

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



ITEM: 19.14  
(ID # 24081)

**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. 215-2, Item 1667. Last assessed to: The Estate of Donald Prestridge. District 5. [\$75,425-Fund 65595 Excess Proceeds from Tax Sale]

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

1. Approve the claim from Sylvia Prestridge, Heir to the Estate of Donald Prestridge, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 540020035;
2. Deny the claim from Darlene E. Gjelsvik for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 540020035; and
3. Authorize and direct the Auditor-Controller to issue a warrant to Sylvia Prestridge, Heir to the Estate of Donald Prestridge in the amount of \$75,425.50 no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

**ACTION:**Policy


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

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**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**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 75,425	\$ 0	\$ 75,425	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	23/24

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

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the July 21, 2020 public auction sale. The deed conveying title to the purchasers at the auction was recorded September 11, 2020. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on September 23, 2020, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Sylvia Prestridge, Heir to the Estate of Donald Prestridge based on a Quitclaim Deed recorded November 4, 2015 as Instrument No. 2015-0484430, a Declaration of Right Pursuant to Probate Code Section 13101 et. Seq notarized October 5, 2020, and a Certificate of Death for Donald Wayne Prestridge.
2. Claim from Darlene E. Gjelsvik based an Affidavit Under California Probate Code Section 13101 signed June 30, 2021 and copies of Certificates of Death for Herbert Julius Miller and Jo-Ann Helen Miller.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Sylvia Prestridge, Heir to the Estate of Donald Prestridge be awarded excess proceeds in the amount of \$75,425.50. The claim from Darlene E. Gjelsvik be denied since she was not a party of interest at the time of the sale. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

**Impact on Residents and Businesses**

Excess proceeds will be released to the Heir to the Estate of the last assessee of the property.

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Prestridge

ATTACHMENT B. Claim Gjelsvik

*Cesar Bernal*  
Cesar Bernal, PRINCIPAL MGMT ANALYST 3/7/2024

*Aaron Gettis*  
Aaron Gettis 2/26/2024

3385047.208.2

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2020 NOV 10 PM 6:01

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC 215-2 ITEM 1667 Parcel Identification Number: 540020035

Assessee: PRESTRIDGE DONALD ESTATE OF

Situs: 1421 W GEORGE ST BANNING 92220

Date Sold: July 21, 2020

Date Deed to Purchaser Recorded: September 11, 2020

Final Date to Submit Claim: September 11, 2021

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

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

I, Sylvia Prestridge, am the heir at law of my son  
Donald Prestridge. Attached is a California Probate  
Code 13101 Small Estate Affidavit

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 5<sup>th</sup> day of October, 2020 at Ouachita Parish, Louisiana  
County, State

Sylvia Prestridge  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

Sylvia Prestridge  
Print Name

\_\_\_\_\_  
Print Name

208 Jowers rd.  
Street Address

\_\_\_\_\_  
Street Address

West Monroe, Louisiana 71291  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

318 235 5442  
Phone Number

\_\_\_\_\_  
Phone Number

prestrid@att.net  
Email Address

\_\_\_\_\_  
Email Address



2015-0484430

11/04/2015 01:18 PM Fee: \$ 25.00

Page 1 of 1

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



RECORDING REQUESTED BY  
McCLELLAN and WILSON

WHEN RECORDED MAIL TO  
AND MAIL TAX STATEMENTS TO

NAME DONALD PRESTRIDGE  
ADDRESS: 1421 W. GEORGE STREET  
CITY: BANNING  
STATE & ZIP: CALIFORNIA 92220

					R	A	Exam: <i>7/26</i>		
Page	DA	PCOR	Misc	Long	RFD	1st Pg	Adtl Pg	Cert	CC
				3					
SIZE	NCOR	SMF	NCHG	T:					

APN NO.: 540-020-035

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(s) DECLARE(s) Documentary Transfer Tax: \$ — 0 — ( )

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledge, HOWARD E. MILLER,

hereby remise, release and forever quitclaim to DONALD PRESTRIDGE, a widower,

in the following described property in the City of Banning, County of Riverside, State of California:

All that portion of Block 280 as shown by Amended Map of Banning Land Company, recorded in Book 9, Pages 44 of Maps, Records of San Bernardino County, California, particularly described as follows:

~~SEE ATTACHED LEGAL DESCRIPTION~~ *DM*

Dated: September 28, 2015

*Howard E. Miller*

HOWARD E. MILLER

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.

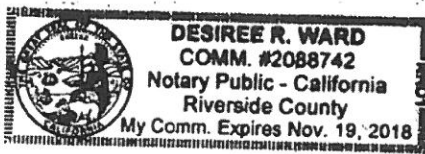
STATE OF CALIFORNIA }  
                                  } SS.  
COUNTY OF RIVERSIDE }

On September 28, 2015, before me, Desiree R. Ward, Notary Public, personally appeared HOWARD E. MILLER, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal

*Desiree R. Ward*  
Signature of Notary Public



(Seal)



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052016154552

**CERTIFICATE OF DEATH**

3201633009090

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV 3/06)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>DONALD</b>		2. MIDDLE <b>WAYNE</b>	
3. LAST (Family) <b>PRESTRIDGE</b>			
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy <b>11/03/1960</b>	
		5. AGE Yrs. <b>55</b>	
		IF UNDER ONE YEAR: Months <b>55</b> Days	
		IF UNDER 24 HOURS: Hours <b>55</b> Minutes <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>LA</b>		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP (at Time of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>MAINTENANCE</b>		16. DECEDENT'S RACE - List to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>MAINTENANCE</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>AUTOMOTIVE</b>	
19. YEARS IN OCCUPATION <b>25</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1421 WEST GEORGE STREET</b>			
21. CITY <b>BANNING</b>			
22. COUNTY/PROVINCE <b>RIVERSIDE</b>			
23. ZIP CODE <b>92220</b>			
24. YEARS IN COUNTY <b>28</b>			
25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>SYLVIA PRESTRIDGE, MOTHER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>208 JOWERS ROAD, WEST MONROE, LA 71291</b>	
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>-</b>		29. MIDDLE <b>-</b>	
30. LAST (BIRTH NAME) <b>-</b>			
31. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>		32. MIDDLE <b>HENRY</b>	
33. LAST <b>PRESTRIDGE</b>		34. BIRTH STATE <b>LA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>SYLVIA</b>		36. MIDDLE <b>RUTH</b>	
37. LAST (BIRTH NAME) <b>WILSON</b>		38. BIRTH STATE <b>LA</b>	
39. DISPOSITION DATE mm/dd/ccyy <b>08/08/2016</b>		40. PLACE OF FINAL DISPOSITION: RES: SYLVIA PRESTRIDGE <b>208 JOWERS ROAD, WEST MONROE, LA 71291</b>	
41. TYPE OF DISPOSITION(S) <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>			
44. NAME OF FUNERAL ESTABLISHMENT <b>WEAVER MORTUARY</b>		45. LICENSE NUMBER	
46. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>		47. DATE mm/dd/ccyy <b>08/08/2016</b>	
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1421 WEST GEORGE STREET</b>	
106. CITY <b>BANNING</b>			
107. CAUSE OF DEATH Error the chain of events - - - disease, injury, or complication - - - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>PENDING</b>		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>2016-08320</b>	
109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (C) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? (D) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absent Since _____ Decedent Last Seen Alive _____			
115. SIGNATURE AND TITLE OF CERTIFIER <b>AIMEE ROBERTS</b>		116. LICENSE NUMBER	
117. DATE mm/dd/ccyy <b>08/02/2016</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/ccyy			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>AIMEE ROBERTS</b>		127. DATE mm/dd/ccyy <b>08/02/2016</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>AIMEE ROBERTS, DEPUTY CORONER</b>			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		GENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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

DATE ISSUED **Nov 8, 2016**

This copy is not valid unless prepared on an engraved paper, displaying the date, seal and signature of the Registrar.



001457771

*Cameron Kaiser*  
DR. CAMERON KAISER, MD  
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARIVERSOL



**DECLARATION OF RIGHT PURSUANT  
TO PROBATE CODE SECTION 13101 ET. SEQ.**

**TO:** RIVERSIDE COUNTY TREASURE TAX COLLECTOR

I, SYLVIA PRESTRIDGE, declare as follows:

1. The name of the decedent is: **DONALD WAYNE PRESTRIDGE.**
2. The decedent died in the City of Banning, County of Riverside, State of California, on July 29, 2016.
3. At least forty (40) days have elapsed since the death of the decedent, as shown in a certified copy of the Decedent's death certificate attached to this Declaration.
4. No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
5. 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 Sixty-Six Thousand two hundred fifty Dollars (\$166,250.00).
6. At the time of death, said Decedent was the owner of the following asset: 1421 W George St., Banning Ca 92220, Parcel Identification Number 540020035 - which has been sold by the County of Riverside for delinquent taxes TC215-2 Item 1667. This is a claim for the Excess Proceeds from the Sale of the Real Property.

7. The decedent died without a Will, the following are all of the persons who succeed to the described property under Probate Code Section 6401 and 6402 (intestate succession):

<u>NAME</u>	<u>SHARE OF ESTATE</u>	<u>RELATIONSHIP TO DECEDENT</u>
SYLVIA PRESTRIDGE	100%	Mother

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

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

10. The Declarant(s) requests that the described property be paid, delivered, or transferred to the Declarant(s).

11. The estate of the Decedent does NOT include any real property, except the following: NONE

12. The undersigned and each of them agrees to hold RIVERSIDE COUNTY free and harmless from all liability, damage or expense, including but not limited to Court costs and attorneys fees it may incur by reason of any payment or delivery made by them pursuant to this declaration, and the undersigned, each of them, agrees to indemnify RIVERSIDE COUNTY against all liabilities, claims, demands, losses and cost.

13. Each of the undersigned warrants, and represents that



the identifying information provided below is accurate.

14. The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED at Ouachita Parish, Louisiana, on the 5th day of October, 2020.

Name: Sylvia Prestridge  
SYLVIA PRESTRIDGE

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 Louisiana }  
                              } SS.  
COUNTY OF Ouachita }

On this 5Th day of October, 2020 before me, Jessica Thornhill, Notary Public, personally appeared SYLVIA PRESTRIDGE, 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.

Jessica Thornhill  
Signature of Notary Public



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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215-2 ITEM 1667 Parcel Identification Number: 540020035

Assessee: PRESTRIDGE DONALD ESTATE OF

Situs: 1421 W GEORGE ST BANNING 92220

Date Sold: July 21, 2020

Date Deed to Purchaser Recorded: September 11, 2020

Final Date to Submit Claim: September 11, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$75,425.50 from the sale of the above mentioned real property. I/We were the [ ] lienholder(s), [ ] property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. \_\_\_\_\_; recorded on \_\_\_\_\_. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Enclosed is: Death Certificate of Herbert Julius Miller - my stepdad  
Death certificate of Jo-Ann Helen Miller - my mother  
Birth Certificate of Darlene Elizabeth Frick - mine  
marriage Certificate of Darlene Elizabeth Frick

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 30 day of June, 2021 at Gem, Idaho  
County, State

Darlene E. Gjelsvik  
Signature of Claimant

Signature of Claimant

Darlene E. Gjelsvik  
Print Name

Print Name

527 Edgemont Rd  
Street Address

Street Address

Emmett, ID 83617  
City, State, Zip

City, State, Zip

(208) 318-8936  
Phone Number

Phone Number

martincruisers2@yahoo.com  
Email Address

Email Address

RECEIVED  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

2021 JUL -7 PM 4:30  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

RECEIVED



**AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101**

The undersigned state(s) as follows:

Jo-Ann Miller (name of decedent) died on 8/24/2020 (date), in the County of Riverside, 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:
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>6/30/2021</u>	<u>Darlene E. Gjelsvik</u>	<u>Darlene E. Gjelsvik</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

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE  
RIVERSIDE, CALIFORNIA

3052018029946

CERTIFICATE OF DEATH

3201633001745

1. NAME OF DECEASED - FIRST (Given) <b>HERBERT</b>		2. MIDDLE <b>JULIUS</b>		3. LAST (Family) <b>MILLER</b>	
4. DATE OF BIRTH <i>month/day/yr</i> <b>04/27/1916</b>					
5. AGE Yrs. <b>99</b>					
6. SEX <b>M</b>					
7. DATE OF DEATH <i>month/day/yr</i> <b>02/10/2016</b>					
8. HOURS (24 hours) <b>0100</b>					
9. BIRTH STATE/FOREIGN COUNTRY <b>IL</b>					
10. EDUCATION - Highest Level/Degree (See instructions on back) <b>SOME COLLEGE</b>					
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARITAL STATUS/DEGREE (at time of death) <b>MARRIED</b>					
13. OCCIDENTAL RACE - Up to 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> NO <b>WHITE</b>					
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MACHINIST</b>					
15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>AEROSPACE</b>					
16. YEARS IN OCCUPATION <b>12</b>					
17. DECEASED'S RESIDENCE (Street and number, or location) <b>2357 SAN BERNARDO AVENUE</b>					
18. CITY <b>HEMET</b>					
19. COUNTY/PROVINCE <b>RIVERSIDE</b>					
20. ZIP CODE <b>92545</b>					
21. YEARS IN COUNTY <b>10</b>					
22. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>					
23. INFORMANT'S NAME, RELATIONSHIP <b>JO-ANN HELEN MILLER, WIFE</b>					
24. INFORMANT'S MAILING ADDRESS (Street and number, or post office box, street, city, state, ZIP CODE) <b>2357 SAN BERNARDO AVENUE, HEMET, CA 92545</b>					
25. NAME OF SURVIVING SPOUSE/SPO-FIRST <b>JO-ANN</b>		26. MIDDLE <b>HELEN</b>		27. LAST (BIRTH NAME) <b>BETTENHAUSER</b>	
28. NAME OF FATHER/PARENT - FIRST <b>HUBERT</b>		29. MIDDLE <b>-</b>		30. LAST <b>MILLER</b>	
31. NAME OF MOTHER/PARENT - FIRST <b>PAULA</b>		32. MIDDLE <b>-</b>		33. LAST (BIRTH NAME) <b>HOFFMEISTER</b>	
34. BIRTH STATE <b>GERMANY</b>		35. BIRTH STATE <b>ILLINOIS</b>			
36. DISPOSITION DATE <i>month/day/yr</i> <b>02/17/2016</b>					
37. PLACE OF FINAL DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518</b>					
38. TYPE OF DISPOSITION <b>BU</b>					
39. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>					
40. LICENSE NUMBER					
41. NAME OF FUNERAL ESTABLISHMENT <b>MILLER-JONES MORTUARY &amp; CREMATORY</b>					
42. LICENSE NUMBER					
43. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>					
44. DATE <i>month/day/yr</i> <b>02/16/2016</b>					
45. PLACE OF DEATH <b>MEADOWBROOK HEALTH CARE CENTER</b>					
46. COUNTY <b>RIVERSIDE</b>					
47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or facility) <b>461 EAST JOHNSTON AVENUE</b>					
48. CITY <b>HEMET</b>					
49. CAUSE OF DEATH <b>ACUTE CARDIORESPIRATORY ARREST</b>					
50. END STAGE VASCULAR DEMENTIA SYNDROME WITH DIFFUSE SYSTEMIC AND CLINICAL DECOMPENSATION SYNDROME					
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CHRONIC CALORIC MALNUTRITION SYNDROME, CACHEXIA, GENERALIZED DEBILITY SYNDROME</b>					
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>					
53. IF FRAME FREQUENT IN LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN FROM THE CHIEF SOURCE. Decedent's Usual Residence Decedent's Last Residence <b>02/10/2016</b>					
55. SIGNATURE AND TITLE OF CORNER <b>SANYASI R GANTA M.D.</b>					
56. LICENSE NUMBER <b>50</b>					
57. DATE <i>month/day/yr</i> <b>02/16/2016</b>					
58. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JOHN HARSANY JR M.D. 850 EAST LATHAM STE A, HEMET, CA 92543</b>					
59. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
60. BLISSED BY MEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
61. INJURY DATE <i>month/day/yr</i>					
62. HOUR (24 hours)					
63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
65. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
66. SIGNATURE OF CORNER / DEPUTY CORNER					
67. DATE <i>month/day/yr</i>					
68. TYPE NAME, TITLE OF CORNER / DEPUTY CORNER					
STATE REGISTRAR					



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STATE OF CALIFORNIA, COUNTY OF RIVERSIDE  
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Public Health.



DATE ISSUED **Feb 17, 2016**

*Cameron Kaiser*  
DR. CAMERON KAISER, MD  
COUNTY HEALTH OFFICER



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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

3052020193907  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO BRUSHES, WHITEOUTS OR ALTERATIONS  
VS-TYPE 4/02

3202033012702  
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>JO-ANN</b>		2. MIDDLE <b>HELEN</b>		3. LAST (Family) <b>MILLER</b>	
	AKA, ALIAS, KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>02/12/1931</b>		5. AGE Yrs. <b>89</b>
	8. BIRTH STATE/FOREIGN COUNTRY <b>NY</b>		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS/SROP (at time of death) <b>WIDOWED</b>	
USUAL RESIDENCE	13. EDUCATION - Highest Level Degree (See vocabulary at back) <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/ASPIAN? (If yes, see vocabulary at back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see vocabulary at back) <b>CAUCASIAN</b>	
	17. USUAL OCCUPATION - Type of work for most of the. DO NOT USE RETIRED <b>TELEMARKETER</b>			15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>COMMUNICATIONS</b>		18. HOURS IN OCCUPATION <b>4</b>
	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2357 SAN BERNARDO AVENUE</b>					
INFORMANT	21. CITY <b>HEMET</b>			23. COUNTY/PROVINCE <b>RIVERSIDE</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>
	22. INFORMANT'S NAME: RELATIONSHIP <b>CHERIE JENSEN, DPOA</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city, or town, state and zip) <b>2357 SAN BERNARDO AVENUE, HEMET, CA 92545</b>		
SPOUSE/SROP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
	31. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>		32. MIDDLE <b>AUGUST</b>		33. LAST <b>BETTENHOUSER</b>	
	35. NAME OF MOTHER/PARENT - FIRST <b>JOHANNA</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>MAY</b>	
	34. BIRTH STATE <b>NY</b>		38. BIRTH STATE <b>NY</b>		39. BIRTH STATE <b>NY</b>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	40. DATE OF DISPOSITION mm/dd/yyyy <b>08/31/2020</b>		45. PLACE OF FINAL DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518</b>			
	41. TYPE OF DISPOSITIONS <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
	46. NAME OF FUNERAL ESTABLISHMENT <b>MILLER-JONES MORTUARY &amp; CREMATORY</b>		48. LICENSE NUMBER		49. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>	
PLACE OF DEATH	101. PLACE OF DEATH <b>VILLA SAN JUAN BOARD AND CARE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Hospice Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Skilled Care <input type="checkbox"/> Other	
	104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>786 DE PASSE WAY</b>		106. CITY <b>HEMET</b>	
CAUSE OF DEATH	107. CAUSE OF DEATH (Show the chain of events - diseases, injuries, or combinations - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.)				108. DEATH REPORTED TO CORONER (Initial and Date)	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>A) CARDIOPULMONARY FAILURE</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Secondarily, list conditions, if any, leading to cause on Line A. Explain UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>B) CORONARY ARTERY DISEASE</b>				109. BICOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DEBILITY</b>				111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date) <b>NO</b>				113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
PHYSICIAN'S CERTIFICATION	114. CERTIFY TRUE TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>Decedent And Date Signed</small>		115. SIGNATURE AND TITLE OF CERTIFIER <b>ARVIND KISHORE MATHUR M.D.</b>		116. LICENSE NUMBER	
	117. DATE mm/dd/yyyy <b>08/16/2020</b>		118. TYPE ATTENDING PHYSICIAN'S OFFICE, MAILING ADDRESS, ZIP CODE <b>ARVIND KISHORE MATHUR M.D. 4295 EAST JURUPA STREET UNIT 201, ONTARIO, CA 91761</b>		119. DATE mm/dd/yyyy <b>08/28/2020</b>	
CORONER'S USE ONLY	120. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)			
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
	126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

**CERTIFIED COPY OF VITAL RECORD**

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Sep 3, 2020**

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

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