

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



**ITEM: 19.1
(ID # 14959)**

MEETING DATE:

Tuesday, May 21, 2024

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 486. Last assessed to: Jacklon Phillips, a widow. District 4. [\$6,532-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Donald Edward Smith, heir to the Estate of Jacklon Phillips, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 520101008-1;
2. Approve the claim from Jacqueline L. Stephens, heir to the Estate of Jacklon Phillips, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 520101008-1;
3. Approve the claim from Danielle Riley, heir to the Estate of Beverly Lenz, who was heir to the Estate of Jacklon Phillips, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 520101008-1; and
4. Authorize and direct the Auditor-Controller to issue a warrant to Donald Edward Smith, heir to the Estate of Jacklon Phillips in the amount of \$2,177.62, Jacqueline L. Stephens, heir to the Estate of Jacklon Phillips in the amount of \$2,177.62, and Danielle Riley, heir to the Estate of Beverly Lenz, who was heir to the Estate of Jacklon Phillips in the amount of \$2,177.61, 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:


Matthew Jennings, Treasurer-Tax Collector 5/8/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington and Perez
Nays: None
Absent: Gutierrez
Date: May 21, 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	\$ 6,532	\$ 0	\$ 6,532	\$ 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 June 4, 2019 public auction tax sale. The deed conveying title to the purchasers at the auction was recorded August 13, 2019. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 27, 2019, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Donald Edward Smith, heir to the Estate of Jacklon Phillips based on a Grant Deed recorded January 23, 1996 as Instrument No. 1996-025473, an Affidavit Under California Probate Code Section 13101 notarized April 13, 2021, and a Certificate of Death for Jacklon C. Phillips.
2. Claim from Jacqueline L. Stephens, heir to the Estate of Jacklon Phillips based on a Grant Deed recorded January 23, 1996 as Instrument No. 1996-025473, an Affidavit Under California Probate Code Section 13101 notarized April 12, 2021, and a Certificate of Death for Jacklon C. Phillips.
3. Claim from Danielle Riley, heir to the Estate of Beverly Lenz, who was heir to the Estate of Jacklon Phillips based on a Grant Deed recorded January 23, 1996 as Instrument No. 1996-025473, Affidavits Under California Probate Code Section 13101 notarized April 12, 2021, and Certificate of Deaths for Beverly Lenz and Jacklon C. Phillips.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Donald Edward Smith, heir to the Estate of Jacklon Phillips be awarded excess proceeds in the amount of \$2,177.62, Jacqueline L. Stephens, heir to the Estate of Jacklon Phillips be awarded excess proceeds in the amount of \$2,177.62, and Danielle Riley, heir to the Estate of Beverly Lenz, who was heir to the Estate of Jacklon Phillips be awarded excess proceeds in the amount of \$2,177.61. Supporting documentation has been

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

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 estate of the last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Smith

ATTACHMENT B. Claim Stephens

ATTACHMENT C. Claim Riley


Cesar Bernal, PRINCIPAL MGMT ANALYST 5/10/2024


Aaron Gettis, Chief of Deputy County Counsel 4/2/2024

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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 214 Item 486 Assessment No.: 520101008-1

Assessee: PHILLIPS, JACKLON

Situs:

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

2020 AUG -3 PM 1:53
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 6,532.85 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. 520101008-1; recorded on 8-13-2019. 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.

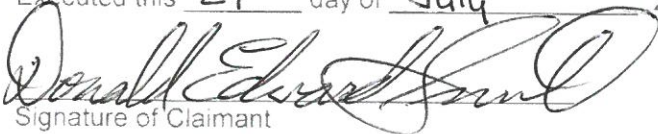
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

- Death Certificate of our mother - Jackson Phillips
- Birth Certificate of myself - Donald Edward Smith
- Identification of myself - Donald Edward Smith

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 21 day of July 2020 at POLK, GA
County, State


Signature of Claimant

Signature of Claimant

DONALD EDWARD SMITH
Print Name

Print Name

1335 LOWERY ROAD
Street Address

Street Address

ROCKMART, GA 30153
City, State, Zip

City, State, Zip

678.685.6253
Phone Number

Phone Number

STEWART TITLE OF THE INLAND EMPIRE

Order No. 125981-07
Escrow No. 10682-DM
Loan No.

WHEN RECORDED MAIL TO:
Ms. Jacklon Phillips

13178 Halbrent
Whitewater
CA 92282

025473
RECEIVED FOR RECORD
AT 2:00 O'CLOCK

JAN 23 1996

PAID
Doc. Transfer Tax
FRANK K. JOHNSON
Riv. Co. Recorder

Recorder
Fees

MAIL TAX STATEMENTS TO:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$ 4.95
X Computed on the consideration or value of property conveyed; OR
Computed on the consideration or value less liens or encumbrances remaining at time of sale

Signature of Declarant or Agent determining tax-firm Name

APN: 920-101-008
TRA: 05PC40

GRANT DEED

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

CHERYLL L. SMITH LIVING TRUST UDT JULY 13, 1995, MICHELLE R. CARSON,
SUCCESSOR TRUSTEE
hereby GRANT(S) to

Jacklon Phillips, a widow

the real property in the City of unincorporated area
County of Riverside City of county Area

State of California, described as

Lot 40 of Friendly Estates, No. 1 as per Map recorded in Book 39 of Maps,
PAGES 26 THROUGH 29, RECORDS OF RIVERSIDE COUNTY

Dated Jan. 16, 1996

STATE OF CALIFORNIA)
COUNTY OF Riverside) ss.
On 1-21-96 before me,

Dawn M. Martin
personally appeared Michelle R. Carson

CHERYLL L. SMITH LIVING TRUST

BY: Michelle R. Carson Successor
Michelle R. Carson, Successor Trustee
Trustee



personally known to me (or 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 this/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 acted, executed the instrument

WITNESS my hand and official seal
Signature [Signature]

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1007 (1-94)

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

_____ Jacklon C. Phillis _____ (name of decedent) died on
_____ August 29, 2017 _____ (date), in the County of _____ Hillsborough _____, State of ~~California~~ ^{Florida} 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:

_____ File Number 5201010008-1 _____

(Attach additional sheets if necessary.)

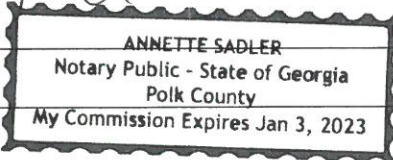
6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:
_____ Donald Edward Smith _____
7. The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
 The undersigned is/are authorized under California Probate Code Section 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
_____	_____
4.13.2021	Donald Edward Smith
_____	_____
_____	_____

Signature _____

notary: *Annette Sadler*



(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 _____

BUREAU of VITAL STATISTICS

FL

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017135000

DATE ISSUED: September 6, 2017

DECEDENT INFORMATION

STATE FILE DATE: September 5, 2017

NAME: JACKLON C PHILLIPS

DATE OF DEATH: August 29, 2017

SEX: FEMALE

AGE: 077 YEARS

DATE OF BIRTH: March 4, 1940

SSN:

BIRTHPLACE: COLQUITT, GEORGIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: NURSING HOME

FACILITY NAME OR STREET ADDRESS: SOLARIS HEALTHCARE

LOCATION OF DEATH: PLANT CITY, HILLSBOROUGH COUNTY, 33566

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 205 NORTH GALLOWAY RD, LAKELAND, FLORIDA 33815, UNITED STATES

COUNTY: POLK

OCCUPATION, INDUSTRY: RETAIL AND FOOD, PUBLIX

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian
 American Indian or Alaskan Native--Tribe: Japanese Korean Vietnamese
 Guamanian or Chamorro Samoan Other Pacific Isl:
 Other Asian: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: WILLIAM CURTIS CAUSEY

MOTHER/PARENT: DELLA BLOODWORTH

INFORMANT: JACQUELINE STEPHENS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 205 NORTH GALLOWAY RD, LAKELAND, FLORIDA 33815, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: BAY AREA CREMATORY
CLEARWATER, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: TAMMY SPURLOCK, F075000

FUNERAL FACILITY: WELLS MEMORIAL AND EVENT CENTER F040294
1903 W REYNOLDS ST, PLANT CITY, FLORIDA 33563

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1000

DATE CERTIFIED: September 1, 2017

CERTIFIER'S NAME: ROBERT NEWTON BASKIN

CERTIFIER'S LICENSE NUMBER: ME35305

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2018505161

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED



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 214 Item 486 Assessment No.: 520101008-1

Assessee: PHILLIPS, JACKLON

Situs:

Date Sold: June 4, 2019

Date Deed to Purchaser Recorded: August 13, 2019

Final Date to Submit Claim: August 13, 2020

RECEIVED

2020 AUG -3 PM 4:53

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$6532.85 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. 520101008-1 recorded on 8-13-2019. 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.

- Death Certificate of mother - Jackson Phillips
- Birth Certificate of myself - Jacqueline Laurencia Smith Stephens
- Identification of myself - Jacqueline Laurencia Stephens
- Copy of Notification Received / Grant Deed / Quitclaim Deed

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 24th day of July, 2020 at Lincoln, NC.
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Jacqueline L. Stephens
Print Name

Print Name

4696 Reepsville Road
Street Address

Street Address

Vale, NC. 28168
City, State, Zip

City, State, Zip

(863) 413-6835
Phone Number

Phone Number

STEWART TITLE OF THE INLAND EMPIRE

Order No. 125981-07
Escrow No. 10682-DM
Loan No.

WHEN RECORDED MAIL TO:
Ms. Jackson Phillips

13178 Halbrent
Whitewater
CA 92282

025473
RECEIVED FOR RECORD
AT 2:00 O'CLOCK

JAN 23 1996

PAID
Doc. Transfer Tax
FRANK K. JOHNSON
Riv. Co. Recorder

Recorder
Fees

MAIL TAX STATEMENTS TO:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$ 4.95

X Computed on the consideration or value of property conveyed; OR
Computed on the consideration or value less liens or encumbrances remaining at time of sale

Signature of Declarant or Agent determining tax form value

APN: 320-101-008

TRA: 050040

GRANT DEED

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

CHERYLL L. SMITH LIVING TRUST UDT JULY 13, 1995, MICHELLE R. CARSON,
SUCCESSOR TRUSTEE
hereby GRANT(S) to

Jackson Phillips, a widow

the real property in the City of Unincorporated Area
County of Riverside City of County Area

State of California, described as

Lot 40 of Friendly Estates, No. 1 as per Map recorded in Book 39 of Maps,
PAGES 26 THROUGH 29, RECORDS OF RIVERSIDE COUNTY

Dated Jan. 16, 1996

STATE OF CALIFORNIA)
COUNTY OF Riverside) ss.

On 1-21-96 before me,

CHERYLL L. SMITH LIVING TRUST

BY: Michelle R. Carson Successor
Michelle R. Carson, Successor Trustee
Trustee

personally appeared Dawn M. Martin
Michelle R. Carson



personally known to me (or 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 acted, executed the instrument

WITNESS my hand and official seal

Signature [Signature]

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1007 (1-94)

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Jackson C. Phillips (name of decedent) died on August 29 2017 (date), in the County of Hillsborough, State of Florida 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 Appraisal 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:

File Number: 5201010008-1

(Attach additional sheets if necessary.)

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

Jacqueline L. Stephens, Danielle N. Riley

- 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>4/12/2021</u>	<u>Danielle N. Riley</u>	<u>[Signature]</u>
<u>4/12/2021</u>	<u>Jacqueline L. Stephens</u>	<u>[Signature]</u>

Gaston Co. NC
Sworn and Subscribed before me
on this 12th Day of Apr. 2021
My Commission expires 7/20/2023

(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 Appraisal (Probate Form DE-160, DE-161).
- 2. Have this affidavit notarized



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017135000

DATE ISSUED: September 6, 2017

DECEDENT INFORMATION

STATE FILE DATE: September 5, 2017

NAME: JACKLON C PHILLIPS

DATE OF DEATH: August 29, 2017

SEX: FEMALE

AGE: 077 YEARS

DATE OF BIRTH: March 4, 1940

SSN:

BIRTHPLACE: COLQUITT, GEORGIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: NURSING HOME

FACILITY NAME OR STREET ADDRESS: SOLARIS HEALTHCARE

LOCATION OF DEATH: PLANT CITY, HILLSBOROUGH COUNTY, 33566

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 205 NORTH GALLOWAY RD, LAKELAND, FLORIDA 33815, UNITED STATES

COUNTY: POLK

OCCUPATION, INDUSTRY: RETAIL AND FOOD, PUBLIX

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian American Indian or Alaskan Native--Tribe: Japanese Korean Vietnamese Guamanian or Chamorro Samoan Other Pacific Isl: Other Asian: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: WILLIAM CURTIS CAUSEY

MOTHER/PARENT: DELLA BLOODWORTH

INFORMANT: JACQUELINE STEPHENS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 205 NORTH GALLOWAY RD, LAKELAND, FLORIDA 33815, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: BAY AREA CREMATORY
CLEARWATER, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: TAMMY SPURLOCK, F075000

FUNERAL FACILITY: WELLS MEMORIAL AND EVENT CENTER F040294
1903 W REYNOLDS ST, PLANT CITY, FLORIDA 33563

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1000

DATE CERTIFIED: September 1, 2017

CERTIFIER'S NAME: ROBERT NEWTON BASKIN

CERTIFIER'S LICENSE NUMBER: ME35305

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2018505161

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



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

RECEIVED

To: Jon Christensen, Treasurer-Tax Collector

2020 AUG -3 PM 1:59

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 214 Item 486 Assessment No. 520101008-1

Assessee PHILLIPS JACKLON

Situs:

Date Sold June 4 2019

Date Deed to Purchaser Recorded August 13 2019

Final Date to Submit Claim August 13 2020

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 6532.85 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. 520101008-1 recorded on 8-13-2019. 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.

- Death Certificate my mother Beverly Lenz
- Birth Certificate of myself Danielle Nicole Lenz - ^{Granddaughter} to Jackson Phillips
- Copy of Identification of myself Danielle Nicole Riley
- Copy of my marriage certificate Danielle Nicole Lenz

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 24th day of July, 2020 at Lincoln, N.C.
County State

[Signature]
Signature of Claimant

Signature of Claimant

Danielle Riley
Print Name

Print Name

4406 Reepoville Road
Street Address

Street Address

Vale, NC 28168
City, State, Zip

City, State, Zip

(828)-468-1123
Phone Number

Phone Number

STEWART TITLE OF THE INDEPENDENT

Order No. 125981-07
Escrow No. 10682-DM
Loan No.

WHEN RECORDED MAIL TO:
Ms. Jackson Phillips

13178 Halbrent
Whitewater
CA 92282

025473
RECEIVED FOR RECORD
AT 2:00 O'CLOCK

JAN 23 1996

PAID
Doc. Transfer Tax
FRANK K. JOHNSON
Riv. Co. Recorder

Recorder
Fees

MAIL TAX STATEMENTS TO:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$ 4.95

X Computed on the consideration or value of property conveyed; OR
Computed on the consideration or value less liens or encumbrances remaining at time of sale

Signature of Declarant or Agent determining Tax-Paid Name

APN: 520-101-008
TRA: 055040

GRANT DEED

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

CHERYLL L. SMITH LIVING TRUST UDT JULY 13, 1995, MICHELLE R. CARSON,
SUCCESSOR TRUSTEE

hereby GRANT(S) to

Jacklon Phillips, a widow

the real property in the City of ~~Unincorporated Area~~
County of ~~City of County Area~~

Riverside

State of California, described as

Lot 40 of Friendly Estates, No. 1 as per Map recorded in Book 39 of Maps,
RECORDS OF RIVERSIDE COUNTY, PAGES 26 THROUGH 29, RECORDS OF RIVERSIDE COUNTY

Dated Jan. 16, 1996

STATE OF CALIFORNIA)
COUNTY OF Riverside) ss.

On 1-21-96 before me.

Dawn M. Martin
personally appeared Michelle R. Carson

CHERYLL L. SMITH LIVING TRUST

BY: Michelle R. Carson Successor
Michelle R. Carson, Successor Trustee
Trustee



personally known to me (or 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 acted, executed the instrument

WITNESS my hand and official seal

Signature

(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1007 (1/94)

AFFIDAVIT

to comply with California Probate Code §§ 13100-13115

1. The undersigned hereby declare(s):

2. [We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.

3. Beverly D. Lenz [Name of decedent] died at 8459 Standish Bend, while a resident of the City of Tampa, County of Hillsborough, Florida, on or about, 9/30/1997, leaving [a/no] will.

4. At least 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 affidavit or declaration.

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

6. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in California Probate Code §13050 does not exceed one hundred

7. fifty thousand dollars (\$150,000) and includes the following: [Describe the property to be transferred with sufficient detail to be identifiable.]

8. The affiant or declarant is the successor of the decedent [as defined in California Probate Code §13006] 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. [My/Our] name(s), address(es), relationship(s) to the decedent and age(s) are as follows: [List]

Danielle Nicole Riley-4696 Reepsville Road, Vale, NC 28168
Daughter - Age: 26

11. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

12. [I/We jointly and severally] agree to hold [property holder] free and harmless and indemnify [him/her] against all liability, claims, demands, loss, damages, costs and expense whatsoever that [he/she/it may incur because of the transfer, payment, or delivery to [me/us] of the property.

13. The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 4/12/2021

Signature: [Handwritten Signature]

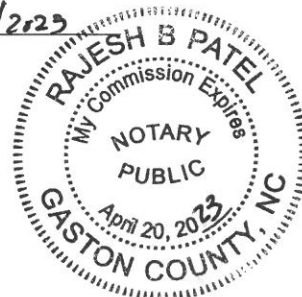
Dated: _____

Signature: _____

Subscribed and sworn to me before this 12th day of April, 2021

[Handwritten Signature]
Notary Public in and for said County and State

My Commission expires on: 04/20/2023



AFFIDAVIT

To comply with California Probate Code §§13100-13115

OFFICE of VITAL STATISTICS

CERTIFIED COPY

39-97-006730 CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

DECEDENT	1. DECEDENT'S NAME FIRST: BEVERLY MIDDLE: LAST: LENZ			2. SEX Female		
	3. DATE OF DEATH (Month, Day, Year) September 30, 1997		4. SOCIAL SECURITY NUMBER		5a. AGE: Last Birthday (years) 32	
	6. DATE OF BIRTH (Month, Day, Year) December 11, 1964		7. BIRTHPLACE (City and State or Foreign Country) Albany, Georgia		8. WAS DECEDENT EVER IN US 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 type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			9b. INSIDE CITY LIMITS? (Yes or No) No		
PARENTS	9c. FACILITY NAME (If not institution, give street and number) 8459 Standish Bend Drive		9d. CITY, TOWN, OR LOCATION OF DEATH Tampa		9e. COUNTY OF DEATH Hillsborough	
	10a. DECEDENT'S USUAL OCCUPATION Student	10b. KIND OF BUSINESS/INDUSTRY Nursing	11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Widowed	12. SURVIVING SPOUSE (If wife, give maiden name)		
	13a. RESIDENCE — STATE Florida	13b. COUNTY Hillsborough	13c. CITY, TOWN, OR LOCATION Tampa	13d. STREET AND NUMBER 8459 Standish Bend Drive		
	13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 33615	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE — American Indian, Black, White, etc. Specify White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)	
DISPOSITION	17. FATHER'S NAME (First, Middle, Last) Ernest Edward Smith		18. MOTHER'S NAME (First, Middle, Maiden Surname) Jacklon C. Causey			
	19a. INFORMANT'S NAME (Type/Print) Jacklon Phillips		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8459 Standish Bend Drive, Tampa, FL 33615			
	20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Bay to Bay Crematory		20c. LOCATION — City or Town, State Tampa, Florida	
	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>M. T. ...</i>		21b. LICENSE NUMBER (of Licensee) 3869	21c. NAME AND ADDRESS OF FACILITY Florida Mortuary-Loyless Chapel 4601 N. Nebraska Ave., Tampa, FL 33603		
CERTIFIER	22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <i>...</i>		23a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <i>...</i>		23c. HOUR OF DEATH 5:00 P	
	22b. DATE SIGNED (Mo. Day Yr.)	22c. HOUR OF DEATH M		23b. DATE SIGNED (Mo. Day Yr.) October 13, 1997	23d. MEDICAL EXAMINER'S CASE #	
	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Medical Examiner Department Julia Martin, M.D. 401 S. Morgan St., Tampa, FL 33602					
CAUSE OF DEATH BY CERTIFIER	25a. SUBREGISTRAR — SIGNATURE AND DATE <i>Sharon Turner</i>		25b. LOCAL REGISTRAR — SIGNATURE <i>Sharon Turner</i>		25c. DATE REGISTERED Oct 14, 1997	
	26. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Metastatic Poorly Differentiated Adenocarcinoma, Unknown Primary</u> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____				Approximate Interval Between Onset and Death	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No
					28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes	

VOID IF ALTERED OR ERASED

VOID IF ALTERED

CERTIFYING

CAUSE OF DEATH BY CERTIFIER

October 13, 1997 5:00 P

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by MEDICAL EXAMINER

23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)

Medical Examiner Department
401 S. Morgan St., Tampa, Fl. 33602

Julia Martin, M.D.

25a. SUBREGISTRAR - SIGNATURE AND DATE

25b. LOCAL REGISTRAR - SIGNATURE

Sharon Turner

25c. DATE REGISTERED

Oct 14, 1999

26 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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

a. Metastatic Poorly Differentiated Adenocarcinoma, Unknown Primary
DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

b. _____
DUE TO (OR AS A CONSEQUENCE OF):

c. _____
DUE TO (OR AS A CONSEQUENCE OF):

d. _____
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

27a. WAS AN AUTOPSY PERFORMED? (Yes or No)

No

27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)

No

28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)

Yes

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO

30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED

30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.

Natural

32a. DATE OF INJURY (Month, Day, Year)

32b. TIME OF INJURY

M

32c. INJURY AT WORK? (Yes or No)

32d. DESCRIBE HOW INJURY OCCURRED

32a. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)

32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Angela Lodevici
CHIEF DEPUTY REGISTRAR

OCT 15 1997
State Registrar

WARNING:
6796726

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HRS FORM 1564A (9-96)

CERTIFICATION OF VITAL RECORD



AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Jackson C. Phillips (name of decedent) died on August 29 2017 (date), in the County of Hillsborough, State of Florida and:

- At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
- Either of the following, as appropriate:
 - 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 the California Probate Code Section 13050, does not exceed \$100,000.
- An Inventory and Appraisal of the real property in the decedent's estate is attached, or There is no real property in the estate.
- 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:
File Number: 5201010008-1

(Attach additional sheets if necessary.)

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

Jacqueline L. Stephens, Danielle N. Riley

- 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.
- No other person has a superior right to the interest of the decedent in the described property.
- 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>4/12/2021</u>	<u>Danielle N. Riley</u>	<u>[Signature]</u>
<u>4/12/2021</u>	<u>Jacqueline L. Stephens</u>	<u>[Signature]</u>

Gaston Co. NC
Sworn and Subscribed before me
on this 12th Day of Apr. 2021
My Commission expires 7/20/2023

(Attach an additional sheet if necessary.)

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



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017135000

DATE ISSUED: September 6, 2017

DECEDENT INFORMATION

STATE FILE DATE: September 5, 2017

NAME: JACKLON C PHILLIPS

DATE OF DEATH: August 29, 2017

SEX: FEMALE

AGE: 077 YEARS

DATE OF BIRTH: March 4, 1940

SSN:

BIRTHPLACE: COLQUITT, GEORGIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: NURSING HOME

FACILITY NAME OR STREET ADDRESS: SOLARIS HEALTHCARE

LOCATION OF DEATH: PLANT CITY, HILLSBOROUGH COUNTY, 33566

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 205 NORTH GALLOWAY RD, LAKELAND, FLORIDA 33815, UNITED STATES

COUNTY: POLK

OCCUPATION, INDUSTRY: RETAIL AND FOOD, PUBLIX

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian American Indian or Alaskan Native--Tribe: Japanese Korean Vietnamese Guamanian or Chamorro Samoan Other Pacific Isl: Other Asian: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: WILLIAM CURTIS CAUSEY

MOTHER/PARENT: DELLA BLOODWORTH

INFORMANT: JACQUELINE STEPHENS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 205 NORTH GALLOWAY RD, LAKELAND, FLORIDA 33815, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: BAY AREA CREMATORY
CLEARWATER, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: TAMMY SPURLOCK, F075000

FUNERAL FACILITY: WELLS MEMORIAL AND EVENT CENTER F040294
1903 W REYNOLDS ST, PLANT CITY, FLORIDA 33563

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1000

DATE CERTIFIED: September 1, 2017

CERTIFIER'S NAME: ROBERT NEWTON BASKIN

CERTIFIER'S LICENSE NUMBER: ME35305

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2018505161

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

