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



ITEM: 19.1 (ID # 14959) MEETING DATE:

FROM: TREASURER-TAX COLLECTOR:

Tuesday, May 21, 2024

Kimberly A. Rector

Clerk of the Board

**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;
- 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;
- 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, Treasuter Tax Collector 6/8/2024

### 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

Page 1 of 3 ID# 14959 19.1

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Total Cost: Ong \$ 6,532 \$ 0	
COST	\$ 6,532	\$0	\$ 6,532		
NET COUNTY COST	\$0	\$0	\$ 0		
SOURCE OF FUNDS:	Fund 65595 Excess Proc	ande from Tay Sala	Budget Adjus	stment:	N/A
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			For Fiscal Ye	ar:	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:

- 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.
- 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

(SEE REVERSE SIDE FOR FURTHER INSTRI	E SALE OF TAX-DEFAULTED   JCTIONS)	PROPERTY
To: Jon Christensen, Treasurer-Tax Coll	ector	
Re: Claim for Excess Proceeds		2020 AUG -3 37 4 =3
TC 214 Item 486 Assessment No.: 520101	008-1	RIVERSIDE COUNTY TREAS- TAX COLLECTOR
Assessee: PHILLIPS, JACKLON		MAY DOLLEGION
Situs:		
Date Sold: June 4, 2019		
Date Deed to Purchaser Recorded. August 13,	2019	
Final Date to Submit Claim: August 13, 2020		
property owner(s) [check in one box] at Recorder's Document No.530101008-1; recorder's Document No.530101008-1; recorder's are the rightful claimants by virtue of the hereto each item of documentation supporting the NOTE: YOUR CLAIM WILL NOT BE CONSIDER Death Cestificate of our virtue of the property of the NOTE:	attached assignment of interest claim submitted.	copy of this document is attached hereto st. I/We have listed below and attached NTATION IS ATTACHED.
Brown Cost-frate of Myse Identification of myse		
If the property is held in Joint Tenancy, the taxs have to sign the claim unless the claimant submiclaimant may only receive his or her respective polywer affirm under penalty of perjury that the foregoe Executed this ZI day of July Signature of Claimant	nits proof that he or she is enti ortion of the claim.	tled to the full amount of the claim, the
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	The second secon
	Fholie Number	SCO 8-21 (1-99)

STEWART TITLE OF THE INLUMENT	
Cirder No. 1259 81-07 Escrow No. 1068 2-DM Loan No.  WHEN RECORDED MAIL TO:	RECEIVED FOR RECORD AT 2:00 O'CLOCK
Ms. Jacklon Phillips  13178 Helbrent Whitewater CA 92282	DOC. Transfer Tex FRANK K. JOHNSON Riv. Co., Recorder  JAN 2 3 1996
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 remarring at time of sale
APN	Signature of Declarant or Agent determining lax-firm figure
TRA: 05 00 00 GRA	NT DEEDX
FOR A VALUABLE CONSIDERATION, receipt of which is	s hereby acknowledged,
SUCCESSOR TRUSTEE THOSE UDT	JULY 13, 1995, MICHELLE R. CARSON.
Jacklon Phillips, a widow	8
the real property in the City of County of County of County of County And Riverside  Lot 40 of Friendly Research	State of California, described as
ARKACIONIMIAN XXXXX ARKINAMANIANIMIAN XXXXIII INO. 1 E	State of California, described as  as per Map recorded in Book 39 of Maps,  26 THROUGH 29, RECORDS OF RIVERSIDE COUNTY
Dated Jan. 16, 1996	CHERYLL L. SMITH LIVING TRUST
OUNTY OF LIVERSIDE ) SS.	Michele R. Carson, Successor Trustee
Dawn M. Marih  Trisonally appeared M. Chele R. Cavson	
consulty known to me (or proved to me on the basis of satisfactory	***************************************
dence) to be the person(s) whose name(s) is/are subscribed to the within trument and acknowledged to me that he/sheathey executed the same in her/their authorized capacity(ies), and that by his/her/their signature(s) he instrument the person(s) or the entity upon behalf of which the person ad, executed the instrument.	DAWN M. MARTIN COMM. #1012457 NOTABLY PUBLIC - CALIFORNIA & SYLECTIC COUNTY By Comm. Express Jan. 28, 1998
alure	
MAIL TAX STATEMENT	(This area for official notarial seal) S AS DIRECTED ABOVE 1002 (1:544)
	vocase Area A

Non-Order Search Doc: RV:1996 00025473

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

The under	rsigned state(s)	as follows:		
	Jack	lon C. Phillis		(name of decedent) died on
Augus	t 29, 2017	(date), in the County of	Hillsborough	Florida , State of <del>California</del> and:
2. Ei A. B. 3. TI th 4. 🔀	opy of decedenther of the following No proceeding estate.  The deceder delivery to the current grosse property descand Inventory There is no redescription of the following the followin	t's death certificate.  wing, as appropriate:  ng is now being or has been on  it's personal representative has affiant or declarant of the passion fair market value of the declared in the California Probation and Appraisement of the real property in the estate.	conducted in California for nas consented in writing to property described in the a cedent's real and personal te Code Section 13050, of all property in the deceden the transferred or delivered	affidavit or declaration. I property in California, excluding does not exceed \$100,000.
		_File Number 5201010008-1		
(A	ttach additiona	I sheets if necessary.)		
6. TI	ne successor(s	) of the decedent, as defined	in Probate Code Section	13006, is/are:
pr □ th 8. N 9. TI	operty, or The undersiq e successor(s) o other person		California Probate Code to the decedent to the decedent's interesterest of the decedent in the	he described property.
	re under penal	ty of perjury under the laws o	of the State of California th	nat the foregoing is true and
correct. Date	Printed r	name	Signature	
_4.13.202	1 Donal	d Edward Smith	Gorald St.	in Soul
1. Attach	n additional she	eet if necessary.)  of death certificate and if the Appraisement (Probate Formalized	My Commi	

# THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK

### 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 INFORMATIO

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

Black or African American

Chinese

Filipino Native Hawaiian

American Indian or Alaskan Native--Tribe:

Other Pacific Isl:

Korean Vietnamese

Guamanian or Chamorro Other Asian:

Other:

Asian Indian

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

TIME OF DEATH (24 hr): 1000

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

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

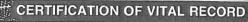
State Registrar

REQ: 2018505161

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT WARNING: SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VEHEYING THE PRESENCE OF THE WATER-MARKS. 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



DH FORM 1946 (03-13)





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

Jon Christensen, Treasurer-Tax Collector

To:

RECEIVED

Re: Claim for Excess Proceeds	2020 AUG -3 Ph. 4: F3
TC 214 Item 486 Assessment No.: 520101008-1	RIVERSIDE COUNTY - TREAS-TAX COLLECTOR
Assessee: PHILLIPS, JACKLON	TREAS TAX COLLECTOR
Situs:	
Date Sold: June 4, 2019	
Date Deed to Purchaser Recorded: August 13, 2019	
Final Date to Submit Claim: August 13, 2020	
property owner(s) [check in one box] at the time. Recorder's Document No. 520 (check in one box) are the time.	ne of the sale of the property as is evidenced by Riverside County on 8-13-306. A copy of this document is attached hereto ned assignment of interest. I/We have listed below and attached
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED	UNLESS THE DOCUMENTATION IS ATTACHED.
Death Certificate of mother-	
-	Jacqueline Lougard Smith Sephan
A	Jaqueline Lougenia Septos
Copy of Motification Receive	al Grant Deal Quitchin Deal
If the property is held in Joint Tenancy, the taxsale prohave to sign the claim unless the claimant submits proclaimant may only receive his or her respective portion of I/We affirm under penalty of perjury that the foregoing is	
Executed this 14th day of July , 2	020at Lincoln, MC.
Signaphire of Claimant	County, State  Signature of Claimant
Jacqueline L. Stephans	Print Name
HOLL REEDOVINE ROCK! Street Address	Street Address
Vale, NC. 28168 City, State, Zip	City, State, Zip
(863) 413-6835 Phone Number	
CHOILE MUTIDE	Phone Number SCO 8-21 (1-99)

STEWART TITLE OF FHE INL.  Order No. 125981-07 Escrow No. 10682-DM LOBRINO.  WHEN RECORDED MAIL TO: Ms. Jacklon Phillips  13178 Helbrent Whitewater CA 92282  MAIL TAX STATEMENTS TO:	PAID Doc. Transfer Tax FRANK K. JOHNSON RIV. Co. Recorder  PAID Doc. Recorder  JAN 2 3 1996  FRANK K. JOHNSON RIV. Co. Recorder
APN	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 saire  Signature of Declarant or Agent determining lax-Firm Name
FOR A VALUABLE CONSIDERATION, receipt of which is  CHERYLL L. SMITH LIVING TRUST UDT J SUCCESSOR TRUSTEE hereby GRANT(S) to  Jacklon Phillips, a widow  the real property in the City of Current of County of County Arrows and County Arrows are considered.	JULY 13, 1995, MICHELLE R. CARSON,
Dated Jan. 16, 1996  STATE OF CAUSORNIA COUNTY OF LIVERS & SE ON 1-21-96 DAWN M. MARTH  Personally appeared Michele R. Causon	CHERYLL L. SMITH LIVING TRUST  BY: Truckele P. Carson, Successor Trustee  Trustee
erconally known to me (or proved to me on the basis of satisfactory vidence) to be the person(s) whose name(s) is/are subscribed to the within strument and acknowledged to me that he/shorthey executed the same in sher/heir authorized capacity(ies) and that by his/her/their sagnature(s) the instrument the person(s) or the entity upon behalf of which the person led, executed the instrument	DAWN M. MARTIN COMM. #1012457 NOTARY PUBLIC - CALIFORNIA BY COST - Explication 1998

Non-Order Search Doc: RV:1996 00025473

# AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

A 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. X An Inventory and Appraisement 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 property.  (Attach additional sheets if necessary.)  6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:  **Transferred**  **CALIFORMERS**  **CALIFORMERS	rne und	dersigned state(s) a	is follows:			
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 cycliding the property described in the California Probate Code Section 13050, does not exceed \$100,000.  4. An Inventory and Appraisement of the real property in the decedent's estate is attached, or  1. 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:  1. The undersigned islane successor(s) of the decedent to the decedent's interest in the described property.  3. The undersigned islane successor(s) of the decedent to the decedent's interest in the described property.  4. No other person has a superior right to the interest of the decedent in the described property.  5. 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.  1. Printed name  1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach.  2. Attach a certified copy of death certificate and if there is real appoperty in the decedent's estate attach.  3. Attach a certified copy of death certificate and if there is real appoperty in the decedent's estate attach.  4. Attach a certified copy of death certificate and if there is real appoperty in the decedent's estate attach.  4. Attach a certified copy of death ce	Ja	ckion C	. Phillips		(name of decedent) died	l on
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 or delivery and Appraisement of the real property in the decedent's estate is attached, or here is no real property in the estate.  4. An Inventory and Appraisement of the real property in the decedent's estate is attached, or here 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:  **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 interest on the undersigned.  I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Page 1. Printed name  **High Day of Apraisement (Probate Form DE-160, DE-161)**  (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 attach as a certified copy of death certificate and if there is real property in the decedent's estate attach as a certified copy of death certificate and if there is real property in the decedent's estate attach.  **Cash of the property of the property of the decedent's estate attach as a certified copy of death certificate and if there is real p	tugus	1106 P6+6	(date), in the County of <u></u>	Hillsborough	State of Galifornia	A and:
6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:    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.   Printed name	<ul><li>3.</li><li>4.</li></ul>	copy of decedent's Either of the follow A. No proceeding estate. B. The decedent's delivery to the The current gross of the property descri An Inventory a There is no rea A description of the provisions of Califor	s death certificate.  ring, as appropriate:  g is now being or has been  s personal representative h affiant or declarant of the p fair market value of the dec ibed in the California Proba and Appraisement of the rea al property in the estate.  e property that is to be paid ornia Probate Code Section	conducted in California for act as consented in writing to the property described in the affid cedent's real and personal protect Code Section 13050, does all property in the decedent's ed, transferred or delivered to the 13100:	dministration of the deceded e payment, transfer, or avit or declaration. operty in California, exclude s not exceed \$100,000. estate is attached, or	ent's
Correct.  Date Printed name  His 1200 Printed name  Completed Inventory and Appraisement (Probate Form DE-160), DE-161).  Signature  Signature  Signature  Signature  Signature  Completed Inventory and Appraisement (Probate Form DE-160), DE-161).  Signature  Signature  Completed Inventory and Appraisement (Probate Form DE-160), DE-161).  Signature  Si	7. 8. 9.	The successor(s) of The undersigned the successor(s) of No other person had the undersigned.	of the decedent, as defined  CLSHOW  ed is/are successor(s) of the  ed is/are authorized under  f the decedent with respect as a superior right to the intequests that the described	California Probate Code Sect to the decedent's interest in terest of the decedent in the deproperty be paid, delivered on	s interest in the described tion 13051 to act on behal the described property. lescribed property. r transferred to the	f of
(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 completed Inventory and Appraisement (Probate Form DE-160, DE-161).	correct.	12021 Dow	me Dielien Riley		he foregoing is true and	
1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach completed Inventory and Appraisement (Probate Form DE-160, DE-161).				Sworn and Stone on this 12*	Day of Apr. 2021	H B PANN
ON COL	1. Attac	ch a certified copy o ed Inventory and Ap	f death certificate and if the opraisement (Probate Form	ere is real property in the dece on DE-160, DE-161).	edent's estate attach	

# LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORI

### 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

X\_White Black or African American Chinese

Japanese

Filipino Native Hawaiian

Korean

American Indian or Alaskan Native--Tribe:

Samoan

Other Pacific Isl:

Vietnamese

Guamanian or Chamorro Other Asian:

Other:

Asian Indian

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 DELLA BLOODWORTH MOTHER/PARENT: 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. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERWARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATER-WARNING: MARKS. 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

DH FORM 1946 (03-13)





CLAIM FOR EXCESS PROCEEDS FROM THE SALE (SEE REVERSE SIDE FOR FURTHER INSTRUCTION	OF TAX-DEFAULTED PROPERTY RECEIVED
To: Jon Christensen, Treasurer-Tax Collector	2020 AUG - 3 1711 14 53
Re: Claim for Excess Proceeds	RIVERSIDE COUNTY
TC 214 Item 486 Assessment No. 520101008-1	TREAS-TAX COLLECTOR
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	
Recorder's Document No. 20106 recorded of I/We are the rightful claimants by virtue of the attache hereto each item of documentation supporting the claim NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UP Considered Control of C	of the sale of the property as is evidenced by Riverside County in 6-13-2016. A copy of this document is attached hereto, diassignment of interest. I/We have listed below and attached submitted.  NLESS THE DOCUMENTATION IS ATTACHED.
Brizen Certificate of muself	Danielle Hicoie Lenz-totallo Philis
Copy of Identification of m	yself Danelle Hroje Riley
	cate Danielle Micola Leiz
f the property is held in Joint Tenancy, the taxsale products to sign the claim unless the claimant submits produlaimant may only receive his or her respective portion of I/We affirm under penalty of perjury that the foregoing is the content of t	ess has severed this Joint Tenancy, and all Joint Tenants will of that he or she is entitled to the full amount of the claim, the the claim.
Executed this 2 17h day of Odig . 20.	County State
Constant Programme	Signature of Claimant
Print Name	Print Name
Hab Reepoville Road Street Address	Street Address
Vale NC 28168 City State, Zip	City, State. Zip
722)-465-1123	Phone Number

SCO 8-21 ; 1-99

STEWART TITLE OF THE INLUMENT	
Escrow No. 1259 81-07 Escrow No. 1068 2-DM Loan No.	RECEIVED FOR RECORD
WHEN RECORDED MAIL TO: Ms. Jacklon Phillips	AT 2:00 O'CLOCK
13178 Helbrent Whitewater CA 92282	PAID Doc. Transfer Tax FRANK K. JOHNSON RIV. Co. Recorder  Free \$
MAIL TAX STATEMENTS TO;	SPACE ABOVE THIS LINE FOR RECORDERS 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
APN.	Signature of Declarant of Agent determining tax-Firm Name
TRA: 055040 GRA	NT DEEDX
FOR A VALUABLE CONSIDERATION, receipt of which i	
CHERYLL L. SMITH LIVING TRUST UDT SUCCESSOR TRUSTEE Thereby GRANT(S) to  Jacklon Phillips, a widow	JULY 13, 1995, MICHELLE R. CARSON.
the real property in the City of Canara of period te	i Aras
Riverside Riverside	State of California described on
Lot 40 of Friendly Estates, No. 1 New Control XXXX XXIX MEDICAL XXXIX XXIX MEDICAL XXIX XXIX MEDICAL XXIX XXIX MEDICAL XXIX XXIX MEDICAL XXIX XXIX XXIX XXIX XXIX XXIX XXIX XX	as per Map recorded in Book 39 of Maps, 26 THROUGH 29, RECORDS OF RIVERSIDE COUNTY
	CHERYLL L. SMITH LIVING TRUST
Dated Jan. 16, 1996  STATE OF CAUSORNIA COUNTY OF LIVERSIDE  On 1-21-96  Dawn M. Marin  Personally appeared Michele C. Caucom	Michele R. Carson, Successor Trustee  Trustee
erconally known to me (or proved to me on the basis of satisfactory vidence) to be the person(s) whose name(s) is/are subscribed to the within strument and acknowledged to me that he/shiz/hery executed the same in sheritheir authorized calpacity(hes), and that by his/her/their signature(s) the Instrument the person(s) or the antity upon behalf of which the person ted, executed the instrument	DAWN M. MARTIN COMM. #1012457 VOTAFY PUBLIC - CALIFORNIA D SOLES PUBLIC D. CALIFORNIA D SOLES PUBLIC AL 1998
MAIL TAX STATEMEN	(This area for official notatial seal)  FS AS DIRECTED ABOVE 1007 (1:54)

Non-Order Search Doc: RV:1996 00025473

# **AFFIDAVIT**

to comply with California Probate Code §§ 13100-13115

1.	The undersigned hereby declare(s):	
	[I]We] make this declaration to induce [holder of property] to transfer to [me/us] the described property pursuant to California Probate Code §§13100-13115.  Severing D. Len Z  [Name of decedent] died at 8459 Stanctish DR, while a resident of the City of Tanchon, County of Hilsborough, Galifornia, on or about, Fibrial City of Stanctish DR, 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.	
<ul><li>6.</li><li>7.</li></ul>	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 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, valle, NC 2 Daughter- Age 26	18168
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: Signature:	
	Dated: Signature:	
	Subscribed and sworn to me before this 12 <sup>th</sup> day of April , 2021	
	Notary/Public in and for said County and State  My Commission expires on: 64/20/2023	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

AFFIDAVIT
To comply with California Probate Code 8813100-13115

# OFFICE of VITAL STATISTICS

CERTIFIED COPY

IT		7-00	6730	CERTIFICATE	OF DEAT	Н						
,	1. DECEDENT'S NAME		FIRST	MIDDLI			LAS	T			2. SEX	
		BE	VERLY			L	ENZ				Fen	ale
			4. SOCIAL SECURITY	NUMBER			Last Birthday	56 UNDE	R 1 YEAR	5c UNDE	R 1 Day	
DECEDENT	September		97				(year	32	Months	Days	Hours	Minutes
具	6. DATE OF BIRTH (Month, D			7. BIRTHPLACE (City a	nd State or Foreig	gn Country)	-				ECEDENT EV	
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-	December 1			And the second name of the second	beorgia					-	E CITY LIMIT	S? (Yes or No)
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	HOSPITAL:InpatientI		the same of the sa		The second second second second			N OF DEATH			NTY OF DEAT	H
_	9c. FACILITY NAME (Il not in.				30 011		2. 5			1		
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OF	10a. DECEDENT'S USUAL OC	CUPATION	10b. KIND OF	BUSINESS/INDUSTRY	Never Ma	rried, Widov	ved.	12. SURVIVII	40 3r 003E	n wine, give ii	naroen name;	
MOST					Divorced							
NOT RED.	Student	1	Nurs	sing	Widow	red						
	13a. RESIDENCE - STATE	13b. COUN	TY	13c CITY, TOWN, OR	LOCATION		130	STREET AND	NUMBER		17	
							-					
	Florida	Hills	borough	Tampa		ALL CONTRACT	1 8	459 Sta				
	13e. INSIDE CITY 13f.	ZIP CODE	14 WAS D	DECEDENT OF HISPANIC by No or Yes — If yes, spec	OR HAITIAN OF	ANCHORA.		E - American k, White, etc	Indian, 1	6. DECEDEN (Specify of	IT'S EDUCATI nly highest gre	ON de completec
-	LIMITS? (Nes or No)		Mexica	an, Puerto Rican, etc.)	X No _ Yes		Spe		E	iementary/Secon	-	(1 - 4 or 5 + )
PARENTS	No 3	3615	Specif	y			7	Thite		12) 12	2	
뿓	17. FATHER'S NAME (First, I				18	MOTHER'S	NAME (F	irst, Middle, Ma	iden Surname	)		
2		Edward	Ç <sub>n</sub>	nith		Tacklo	1	C.	Cau	isev		
	Ernest  19a INFORMANT'S NAME (	The second secon	<u>u</u>	19b MAII	LING ADDRESS	(Street and I	Number or	Rural Route No			Zip Code)	
		National at the		8/150	9 Standi	sh Rei	nd Dr	ive Ta	ampa. F	т. 3361	15	
	Jacklon Ph			20b PLACE OF D	ISPOSITION (Na	me of ceme	ery cremi	story or	20c LOCAT	ION - City o	or Town, State	
1000			and team State	other place)								
DISPOSITION	_ Burial XX Cremat		noval from State		D 0				m	P1	.1.1.	
SIT	Donation Other (Searchy) Bay to Bay Crematory Tampa					Tampa	, F101	rida				
日品	218. SIGNATURE OF FUNE PERSON ACTING AS S	RAL SERVICE	CEUSEBOR	(of Licens								
ă	20/1	. /	11			Flori	da Mo	rtuary-	Loyles	s Char	pel	
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_	Cause(s) as state (Signature and Title) (Signature SignED (4) (Signature and Title)					EXAMINE (Signal 2)	ture and	Title) > //	A PM	19	Nen	2.11
E	ST COD DATE SIGNED !		220	HOUR OF DEATH		AX 23b D		ED (Mot Day	10.	23c HOL	URANDEATH	TVI
CERTIFIER	Only				м	Sa Octo	ober	13, 199	97	5:00	P	
爑	22d NAME OF ATTE	NDING PHYS	ICIAN IF OTHER	THAN CERTIFIER (Type of	M STOCTOBER 13, 1997 5:00 P  ADD 23d MEDICAL EXAMINER'S CASE #							
	To T	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type				M						
	24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print				e or Print)	Modian	1 Fv	aminer	Danarti	ment		
					1.5			gan St.			33602	
	Julia Martir	M.D.	AND DATE	25	b LOCAL/REGI	STRAR - S	GNATUR	Edil Olee	, ramp	29 11-10	25c. DATE RE	GISTERED
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	<b>P</b>				Since	2002	ch as ca	diac or resoural	on arrest sho	ock or heart	Approxim	ate interval
	26. PART I. Enter the disease failure. List only	es, injuries, or one cause on	cemplications the each line.	al caused the death. Do h	or euror rue mod	e or dying, si	Juli do Cal	orac or respirat	. , unual, alle	J. Hourt		Onset and
											Veam	
-	IMMEDIATE CAUSE (Final										4 .	
RTIFIER	disease or condition resulting in death) - Metastatic Poorly Differentiated Adenocarcinoma, Unknown								iknown	Frimar	У	
E	disease or condition resulting in death)  **Metastatic Poorly Differentiated Adenocarcinoma, Unknown Primary  DUE TO NOW AS A CONSEQUENCE OF											
3	Sequencially as conditions.					E2003 (\$24000)	rattees:	SCHOOLS TO P	e e contracto		edkourspess	OTEN DE
=	a serie sending a uninequal			DUE TO JOR AS A CON	SECUENCE OF						1	
E	CAUSE (Disease or injury that initiated events										i	
10	resulting in death) LAST.	c		DUE TO (OR AS A CON	SEQUENCE OF						1	
0		d									1	
CAUSE OF DEATH	PART II. Other significant co		buting to death t	out not resulting in the		N AUTOPSY	27	b. WERE AUTO			28 CASE	REPORTED
13	underlying cause g	iven in Part I	3 10 300111		PERFO (Yes or	RMFD? No)			OMPLETE CA (Yes or No)	USE	EXA	EDICAL MINER?
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1	24. NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, MEDIC	AL EXAMINER) (Type	Medical	Examiner Depar	tment	0400
	Julia Martin, N			401 S. N	lorgan St., Tan	pa, Fl. 3	3602 DATE REGISTERE
•	25a SUBREGISTRAR - SIGNA	ATURE AND DATE	25b	LOCAL REGISTRAR - SIGN	ATURE	VO.	p-1111
	b		▶	Skalon	Turne		Approximate inten
1	26. PART I. Enter the diseases, injurial lailure. List only one ca	uries, or complications that cause on each line.	used the death. Do not	enter the mode of dying, such	as cardiac or respiratory arrest,	SHOCK, OF HEART	Between Onset ar Death
Œ	IMMEDIATE CAUSE (Final disease or condition			a	oncorcinoma	Inknown Pr	imarv
CERTIFIER	resulting in death)	a Metastatic	Poorly Dif	ferentiated Ad	enocarcinoma,	OTIKHOWH 42	21102)
	1	DUI	E TO OH AS A WINSE	GUENCE OF			
BY C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	E TO JOR AS A CONSE	OUENCE OF):			
	CAUSE (Disease of Injury	DUI	E TO JUN AS A CONSE	COUNTY		!	
DEATH	that initiated events resulting in death) LAST.	с	E TO (OR AS A CONSE	COLLENCE OF):		- 1	
뇽		DU	E 10 OH AS A CONSE	COUCHOL OF J		1	
CAUSE	1	d	t resulting in the	27a WAS AN AUTOPSY	27b. WERE AUTOPSY FINE	INGS	28. CASE REPOR
3	PART II. Other significant condition underlying cause given in	ns contributing to death but no	or resulting in the	PERFORMED? (Yes or No)	USED TO COMPLETE OF DEATH? (Yes or N		EXAMINER?
	underlying datase give			.,	No	-	(Yes or No) Yes
		Too IE SUPCEDVIE MENT	TIONED IN PART LOCILE	NO NTER CONDITION FOR WHICH		Ob DATE OF SURGE	
	29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST	JUB. IF SUNGENT IS MENT	HORED IN LAW TO THE				
	3 MONTHS? _YESNO	32a DATE OF INJURY	32b. TIME OF	32¢ INJURY AT WORK?	32d DESCRIBE HOW INJU	RY OCCURRED	
	31. PROBABLE MANNER OF DEATH (Specify)	(Month, Day, Year)	YRULNI	(Yes or No)			
	Natural, accident, suicide, homicide, or undetermined.		м				
-		328. PLACE OF INJURY		321 LOCATION (Street and	Number or Rural Route Number,	City or Town, State)	
	Natural	street, factory, etc. (S	pecify)				
6							
HRS							
	THIS	S A CERTIFIED TRUE A	ND CORRECT COP	Y OF THE OFFICIAL REC	ORD ON FILE IN THIS OF	FICE	p
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# AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:	
Jackson C. Philips (name of decedent) died on	
FIDIDA HILLS DO TOUGH , State of California and:	
<ol> <li>At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.</li> <li>Either of the following, as appropriate:         <ul> <li>No proceeding is now being or has been conducted in California for administration of the decedent's estate.</li> <li>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.</li> </ul> </li> <li>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.</li> <li>An Inventory and Appraisement of the real property in the decedent's estate is attached, or</li></ol>	
(Attach additional sheets if necessary.)	
6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:	
<ol> <li>The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or</li> <li>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.</li> <li>No other person has a superior right to the interest of the decedent in the described property.</li> <li>The undersigned requests that the described property be paid, delivered or transferred to the undersigned.</li> </ol>	
I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Printed name Signature	
4/12/2021 Danielle N. Riley Da	
410000 Cagneline Lideproro	
Sworn and Subscribed before me on this 12 <sup>th</sup> Day of Apr. 2021	
My Commission expires 1/2 /2022	Da
(Attach an additional sheet if necessary.)	ATEN
1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach completed Inventory and Appraisement (Probate Form DE-160, DE-161).  2. Have this affidavit notarized	. :
A CO YOUR CO	OUNT

# THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

### BUREAU of VITAL STATISTICS



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

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

ACE: X\_White \_\_\_\_Black or African American

\_Asian Indian \_\_\_\_Chinese

\_\_\_Filipino \_\_\_\_Native Hawaiian

Korean

\_Vietnamese

Guamanian or Chamorro

American Indian or Alaskan Native--Tribe:

Other Pacific Isl:

Unknown

Other Asian:

\_\_\_Samoar

Other:

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

DATE CERTIFIED: September 1, 2017

TIME OF DEATH (24 hr): 1000
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.

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



DH FORM 1946 (03-13)

