.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "C"

BASIS AND COMPUTATION OF STATUTORY
COMMISSIONS AND FEES

BASIS

Inventory and Appraisement	\$196,500.00
Receipts (see Schedule "A")	71.12
Gain on Sale (see Schedule "B")	-0-
Less Loss on Sales (see Schedule "D")	<u>(26,000.00)</u>
TOTAL BASIS FOR COMPUTATION OF STATUTORY COMMISSION & FEE	\$170,571.12

COMPUTATION:

4% on the sum of \$15,000.00 =	\$ 600.00
3% on the sum of 85,000.00 =	2,550.00
2% on the sum of 70,571.12 =	1,411.42
<u>Totals</u>	<u>\$170,571.12</u> <u>\$4,561.42</u>

Statutory Fee to BETTYE BARNARD	\$4,561.42
Statutory Commission to BOBBIE JEAN BROWN and ROMANEHA NORRIS	\$4,561.42

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

EXHIBIT "D"

PROPOSED DISTRIBUTION

PURSUANT TO THE LAWS OF SUCCESSION FOR THE STATE OF CALIFORNIA, THE FOLLOWING PERSONS ARE ENTITLED TO DISTRIBUTION OF THE BALANCE OF THE ESTATE AS SHOWN SCHEDULE "F", TOGETHER WITH ANY OTHER PROPERTY BELONGING TO THE ESTATE, WHETHER DESCRIBED HEREIN OR NOT.

NAME AND ADDRESS	RELATIONSHIP	AGE	SHARE
ROMANETHA NORRIS 370 Hamilton Street, Apt. 8 San Francisco, CA 94134	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BOBBIE JEAN BROWN 4330 Pendleton Lynwood, CA 90249	Daughter	Adult	25% of balance of estate as shown on Schedule F.
BYRON H. JACKSON Herder St. 4 8606 St. Wendel 15 Oberlexinweler, West Germany	Daughter	Adult	25% of balance of estate as shown on Schedule F.
DEBORAH JACKSON c/o Mariellen Ross Attorney at Law 223 W. Foothill Blvd., 2 nd Floor Claremont, CA 91711	Granddaughter (child of Milrene Jackson) Deceased daughter	Adult	25% of balance of estate as shown on Schedule F.

ESTATE OF WILLIE MAE JACKSON, Deceased

EXHIBIT "E" (Extraordinary Attorney Services
of BETTYE BARNARD)

DATE	TIME	SERVICES
4/28/95	20.00	Litigation regarding appointment and contested priority. Court appearances in Pomona Courts.
thru 3/18/96	15.00	Research and preparation of all necessary documents.
6/5/97 thru 8/18/97	8.00	Client conferences, preparation of sale documents, review of escrow documents and conferences with broker and escrow officers.
	<u>43.00</u>	43 hours x \$200.00 = \$8,600.00

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "A"

RECEIPTS

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNTS</u>
10/1/94	Redeemed \$25.00 U.S. Savings Bond	\$67.32
8/97	Interest Great Western Bank	<u>3.80</u>
	TOTAL RECEIPTS	\$71.12

SCHEDULE "B"

Gains on Sales

THERE WERE NO GAINS ON SALES FOR THIS ACCOUNT.

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "C"

(Credits)

Petitioner is entitled to the following credits:

4-13-95	Clerk of Court - filing fee	182.00
4-14-95	Clerk of Court - filing fee	14.00
4/19/95	Metropolitan News- notice of death	165.00
5/10/95	Gardena Valley News - notice of death	330.00
5/28/95	County Recorder	2.00
8/01/95	Calif. Civil & Judicial Bonding	780.00
9/01/95	Clerk of Court - certification	26.24
10/25/95	County Recorder - death certificates	18.00
1/04/96	Metro Water	25.00
1/04/96	Source One Mortgage	268.00
1/06/96	Replacement of Locks	113.03
1/24/96	Metro Water	34.12
2/29/96	Source One Mortgage	269.00
3/02/96	Painting of Gutters & Rear of House	175.00
3/03/96	Homebase - floor repair supplies	35.64
3/09/96	Paint supplies	164.41
3/09/96	Reback's plumbing	179.00
3/13/96	Clean fireplaces & varnish	100.00
4/03/96	Source One Mortgage	269.00
4/15/96	So. Calif. Edison	70.39
4/15/96	Metro Water	12.39
5/06/96	Source One Mortgage	269.00
5/21/96	So. Calif. Edison	20.55
5/24/96	Clean up of Parris property (fire)	350.00
5/24/96	Source One Mortgage	269.00
5/24/96	Kenneth Thomas - referee fee	246.50
5/30/96	E. Villaneuva - notary fee	20.00
5/30/96	Source One Mortgage	268.00
7/19/96	F. Darnell - notary fee	10.00
8/03/96	Source One Mortgage	153.00
8/06/96	Metro Water	23.69
8/06/96	So. Calif. Edison	28.51
8/16/96	Strapped hot water heater	25.00
8/16/97	Clean up and removal of old carpets	250.00
8/01/96	Calif. Civil & Judicial Bonding	780.00
8/04/96	Source One Mortgage	268.00
8/13/96	Source One Mortgage	269.00
10/24/96	Riverside County Tax Collector	125.41
10/30/96	Metro Water	24.44
11/4/96	Source One Mortgage	268.00
12/3/96	Source one Mortgage	269.00
12/16/96	Riverside County Tax Collector	12.50
1/06/97	Source One Mortgage	268.00
1/27/97	Hauling of trash from clean up	300.00
2/05/97	Source One Mortgage	268.00
3/04/97	Source One Mortgage	268.00
3/07/97	Replacement of floorboards on service porch	150.00
3/09/97	Painted interior of house	600.00
3/19/97	Metro Water	28.19
4/03/97	Source one Mortgage	268.00

268.00
 property (fire) 350.00
 28.40
 268.00
 ax Collector 50.72
 268.00
 268.00
 27.83
 37.59
 .cial Bonding 780.00
 ax Collector 44.06
 (17 months x \$40.00) = 680.00
 IGH SOUTHWEST ESCROW

ON, Deceased
 27

Source One \$10,237.64
 71.20
 90.00
 52.00
 7,500.00
 567.74
 150.70
 mps 165.00
 715.00
 on 155.00
 36.00
 65.00
 75.00
 22.50

<u>GROSS SALE</u>	<u>LOSS</u>
\$150,000.00	\$26,000.00

19,902.73

TOTAL LOSS ON SALE \$26,000.00

\$ 32,304.39

TING

Estate of WILLIE LEE JACKSON, Deceased

Case No. BP-034 227

SCHEDULE "F"

PROPERTY ON HAND

Balance for Distribution		\$128,266.73
Consisting of:		
Inventory Item No. 2 Unimproved real property in Paris, County of Riverside, CA	Appraised at	\$20,000.00
Inventory Item No. 3 Misc. Furniture	Appraised at	500.00
* Cash		
Great Western Bank - Account 5501 Lakewood Blvd., Lakewood, CA	-8	\$117,766.73
* Subject to Fees and Commissions as allowed by Court.		
Total Property on Hand		\$128,266.73

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

39319042243

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson	2A. DATE OF DEATH—MO. DAY, YR. 10/01/1993		2B. HOUR 0745
2C. SEX Female	4. RACE Black	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. 05/15/1920	7. AGE IN YEARS 73	IF UNDER 1 YEAR MONTHS DAYS
8. STATE OF BIRTH AR	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Willie Christian	10B. STATE OF BIRTH AR	11A. FULL MAIDEN NAME OF MOTHER Cora Cross	11B. STATE OF BIRTH AR
12. MILITARY SERVICE 19 TO 19 <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS Widowed	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) None		
16A. USUAL OCCUPATION Homemaker	16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home	16C. USUAL EMPLOYER Self-Employed	16D. YEARS IN OCCUPATION 57	17. EDUCATION—YEARS COMPLETED 9	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 13108 Ruthelen Street			18B. CITY Gardena	18C. ZIP CODE 90249	
18D. COUNTY Los Angeles	18E. NUMBER OF YEARS IN THIS COUNTY 50	18F. STATE OR FOREIGN COUNTRY California	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ms. Deborah Jackson, Daughter 13108 Ruthelen Street Gardena, Calif. 90249		
19A. PLACE OF DEATH Daniel Freeman Hospital	19B. IF HOSPITAL, SPECIFY ONE: IP, BR/OP, DOA IP	19C. COUNTY Los Angeles	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 333 N. Prairie Ave.	19E. CITY Inglewood	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Ventricular Tachycardia	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (B) Pulmonary Embolism	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (C) Systemic Atherosclerosis	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (C) Systemic Atherosclerosis	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. NO
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 05/14/1987	27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 10/01/1993	27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Jay Thompson MD</i>	27D. CERTIFIER'S LICENSE NUMBER C37207	27E. DATE SIGNED 10/04/1993
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>Jay Thompson M.D.</i>	28B. DATE SIGNED 10/04/1993	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined.	30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
34A. DISPOSITION(S) Burial	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Woodlawn Mem. Pk., 1715 E Greenleaf Dr., Compton, CA	34C. DATE MO, DAY, YR. 10/09/1993	35A. SIGNATURE OF EMBALMER <i>James McClarty</i>	35B. LICENSE NO. 8124	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Angelus Funeral Home	36B. LICENSE NO. 243	37. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Matis</i>	38. REGISTRATION DATE OCT 06 1993		
STATE REGISTRAR	A.	B.	C.	D.	E.
STATE REGISTRAR	A.	B.	C.	D.	E.

AMENDED
1 OF 2

11 (REV. 7-92) 4609

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

04 9-1-0730

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics

by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED
JAN 27 1994

894852

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



CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD

39319042243
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.
--------------------------------	-----	-----	-----

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson
	2. SEX Female	3. DATE OF EVENT—MONTH, DAY, YEAR 10/01/1993	4A. CITY OF OCCURRENCE Inglewood
ADDITIONAL INFORMATION TO LOCATE RECORD	4B. COUNTY OF OCCURRENCE Los Angeles		5. FATHER'S NAME AS STATED ON ORIGINAL Willie Christian
	6. MOTHER'S NAME AS STATED ON ORIGINAL Cora Cross		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
	10A.	Willie Christian	Willie Christopher

2 of 2

REASON FOR CORRECTION 9. To Correct the Record.

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	10A. SIGNATURE OF FIRST PERSON <i>Grette Year</i>	10B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	10C. DATE SIGNED 10/14/1993
	10D. AGE Legal	10E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	
USE BLACK INK ONLY	11A. SIGNATURE OF SECOND PERSON <i>Harold Frank</i>	11B. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	11C. DATE SIGNED 10/14/1993
	11D. AGE Legal	11E. ADDRESS (STREET, CITY, STATE, ZIP) 3875 Crenshaw Bl., L.A., CA 90008	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	13. DATE ACCEPTED FOR REGISTRATION JAN 26 1994
--------------------------------	------------------------------------------------------------------------------------------------	---------------------------------------------------

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.
Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics
by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

894853

DATE ISSUED
JAN 27 1994

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





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:

- That ROMANETHA NORRIS [Name of Decedent], hereinafter "Decedent," died in the City of HAYWARD, County of ALAMEDA, State of CALIFORNIA on OCT 10th, 2005.
- 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.
- 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.
- 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).
- 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. N/A
- 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: N/A
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- 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.

	<u>ROMANETHA M. NORRIS</u>	<u>12/19/18</u>
Signature	Name [Print or Type]	Date:
Signature	Name [Print or Type]	Date:
Signature	Name [Print or Type]	Date:

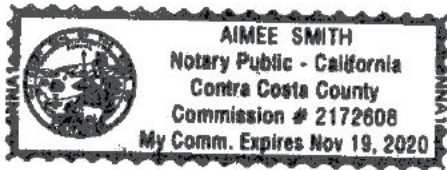
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California)
County of Alameda)
On 12/19/18 before me, Aimee Smith, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Katherine Norris
Name(s) of Signer(s)

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



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

WITNESS my hand and official seal.

Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Declaration Under Probate Document Date: 12/19/18
Number of Pages: 1 Signer(s) Other Than Named Above: N/A

Code 1301 / Unclaimed Property Division

Capacity(ies) Claimed by Signer(s)

Signer's Name: Katherine Norris
Corporate Officer -- Title(s): _____
Partner -- Limited General
 Individual Attorney in Fact
Trustee Guardian or Conservator
Other: _____

Signer's Name: _____
Corporate Officer -- Title(s): _____
Partner -- Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other: _____

Signer Is Representing: Self

Signer Is Representing: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH
USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS / YES-11 (REV. 1/04)

3200501006510

STATE FILE NUMBER

1. NAME OF DECEDENT - FIRST (Given) **Romanetha** 2. MIDDLE **NOELIS** 3. LAST (Family)

4. ALIA ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)

4. DATE OF BIRTH mm/dd/yyyy **04/30/1941** 5. AGE Yrs **64** 6. SEX **F**

7. DATE OF DEATH mm/dd/yyyy **10/10/2005** 8. HOUR (24 Hour) **1655**

9. BIRTH STATE/FOREIGN COUNTRY **Arkansas** 10. EVER IN U.S. ARMED FORCES? YES NO UNK

11. EDUCATION - Highest Level (Degree from worksheet on back) **HS Graduate** 12. MARITAL STATUS (at time of death) **Divorced**

13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED **Seamstress** 14. DECEDENT'S RACE - Use to 3 races may be listed (see worksheet on back) **African American**

15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) **Sewing** 16. YEARS IN OCCUPATION **20**

17. DECEDENT'S RESIDENCE (Street and number or location) **1137 Walpert Street #85** 18. CITY **Hayward** 19. COUNTY/PROVINCE **Alameda** 20. ZIP CODE **94541** 21. YEARS IN COUNTY **30** 22. STATE/FOREIGN COUNTRY **California**

23. INFORMANT'S NAME, RELATIONSHIP **Fred Norris's Son** 24. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) **1137 Walpert Street Hayward, California 94541**

25. NAME OF SURVIVING SPOUSE - FIRST **Willie** 26. MIDDLE **Lee** 27. LAST (Maiden Name) **Jackson** 28. BIRTH STATE **Arkansas**

29. NAME OF FATHER - FIRST **Herman** 30. MIDDLE **Lee** 31. LAST **Christopher** 32. BIRTH STATE **Arkansas**

33. NAME OF MOTHER - FIRST **Willie** 34. MIDDLE **Lee** 35. LAST **Christopher** 36. BIRTH STATE **Arkansas**

37. DISPOSITION DATE mm/dd/yyyy **10/12/2005** 38. PLACE OF FINAL DISPOSITION **Five Pillars Cemetery 1761 Laughlin Road Livermore, California 94569**

39. TYPE OF DISPOSITION(S) **BU** 40. SIGNATURE OF EMBALMER **Not Embalmed** 41. LICENSE NUMBER

42. NAME OF FUNERAL ESTABLISHMENT **Fuller Funeral Inc.** 43. SIGNATURE OF LOCAL REGISTRAR **Aut B M.D. YCW** 44. DATE mm/dd/yyyy **10/11/2005**

45. PLACE OF DEATH **Own Residence** 46. COUNTY **Alameda** 47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) **1137 Walpert Street #85** 48. CITY **Hayward**

49. CAUSE OF DEATH **Metastatic Lung Cancer** 50. DEATH REPORTED TO CORONER (This interval between onset and death) YES NO **2 Years**

51. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Lung Cancer** 52. BIOPSY PERFORMED? YES NO

53. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST **Metastatic Lung Cancer** 53. ALTOPOSTY PERFORMED? YES NO

54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51 **None** 54. USED IN DETERMINING CAUSE? YES NO

55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) **Needle Biopsy of Lung 10/28/2003** 55. IS A FEMALE PREGNANT IN LAST YR? YES NO UNK

56. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED **Brian J. Lewis, M.D.** 56. SIGNATURE AND TITLE OF CERTIFIER **10/11/2005**

57. TIME REPORTED TO CORONER **11/03/2003 10/07/2005** 57. TIME REPORTED TO CORONER **Brian J. Lewis, MD 2238 Geary Blvd. San Francisco, CA 94110**

58. MANNER OF DEATH Natural Accident Homicide Suicide Pending Investigation Could not be determined 59. INJURED AT WORK? YES NO UNK

60. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 60. INJURY DATE mm/dd/yyyy 61. HOUR (24 Hour)

62. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

63. LOCATION OF INJURY (Street and number or location, and city, and ZIP)

64. SIGNATURE OF CORONER / DEPUTY CORONER 65. DATE mm/dd/yyyy 66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR A B C D E FAX AUTH # **48148**

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ALAMEDA } SS
 This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.
 DATE ISSUED: 10/13/2005

Aut B M.D.
 HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

