

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



ITEM: 19.17
(ID # 23921)

MEETING DATE:
Tuesday, April 30, 2024

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 215, Item 1708. Last assessed to: The Estate of Francisco D. Gascon. District 3. [\$34,213-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Charles Gascon AKA Charles Ugale Gascon, Executor of the Estate of Francisco D. Gascon, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 584150021;
2. Deny the claim from Michael G. Kim, Attorney-in-Fact for Lake Riverside Estates Community Association for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 584150021; and
3. Authorize and direct the Auditor-Controller to issue a warrant to Charles Gascon AKA Charles Ugale Gascon, Executor of the Estate of Francisco D. Gascon in the amount of \$34,213.89, 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.

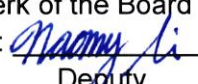
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 4/16/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: April 30, 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**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 34,213	\$ 0	\$ 34,213	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	23/24

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 5, 2020 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 15, 2020. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 24, 2020, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Charles Gascon AKA Charles Ugale Gascon, Executor of the Estate of Francisco D. Gascon based on a Corporation Grant Deed recorded July 8, 1986 as Instrument No. 1986-158413, a copy of the Last Will and Testament of Francisco Dacuycuy Gascon, a Declination to Act by James Gerald Ugale Gascon filed January 4, 2006, and a Certificate of Death for Francisco Dacuycuy Gascon.
2. Claim from Michael G. Kim, Attorney-in-Fact for Lake Riverside Estates Community Association based on a Notice of Delinquent Assessment/Lien recorded February 2, 2017 as Instrument No. 2017-0045118.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Charles Gascon AKA Charles Ugale Gascon, Executor of the Estate of Francisco D. Gascon be awarded excess proceeds in the amount of \$34,213.89. The claim from Michael G. Kim, Attorney-in-Fact for Lake Riverside Estates Community Association be denied since their lien was released with Release of Lien recorded July 26, 2022 as Instrument No. 2022-0331307. 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.

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

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Gascon

ATTACHMENT B. Claim Kim


Cesar Bernal, PRINCIPAL MGMT ANALYST 4/19/2024


Aaron Gettis, Chief of Deputy County Counsel 2/29/2024

311472.1952

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

RECEIVED

2020 AUG 19 PM 4:58

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1708 Parcel Identification Number: 584150021

Assessee: GASCON FRANCISCO D ESTATE OF

Situs:

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$34,213.89 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. 1986-158413; recorded on 07/08/1986. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

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

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

Executed this 13th day of August, 2020 at CLARK, NEVADA
County, State


Signature of Claimant

Signature of Claimant

CHARLES GASCON
Print Name

Print Name

2121 E Warm Springs Road #1148
Street Address

Street Address

Las Vegas, Nevada 89119
City, State, Zip

City, State, Zip

702.277.7271
Phone Number

Phone Number

jgascon88@gmail.com
Email Address

Email Address

158413

RECORDING REQUESTED BY
FN REALTY SERVICES, INC.
AND WHEN RECORDED MAIL TO

158413

Name Mr. & Mrs. Francisco D. Gascon
Street P.O. Box 7095
Address Agat, Guam 96928
City & State

RECEIVED FOR RECORD
AT 11:50 O'CLOCK A.M.

JUL - 8 1986

Recorded in Official Records
of Riverside County, California
W. E. Conery
RECORDER
Fee 1

PAID
Doc. Transfer Tax
WILLIAM E. CONERY,
Rec. Cl. Recorder

Name
Street
Address
City & State

MAIL TAX STATEMENTS TO

Above

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$ 23.65
 Computed on full value of property conveyed, or
 Computed on full value less liens & encumbrances
remaining thereon at time of sale.

Kathy Maxwell FN Realty Services, Inc.
Signature of declarant or agent determining tax - firm name
 Unincorporated area City of.....

Corporation Grant Deed

THIS FORM FURNISHED BY FN REALTY SERVICES, INC.

APN 584-150-021-0

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

FN Realty Services, Inc. as Trustee of Trust No(s) 0205

a corporation organized under the laws of the state of California
hereby GRANTS to

FRANCISCO D. GASCON and PACITA V. GASCON, husband and wife as joint tenants

the following described real property in the unincorporated area.

County of Riverside State of California:

Lot 432, Tract 3925, Lake Riverside Estates, as per map recorded in Book 65, Pages
15-43 inclusive of Maps, in the office of the County Recorder of said County.

MORE PARTICULARLY DESCRIBED IN EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

SUBJECT TO: (1) Taxes for the fiscal year 19 73, 74 and subsequent.

(2) Covenants, conditions, reservations, easements, restrictions, rights, rights of way, exceptions and all
matters appearing of record.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instru-
ment to be executed by its _____ Vice President and _____ Assistant Secretary
thereunto duly authorized.
Dated: June 24, 1986

FN Realty Services, Inc.
a California Corporation, as Trustee,
Under Trust No. 0205

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } SS.

On June 24, 1986 before me, the under-
signed, a Notary Public in and for said State, personally appeared
Georgia T. Schwartz personally known to
me or proved to me on the basis of satisfactory evidence to be the person
who executed the within instrument as the _____ Vice
President, and Deborah C. Callie

By Georgia T. Schwartz Vice President
By Deborah C. Callie Assistant Secretary

_____ personally known to me or proved to me
on the basis of satisfactory evidence to be the person who executed the
within instrument as the Assistant Secretary of the Corporation that
executed the within instrument and acknowledged to me that such
corporation executed the within instrument pursuant to its by-laws or a
resolution of its board of directors.

WITNESS my hand and official seal
Signature Maria D Rodriguez



Name (Typed or Printed)

(This area for official notarial seal)

ESCROW NO.

ACCOUNT NO. 0205-04321

MAIL TAX STATEMENTS AS DIRECTED ABOVE

GUAM
CERTIFICATION OF VITAL RECORD

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES

GOVERNMENT OF GUAM
U.S. STANDARD
CERTIFICATE OF DEATH

160 2004 000451
FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE OTHER SIDE
AND HANDBOOK

DECEDENT

SEE INSTRUCTIONS
ON OTHER SIDE

PARENTS

INFORMANT

DISPOSITION

**PRONOUNCING
PHYSICIAN ONLY**

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

**INSTRUCTIONS
ON OTHER SIDE**

**CAUSE OF
DEATH**

SEE DEFINITION
ON OTHER SIDE

CERTIFIER

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) FRANCISCO DACUYCUY GASCON			2. SEX. MALE	3. DATE OF DEATH (Month, Day, Year) AUGUST 29, 2004	
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birth Day (Years) 91	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) OCT '04 1912	7. BIRTH-PLACE (City and State or Foreign Country) PHILIPPINES
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO		9a. PLACE OF DEATH (Check only one, see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient, <input type="checkbox"/> ER Outpatient, <input checked="" type="checkbox"/> DDA, <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home, <input type="checkbox"/> Residence, <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) GUAM MEMORIAL HOSPITAL AUTHORITY		9c. CITY, TOWN, OR LOCATION OF DEATH OKA, TAMUNING		9d. COUNTY OF DEATH GUAM	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CARPENTER		12b. KIND OF BUSINESS/INDUSTRY FEDERAL GOVERNMENT
13a. RESIDENCE STATE GUAM	13b. COUNTY	13c. CITY, TOWN, OR LOCATION AGAT		13d. STREET AND NUMBER 132 LUCAS RODRIGUEZ STREET	
13e. INSIDE CITY LIMITS? (Yes or no) NO	13f. ZIP CODE 96915	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE—American Indian, Black, White, etc. (Specify) FILIPINO	16. DECEDENT'S EDUCATION (Specify only highest grade completed) 8
17. FATHER'S NAME (First, Middle, Last) CASTOR GASCON			18. MOTHER'S NAME (First, Middle, Maiden Surname) AGRIPINA DACUYCUY		
19a. INFORMANT'S NAME (Type/Print) JAMES U. GASCON			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. BOX 7095 AGAT, GUAM 96928		
20a. METHOD OF DISPOSITION: 9-18-04 <input checked="" type="checkbox"/> Burial, <input type="checkbox"/> Cremation, <input type="checkbox"/> Removal from State, <input type="checkbox"/> Donation, <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Carmel Cemetery Bk 2, Row 2, Plot 8		20c. LOCATION—City or Town, State Agat, Guam	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) 30-000095001-001	22. NAME AND ADDRESS OF FACILITY Ada's Mortuary, Inc. Afame Sinajana, Guam		
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: <i>[Signature]</i>		23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)		
24. TIME OF DEATH 7:10 P. M.		25. DATE PRONOUNCED DEAD (Month, Day, Year) AUGUST 29, 2004		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)	
27. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest; shock; or heart failure. List only one cause on each line. INTERSTITIAL PNEUMONIA				Approximate Interval Between Onset and Death HOURS	
IMMEDIATE CAUSE (Final disease condition resulting in death)					
DUE TO (OR AS A CONSEQUENCE OF)					
Sequentially list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease, trauma, or other event that initiated events resulting in death) LAST.					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause, given in Part I. MALNUTRITION				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	
				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural, <input type="checkbox"/> Pending Investigation, <input type="checkbox"/> Accident, <input type="checkbox"/> Suicide, <input type="checkbox"/> Homicide, <input type="checkbox"/> Could not be Determined	30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY M	30c. INJURY AT WORK? (Yes or no)	30d. DESCRIBE HOW INJURY OCCURRED	
30e. PLACE OF INJURY—At Home, farm, street, factory, office, building, etc. (Specify)		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
31a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the causes and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the causes and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER/CORONER (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes and manner as stated).					
31b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		31c. LICENSE NUMBER	31d. DATE SIGNED (Month, Day, Year) SEPT 01, 2004		
32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) AURELIO A. ESPINOLA, M.D. (CME) #325 DUENAS DRIVE, TAMUNING, GUAM 96913					
33. REGISTRAR'S SIGNATURE <i>[Signature]</i> Carmen B. Mariano, Acting				34. DATE FILED (Month, Day, Year) SEP 02 2004	

Dept. of Public Health & Social Services, Office of Vital Statistics



000756063

CERTIFIED COPY OF VITAL RECORDS
GOVERNMENT OF GUAM

This is a true and exact reproduction of the document officially registered and placed on file in the office of Vital Statistics, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES.

DATE ISSUED **JAN 24 2024**

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

[Signature]
Maria E. Quiñata

REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LAST WILL AND TESTAMENT
OF
FRANCISCO DACUYCUY GASCON

I, FRANCISCO DACUYCUY GASCON, residing at 119 Lucas Rodriguez Street, Agat, Guam, being of sound and disposing mind, and not acting under duress, menace, fraud, or undue influence of any person, declare this to be my Last Will and Testament.

CLAUSE ONE

I revoke all previous Wills and Codicils made by me. I intend this Will to dispose of all property subject to my testamentary power.

CLAUSE TWO

I declare that I am not now married. I was previously married to Pacita Ugale Gascon who is now deceased.

CLAUSE THREE

I have four (4) children, the issue of my marriage with Pacita Ugale Gascon. The children are:

Name

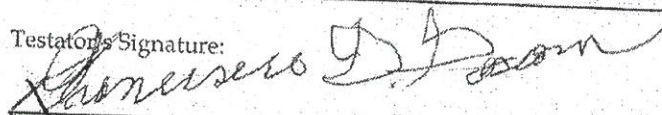
1. Francisco Ugale Gascon, Jr.
2. Eddie Ugale Gascon
3. Charles Ugale Gascon
4. James Gerald Ugale Gascon

It is my desire and intent that my son Eddie Ugale Gascon be disinherited by me to the fullest extent permitted by law.

CLAUSE FOUR

I direct that my funeral expenses, without limit to the discretion of my son, James Gerald

Testator's Signature:



Witnesses' Initials:



Ugale Gascon be paid out of my estate. I direct that all my enforceable debts be paid as soon as practicable after my death. If at the time of my death any of the real property herein devised is subject to a mortgage, I direct that the devisee taking such mortgaged property shall take it subject to such mortgage and that he or she shall not be entitled to have the obligation secured thereby paid out of my general estate.

CLAUSE FIVE

I direct that all estate, inheritance, and similar taxes assessed with respect to any property included in my estate for such tax purposes be paid out of my residuary estate, before distribution pursuant to Clause Six, Paragraph 6 of this Will, and shall not be charged to or against any recipient or beneficiary.

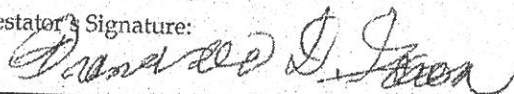
CLAUSE SIX

I give all my property and estate, both real and personal, of every kind and wherever located, to which I shall be in any manner be entitled at the time to my death, as follows:

- 1) Lot 16, Block 8, Agat, Guam to Francisco Ugale Gascon, Jr.
- 2) Lot 16, Block 28, Agat, Guam to Charles Ugale Gascon
- 3) Lot 3, Block 28, Agat Guam to James Gerald Ugale Gascon.
- 4) Lot 33-1-1-1, Agat, Guam to James Gerald Ugale Gascon.
- 5) The approximately 3 acre lot with any improvements located at Lake Riverside Estates, Aguanga, California to James Gerald Ugale Gascon.
- 6) The rest, remainder and residue of my property, of whatsoever kind, and wherever located, as follows:

<u>Name</u>	<u>Share</u>
a) Francisco Ugale Gascon, Jr.	1/3
b) James Gerald Ugale Gascon	1/3

Testator's Signature:



7) If any of my three (3) children referenced in Clause Six does not survive me, I leave the share of such child to the surviving issue of such child in equal shares. If any such child does not have surviving issue, then I leave the share of such child to my surviving children of such three children in equal shares.

CLAUSE SEVEN

I have intentionally omitted to make provision in this will for any future spouse which I might have.

CLAUSE EIGHT

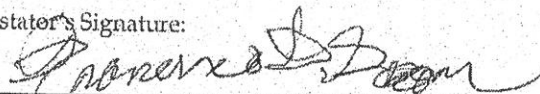
I have, except as otherwise provided in this Will, intentionally and with full knowledge, omitted to provide in this will for any of my heirs or persons claiming to be heirs who may be living at the time of my death and any person who may become my heir after the date of the execution of this Will, whether or not known to me.

CLAUSE NINE

I appoint JAMES GERALD UGALE GASCON, whose mailing address is P.O. Box 7095, Agat, Guam as Executor of this Will and direct that no bond or other form of security be required for reason of his acting in such capacity. If James Gerald Ugale Gascon refuses or is unable to perform the duties of Executor, I appoint CHARLES UGALE GASCON, whose mailing address is P.O. Box 7095, Agat, Guam, as Alternate Executor, of Agat, Guam to serve without bond or other form of security by reason of his acting in such capacity.

As soon after my death as my Executor deems consistent with good management, my executor shall pay from the residue of my estate before distribution pursuant to Clause Six, Paragraph 6 of this Will, the expenses of my last illness, funeral and burial expenses, debts duly allowed against my estate, all real estate taxes accrued at my death on property owned by me

Testator's Signature:



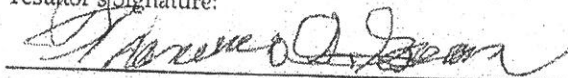
Witnesses' Initials:

individually or as joint tenant or other tenancies, expenses of the administration of my estate, and all estate, inheritance, succession, and other death taxes and duties occasioned by my death, whether incurred with respect to property passing by this Will or otherwise.

I grant to my Executor the following powers, to be exercised as he deems to be in the best interests of my estate:

- a) To retain property without liability for loss or depreciation resulting from such retention.
- b) To dispose of property by public or private sale, or exchange, or otherwise, and receive or administer the proceeds as part of my estate.
- c) To vote stock, to exercise any option or privilege, to convert bonds, notes, stocks or other securities belonging to my estate into other bonds, notes, stocks or other securities, and to exercise all other rights and privileges of a person owning similar property in his own right.
- d) To lease any real property that may at any time form part of my estate.
- e) To abandon, adjust, arbitrate, compromise, sue on or defend and otherwise deal with and settle claims in favor of or against my estate.
- f) To continue, maintain, operate or participate in any business which is a part of my estate, and to affect incorporation, dissolution or other change in the form of organization of the business.
- g) To pay all my debts, and all taxes that may, by reason of my death, be assessed against my estate or any portion of it, whether passing by probate or not, provided such debts and taxes shall be first satisfied out of my residuary estate, before distribution pursuant to Clause Six, Paragraph 6 of this Will.
- h) To do all other acts, which, in his judgment, may be necessary or appropriate for the proper and advantageous management, investment and distribution of my estate.

Testator's Signature:



Witnesses' Initials:

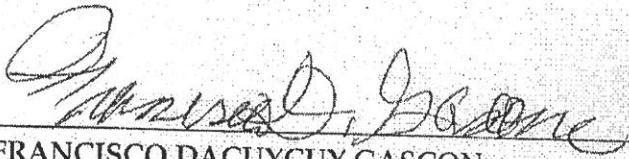
The foregoing powers, authority and discretion granted to my executor are intended to be in addition to the powers, authority and discretion vested in him by operation of law by virtue of his office, and may be exercised as often as is deemed necessary or advisable, without application to or approval by any court in any jurisdiction.

The Executor shall not be liable for any resulting losses unless the Executor acts in bad faith, with willful misconduct, or gross negligence.

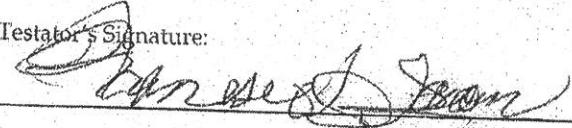
CLAUSE TEN

If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided in this Will as if that contesting beneficiary had predeceased me.

IN WITNESS WHEREOF, I declare this to be my Last Will and Testament, and I sign my name hereto this 8th day of July, 2004, at the Law Offices of Horecky & Associates, 1st Floor, J. Perez Building, 138 Seaton, Boulevard, Hagåtña, Guam 96910, in the presence of


FRANCISCO DACUYCUY GASCON

Testator's Signature:



Witnesses' Initials:

ATTESTING CLAUSE

On the date last above written, FRANCISCO DACUYCUY GASCON known to us to be the person whose signature appears at the bottom of each page and at the end of this Will, declared to us, the undersigned, that the foregoing instrument, consisting of 8 pages, including the page on which we have signed as witnesses, is his Last Will and Testament. He then signed the Will in our presence, and at his request, in his presence and in the presence of each other, we now sign our names as witnesses.

x *Vera F. Vegafria*
Vera F. Vegafria, residing at 161 Carabao Street, Windward Hills, Yona, Guam, Tel No. (671) 789-5014

x *Francine M.D. Manibusan*
Francine M.D. Manibusan, 106 Bien Avenida Avenue, Sinajana, Guam 96926, Tel No. (671) 477-9744

Testator's Signature:

Francisco Dacuycuy Gascon

Witnesses' Initials:

AFFIDAVIT

GUAM)
)
CITY OF HAGÁTÑA) ss:

Before me, the undersigned, on this day personally appeared FRANCISCO DACUYCUY GASCON, Vera F. Vegafria, and Francine M.D. Manibusan, known to me to be the Testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said FRANCISCO DACUYCUY GASCON, Testator, declared to me and to the said witnesses in my presence that said instrument is his Last Will and Testament, and that he had willingly made and executed it as his free and voluntary act and deed for the purposes therein expressed; and the said witnesses, each on their own oath stated to me, in the presence and hearing of the said Testator, that the said Testator had declared to them that said instrument is his Last Will and Testament, and that he executed same as such in their presence, and he wanted them to sign it as witnesses; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said Testator and at his request; that the said Testator was at the time at least eighteen years of age, was of sound mind and under no constraint, duress, fraud or undue influence; and that each of said witness was then at least eighteen years of age.

Francisco D Gascon

Testator

Vera F. Vegafria

Witness

Francine M.D. Manibusan

Witness

Testator's Signature:

Francisco D Gascon

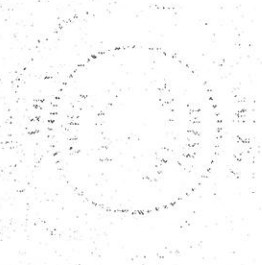
Witnesses' Initials:

V. Vegafria
F. Manibusan

SUBSCRIBED AND SWORN to and acknowledge before me a Notary Public in and for Guam, by the Testator, FRANCISCO DACUYCUY GASCON, and subscribed and sworn to before me by the said Vera F. Vegafria and Francine M.D. Manibusan, as witnesses, this 8th day of July, 2004.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the _____ and _____ year first above written.

(SEAL)



Frederick J. Horecky

NOTARY PUBLIC

FREDERICK J. HORECKY
NOTARY PUBLIC
In and for Guam, U.S.A.
My Commission Expires: Sept. 17, 2006
1st Floor, J. Perez Building
138 Seaton Boulevard, Hagåtña, Guam 96910

Page 8 of the Last Will and Testament
of Francisco Dacuycuy Gascon
dated July 8, 2004, consisting
of 8 Pages

Testator's Signature:

Francisco Dacuycuy Gascon

Witnesses' Initials:

RECEIVED

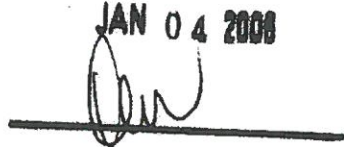
19

2024 JAN 11 AM 11:51

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JAN 04 2008



1 JAXON E. MILLER, SBN: 91758
2 **MILLER & KING LAW OFFICE**
3 6529 RIVERSIDE AVE., STE. 153
4 RIVERSIDE, CALIFORNIA 92506
5 TELEPHONE: (951) 275-8900
6 FACSIMILE: (951) 275-8996

7 ATTORNEY FOR PETITIONER

8 **THE SUPERIOR COURT OF CALIFORNIA**
9 **IN AND FOR THE COUNTY OF RIVERSIDE**
10 **PROBATE DIVISION**

11 In Re the Estate of:)
12 FRANCISCO DACUYCUY GASCON,)
13)
14 Deceased.)
15 _____)

CASE NO: RIP089588

DECLINATION TO ACT

Date: 1/9/06
Time: 9:00 a.m.
Dept: 10

16 I, James Gerald Ugale Gascon, Executor of the Estate of Francisco Dacucuy Gascon, hereby
17 decline to act as Executor, so that Charles Ugale Gascon, may act as Executor of the Estate of Francisco
18 Dacucuy Gascon.

19
20 X Dated: _____

Signature attached
James Gerald Ugale Gascon

ORIGINAL

1 JAXON E. MILLER, SBN 91758
2 MILLER & KING LAW OFFICE
3 6529 RIVERSIDE AVE., STE. 153
4 RIVERSIDE, CALIFORNIA 92506
5 TELEPHONE: (951) 275-8900
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14 Deceased.

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17 decline to act as Executor, so that Charles Ugals Gascon, may act as Executor of the Estate of Francisco
18 Dacucuy Gascon

19
20 Dated: 12/22/05


James Gerald Ugals Gascon X

27 C:\AXORS CLIENTS\PROBATE\G. H. M. B. S. COMPL. B. D. N. 35 DEC TO ACT.WP

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1708 Parcel Identification Number: 584150021

Assessee: GASCON FRANICSCO D ESTATE OF

Situs:

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$14372.62 from the sale of the above mentioned real property. I/We were the [X] 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. 2017-0205426 recorded on 5/23/2017. 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.

Attached is the recorded Notice of Default and Election to Sell referring to the lien recorded on 2/2/2017 as Doc No 2017-0045118

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 July, 2020 at San Diego County, California County, State

Signature of Claimant

Signature of Claimant

Print Name

MICHAEL G. KIM, ATTORNEY IN FACT FOR CLAIMANT LAKE RIVERSIDE ESTATES COMMUNITY ASSOCIATION

Street Address

2173 SALK AVE, STE. 250

City, State, Zip

CARLSBAD CA 92008

Phone Number

760 579 7390

Email Address

MIKIM@MIKEKIMLAW.COM

RECEIVED 2020 AUG -6 PM 2:43 RIVERSIDE COUNTY TREAS-TAX COLLECTOR

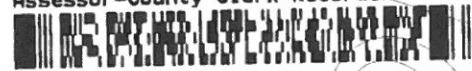
RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:
LAW OFFICES OF MICHAEL G. KIM, APC
2173 SALK AVE., STE. 250
CARLSBAD, CALIFORNIA 92008
APN: 584-150-021

2017-0045118

02/02/2017 11:14 AM Fee: \$ 34.00

Page 1 of 4

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



061

NOTICE OF DELINQUENT ASSESSMENT/LIEN

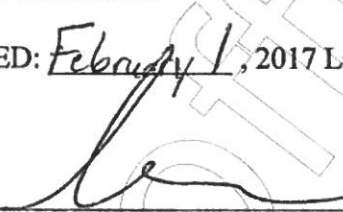
NOTICE IS HEREBY GIVEN that the Board of Directors of Lake Riverside Estates Community Association ("Association"), pursuant to the powers conferred upon it by that certain Declaration, as defined in the California Civil Code Section 4135, recorded in the Official Records, Riverside County Recorder, State of California, on June 22, 2005, as File/Page No. 2005-0493617 and California Civil Code Sections 5600 et seq, levied assessments and other charges on that certain property located at **Lot 432 Meadowview Way, Aguanga, CA 92536**, legally described as, APN **584-150-021** the record owner(s) of which is/are **Francisco D. Gascon and Pacita V. Gascon**.

1. The Association claims a lien imposed on the Property by this notice in the amount of **\$7,019.92** (see attached itemized statement) currently due and owing, PLUS ANY ADDITIONAL ASSESSMENTS AND COSTS ACCRUED AND OWING AFTER THE DATE OF RECORDATION TO THE DATE OF SATISFACTION HEREOF, which includes the following: (a) assessments, late charges, interest and of collection costs in the amount of **\$8,801.92**, currently due and owing as of February 1, 2017; and (b) attorneys' fees and costs in the amount of **\$464.00** as of February 1, 2017.

2. The name and address of the trustee authorized by the Association to enforce the lien by sale is **LAW OFFICES OF MICHAEL G. KIM, APC, 2173 SALK AVE., STE. 250, CARLSBAD, CALIFORNIA 92008**. **LAW OFFICES OF MICHAEL G. KIM, APC IS ACTING IN THE FUNCTION AS A DEBT COLLECTOR, ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

DATED: February 1, 2017 Lake Riverside Estates Community Association.

BY:


Michael G. Kim, as Trustee, Attorney, and Authorized
Representative for Lake Riverside Estates Community Association

Lake Riverside Estates CA

Lake Riverside Estates
 41610 Lakeshore Blvd
 41610 Lakeshore Blvd
 Aguanga, CA 92536

Francisco D & Pacita V Gascon
 PO Box 7095
 Agat, GU 96928-0095

Property Address: Lot432 Meadowview Way
 Account #:

Code	Date	Amount	Balance	Check#	Memo
	Balance Forward:	0.00			
Prior Accounting Late Fee	12/25/2014	240.00	240.00		12/31/14 Bal Fwd
Prior System Balance	12/25/2014	3,468.92	3,708.92		12/31/14 Bal Fwd
Prior Accounting Assessment	12/25/2014	2,068.00	5,776.92		12/31/14 Bal Fwd
Assessment	1/1/2015	110.00	5,886.92		Assessment
Assessment	2/1/2015	110.00	5,996.92		Assessment
Assessment	3/1/2015	110.00	6,106.92		Assessment
Assessment	4/1/2015	110.00	6,216.92		Assessment
Assessment	5/1/2015	110.00	6,326.92		Assessment
Assessment	6/1/2015	110.00	6,436.92		Assessment
Assessment	7/1/2015	110.00	6,546.92		Assessment
Assessment	8/1/2015	110.00	6,656.92		Assessment
Late Fee	8/16/2015	11.00	6,667.92		Late Fee
Assessment	9/1/2015	110.00	6,777.92		Assessment
Late Fee	9/16/2015	11.00	6,788.92		Late Fee
Assessment	10/1/2015	110.00	6,898.92		Assessment
Late Fee	10/16/2015	11.00	6,909.92		Late Fee
Assessment	11/1/2015	110.00	7,019.92		Assessment
Late Fee	11/16/2015	11.00	7,030.92		Late Fee
Assessment	12/1/2015	110.00	7,140.92		Assessment
Late Fee	12/16/2015	11.00	7,151.92		Late Fee
Assessment	1/1/2016	110.00	7,261.92		Assessment
Late Fee	1/16/2016	11.00	7,272.92		Late Fee
Assessment	2/1/2016	110.00	7,382.92		Assessment
Late Fee	2/16/2016	11.00	7,393.92		Late Fee
Assessment	3/1/2016	110.00	7,503.92		Assessment
Assessment	4/1/2016	110.00	7,613.92		Assessment
Late Fee	4/16/2016	11.00	7,624.92		Late Fee
Assessment	5/1/2016	110.00	7,734.92		Assessment
Late Fee	5/16/2016	11.00	7,745.92		Late Fee
Assessment	6/1/2016	110.00	7,855.92		Assessment
Late Fee	6/16/2016	11.00	7,866.92		Late Fee
Assessment	7/1/2016	110.00	7,976.92		Assessment
Late Fee	7/16/2016	11.00	7,987.92		Late Fee
Assessment	8/1/2016	110.00	8,097.92		Assessment
Late Fee	8/16/2016	11.00	8,108.92		Late Fee
Assessment	9/1/2016	110.00	8,218.92		Assessment

Lake Riverside Estates | 41610 Lakeshore Blvd | 41610 Lakeshore Blvd | Aguanga, CA 92536 | 951-763-4192

Lake Riverside Estates CA

Lake Riverside Estates

41610 Lakeshore Blvd

41610 Lakeshore Blvd

Aguanga, CA 92536

Code	Date	Amount	Balance	Check#	Memo
Assessment	10/1/2016	110.00	8,328.92		Assessment
Late Fee	10/16/2016	11.00	8,339.92		Late Fee
Assessment	11/1/2016	110.00	8,449.92		Assessment
Late Fee	11/16/2016	11.00	8,460.92		Late Fee
Assessment	12/1/2016	110.00	8,570.92		Assessment
Late Fee	12/16/2016	11.00	8,581.92		Late Fee
Assessment	1/1/2017	110.00	8,691.92		Assessment
Assessment	2/1/2017	110.00	8,801.92		Assessment
Current	30 - 59 Days	60 - 89 Days	>90 Days	Balance:	8,801.92
231.00	110.00	121.00	8,339.92		

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 San Diego)
On 02-01-2017 before me, Megan Jean Kim / Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Michael G. Kim
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 Megan Jean Kim
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: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

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

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

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:
MICHAEL G. KIM, APC
2173 SALK AVE., STE. 250
CARLSBAD, CALIFORNIA 92008

APN: 584-150-021-0


**This document was electronically submitted
to the County of Riverside for recording**
Received by: ELENA #448

RELEASE OF LIEN

On February 2, 2017, Lake Riverside Estates Community Association ("Association"), pursuant to the powers conferred upon it by that certain Declaration, as defined in the California Civil Code Section 4135, recorded in the Official Records, Riverside County Recorder, State of California, and California Civil Code Sections 5660, et seq, caused a lien to be recorded against the property described as **LOT 432; Tract 3925; LAKE RIVERSIDE ESTATES, AS PER MAP RECORDED IN BOOK 65, PAGES 15-43 INCLUSIVE OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY**, legally described as APN 584-150-021-0 the record owner(s) of which is/are **Francisco D. Gascon and Pacita V. Gascon**. Said lien was duly recorded as **Document No.: 2017-0045118**.

In receipt of consideration, receipt of which is hereby acknowledged, Association releases the above-described property from the above described lien, and does hereby authorize and direct that the above mentioned lien be discharged of record.

Dated: 6-24-22


Michael G. Kim, as Trustee, Attorney, and Authorized
Representative for Lake Riverside Estates Community Association

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 San Diego)
On 06-24-2022 before me, Megan Jean Kim / Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Michael G. Kim
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 Megan Jean Kim
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: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

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

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