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



ITEM: 19.6 (ID # 22792) 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 709. Last assessed to: Fred Carnighan. District 4. [\$44,267-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Heirfinders Research Associates, LLC, Assignee for Bette Mills, Heir to the Estate of Fred Carnighan, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 664080009-9:

Continued on Page 2

ACTION:Policy

Matthew Jennings, Treasurer-Tax Collector

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.

5/8/2024

Ayes:

Jeffries, Spiegel, Washington and Perez

Nays: Absent: None

Kimberly A. Rector Clerk of the Board

Date:

May 21, 2024

Gutierrez

XC:

Tax Collector

Page 1 of 3 ID# 22792 19.6

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

RECOMMENDED MOTION: That the Board of Supervisors:

- Approve the claim from Heirfinders Research Associates, LLC, Assignee for Rosemarie Cereghino, Heir to the Estate of Fred Carnighan, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 664080009-9;
- Approve the claim from Heirfinders Research Associates, LLC, Assignee for Patricia Kozemski, Heir to the Estate of Fred Carnighan, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction tax sale associated with parcel 664080009-9; and,
- 4. Authorize and direct the Auditor-Controller to issue a warrant to Heirfinders Research Associates, LLC, Assignee for Bette Mills, Heir to the Estate of Fred Carnighan in the amount of \$14,755.75, to Heirfinders Research Associates, LLC, Assignee for Rosemarie Cereghino, Heir to the Estate of Fred Carnighan in the amount of \$14,755.74, and to Heirfinders Research Associates, LLC, Assignee for Patricia Kozemski, Heir to the Estate of Fred Carnighan in the amount of \$14,755.74, 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.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost	
COST	\$ 44,267	\$0	\$ 44,267		\$0
NET COUNTY COST	\$0	\$ 0	\$0		\$ 0
SOURCE OF FUNDS:	Budget Adjust	ment: N/A			
COCKOL OF TONDO.	Tulia 00000 Excess Floc	For Fiscal Year	r: 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 Heirfinders Research Associates, LLC, Assignee for Bette Mills, Heir to the Estate of Fred Carnighan based on an Assignment of Right to Collect Excess

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

Proceeds notarized July 21, 2020, an Affidavit re Real Property of Small Value recorded December 9, 2002 as Instrument No. 2002-735351, a Declaration Under California Probate Code Section 13101 notarized March 27, 2020, and a Certificate of Death for Fred Carnighan.

- 2. Claim from Heirfinders Research Associates, LLC, Assignee for Rosemarie Cereghino, Heir to the Estate of Fred Carnighan based on an Assignment of Right to Collect Excess Proceeds notarized July 21, 2020, an Affidavit re Real Property of Small Value recorded December 9, 2002 as Instrument No. 2002-735351, a Declaration Under California Probate Code Section 13101 notarized April 10, 2020, and a Certificate of Death for Fred Carnighan.
- 3. Claim from Heirfinders Research Associates, LLC, Assignee for Patricia Kozemski, Heir to the Estate of Fred Carnighan based on an Assignment of Right to Collect Excess Proceeds notarized July 21, 2020, an Affidavit re Real Property of Small Value recorded December 9, 2002 as Instrument No. 2002-735351, a Declaration Under California Probate Code Section 13101 notarized March 12, 2020, and a Certificate of Death for Fred Carnighan.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Heirfinders Research Associates, LLC, Assignee for Bette Mills, Heir to the Estate of Fred Carnighan be awarded excess proceeds in the amount of \$14,755.75, Heirfinders Research Associates, LLC, Assignee for Rosemarie Cereghino, Heir to the Estate of Fred Carnighan be awarded excess proceeds in the amount of \$14,755.74, and Heirfinders Research Associates, LLC, Assignee for Patricia Kozemski, Heir to the Estate of Fred Carnighan be awarded excess proceeds in the amount of \$14,755.74. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim HeirfindersB

ATTACHMENT B. Claim HeirfindersR

ATTACHMENT C. Claim HeirfindersP

Cesar Bernal , PRINCIPAL MGMT ANALYST 5/10/2024 Aaron Gettis, Chief of Deput Centrity Coursel 4/2/2024

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

(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

RECEIVED

2020 AUG 12 PM 1: 36

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re:

Claim for Excess Proceeds

TC 214 Item 709 Assessment No.: 664080009-9

Assessee: CARNIGHAN, FRED

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 $\frac{44,267.23}{}$ from the sale of the above mentioned real property. I/We were the \square lienholder(s),

 \square 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. $\underline{664080009-9}$; recorded on $\underline{8/13/2019}$. 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.

(see attached)	
	ocess has severed this Joint Tenancy, and all Joint Tenants will oof that he or she is entitled to the full amount of the claim, the of the claim.
I/We affirm under penalty of perjury that the foregoing is	
Executed this 15th day of May , 2	County, State
Signature of Claimant	Signature of Claimant See Attached
Michael Haney, VP of Heirfinders Research Associates Print Name	Print Name
5042 Wilshire Blvd #622 Street Address	Street Address
Los Angeles, CA 90036 City, State, Zip	City, State, Zip
323-937-3033	
Phone Number	Phone Number
	SCO 8-21 (1-99)

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

Heirfinders Research Associates LLC my right to apply for from the sale of assessment number 664080 understand that the total of excess proceeds availa FILE A CLAIM FOR THEM. FOR VALUABLE C	California Revenue and Taxation Code), I, the undersigned, do hereby assign to and collect the excess proceeds which you are holding and to which I am entitled $009-9$ sold at public auction on $5/30/2019-6/4/2019$ ble for refund is \$_\$44,267.23+/- and that I AM GIVING UP MY RIGHT TO ONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION enalty of perjury that I have disclosed to the assignee all facts of which I am aware
Bette mills	Bette Mills
(Signature of Party of Interest/Assignor)	(Name Printed)
	131 Country Villas Drive
FLORIDA 1	(Address)
STATE OF CALIFORNIA)ss. COUNTY OF PINKURS)	_Safety Harbor, FL 34695 (City/State/Zip)
	_727-492-7863
	(Area Code/Telephone Number)
on	, before me, <u>OHANMANA</u> <u>Journ AN</u> , personally , who proved to me on the basis of satisfactory evidence to be the ithin instrument and acknowledged to me that he/she/they executed the same in /her/their signature(s) on the instrument the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY under the la	aws of the State of California that the forgoing paragraph is true and correct.
WITNESS my hand and official seal. (Signature of Notary)	CHARMAINE DOUMANIAN Gumminsion // CG 075424 (This area for official seal) Expires June 18, 2021 Builded With Blugget Notary Services
the California Revenue and Taxation Code, all facts	at I have disclosed to the party of interest (assignor), pursuant to Section 4675 of of which I am aware relating to the value of the right he is assigning, that I have available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON Michael Haney
(Signature of Assignee)	(Name Printed)
	5042 Wilshire Blvd Ste 622
OTATE OF CALIFORNIA	(Address)
STATE OF CALIFORNIA)ss. COUNTY OF)	Los Angeles, CA 90036
(Ci	ty/State/Zip)
appeared Michael Haney person(s) whose name(s) is/are subscribed to the wir	efore me, the undersigned, a Notary Public in and for said State, personally , who proved to me on the basis of satisfactory evidence to be the thirn-instrument and acknowledged to me that he/she/they executed the same in her/their signature(s) on the instrument the person(s), or the entity upon behalf of
WITNESS my hand and official seal.	See Attached
(Signature of Notary)	(This area for official seal)

ACKNOWLEDGMENT

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.

attached, and not the truthfulness, accuracy, or validity of that document.
State of California County of Los Angeles
On July 21, 2020 before me, Luz M. Catalan, Notary Public (insert name and title of the officer)
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(les), 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. LUZ M. CATALAN Notary Public - California
Signature (Seal) Los Angeles County Commission # 2263618 My Comm. Expires Nov 17, 2022

Title or Type of Document: ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

Document Date: July 21, 2020

ASSESSMENT NUMBER: 664080009-9

Description of Attached document:

RECORDING REQUESTED BY

Alston & Gieser, LLP

AND WHEN RECORDED MAIL TO

DOC # 2002-735351 12/09/2002 08:00A Fee:37.00

Page 1 of 11 Recorded in Official Records

County of Riverside



NAME

ADDRESS

Thomas M. Gieser, Esq. Alston & Gieser, LLP

CITY/STATE/ZIP

4 Hutton Centre Drive Suite 720

-	ur cc	120		
S	anta	Ana,	CA	92707

М	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
	1								
_								,5	W
A	R	L			COPY	LONG	REFUND	NCHG	EXAM

TITLE(S)

Affidavit re Real Property of Small Value (\$20,000 or Less)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, stat. Jet number, and address): THOMAS M.GIESER, ESQ. ALSON AND GIESER, LLP 4 HUTTON CENTRE DRIVE, SUITE 750 SANTA ANA, CA 92707 ATTORNEY FOR (Name): FRED CARNIGHAN SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-200 Oasis St. MAILING ADDRESS: CITY AND ZIP CODE: Indio, CA 92201 BRANCH NAME: Indio Court MATTER OF (Name): LILLIAN C. CORELLA	2002-735351 12709/2002 08 09H 2 of 11 DE-3(
AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE (\$20,000 or Less) 1. Decedent (name): LILLIAN C. CORELLA died on (date): JULY 20, 1996 2. Decedent died at (city, state): KIRKWOOD, ST. LOUIS 3. At least six months have elapsed since the date of death of decedent as shown in the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.) 4. a Decedent was domiciled in this county at the time of death. b Decedent was not domiciled in California at the time of death. Decedent died owning real property in this county. 5. a. The following is a legal description of decedent's real property claimed by the declarants (copy description from deed or other legal instrument): X described in an attachment labeled Attachment 5a.	FOR COURT USE ONLY SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE M. SELBERT

b. Decedent's interest in this real property is as follows (specify): PROPERTY OWNER

6.	Each declarant is a successor of decedent (as defead in Duty i
	Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is
	a. LA_ (WIII) a beneficiary who succeeded to the
	b. (no will) a person who succeeded to the property under decedent's will. (Attach a copy of the will.)
1.	Names and addresses of each quardian or constraint of the property white Probate Code sections 6401 and 6402.
	X none are as follows* (specify):

8. The gross value of all real property in decedent's estate in California as shown by the Inventory and Appraisal, excluding the real property described in Probate Code section 13050 (joint tenancy, property passing to decedent's spouse, etc.), does not exceed \$20,000.

- 9. An Inventory and Appraisal of decedent's real property in California is attached. The Inventory and Appraisal was made by a probate referee appointed for the county in which the property is located. (You may use Judicial Council form DE-160.)
- 10. No proceeding is now being or has been conducted in California for administration of decedent's estate.

* You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7.

(Continued on reverse)

Form Approved by the Judicial Council of California DE-305 [Rev. January 1, 1998] Mandatory Use [1/1/2000]

AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE (Probate)



Probate Code. § 13200

	(1	
_ MATTER OF (Name): LII	LIAN C. CORELLA	CASE NUMBER:	
		DECEDENT	
11. Funeral expenses, expens	ses of last illness, and all known un	DECEDENT secured debts of the decedent have been paid. [NOTE: Y	,
pordonally habit for deced	ent's unsecured debts up to the fair	Market value of the real property and any income you mo	rou may bi eive from i
r deciare under penalty of perju	ary under the laws of the State of Ca	alifornia that the foregoing is true and correct.	0.170 110111 11
Date: AUGUST 13, 2002 FRED CARNIGHAN	2	Lead Parailera	
(TYPE OR PRINT I	VÂME)	(SIGNATURE OF DECLARANT)	
Date:		V	
(TYPE OR PRINT I	JAME)	7	
Date:	**************************************	(SIGNATURE OF DECLARANT)	
· · · · · · <u>· · · · · · · · · · · · · </u>			
MOTARY ACKNOWN FROM		(SIGNATURE OF DECLARANT)	
NOTARY ACKNOWLEDGMEN	tional notary acknowledgment	dgment may be affixed as a rider (small strip) to this pages are required, they must be attached as 8-1/2- by 11-in	je. If add
MISSOURI		1 by 11-in	cir pages.
STATE OF GALFORNIA, COL	UNTY OF (specify): ST. LOUIS		
On (date): August 13, 20)02 , before me (name and	title): Patrick R. Gunn, Notary Public,	
personally appeared (name):	FRED CARNIGHAN	and, rutiled R. Guini, Notary Public,	
personally known to me (or pro	yed to me on the basis of anti-factor		
and announced	o will that he of she executed the	ry evidence) to be the person whose name is subscribed to instrument in his or her authorized capacity, and that by h	o the with-
organization of the month them the	person, or the entity upon behalf of	f which the person acted, executed the instrument	is or ner
WITNESS my hand and official	seal.	(NOTARY SEAL) PATRICK R. GUNN	
	\mathcal{L}_{11}	Notary Public - Notary Seal STATE OF MISSOURI	
	Zuu	St. Louis County	
(SIGNATURE OF	NOTARY PUBLIC)	My Commission Expires: Dec. 11, 2005	
STATE OF CALIFORNIA, COUN	NTY OF (specify):		
On (data):			
On (date): personally appeared (names):	, before me (name and t	itle):	
porterially appeared (names).			
personally known to me (or prov	ed to me on the basis of satisfactor	y evidence) to be the person whose names are subscribed	to the
WIGHT WIGHT CHILD STATE STATE OF THE STATE O	aged to the that they executed the it	in their authorized canacities, and that he their a	ignatures
WITNESS my hand and official	in the entity of entities upon behalf of	of which the persons acted, executed the instrument.	
•		(NOTARY SEAL)	
			ļ
(SIGNATURE OF	NOTARY PUBLIC)		1
(SEAL) COURT OF			
	Landis Hart Hart Const.	CLERK'S CERTIFICATE	
	legal description of the property	uding any attached notary acknowledgments and any attached	hed
	the original affidavit on file in my	but excluding other attachments), is a true and correct copy office. (Certified copies of this affidavit do not include the (y of
	death certificate, (2) will, or (3) in	ventory and appraisal. See Probate Code section 13202.)	•9
	Date: 10/20/00	Clerk, by MSUBERT	D :
The second second	10/95/09	Sicir, by Stranger	, Deputy
DE-305 [Rev. January 1, 1998]	AFFIDAVIT RE REAL PRO	PERTY OF SMALL VALUE	Page two

(Probate)



This must be in red to be a "CERTIFIED COPY"

Each document to which this certificate is attached is certified to be a full, true and correct copy of the original on file and of record in my office.

Superior Court of California

County of Riverside
José Octavir/Guntén, Clark

Dated:

Certification must be in red to be a "CERTIFIED COPY"



TYPE				MISSOUF	II DEPARTMENT	OF USA. T.			
STUB BLACK	TALK.	/		CERTI	FICATE OF	DEATH			
INSTRUC		TNO	REC	SISTRAR'S NUMBER		2571	104		ILE NUMBER
AND HAN	IN SIDE	lian				12 SEX	124	- 96	305448
	4. SOCIAL SECURITY NO		Cor	rella		Female	J. DATE C	LY 20, 19	Vessel
DECED		Builday (Years	SO UNDER ! YEA	THE OWNER ! DA	& DATE OF BIR	TH (Month Day Year	12 8487448	City and State or Form	90
DEGE	I B WAS DECEMBED ON THE STATE OF THE STATE O	81	GA13	HOLITS MINU	Feb. 1	, 1915	Havdor	1, Arizona	on Country)
V\$ 300	US ARMED FORCES?			90, PLACE	OF DEATH (check		Hayuer	i, Arizona	1
MO 380-061	TO FACILITY NAME III NOI MEIN	HOSPITAL:	Inpetient DEF	Contraction D	A COMER	Nursing Home	Basidanca Do	ide)	
(4-90)		h Hospita			CITY, TOWN, OR LO	CATION OF DEATH	Tables CO		
	10 MARITAL STATES		11		Kirkwood				NTY OF DEATH
	Married, Widowed, Divorced of Widowed	in wing, gry	* full meiden name)		12a DECEDENTS	SUAL OCCUPATION	(Give kind of	120 KIND OF BUSIN	· Louis
	130 RESIDENCE - STATE	13b. COUNTY			nor	nemaker	Do net use retired.	Own Ho	
	Missouri	20.000000000000000000000000000000000000			13c. CITY, TOWN, C	A LOCATION		Owit no	-
	130 STREET AND NUMBER	St	. Louis		Bren	itwood			13d. ZIP CODE
	8727 Manche	ester			131. INSIDE C	139. YE	ARS AT PRESENT	ADORESS	63144
	14 WAS DECEDENT OF WAS				₩ Yes	DNo D	Under 6		eV.
	Specify No or Yes - 11 yes, spec	city Cuban, Mexican, P.	verto Ricen, etc.)		15 RACE - American (Specify)	Indian, Black, White,	ite.	5-9 10-19	TS EDUCATION
	ZÑo □ Yes	Specify						(Specify only high	is EDUCATION est grade completed)
PARENTS	17 FATHER'S NAME OF THE	. Loui)			Whit	e .		12/y/Secondary (0-12)	College (1-4 or 5+)
	Fred	Carnig	than		IS MOTI	IER'S NAME (FIRE, MA	ddle Maigen Sumar	me)	1
INFORMA	THE INFORMANT'S NAME (Type/P	Printl		PD MAILING ADDRESS		Rose Ort	ega		
	Mr. Fred Car	nighan	1	96 MAILING ADDRESS 8727 Ma	inchester	DA DO	ily or Town, State, Z	(ip Code)	
	204 BURIAL, CREMATION. DTHER (Specify)	Monin, Day, Year	SITION	200 PLACE OF DISP	OSITION (Name of cam	MG. DI	entwood,		144
DISPOSIT		Test- 24			1 (elery, cremelary, or		- City or Town, Siste	
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSEE OR	220 NAME AND AD	DRESS OF FACILITY	1 Cemeter		Jeff	erson Bar	racks, MO
-	D 1.11 1 111	/ / /			23 W. Lo	ckwood			ESTABLISHMENT
1	List only one cause on se	s, or complications the	I caused the death.	Do not enter the mode of	dying, such as carear	Groves, 1	10 631	19 136	TUMBER
INSTRUCTION ON OTHER SIG	€ (Final disease or condition resulting	DUE TO LOR AS A	CONSEQUENCE	OCAR.	DIAC	MFAM	C 7		Samele Interval Between
	in death) Sequentially tist	· ALT	AFLOSE	ELEN71	· NE	Ant n	10.500		JUHD
1	conditions, if any,	DUE TO ION ASA	CONSEQUENCE O	(F)	1101	ALC D	120 079	; ;	UNKHOWN
CAUSE OF	UNDERLYING CAUSE	c							
DEATH	(disease or injury that mitualed events resulting in death) LAST	DUE TO IOR AS A	CONSEQUENCE	*)				1	
- Litaria	1	d						- 1	
-	PART II Diher significant conditions c	omiributing to death bu	A net resulting in the	underlying cause giren					
	1 - HYPC	FRIGH	57 84	underlying cause giren	FEMALE		254 WAS AN AU		LUTOPSY FINDINGS
	,				PAEGNA BO DAYS	NT IN THE LARY	PERFORME	COMPLE	TION OF CAUSE OF
	28 MANNER OF DEATH 27	. DATE OF HAJURY	7		□ Yes	TNo Divi		DEATHY	CONCUMENTAL PROPERTY.
	Natural Pending	(Month, Day, Year)	270. TIME OF 27	RELATED' MET ALCOHO			Yes X	DNO DY	es DNo
	Accident Investigation			Biscovision()	1	1		OCCUMAED	
	Suicide Could not be 271	PLACE OF INJURY . I	M [UYes ONO OUn	K. Oyes ONo I	J Unk			
	Deletmined Deletmined	building, etc. (specify)	nome, larm, street	lactory, office	779 LOCATION (See	el and Number or Rur	I Route Number, Ci	Ity or Form State	
	280. (Specify)	280. To the pest of	My knowledge erro	D December 1				, sere,	
	DEERTIFYING PHYSICIAN	10/		h occurred at the time, d	ste and place and due to	the cause(s) stated.	28c. DATE SIGNED	280 7	ME OF DEATH
	DMEDICAL FYAMINER/CONTIN	(Signature and	//	helt 1	/	۸ ــ	(Month, Oay, Year)	,	V. DEVIU
CERTIFIER	201 NAME AND ADDRESS OF MILIUM	THEBREAK PER	CAL EXAMINER OR	CORONERIC	-ander	sno.	7-21	7-96	7:40 P.M
	532 Cr	OUCH - SUITE 28	U.	1	286 MO LICENS	E NUMBER 30 WA	CASE REFERRED	TO MEDICAL EXAMIN	ER/CORONER?
THE STATE OF THE S	SI NAME OF ATTENDING PHYS STATE	BIS MAY STON	FIER 32 REGISTE	PAR S GNATUTE	12/3		JYes KN	0	
			•	Myax	1/200	97 TA 100 ST	33 DA1	TE RECEIVED BY LOC	MEDISTRAR
	-	CT 1	OUID CO.	. 7 - 7 1	- Cum		1	JU	L 2 3 1996
		31. L	OOIZ COON	TY DEPARTM	MENT OF HE	ALTH			
			CLAV	SOUTH MER	AMEC				
		THIS IS A	CERTIFIED	TON, MISSOU	KI 63105	MACH STAN			
			De not accept it cen	COPY OF AN	OKIGINAL DO	CUMENT			**
	Tut	PERPODUIG			THE SAME OF STREET				

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (MC 193 315.RS*1m1-983)

STATE OF MISSOURI

COUNTY OF ST. LOUIS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health.

Witness my hand as County Registrar of Vital Statistics and the Seal of the ST. LOUIS COUNTY DEPARTMENT OF

HEALTH this date of JUL 2 3 1996

2002-735351 12/09/2002 08:00A 5 of 11

MO 580-1103(7-89)

ATTACHMENT 5A DESCRIPTION OF REAL PROPERTY

(

Unimproved real property located in Desert Hot Springs, more particularly described as:

The West half of the Southwest quarter of the Southwest quarter of the Southeast quarter of Section 27, Township 2 South, Range 4 East, San Bernardino Base and Meridian. Excepting therefrom the Southerly 40 feet as conveyed to the County of Riverside by Deed recorded July 8, 1949 in Book 1090, Page 511 of official records.

Said property is also known as Lot #32 of Licensed Surveyor's Map on file in Book 15, Page 87 of Records of Survey of said Riverside County.

Excepting therefrom an undivided 9/10 of all oil, gas and other hydro-carbon substances lying in or under said property.



July 10, 1976 To Tellow It May Corecen: In the event of death of the undersigned it is muturely agreed by the under-Legned: Lay & Coreela and Lelean Coreela that the following requests be executed: To Any and all mones due eis from Lefe Incurere Policier (Donnée) he payable to Fred Carneghan of 419 Oak et - Webster groves II any and all money on defort atour bonks be paid to Fud Carnighan Ploperty located at Desert Hat Springs Colifornia and recorded in Reversede County, California es Lereby welled to Fred Carnighon of 419 Och et Webstergroves, Mussouri - (Residence) 837 Man chester Rd, Brentwood, mo

(

To Whom It May Concern:

In the event of the death of the undersigned, it is mutally agreed by the undersigned: Ray J. Corella and Lillian Corella that the following requests be executed:

- I. Any and all monies due us from Life Insurance Policies (Carried at Doanes) be payable to Fred Carnighan of 419 Oak St., Webster Groves, Missouri.
- II. Any and all money on deposit at our Banks be paid to Fred Carnighan.
- III. Property located at Desert Hot Springs California, and recorded in Riverside County, California is hereby willed to Fred Carnighan of 419 Oak St., Webster Groves, Missouri (Residence) 8837 Manchester Rd., Brentwood, MO (Business).

Signed: Ray J. Corella 7-10-76 Signed: Lillian C. Corella 7/10/76

	DE 460, 00 A4
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, s, bar number, and address): TELEPHONE AND FAX NOS: (714) 432-1555 (714) 432-0555	FOR COURT USE ONLY
ALSTON AND GIESER, LLP 4 HUTTON CENTRE DRIVE	
SUITE 720 SANTA ANA, CA 92707	
ATTORNEY FOR (Name): FRED CARNIGHAN	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
STREET ADDRESS: 46-200 OASIS ST.	
MAILING ADDRESS: CITY AND ZIP CODE: INDIO, CA 92201	
BRANCH NAME: INDIO COURT	
ESTATE OF (Name): LILLIAN C. CORELLA	
X DECEDENT CONSERVATEE MINOR	
INVENTORY AND APPRAISAL	CASE NUMBER:
Partial No.: Corrected 7,	Date of Death of Decedent or of Appointment of
X Final Reappraisal for Sale Property Tax Certificate	Guardian or Conservator:
Topony Tax Solimode	7/20/96
APPRAISALS	
 Total appraisal by representative, guardian, or conservator (Attachment 1): Total appraisal by referee (Attachment 2): 	\$ -0-
	* 10,000.00 TOTAL: \$ 10,000.00
	10,000.00
DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR S 3. Attachments 1 and 2 together with all prior inventories filed contain a true statement of X all a portion of the estate that has come to my knowledge or possession institute claims the estate has against me. I have truly beneather at the containing the cont	n including and a last II
A to double has against tile, I have truly, honestly, and impartially appraised to	the best of my ability each item set forth in
Attachment 1. 4. No probate referee is required by order of the court dated (specify):	, ,
5. Property tax certificate. I certify that the requirements of Revenue and Taxation Code s	section 490
a are not applicable because the decedent owned no real property in California at	the time of death
b. A have been satisfied by the filing of a change of ownership statement with the cr	ounty recorder or assessor of each county
in camornia in which the decedent owned property at the time of death.	
I declare under penalty of perjury under the laws of the State of California that the fore	egoing is true and correct.
Date: October 2, 2002	
FRED CARNIGHAN FACA	Cornishan
(TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)	(SIGNATURE)
STATEMENT ABOUT THE BOND (Complete if required by local court rule)	0
6. Bond is waived, or the sole fiduciary is a corporate fiduciary or an exempt government.	nt agency.
Sufficient In	sufficient
8. Receipts for: have been filed with the court for deposits in a institution and location):	blocked account at (specify
and leading.	
Date:	
(TYPE OR PRINT NAME) (SIGNATURE OF A	ATTORNEY OR PARTY WITHOUT ATTORNEY)
Form Approved by the (Continued on reverse)	
Form Approved by the Judicial Council of California DE-180, GC-040 [Rev. January 1, 1998]	Legal Probate Code, §§ 2610-2616.
Mendatory Use [1/1/2000] 2002-735351	Olutions 8800-8980 Plus

2002-735351 12/09/2002 08: 00A 9 of 11

	1	AAT STORE	
ESTATE OF (Name): LILLIAN	C. CORELLA	CASE NU	MBER:
<u> </u>	DECEDENT CONSER	RVATEE MINOR	
	DECLARATION OF	PROBATE REFEREE	
 I have truly, honestly, and impar A true account of my commission Statutory commission: Expenses (specify): TOTAL:	rtially appraised to the best of on and expenses actually and \$ 75.00 \$ 35.00	my ability each item and for the	Attachment 2. my appointment is
l declare under penalty of perjury under Date: 8/26/02	er the laws of the State of Cal	lifornia that the foregoing is true	WILLIAM W. SCOTT
WILLIAM W. SCOT		Calle a	PROBATE REFEREN
+	ncj	(SIGN	ATURE OF REFEREE)

INSTRUCTIONS

(See Probate Code sections 2610-2616, 8801, 8804, 8852, 8905, 8960, 8961, and 8963 for additional instructions.)

- 1. See Probate Code section 8850 for items to be included in the inventory.
- If the minor or conservatee is or has been during the guardianship or conservatorship confined in a state hospital
 under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services,
 mail a copy to the director of the appropriate department in Sacramento (Prob. Code, § 2611).
- 3. The representative, guardian, conservator, or small estate claimant shall list on Attachment 1 and appraise as of the date of death of the decedent or date of appointment of the guardian or conservator at fair market value moneys, currency, cash items, bank accounts and amounts on deposit with each financial institution (as defined in Probate Code section 40), and the proceeds of life and accident insurance policies and retirement plans payable upon death in lump sum amounts to the estate, except items whose fair market value is, in the opinion of the representative, an amount different from the ostensible value or specified amount.
- The representative, guardian, conservator, or small estate claimant shall list in Attachment 2 all other assets of the estate which shall be appraised by the referee.
- If joint tenancy and other assets are listed for appraisal purposes only and not as part of the probate estate, they must be separately listed on additional attachments and their value excluded from the total valuation of Attachments 1 and 2.
- Each attachment should conform to the format approved by the Judicial Council (see *Inventory and Appraisal Attachment* (form DE-161, GC-041) and Cal. Rules of Court, rule 201).

ESTATE OF (Name): LILLIAN C.	CORELLA	DE-161, GC-04

INVENTORY AND APPRAISAL ATTACHMENT NO: 2

(In decedents' estates, attachments must conform to Probate Code section 8850(c) regarding community and separate property.) Item No.

Page: 1 of: 1 __ total pages. (Add pages as required.)

Appraised value

\$10,000.00

1.

Description Unimproved real property located in Desert Hot Springs, more particulary described as:

The West half of the Southwest quarter of the Southwest quarter of the Southeast quarter of Section 27, Township 2 South, Range 4 East, San Bernardino Base and Meridian. Excepting therefrom the Southerly 40 feet as conveyed to the County of Riverside by deed recorded July 8, 1949 in Book 1090, Page 511 of official records.

Said property is also known as Lot #32 of Licensed Surveyor's Map on file in Book 15, Page 87 of Records of Survey of said kiverside County.

Excepting therefrom an undivided 9/10 of all oil, gas and other hydrocarbon substances lying in or under said property.

APN: 564-080-009



DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

The undersigned Declarant, each for himself or herself and not for the others, hereby declares: 1. I am the successor in interest of <u>Fred Carnighan</u>, who died in the City of <u>Webster Groves</u>, , State of Missouri, on June 22, 2011. County of Saint Louis 2. 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 declaration. X 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 Declarant of the property described in this declaration. The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000). 5. The property of Decedent which is to be paid, transferred or delivered to the Declarant under the provisions of California Probate Code Section 13100 is: Approximately \$\$44,267.23 in excess proceeds from tax sale of Riverside County APN 664080009-9 X The Declarant is the successor of the Decedent (as defined in Section 13006 of the California 6. Probate Code) to the Decedent's interest in the described property. The Declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to the Decedent's interest in the described property. The name(s) of the successor(s) of the Decedent is/are: 7. No other person has a superior right to the interest of the decedent in the described property. The Declarant requests that the described property be paid, delivered, or transferred to the Declarant. The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this day of might at SAFETY HANKOR, Re e Jane Mills Bette Jane Mills Name, Declarant 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.

The State of California, County of PNELLA , to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by be the vane . Executed on this 2 day of man, at mill 5

WITNESS MY HAND AND OFFICIAL SEAL

Notary Public for the State of California 4

* THE THE THE

CHARMAINE DOUMANIAN
Commission # GG (Notary Seal
Expires June 10, 2021
Bended Hiru Budget Notary Services

1. DECEDENT'S LEGAL NAME (Include AV A.										-		
DECEDENT'S LEGAL NAME (Include AKA's FRED CARNIGHAN	if any) (First, Middle, La	t, Suffar)		2.5	SEX ALE	3. IF FEN	ALE, LAST NA AGE	AME PRIO	TO FIRST	DAT		(Month, Day, Year)
TITY NUMBER	6a. AGE – Last	6b. UNDER 1 Y	YEAR 6c	, UNDER 1 DAY		OF BIRTH (M	onth, Day, Yea	ari I	8. BIRTHPLAC	JUI E (City and	NE 22, 201	1 (an Country)
	Birthday (Years)			OURS MINUTES		ARY 01, 1		,	HAYDEN.			ign country)
9a. HESIDENCE (COUNTRY)		. TEARITORY or PR	ROVINGE)		9b. COU		3.100		9c. CITY, TOW	100000		
UNITED STATES 96. STREET AND NUMBER	MISS	DURI			SAINT				CRESTWO	OD		
989 WOODBINE DRIVE						Se. APARTM	ENT NO.	91, ZIP C			9g. INSIDE	CITY LIMITS?
10, WAS DECEDENT EVER IN U.S.	11, MARITAL ST	ATUS AT THE TIME	OF DEATH	-	-	12. SURVIVE	G SPOUSE'S	2000	wite, give name	prior to first		□ 140
ARMED FORCES?	☐ Married	Married, but s	separated	Widowed					0.01.0000000000000000000000000000000000	Constitution of		
☑ Yes ☐ No		☐ Never Marrie	d	Unknown								
13. FATHER'S NAME (First, Middle, Last, Suttix FRED CARNIGHAN	()					ARIO ORT		FIRST MA	RRIAGE (First,	Middle, Last	I, Suffex)	
15a. INFORMANT'S NAME (First, Middle, Last).	Suffix)		15b. RE	LATIONSHIP TO D	7.000			ADDRESS	(Street and Nu	riber, City, S	State, ZIP Coo	hr)
ROSEMARIE CEREGHINO				BHTER					RIVE, CRES	TWOOD,	MISSOUR	RI 63126
IF DEATH OCCURRED IN A HOSPITAL		16. PLACE	OF DE	ATH (Check	k only o	ne: see	instructi	ions.)	-			
☐ Inpatient ☐ Emergency Room/Ou	toatient D DOA	Hospice Fac					и Пре	notoni e		When (Co.		
17. FACILITY NAME (If not institution, give street		LI Hospita rad	alty Da			N, STATE AN		bedent's	nome 🔲		INTY OF DEA	TH
LUTHERAN CONVALESCENT HOM	IE .			WEBS	STER GR	OVES, MI	SSOURI 63			SAINT	LOUIS	
20a. METHOD OF DISPOSITION ☑ Burial ☐ Cremation ☐ Donation	П		E OF DISP Day, Year)	OSITION 21, PLA	AGE OF DIS	POSITION IN	ame of cemete	ary, cremat	ory, other place) 22. LOC	ATION (City of	or Town, State)
Removal from State Other (Spe			28, 2011	NATK	ONAL CE	METERY				JEFFE	RSON BA	RRACKS, MISSOUR
23. NAME AND COMPLETE ADDRESS OF FUN	NERAL FACILITY			24. SIGNATURE		AL SERVICE	LICENSEE OF	ROTHERR	ERSON	25	5. FUNERAL	ESTABLISHMENT
GERBER CHAPEL 23 W LOCKWOOD AVE, WEBSTER		IRI 63119		ACTING AS S	SUCH				-		LICENSE N	IUMBER
25. ACTUAL OR PRESUMED TIME OF DEATH		en surid	1	KARLEE		DOLES TO		99.655		2	00601054	1
04:39 PM			27. 1	Yes No		HUNER CON	TACTED?					
28. PART L Enter the chain of events - diseases	CAUSE injuries or complication	OF DEATH (See Ins	tructions a	and examples in ha	andbook)		of the second visit					
tionillation without showing the etiplo	ogy. DO NOT ABBREVIA	TE. Enter only one o	ause on a li	ne. Add additional ii	ines il neces	so buch as ca sary.	u ac arrest, re	цигалогу а	rest, or Ventrica		oproximate in nset to Death	
IMMEDIATE CAUSE (Final disease or condition → a. MY	YOCARDIAL INFA	RCTION								м	INUTES	
regulting in death)		.,		Due to (or as a con	sequence of):						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLY-	TRIAL FIBRILLATIO	N		Due to lor as a con		0.				10	DAYS	
ING CAUSE (disease or injury				rone to tox en a cour	sequence di)						
in death) LAST.	HEROSCLEROTIO	HEART DISEA		Due to (or as a con-	sequence of	1:	-			10	YEARS	1 Tyleso
d .												
				7000		-	,					
PART II. Enter other <u>significant conditions contri</u>	buting to death but not re	sulting in the underly	ying cause g	gwen in PART I.					Y FINDINGS A			No E THE CAUSE OF DEATH
							☐ Yes		No			
31. DID TOBACCO USE CONTRIBUTE TO DEA	10.000	. IF FEMALE Not pregnant w	thin nast	Media			33. MANH	VER OF DI	HTA	D Hamis	ide	
											tion	
☑ No	11						death Suidide Could not be determined					
☐ Probably	[Not pregnant, b	out pregna	int within 42 days								
☐ Probably		Not pregnant, b Not pregnant, b	ut pregna ut pregna	int within 42 days int 43 days to 1 y	year before	e death						
☐ Probably ☐ Unknown		Not pregnant, b	out pregna out pregna gnant with	int within 42 days int 43 days to 1 y in the past year	year before		Suio	ide			not be dete	rmined
☐ Probably ☐ Unknown		Not pregnant, b Not pregnant, b Unknown if pre	out pregna out pregna gnant with	int within 42 days int 43 days to 1 y	year before		Suio	ide			not be dete	JURY AT WORK?
Probably Unknown 44. DATE OF INJURY (Month, Day, Year) (Spell		Not pregnant, b Not pregnant, b Unknown if pregnant of INJURY	out pregna out pregna gnant with	int within 42 days int 43 days to 1 y nin the past year LACE OF INJURY	year before	nt's home, co	Suio	restaurant			37. IN	JURY AT WORK?
☐ Probably ☐ Unknown 34. DATE OF INJURY (Month, Day, Year) (Spoil) 36e. LOCATION OF INJURY — STATE	Month)	Not pregnant, b Not pregnant, b Unknown if pregnant of INJURY	out pregna out pregna gnant with 36. P	int within 42 days int 43 days to 1 y nin the past year LACE OF INJURY	year before	nt's home, co	Suio	restaurant	wooded area)	Could	37. IN	JURY AT WORK?
☐ Probably ☐ Unknown 34. DATE OF INJURY (Month, Day, Year) (Spoil) 36e. LOCATION OF INJURY — STATE	Month)	Not pregnant, b Not pregnant, b Unknown if pregnant of INJURY	out pregna out pregna gnant with 36. P	int within 42 days int 43 days to 1 y nin the past year LACE OF INJURY	year before	nt's home, co	Suice	restaurant IMBER SPORTATI	wooded area)	Could (SPECIFY)	37. IN	JURY AT WORK? es No 366, ZIP CODE
☐ Probably ☐ Unknown 34. DATE OF INJURY (Month, Day, Year) (Spoil) 36e. LOCATION OF INJURY — STATE	Month)	Not pregnant, b Not pregnant, b Unknown if pregnant of INJURY	out pregna out pregna gnant with 36. P	int within 42 days int 43 days to 1 y nin the past year LACE OF INJURY	year before	nt's home, co	Suid	restaurant IMBER SPORTATI	wooded area)	Could (SPECIFY)	37. IN	JURY AT WORK? es No 366, ZIP CODE
38. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE)	Month) 35	Not pregnant, b Not pregnant, b Unknown if prej TIME OF INJURY	out pregna out pregna gnant with 36. P	int within 42 days int 43 days to 1 y in the past year LACE OF INJURY I	year before	38d. STI	Suid Suid REET AND NU 40. IF TRANS Driver/C	restaurant IMBER SPORTATI Operator Specify)	wooded area)	Could (SPECIFY)	37. IN	JURY AT WORK? es No 366, ZIP CODE
☐ Probably ☐ Unknown 34. DATE OF INJURY (Month, Day, Year) (Spell) 38a. LOGATION OF INJURY – STATE 38. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) ☑ Contriying Physician – To the best of r	Month) 35	Not pregnant, b Not pregnant, b Onknown if pregnant, b Onknown if pregnant, b OF INJURY 38c. G	out pregna uit pregna gnant with 36, P	int within 42 days int 43 days to 1 y in the past year LACE OF INJURY! WIN , and place, and	year before	38d STI	Suid Suid REET AND NL 40. IF TRANS Driver/C Other (s)	restaurant IMBER SPORTATI Operator Specify)	ON ACCIDENT	Could (SPECIFY) senger	37. IN	JURY AT WORK? OS No 386. ZIP COOC'
□ Probably □ Unknown 34. DATE OF INJURY (Marth, Day, Year) (Spell) 386. LOCATION OF INJURY – STATE 38. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) ☑ Cortifying Physician – To the best of r □ Medical Exammer/Coroner – On the best of r	Month) 388. COUNTY	Not pregnant, b Not pregnant, b Onknown if pregnant, b Onknown if pregnant, b OF INJURY 38c. G	out pregna uit pregna gnant with 36, P	int within 42 days int 43 days to 1 y in the past year LACE OF INJURY! WIN , and place, and	year before	38d STI	Suid Suid REET AND NL 40. IF TRANS Driver/C Other (s)	restaurant IMBER SPORTATI Operator Specify)	ON ACCIDENT	Could (SPECIFY) senger	37. IN	JURY AT WORK? 95 No 386. ZIP CODE
Probably Unknown 34. DATE OF INJURY (Menh. Day, Year) (Spell) 366. LOCATION OF INJURY – STATE 376. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) Certifying Physician – To the best of r Medical Examiner/Coroner – On the b SIGNATURE DAYID A ABBOTT	Month) 35 Month) 35 my knowledge, death	Not pregnant, b. Not pregnant, b. Not pregnant, b. Unknown if pregnant, b. Since Of INJURY 38c. Co	out pregna cui pregna gnant with 36. P iTY OR TOT	int within 42 days int 43 days to 1 y in the past year LACE OF INJURY! WIN , and place, and	year before	38d STI	Suid Suid REET AND NL 40. IF TRANS Driver/C Other (s)	restaurant IMBER SPORTATI Operator Specify)	ON ACCIDENT	Could (SPECIFY) senger	37. IN	JURY AT WORK? OS No 386. ZIP COOC'
☐ Probably ☐ Unknown 34. DATE OF INJURY (Month, Day, Year) (Soell 184. DATE OF INJURY - STATE 185. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) ☐ Cortifying Physician — To the best of rome of the company of the co	Month) 35 Month) 35 my knowledge, death	Not pregnant, b. Not pregnant, b. Not pregnant, b. Unknown if pregnant, b. Since Of INJURY 38c. Co	out pregna cui pregna gnant with 36. P iTY OR TOT	int within 42 days int 43 days to 1 y in the past year LACE OF INJURY! WIN , and place, and	year before	38d STI	Suid Suid REET AND NL 40. IF TRANS Driver/C Other (s)	restaurant IMBER SPORTATI Operator Specify)	ON ACCIDENT Pas	Could (SPECIFY) senger	37. IN Ped	JURY AT WORK? OS No 386. ZIP COOC'
☐ Probably ☐ Unknown 34. DATE OF INJURY (Morth, Day, Year) (Spell) 36a. LOGATION OF INJURY – STATE 37a. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) ☐ Cortifying Physician – To the best of r ☐ Medical Examiner/Corpner – On the b SIGNATURE ☐ DAVID A ABBOTT 12. NAME ACCRESS, AND 2IP CODE OF PER DAVID A ABBOTT 1005 BELLEVUE AVENUE SUITE 111	Month) 35 My knowledge, death assis of examination, r	Not pregnant, b. Not pregnant, b. Not pregnant, b. Not pregnant, b. Unknown if pregnant, b. Since OF INJURY INSE OF DEATH (Item ITY, MISSOURI	aut pregna gnant with 36. P iTY OR TOI ime. date. ion, in my	int within 42 days int 43 days to 1 y in the past year UACE OF INJURY I WIN , and place, and opinion, death o	year before	38d STI	Suid Suid REET AND NL 40. IF TRANS Driver/C Other (s)	restaurant IMBER SPORTATI Operator Specify)	ON ACCIDENT Pas	(SPECIFY) senger	37. IN Ped	JURY AT WORK? OS No 386. ZIP COOC'
□ Probably □ Unknown 34. DATE OF INJURY (More), Day, Year) (Spell) 38a. LOGATION OF INJURY – STATE 38b. LOGATION OF INJURY – STATE 38c. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) □ Cortifying Physician – To the best of r □ Medical Examiner/Corpner – On the b SIGNATURE □ DAVID A ABBOTT 42. NAME. ACDRESS. AND 2IP CODE OF PER DAVID A ABBOTT 43. CERTIFIER MO LICENSE NUMBER	Month) 35 My knowledge, death assis of examination, r	Not pregnant, b. Not pr	ine, date, ion, io my	int within 42 days int 43 days to 1 y in the past year UACE OF INJURY I WIN , and place, and opinion, death o	year before	38d STI	Suid Suid Suid Suid Suid Suid Suid Suid	restaurant IMBER SPORTATI Operator Specify) stated, oe, and o	ON ACCIDENT Pas	(SPECIFY) senger INCE OF C	37. IN Ped	JURY AT WORK? OS No 386. ZIP COOC'
Probably Unknown 34. DATE OF INJURY (Marth, Day, Year) (Spall) 36. LOCATION OF INJURY – STATE 37. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) Corrighing Physician – To the best of rid Medical Examiner/Coroner – On the to SIGNATURE DAVID A ABBOTT 42. NAME ACCRESS AND ZIP CODE OF PERS DAVID A ABBOTT 43. TORS BELLEY UNE SUITE 116 44. CERTIFIER MOLICENSE NUMBER 100000R01G01	Month) 35 My knowledge, death assis of examination, r	Not pregnant, b. Not pregnant, b. Not pregnant, b. Not pregnant, b. Unknown if pregnant, b. Since OF INJURY INSE OF DEATH (Item ITY, MISSOURI	ine, date, ion, io my	int within 42 days int 43 days to 1 y in the past year UACE OF INJURY I WIN , and place, and opinion, death o	year before	38d. STI	Suid Suid Suid Suid Suid Suid Suid Suid	ide restaurant IMBER SPORTATI Operator Specify) staled. ce, and c	ON ACCIDENT Pas Pas 43, ML Month, Day, Ye	(SPECEFY) senger ISC(s) and TITLE OF C	37. IN Ped	JURY AT WORK? OS No 386. ZIP COOC'
Probably Unknown 34. DATE OF INJURY (Marth, Day, Year) (Spell 36. LOCATION OF INJURY – STATE 37. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) Corrilying Physician – To the best of r Medical Examiner (Coroner – On the b SIGNATURE DAVID A ABBOTT 1035 BELLE VUE AVENUE SUITE 111 1055 BELLE VUE AVENUE SUITE 111 1056 BELLE VUE AVENUE SUITE 111 1057 REGISTRARS SIGNATURE	Month) 35 My knowledge, death assis of examination, r	Not pregnant, b. Not pr	ine, date, ion, io my	int within 42 days int 43 days to 1 y in the past year UACE OF INJURY I WIN , and place, and opinion, death o	year before	38d STI	Suid Suid Suid Suid Suid Suid Suid Suid	restaurant IMBER SPORTATI Operator Specify) stated, oe, and o	ON ACCIDENT Pas	(SPECEFY) senger ISC(s) and TITLE OF C	37. IN Ped	JURY AT WORK? 95 No 386. ZIP CODE
Probably Unknown 34. DATE OF INJURY (Marth, Day, Year) (Spell) 36. LOCATION OF INJURY – STATE 37. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) Corrisiying Physician – To the best of r Medical Examiner (Coroner – On the b SIGNATURE DAVID A ABBOTT 1035 BELLEYUE AVENUE SUITE 110 114. CERTIFIER MO LIGHSE NUMBER 10000R01G01 17. REGISTRARS SIGNATURE 1VRA J. CROSS	Month) 35 My knowledge, death assis of examination, r	Not pregnant, by Not pregnant, by Not pregnant, by Unknown if pregnant, by Unknown if pregnant, and State Of St	sut pregna sut pregna gnant with 36. P ITY OR TON ime, date, ton, in my 128) 163117 18 NPINUS	int within 42 days in 1 yain the past year tune to 1 yain the past year tune tune of injury (year before	38d STI 38d STI Cause(s) at the time, d	Suio Suio Suio Suio Suio Suio Suio Suio	restaurant IMBER SPORTATI Operator Specify) stated, oe, and o	ON ACCIDENT Pas Pas 43, ML Month, Day, Ye	(SPECEFY) senger ISC(s) and TITLE OF C	37. IN Ped	JURY AT WORK? 95 No 386. ZIP CODE
☐ Probably ☐ Unknown 34. DATE OF INJURY (Morth, Day, Year) (Sodil 356. LOGATION OF INJURY — STATE 36. DESCRIBE HOW INJURY OCCURRED 41. CENTIFIER (CHECK ONLY ONE) ☐ Certifying Physician — To the best of r ☐ Medical Examination ☐ DAVID A ABBOTT 122. NAME. ADDRESS. AND ZIP CODE OF THE R DAVID A ABBOTT 123. NAME. ADDRESS. AND ZIP CODE OF THE R 144. CERTIFIER NO LICENSE NUMBER DOUGHOIGO1 17. REGISTRAR'S SIGNATURE 17. REGISTRAR'S SIGNATURE 17. REGISTRAR'S	Month) 55 Month) 55 My knowledge, death spasse of examination, f	Not pregnant, by Not pregnant, by Not pregnant, by Not pregnant, by Unknown if pregnant, by Sanc Coursed at the transfer of the American State of DEATH (then ITY, MISSOURI 45. CERTIFIE 15684488)	sut pregna sut pregna gnant with 36, P 1TY OR TOT 1TY OR TOT 10me, date, 10m, in my 128) 163117 178 NPI NUK	int within 42 days int 43 days to 1 y in the past year UACE OF INJURY I WIN , and place, and opinion, death o	year before	38d STI Cause(s) a the time, d	Suio Suio Suio Suio Suio Suio Suio Suio	restaurant IMBER SPORTATI Operator Specify) Specify 101 102 101 102 101 101 101 101 101 101	ON ACCIDENT Pas Pas 43, ML Month, Day, Ye	(SPECIFY) senger ISC(s) and Title OF C	37. IN O Y	JURY AT WORKT BS No 386. ZIP CODE strian
Probably Unknown 34. DATE OF INJURY (Month, Day, Year) (Spell) 36. LOCATION OF INJURY – STATE 37. DESCRIBE HOW INJURY OCCURRED 37. CERTIFIER (CHECK ONLY ONE) Corritying Physician – To the best of r Medical Examiner (Coroner – On the b SIGNATURE DAVID A ABBOTT 1035 BELLEYUE AVENUE SUITE 111 4. CERTIFIER MO LICENSE NUMBER 10000R01G01 7. REGISTRARS SIGNATURE IVRA J. CROSS 9. DECEDENT'S EDUCATION (Check life bot and load in John of Spell) 1076 Probable bot and load describes the highest complisied at lime of death .)	Month) 55 Month) 55 My knowledge, death spasse of examination, f	Not pregnant, by Not pregnant, by Not pregnant, by Unknown if prej TIME OF INJURY OCCUPRED TIME OF INJURY OCCUPRED TIME OF INJURY OCCUPRED TIME OF INJURY AS CERTIFIE 15684488	ut pregna gnant with 36, P 36,	int within 42 days int 43 days to 1 y int the past year LUCE OF INJURY (WIN and place, and opinion, death of PANIC OFFICINY and opinion death of ASER	due to the	38d STI 2 Cause(s) a 48. FOR RE SEPTEM 51. DECED (Chock are) (Chock are)	Suio Suio Suio Suio Suio Suio Suio Suio	IMBER SPORTATION Specify) Coperator Specify LEVEDATION LEVED	ON ACCIDENT Pas AS ME Month, Day, Ye	(SPECIFY) senger ISC(s) and Title OF C	37. IN Y Ped	JURY AT WORKT BS No 386. ZIP CODE strian
□ Probably □ Unknown 34. DATE OF INJURY (Morth, Day, Year) (Shell) 36. LOCATION OF INJURY – STATE 37. DESCRIBE HOW INJURY OCCURRED 38. DESCRIBE HOW INJURY OCCURRED 39. DESCRIBE HOW INJURY OCCURRED 30. CERTIFIER (CHECK ONLY ONE) 30. CORTIFIER (CHECK ONLY ONE) 31. CERTIFIER (CHECK ONLY ONE) 32. CORTIFIER ON ONLY ONE) 33. CORTIFIER ONLY ONE) 34. CERTIFIER NO DAY ONE 35. DAY ID A ABBOTT 1035 BELLEYUE AVENUE SUITE 110 46. CERTIFIER NO DICENSE NUMBER 10000R01G01 17. REGISTRAR'S SIGNATURE 17. NEGISTRAR'S SIGNATURE 17. PAGE OF THE OF CHECK ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Month) 55 Month) 55 My knowledge, death spasse of examination, f	Not pregnant, by Not pregnant, by Not pregnant, by Not pregnant, by Unknown if prej Signature Occurred at the teand/or investigat ISE OF DEATH (Item ITY, MISSOURI ISSOURI	wit pregna with read of the state of the sta	int within 42 days int 43 days to 1 y int the past year UDGE OF INJURY (WIN and place, and opinion, death of opinion, death of describes whether paints/r/spanio/Lare paints/r/spanio/Lare	due to the	and state of the s	Suio Suio Suio Suio Suio Suio Suio Suio	ide restaurant procession of the control of the con	ON ACCIDENT Pas	(SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY)	37. IN 9. Ped	JURY AT WORK? es No 36e. ZIP CODE' estrian therself to be.)
□ Probably □ Unknown 34. DATE OF INJURY (Morth, Day, Year) (Spoll) 36. LOGATION OF INJURY – STATE 37. DESCRIBE HOW INJURY OCCURRED. 38. LOGATION OF INJURY – STATE 39. DESCRIBE HOW INJURY OCCURRED. 31. CERTIFIER (CHECK ONLY ONE) □ CONTROL EXAMPLED OF THE ONLY ONE) □ CONTROL EXAMPLED ON THE ONLY ONE 32. CARTIFIER MO LICENSE NUMBER 33. DAVID A ABBOTT 103.5 BELLEYUE AVENUE SUITE 110 44. CERTIFIER MO LICENSE NUMBER 30.000R01G01 77. REGISTRARS SIGNATURE 107. REGISTRARS SIGNATURE 108. DIECEDENT SEULCATION 109. CHORN for that best describes the highest 109. — 12th grade; no diploma	Month) 386, COUNTY Thy knowledge, death space of examination, SON COMPLETING CAI 0, ST LOUIS COUN	Not pregnant, by Not pregnant, by Not pregnant, by Unknown if pregnant, by Unknown if pregnant, by Unknown if pregnant in the Community of th	ust pregnangnari with regnant r	int within 42 days int 43 days to 1 y in the past year LACE OF INJURY WIN and place, and opinion, death of ABER PANIC ORIGIN? sol describes whethe spaniotrathic check fispanior/Latino check fispanior/Latino	due to the to the river th	38d, STI 38d, STI Cause(s) at the time, d 48. FOR RE SEPTEM S1. DECEDIO (Check one White Black America	Suio Suio Suio Suio Suio Suio Suio Suio	INSER SPECIAL SPECIA	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	(SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY)	37. IN 37. IN 7. I	JURY AT WORK? OS No 366. ZIP CODE wstrian herself to bo.)
Probably Unknown 34. DATE OF INJURY (Morth, Day, Year) (Sodil 354. DATE OF INJURY (Morth, Day, Year) (Sodil 365. DESCRIBE HOW INJURY OCCURRED 367. DESCRIBE HOW INJURY OCCURRED 367. DESCRIBE HOW INJURY OCCURRED 368. DESCRIBE HOW INJURY OCCURRED 369. DAVID A ABBOTT 360. DAVID A BEDIT TO	Month) 386, COUNTY Thy knowledge, death space of examination, SON COMPLETING CAI 0, ST LOUIS COUN	Not pregnant, by Not pregnant, by Not pregnant, by Unknown if pregnant, by Unknown if pregnant, by Unknown if pregnant in the Community of th	wit pregnanginari with the state of the stat	int within 42 days int 43 days to 1 y int the past year UDGE OF INJURY (WIN and place, and opinion, death of opinion, death of describes whether paints/r/spanio/Lare paints/r/spanio/Lare	due to the to the river th	38d, STI 38d, STI Cause(s) at the time, d 48. FOR RE SEPTEM S1. DECEDIO (Check one White Black America	Suio Suio Suio Suio Suio Suio Suio Suio	INSER SPECIAL SPECIA	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	(SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY) (SPECIFY)	37. IN Y	JURY AT WORK? OS No 366. ZIP CODE wstrian herself to bo.)
Probably Unknown M. DATE OF INJURY (Month, Day, Year) (Spell) M. DATE OF INJURY (Month, Day, Year) (Spell) M. LOCATION OF INJURY – STATE M. DESCRIBE HOW INJURY OCCURRED CONTROL OF INJURY OCCURRED A CERTIFIER MO LICENSE NUMBER MODORO I GOT NEAL OF INJURY OCCURRED MEDICAL OF INJURY OCCURRED MEDICAL OCCU	Month) 386, COUNTY Thy knowledge, death space of examination, SON COMPLETING CAI 0, ST LOUIS COUN	Not pregnant, by Not pregnant, by Not pregnant, by Unknown if pregnant, by Unknown if pregnant, by Unknown if pregnant of the Control of the	wit pregnangmant within and an analysis of the state of t	int within 42 days int 43 days to 1 yint 43 days to 1 yint the past year LUCE OF INJURY (WN) and place, and opinion, death of opinion, death opinion, death of opinion, death opinion, de	due to the to the river th	38d, STI 38d, STI Cause(s) at the time, d 48. FOR RE SEPTEM S1. DECEDIO (Check one White Black America	Suid Suid August Frank Driver(c) Other (c) August Frank August Fra	INSER SPECIAL SPECIA	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	Could (SPECIFY) (Spe	37. IN Y	JURY AT WORK? os No 36c. ZIP CODE' setrian herself to bo.)
Probably Unknown 34. DATE OF INJURY (Marth, Day, Year) (Seelil 356. LOGATION OF INJURY – STATE 36. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) Medical Examination DAVID A ABBOTT 102. NAME. ADDRESS. AND ZIP CODE OF PRE DAVID A ABBOTT 103. DESCRIBE HOW INJURY OCCURRED 104. CERTIFIER MODIFIER STATE DAVID A ABBOTT 105. TO THE MODIFIER STATE 106. DOOR OF THE STATE 107. REGISTRAR'S SIGNATURE 108. DECEDENT'S EDUCATION (Check the first that he describes the highest complete at time of death) 108. BEDECOMORY SIGNATURE 108. SIGNATURE 109. S	Month) 38b. COUNTY Thy knowledge, death spasis of examination, SON COMPLETING CAL 0, ST LOUIS COUN	Not pregnant, but Not pregnant, but Not pregnant, but Not pregnant, but Indiana in the Comment of the Comment o	wit pregnangnant with the pregnant pregnant pregnant pregnant pregnant with the pregnant preg	int within 42 days int 43 days to 1 y int the past year in the past year LACE OF INJURY (WIN And place, and opinion, death of opinion, death of opinion death of opinion death of opinion death of opinion death	due to the due to the wind the	38d. STI Cause(s) a the time, d 4s. FOR RE SEPTEM SEPTEM White Rack Name of	Suio Suio Suio Suio Attention stering and suice stering and pla 46. DATE CE JULY 01, 3 GISTRAR ON BER 12, 20 ENTS RAGE or African Ar an indian or the errolled a	INSER SPECIAL SPECIA	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	(SPECIFY) (SPECI	a7. IN A STATE	JURY AT WORK? os No 386. ZIP CODE setrian herself to bo.)
□ Probably □ Unknown 34. DATE OF INJURY (Marth, Day, Year) (Spell) 36a. LOCATION OF INJURY — STATE 37b. LOCATION OF INJURY — STATE 37c. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHECK ONLY ONE) □ Certifying Physician — To the best of rime to the control of the control	Month) 38b. COUNTY my knowledge, death pasts of examination, SON COMPLETING CAI of degree or level of school ted MEd, MSW, MSA)	Not pregnant, but Not pregnant, but Not pregnant, but Indianated Time Of InJury and Indianated Time Of Injury and Indianated Time Of Injury and Injury and Injury MISSOURI ITY, MISSOURI	wit pregnangmant with the state of the state	int within 42 days int 43 days to 1 yint 43 days to 1 yint the past year LUCE OF INJURY (WN) and place, and opinion, death of opinion, death opinion, death of opinion, death opinion, de	due to the due to the wind the	and STI 38d ST	AS DATE CE JULY 01, 3 GESTRAR ON BER 12, 20 ENT S PACE or African Arcan Indian or an annual and an annual	INSER SPECIAL SPECIA	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	(SPECIFY) (SPECI	a7. IN Y	JURY AT WORK? os No 386. ZIP CODE setrian herself to bo.)
□ Probably □ Unknown 34. DATE OF INJURY (Month, Day, Year) (Spell) 36a. LOCATION OF INJURY – STATE 37b. LOCATION OF INJURY – STATE 37c. DESCRIBE HOW INJURY OCCURRED 37c. CERTIFIER (CHECK ONLY ONE) □ Certifying Physician – To the best of r □ Medical Exammen/Coroner – On the b SIGNATURE □ DAVID A ABBOTT 1025 BELLE VUE AVENUE SUITE 11(110. ACENTIFIER MOLIGENSE NUMBER 10000R01G01 17c. REGISTIFARTS SIGNATURE □ IVRA J. CROSS 19. DECEDENT'S EDUCATION (Check his box that beat describes the highest completed at une of death). Bith grade or less □ 9th – 12th grade, no diploma ■ High scrioou graduate or GED complet □ Some college credit, but no degree □ Associate degree (e.g., AA, AS) □ Bachelor's degree (e.g., BA, AB, BS) □ Master's degree (e.g., BA, AB, BS) □ Master's degree (e.g., BA, BB, BC) □ Moster's degree (e.g., BA, BB, BC)	Month) 35 Month) 35 Monthy 35 Monthy 40 Monthy 40	Not pregnant, but Not pregnant, but Not pregnant, but Not pregnant, but Indiana in the Comment of the Comment o	wit pregnangmant with the state of the state	int within 42 days int 43 days to 1 y int the past year in the past year LACE OF INJURY (WIN And place, and opinion, death of opinion, death of opinion death of opinion death of opinion death of opinion death	due to the due to the wind the	asid. STI 38d. STI 38d. STI 48. FOR RE SEPTEM 51. DECED (Check one White Black Americ (Name o	Suid Suid Suid AU IF TRANSI Other () Othe	INSER SPECIAL SPECIA	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	Gould (SPECIFY)	Ped manner state and himself or er Asian or (alice) we Hawaiiai manian or (alice) and and are Pacific Islaid) of (alice) and are Pacific Islaid)	JURY AT WORK? os No sec. ZIP CODE sestrian herself to be J
□ Probably □ Unknown 34. DATE OF INJURY (Marth, Day, Year) (Seelil 36a. LOCATION OF INJURY – STATE 37a. DESCRIBE HOW INJURY OCCURRED 41. CERTIFIER (CHEDK ONLY ONE) □ Certifying Physician – To the best of rime of the control of t	Month) 38b. COUNTY my knowledge, death basis of examination, SON COMPLETING CAI of degree or level of school tied MEd, MSW, MSA) tiend	Not pregnant, by Not pregnant, by Not pregnant, by Unknown if pregnant, by Unknown if pregnant, by Unknown if pregnant is section occurred at the transfer of the section o	wit pregnangmant with the state of the state	Int within 42 days int 43 days to 1 yint 42 days to 1 yint the past year under 6 in Jurry (WN And place, and opinion, death of opinion, death opinion, death of opinion, death opinion, death opinion, death opinion, death opinion, death opinion,	due to the No.	and STI 38d ST	Suio Suio Suio Suio Suio Suio Suio Suio	INSER SPECIAL SPECIA	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	(SPECIFY) (SPECI	Ped manner state and himself or er Asian or (alice) we Hawaiiai manian or (alice) and and are Pacific Islaid) of (alice) and are Pacific Islaid)	JURY AT WORK? ISS No ISS NO
□ Probably □ Unknown 34. DATE OF INJURY (Month, Day, Year) (Spell) 36a. LOCATION OF INJURY – STATE 37b. LOCATION OF INJURY – STATE 37c. DESCRIBE HOW INJURY OCCURRED 37c. CERTIFIER (CHECK ONLY ONE) □ Certifying Physician – To the best of r □ Medical Exammen/Coroner – On the b SIGNATURE □ DAVID A ABBOTT 1025 BELLE VUE AVENUE SUITE 11(110. ACENTIFIER MOLIGENSE NUMBER 10000R01G01 17c. REGISTIFARTS SIGNATURE □ IVRA J. CROSS 19. DECEDENT'S EDUCATION (Check his box that beat describes the highest completed at une of death). Bith grade or less □ 9th – 12th grade, no diploma ■ High scrioou graduate or GED complet □ Some college credit, but no degree □ Associate degree (e.g., AA, AS) □ Bachelor's degree (e.g., BA, AB, BS) □ Master's degree (e.g., BA, AB, BS) □ Master's degree (e.g., BA, BB, BC) □ Moster's degree (e.g., BA, BB, BC)	Month) 38b. COUNTY my knowledge, death basis of examination, SON COMPLETING CAI of degree or level of school tied MEd, MSW, MSA) tiend	Not pregnant, by Not pregnant, by Not pregnant, by Unknown if pregnant, by Unknown if pregnant, by Unknown if pregnant is section occurred at the transfer of the section o	wit pregnangmant with the state of the state	Int within 42 days int 43 days to 1 yint 42 days to 1 yint the past year under 6 in Jurry (WN And place, and opinion, death of opinion, death opinion, death of opinion, death opinion, death opinion, death opinion, death opinion, death opinion,	due to the No.	as FOR RE SEPTEM 1. DECED (Check one Asian Chines Filiping Japan Vietna	Suio Suio Suio Suio Suio Suio Suio Suio	restaurant process of the second process of	ON ACCIDENT Pas AS ME Month, Day, Ye FILED (Month What the decade	Gould (SPECIFY)	Ped manner state and himself or er Asian or (alice) we Hawaiiai manian or (alice) and and are Pacific Islaid) of (alice) and are Pacific Islaid)	JURY AT WORK? os No sec. ZIP CODE sestrian herself to be J

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT (Do not accept if reproduced, or if seel impression gainst be left.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315, RSMo 2004.)

THE REPRODUCTION OF THIS DOCUMENT IS PROMISED SET AND AN ARCHITECTURE OF THE STATE OF MISSOURI STATE OF MISSOURI SET AND AN ARCHITECTURE OF THE STATE OF MISSOURI SET AND ARCHITECTURE OF THE STATE OF MISSOURI SET AND ARCHITECTURE OF THE STATE OF MISSOURI DEPARTMENT OF THE STATE O

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 709 Assessment No.: 664080009-9 Assessee: CARNIGHAN, FRED	2020 AUG 12 PM 1: 36 RIVERSIDE COUNTY TREAS-TAX COLLECTO:
TC 214 Item 709 Assessment No.: 664080009-9	RIVERSIDE COUNS
	TREASIDE COURS
Assessee: CARNIGHAN, FRED	TO TAX COLLECTOR
	1111
Situs:	
Date Sold: June 4, 2019	
Date Deed to Purchaser Recorded: August 13, 2019	
Final Date to Submit Claim: August 13, 2020	
We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess 44,267.23 +/- from the sale of the above mentioned real property. I/We were the December of the sale of the property as is Recorder's Document No. 664080009-9; recorded on 8/13/2019. A copy of the ware the rightful claimants by virtue of the attached assignment of interest. I/We hereto each item of documentation supporting the claim submitted.	☐ lienholder(s), s evidenced by Riverside Cour nis document is attached heret have listed below and attache
(see attached)	
the property is held in Joint Tenancy, the taxsale process has severed this Joint Tena ave to sign the claim unless the claimant submits proof that he or she is entitled to the aimant may only receive his or her respective portion of the claim. We affirm under penalty of perjury that the foregoing is true and correct. Executed this	ne full amount of the claim, the
ignature of Claimant See Attach	
hae! Haney, VP of Heirfinders Research Associates rint Name Print Name	
1042 Wilshire Blvd #622 treet Address Street Address	

City, State, Zip

Phone Number

Los Angeles, CA 90036 City, State, Zip

323-937-3033 Phone Number

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to heirfinders Research Associates LLC my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 664080009-9 sold at public auction on 5/30/2019-6/4/2019 understand that the total of excess proceeds available for refund is \$ \$44.267.23+/- and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.							
(Signature of Party of Interest/Assignør)	Rosemarie Cereghino (Name Printed)						
	989 Woodbine Drive (Address)						
STATE OF CALIFORNIA)ss. COUNTY OF SAINT LOUIS	Saint Louis, MO 63126 (City/State/Zip)						
	314-265-0922 (Area Code/Telephone Number)						
	before me, Wilma R. Williams-Notary Public, personally personally, who proved to me on the basis of satisfactory evidence to be the instrument and acknowledged to me that he/she/they executed the same in heir signature(s) on the instrument the person(s), or the entity upon behalf of						
I certify under PENALTY OF PERJURY under the laws of	f the State of California that the forgoing paragraph is true and correct.						
WITNESS my hand and official seal. (Signature of Notary)	WILMA R. WILLIAMS Notary Public - Notary Seal St Louis County - State of A This area for official seal) Commission Number 14498631 My Commission Expires May 31, 2022						
the California Revenue and Taxation Code, all facts of wh	ave disclosed to the party of interest (assignor), pursuant to Section 4675 of nich I am aware relating to the value of the right he is assigning, that I have able, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON						
	Michael Haney						
(Signature of Assignee)	(Name Printed)						
	5042 Wilshire Blvd Ste 622						
STATE OF CALIFORNIA)ss.	(Address)						
COUNTY OF	Los Angeles, CA 90036						
(City/Sta	ate/Zip)						
appeared Michael Haney person(s) whose name(s) is/are subscribed to the within in	me, the undersigned, a Notary Public in and for said State, personally, who proved to me on the basis of satisfactory evidence to be the astrument and acknowledged to me that he/she/they executed the same in heir signature(s) on the instrument the person(s), or the entity upon behalf of						
WITNESS my hand and official seal.	See Attached						
	(This area for official seal)						
(Signature of Notary)							

ACKNOWLEDGMENT

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.

validity of that document.
State of California County of Los Angeles
On July 21, 2020 before me, Luz M. Catalan, Notary Public (insert name and title of the officer)
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(les), 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. LUZ M, CATALAN Notary Public - California Los Angeles County Commission # 2263618
Signature (Seal)

Description of Attached document:

Title or Type of Document: ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

Document Date: July 21, 2020

ASSESSMENT NUMBER: 664080009-9

RECORDING REQUESTED BY

Alston & Gieser, LLP

AND WHEN RECORDED MAIL TO

DOC # 2002-735351

12/09/2002 08:00A Fee:37.00

Page 1 of 11 Recorded in Official Records County of Riverside
Gary L. Orso
Assessor, County Clerk & Recorder



NAME

ADDRESS

Thomas M. Gieser, Esq. Alston & Gieser, LLP

CITY/STATE/ZIP

4 Hutton Centre Drive

Suite 720

Santa Ana, CA 92707

М	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC
	1		11						
					1			, c	W
A	R	L			COPY	LONG	REFUND	NCHG	EXAM

TITLE(S)

Affidavit re Real Property of Small Value (\$20,000 or Less)



	2002-735351 12/09/2002 08 00A
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, star, Jet number, and address): THOMAS M. CTROER (714) 432-1555 (714) 432-0555	POR RECORDER'S USE ONLY
ALSON AND GIESER, ESQ.	
4 HUTTON CENTRE DRIVE, SUITE 750 SANTA ANA, CA 92707	
ATTORNEY FOR (Name): FRED CARNIGHAN	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	{
MAILING ADDRESS: 46-200 Oasis St.	
BRANCH NAME: Indio, CA 92201	
Indio Court	
MATTER OF (Name): LILLIAN C. CORELLA	1
DEGERATION	1
AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE	CASENUMBER:
(\$20,000 OF Less) ?	INP 017653
1. Decedent (name): LILLIAN C. CORELLA	FOR COURT USE ONLY
2. Decedent died at (city, state): KIRKWOOD, ST. LOUIS	
3. At least six months have elarged since the data of	
	SUPERIOR COURT OF CAUPORNIA
	OCT 23 2002
Decedent was domiciled in this county at the time of death. Decedent was not domiciled in California at the time of death. Decedent died owning real expects in this county.	2 8 2002
	M. SELBERT
5. a. The following is a legal description of decedent's real property claimed by the declarants (copy description from deed or other legal instrument):	W. OELBERT
X described in an attachment labeled Attachment 5a.	

b. Decedent's interest in this real property is as follows (specify): PROPERTY OWNER

6.	Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the
	and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of decedent (as defined in Probate Code and the saluccessor of the s
	real property described in item 5a, and no other person has a superior right, because each declarant is
	The state of the s
	a. X (will) a beneficiary who succeeded to the property under decedents will (Attach a superior right, because each declarant is
	b Trib successed to the property under decedent's will (Attack

a. X (will) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.)

b. (no will) a person who succeeded to the property under Probate Code sections 6401 and 6402.

7. Names and addresses of each guardian or conservator of decedent's estate at date of death

are as follows* (specify):

- 8. The gross value of all real property in decedent's estate in California as shown by the Inventory and Appraisal, excluding the real property described in Probate Code section 13050 (joint tenancy, property passing to decedent's spouse, etc.), does not exceed \$20,000.
- 9. An Inventory and Appraisal of decedent's real property in California is attached. The Inventory and Appraisal was made by a probate referee appointed for the county in which the property is located. (You may use Judicial Council form DE-160.)
- 10. No proceeding is now being or has been conducted in California for administration of decedent's estate.

You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7.

(Continued on reverse)



	1	,	
MATTER OF (Name): LI	LLIAN C. CORELLA		
		1	NUMBER:
11. Funeral expenses expen	see of last illages and all t	DECEDENT	
	ses of last illness, and all known undent's unsecured debts up to the fair		
portario di port	or y direct the laws of the State of the	alifornia that the foregoing is true	and any income you receive from
	2	e . D	and correct.
FRED CARNIGHAN	NAME	Fred a	ruguen
Date:		(SIGN	NATURE OF DECLARANT)
(TYPE OR PRINT Date:	NAME)	(SIG	NATURE OF DECLARANT)
Dato.			
(TYPE OR PRINT		(SIGN	IATURE OF DECLARANT)
NOTARY ACKNOWLEDGME	NTS (NOTE: No notary acknowled	doment may be affixed as a ride	or (email strip) to this same If I
MISSOURI	tional notary acknowledgment	s are required, they must be att	ached as 8-1/2- by 11-inch pages.
STATE OF GALIFORNIA, COL	UNTY OF (specify): ST. LOUIS		
On (date): August 13, 2			
personally appeared (name):		title): Patrick R. Gunn, 1	Notary Public,
personally known to me (or pro	ed to me on the basis of satisfactor	ry evidence) to be the person who	ose name is subscribed to the with-
WITNESS my hand and official	percent, or are entity upon bengin of	which the person acted, execute	d the instrument
			CK R. GUNN blic - Notary Seal
() (C	XIII	STATE	OF MISSOURI
	Your	SLL	ouis County
(SIGNATURE/OF	NOTARY PUBLIC)	My Commission	Expires: Dec. 11, 2005
STATE OF CALIFORNIA, COU	NTY OF (specify):		
On (date):			
personally appeared (names):	, before me (name and ti	t/e):	
restant appointed (nomos).			
personally known to me (or prov	yed to me on the basis of satisfactory	v evidence) to be the nemon who	
on the instrument the persons, o WITNESS my hand and official		f which the persons acted, execu	ted the instrument.
The state of the s	Bear.	(NOTARY SEAL)	
			Ì
			I
(SIGNATURE OF	NOTARY PUBLIC)		1
(SEAL)		CLERK'S CERTIFICATE	
	I certify that the foregoing, inclu	iding any attached notary acknow	deduments and any attached
	nagar accompany of the biobatty (D	out excluding other attachments)	is a true and coment annual
	are or Arriar arrigant of tille it WA O	TICB. (Carlifled conies of this affi	doubt do timelial- th- 111
	doduit certificate, (2) will, or (3) inve	antory and appraisal. See Proba	terCode section 13202.)
18 To the second	Date: 10/23/12	Clerk, by MML	bery Deputy
	100000	P	, sopoly
DE-305 [Rev. January 1, 1998]	AFFIDAVIT RE REAL PRO	PERTY OF SMALL VALUE	Page two
	(Proba		

2002-735351 12/09/2002 08:00A 3 of 11

This must be in red to be a "CERTIFIED COPY"

Each document to which this certificate is attached is certified to be a full, true and correct copy of the original on file and of record in my office.

Superior Court of California County of Riverside José Octavin Guillén, Clark

Dated:

Certification must be in red to be a "CERTIFIED COPY"



MISSION DEPARTMENT OF HEALTH CERTIFICATE OF DEATH CERTIFICATE CERTIFICAT		E/PRINT														
RECEIVED A STATE OF THE PROPERTY OF THE PROPER	I WRITE PER						MIS	SOURI	DEPARTMENT O	FHEALT	ГН					
Control of the cont			REGISTRATION DISTR	ICT NO	(CE	HIIF	ICATE OF	DEAT	1		s	TATE FI	LE NUMBER	
DECORI TECORI TECORI	INSTR	UCTIONS	I DECEDENT'S NAME IF	El Mindle I	neti .		REGISTRAR'S N	MBER			,	124		20	2000	
DESCRIPTI 1										7 SEX				70	305448	
Part										Fema	le	J117	WEATH (MO	Mith Clay	Venet	-
Us a control control of the property of the pr	DECE	DECIT		50.	BUTHERY PORTS	SO. UNDER	- Onbe		6 DATE OF BIRTH	(Month Da	r Feerl 7 Bunn	our	1 20,	199	ь	
Us Assets Once Institute I		1			81	1	HOURIS	PRINCILLE	Feb. 1.	1915	TT-	HPLACE IC	ily and State	or Foreign	Gountry)	_
PARTIES PART		- 11					9e, P	LACE OF	DEATH (check par	1010	He	iyaen	, Aria	zona		
St. Joseph Rospital Kirwood Kirwood St. Louis		il	BD FACELTY NAME OF	HOSPI	TAL:	Inpatient [ER/Outpatient	000	OTHER: DA	one, see	Inglituctions of	n other sic	10)			_
SELECTION OF STATE STATE THAT STA	MO 380-0	605	CL *	nstitution gi	ive street and n	umber)		1 tc	CITY, TOWN, OR LOCA	THOM OF OR	e LI Resident	ce Ll Oth	er (apecity))		
Widowed State Stat		2			ospita	1				TION OF DE	EATH		1	M COUNT	TY OF DEATH	_
WI GOVERNMENT OF STATE OF STAT	-	1	Married, Widowed, Divorce	PG (Specify)	11. SURVIVING	G SPOUSE'S NA	ME		12a DECEDENTELLE					St.	Louis	
MISSOURI St. Louis Brentwood ST. House St. Louis Brentwood ST. House St. Street and house St. Street and house St.	-	8	widowed		*	***	710)					d of	26. KIND OF	BUSINES	3 OR INDUSTRY	
MASSOURI St. Louis Brentwood Management and Louis Brentwood Management and Louis Brentwood Management and Louis Brentwood		[8]	39339	T	13b. COUNTY				1 1 CHIC	HIGHER		1				
STORY MAINCRESTER 19 MIGRORITICAL 19 MIGRO	J	1	Missouri		St	. Louis	9				PONDER TO					-
TABLE DE CONTROL CONTROL CONTROL CONTROL CONTROL		2							Brent	MOOG				- 1		
In was delected to response continue International processes Int	-	8	8727 Manc	heste	er				131 INSIDE CIT	LIMITS 1	30 YEARS AT P	RESENT AD	ORESS		03144	_
TAILS OF MAINS OF THE PROPERTY OF SPECIFY Subject of the property and another than the property of the mains of the property of the p		1-1	14. WAS DECEDENT OF MICE						WYes	DNO	Ottown.			22 22	ar	
PARTIES NAME FOR CARRIGAN Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fre		A 3	100 100 100 10 Pes, 1	specify Gubi	en, Mexican Po	uerio Rican, elc	ř.		15 RACE - American Inc	ian, Black, W	White etc.	1	15-8 U	10-19	TO 50 or more	
PARTIES NAME FOR CARRIGAN Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fred Carnighan IN MOTHER NAME For Composition Fred Carnighan Fre		16	GNO DYE	Speci	fu.								ropectry or	MY NICHOL	I prade consultation	
THE PROBLEMS SAME TYPE AND THE BUILDING CONTROL OF THE	PARENT	- /	17 FATHER'S NAME (FIRST, MIN	die, Lest)	7				White			Elementar	Y/Secondary	(0-12)	Conege (1-4 pr 5+)	-
THEOREMANT SHALE (Propertional Name of Control of Contr	DE MANAGE	-	Fred	-	Camio	han			18 MOTHER	SNAME	irst, Middle, Meio	en Sumama	12	-		
Mr. F.Fed Carnighan 8727 ManChester & Road Brentwood, MO 63144 Brentwood, Brentwood, MO 63144 Brentwood, MO 631	DEODM	ATTE	THE INFORMANTS NAME ! TYP	WPrint)		riaii			, ,	Jane 1	31					
DISPOSITION DISPO	DATE OF THE PARTY	TIVE	Mr. Fred Ca	rnig	han		PO MAILING ADD	DRESS ISH	BCI and Number of E		ber, City or Town	o. State Zin	Codel			
DISPOSITION BUT 31 JULY 24, 1996 National Cemetery Jefferson Barracks, Mo Jan National Cemeters Jefferson Barracks Jefferson Barr		72	OR BURNAL CREMATION			trinov	1		ALICOPET ME		HEAD + 1.7	ood,	MO	631	14	_
21. SIGNATURE OF PRUPERLE SERVICE LEGISSES OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSES OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSES OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF PRESENT 23 W. LOCKWOOD SEE CONTROL SERVICE LEGISSE OF 1, 23% NALE AND ADDRESS OF 1, 23% NALE AN	DISPOSIT	HON	Burial	/Moi	nin Day, Year)		20c PLACE O	F DISPOSI	TION (Name of cameler	y. Cremelory					77	
### CANSE OF DEATH CAUSE OF DEATH District regarding that complication that cause in the cases to the cases to represent a responsibly are cases to see and of strong and the complication that cases in the cases to the cases to response or responsibly are cased to make a responsible and the confidence of the cased to make a responsibly are responsibly and responsibly are responsible and responsibly and responsible are responsible and responsible are resp		2	SIGNATURE OF FUNERAL SI	ERVICELIC	FNSEE OF J	, 1996	Nati	ona1	Cemetery						0	_
SEE INSTRICTIONS ON OTHER SIDE SEE INSTRICTIONS ON OTHER SIDE INSTRICTION ON OTHER OTHE									23 W Too	kwand		Jerre	rson	Barra	acks, MO	
DUE TO FOR AS A CONSEQUENCE OT). CAUSE OF DUE TO FOR AS A CONSEQUEN		23	PART I Enter the diseases, inp	UHES, DI COM	MILL	Gerb	er Chape	1	Webster G	raves	. MO	6211			TABLISHMENT	-
DUE TO FOR AS A CONSEQUENCE OT). CAUSE OF DUE TO FOR AS A CONSEQUEN	SEE	- 1	MAKEDIATE CALIFF	mech fine	Λ	Caused the dee	in Do not enter the r	node of dy	ing, such as cardiac or re	apiratory arr	THE Shock or he	0311	9	_		
Sequentially real conditions, if any conditions in the conditions of the condition of the	ON DINER S	NS DE		DUE	4100	TO TI	100 B	RO	1DC 1.	NFR	1107	-		Onegs at	male Interval Between	
CAUSE OF DEATH CAUSE OF DEATH	_	- 1	in death)		D	CONSEQUENC	EOF)	-			1			-	7 DAYS	
CAUSE OF DEATH CAUSE OF DEATH		1	Sequentially hat	b Due	1111	OF-10.	CLUN	710	HEAL	17	DICE	100				20
DUE TO IOR AS A CONSEDUENCE OF) Classes of highly plan missind devents resulting in one underlying cause given in Part 31 if DECTASED WAS PART III Other impinification contributing to deem, but any resulting in one underlying cause given in Part 31 if DECTASED WAS PART III Other impinification or cause of part PART III Other impinification or cause of part III ot		1	leading to immediate	DUE	TO TOM AS A	CONSEQUENC	E OF)			1	0120	DIE			HEHOWN	
PART II Other Mgmilesel constituting to deeth but not resulting in the underlying chins given in Part I 21 if DECEASED WAS IN DIAM PER AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETION OF CAUSE OF DEATH PRAGMANT IN THE LAST PER OFFINE TO COMPLETE TO COMPLE	CAUSE OF		UNDERLYING CALLE	C												
PART II DIAN Manifered contributing to death, but not resulting in the underlying carrie given in Part 21 IF DECEASED WAS FEMALE 10-61, WAS SHE PERFORMED? 750 WAS INLIGHT PROFESSOR 750 WAS INLIGHTED PROFESSOR 750 WAS INLIGHTED PROFESSOR 750 WAS INLIGHTED PROFESSOR 750 WAS INLIGHTED WAS INCIDENCE W	DEATH		Miliator events mention	DUE	TO IOR AS A	CONSEQUENCE	OF)									
256 WAS AN AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 26 MANNER OF DEATH 276 DATE OF INJURY 270 TIME OF 370 WAS INJURY ALCOHOL. 276 MAILURI PRACING INVESTIGATION OF CAUSE OF DEATH 277 MAILURI PRACING INVESTIGATION OF CAUSE OF DEATH 278 DATE OF INJURY ALCOHOL. 279 DATE OF INJURY ALCOHOL. 270 MAINURI PRACING INVESTIGATION OF CAUSE OF DEATH 270 MAINURI PRACING INVESTIGATION OF CAUSE OF DEATH 271 PLACE OF INJURY. ALLOHOL. 272 DATE OF INJURY. ALLOHOL. 273 DATE STORED 274 LOCATION (Surger and Number of Rural Rouse Number. City of Form, Sities) 275 DATE STORED 276 LOCATION (Surger and Number of Rural Rouse Number. City of Form, Sities) 277 MAINURI PRACING INTURY. ALLOHOL. 278 MANNER AND ADORNES OF THE STORED INTURY. ALLOHOL. 279 MAINURING PRACING INTURY ALCOHOL. 270 DESCRIBE HOW INJURY OF FORM, Sities) 270 DESCRIBE HOW INJURY OF FORM, Sities) 271 PLACE OF INJURY. ALLOHOL. Interest of Injury Industry		_	- January Last	d									1			1
PREGNANT IN THE LAST PREPARED		PAR	T II Other significant condition	s contribute	ng to death, but	no resulting to	(De underluine						;			
PREGNANT IN THE LAST SO DAYS! 22 MANNER DE DEATH 22 MANNER DE DEATH 22 MANNER DE DEATH 22 MANNER DE DEATH 23 DATE OF INJURY 25 DATE OF INJURY 26 MAS INJURY 27 DATE OF INJURY 27 DATE SIGNED 28 TIME OF DEATH 28 DATE SIGNED 28 TIME OF DEATH 28 MANNER AND ADDRESS OF INJURY 28 MANNER AND ADDRESS OF INJURY 28 DATE SIGNED 29 TIME OF DEATH 27 DATE SIGNED 28 TIME OF DEATH 28 MANNER OF DATE SIGNED 28 TIME OF DEATH 28 MANNER OF DATE SIGNED 28 TIME OF DEATH 28 MANNER OF DATE SIGNED 29 TIME OF DEATH 29 DATE SIGNED 29 TIME OF DEATH 29 DATE SIGNED 20 DATE SIGNED 21 DATE SIGNED 21 DATE SIGNED 22 DATE SIGNED 23 DATE SIGNED 24 DATE SIGNED 25 DATE SIGNED 26 DATE SIGNED 27 DATE SIGNED 28 DATE SIGNED 29 DATE SIGNED 20 DATE SIGNED 20 DATE SIGNED 21 DATE SIGNED 21 DATE SIGNED 21 DATE SIGNED 21 DATE SIGNED 22 DATE SIGNED 23 DATE SIGNED 24 DATE SIGNED 25 DATE SIGNED 26 DATE SIGNED 27 DATE SIGNED 27 DATE SIGNED 28 DATE SIGNED 28 DATE SIGNED 29 DATE		1	- HY!	CK	16 M	1700	and on derrying Calrie	giren in P	FEMALE 10		25a WA	SANAUTO	PSY ZAN	WEDE		
26 MANNER DE DEATH 270 DATE OF INJURY INJURY 271 DATE OF INJURY INJURY 272 DATE OF INJURY INJURY 273 DATE OF INJURY INJURY INJURY 274 DATE OF INJURY INJURY 275 DATE SIGNED INJURY INJURY INJURY 276 DATE SIGNED INJURY		1						-		N THE LAST	PE	RECEMENT	A			
Manife Pending Manife Pending Manife		20.44					_		n	/	f		1 50	EATH	DR OF CAUSE OF	
Accident Succident Succi			/	/Month	Day Year	276 TIME OF	27c WAS INJURY A	LCOHOL.	276 INJURY AT WOR		Jnk. DY	res XO	No	□ Yes	Пма	
Sucide Could not be Delemmed 271. PLACE OF INJURY - AI name, farm, street. Inclury, offices 279. LOCATION (Street and Number of Rural Route Number, City of Town, Street					Ī		Secondary (Promoted to		2100	DESCHIBE HOW	O YAULAI	CCURRED	-	240	
Deletinated Delet		100,000				M	Dyes Date	D.,		- 1						
DERTIFIER The Detail of my knowledge, deal occurred of the time, date and piace and due to the cause(s) stated. The Detail of time of Death (Signature and Title) The Detail of time of Death (Month, Oay, Year) The Detail of time of Death (Month, Oay, Year) The Detail of time of Death (Month, Oay, Year) The Detail of time of Death (Month, Oay, Year) The Detail of time of Death (Month, Oay, Year) The Detail of time of Death (Month, Oay, Year) The Death (Month, Oay, Year) Th			Delermined	building.	OF INJURY - A	I home, farm, str	eat. Iscioly, office	Unik.	TO LOCATION (ST.	Ink.						
DESTIFIED Signature and Title) Teb Model of the tune, date and glace and due to the cause(s) stated. Teb Date signed (Monin, Our, Year) Teb Model of the County Teb		234. /	(Mickey)					- 1	100000	NO MUNICIPAL B	or Rural Rouse No	mber, City	or Fown, Stel	e)		
GERTIFIER MEDICAL EXAMINER/CORONERS SIGNATURE OF COMMENT STORE OF PRINT STORE NO. CICENSE NUMBER 30 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONERS 31 NAME OF ATTENDING PHYS ST. LOGIS, MO. 53192/FER 32 REGISTRAR S BOMATURE 32 PEGISTRAR S BOMATURE 32 PEGISTRAR S BOMATURE 33 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 33 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 33 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 34 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 35 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 35 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 35 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 36 DATE RECEIVED BY LOCAL REGISTRAR S BOMATURE 37 DATE RECEIVED BY LOCAL REGISTRAR S B		1 /		20b. 1	o the best of n	му кланнеаре, а	sam occurred at the	Isme, date a	Ind place and due to the							
CERTIFIER DIMEDICAL EXAMINER/CORONER DIMEDICAL EXAMINER/CORONER DIMEDICAL EXAMINER/CORONER TO THE PLANT OF A CORONER OF CORONER OF PURITY OF A CORONER OF PU		DCE	RTIFYING PHYSICIAN		nature and T	ille) b o	20 0.			CHUSE(1) 9/5	(Month D	SIGNED		284 TIME	OF DEATH	
(Type or Print) ST. LOSIN, MO. 83122 FER 32 REGISTRARS SCHART TO ST. LOSIN, MO. 83122 FER 32 REGISTRARS SCHART TO ST. LOSIN, Month, Ob., Test 1111 9 9 1000	CERTIFIER	200 M	DICAL EXAMINER/CORON			,	14ch	K	Rally D	70 1	,	-	_ , 1			-
(Type or Print) ST. LOSIN, MO. 83122 FER 32 REGISTRARS SCHART TO ST. LOSIN, MO. 83122 FER 32 REGISTRARS SCHART TO ST. LOSIN, Month, Ob., Test 1111 9 9 1000			ATT	ON KARE	ESCH. 90°	A EXAMINER	OR CORONER) (TYP	o or Print)	SED MO LICENSE	IM	17-	23-	961		7:40 P.M	
(Type or Final) Yes ONO 33 DATE RECEIVED BY LOCAL AGGISTRAR & SCHALLER. (Month, Ob., Year) 11 9 9 4000		31. NA	533	COUCH -	SUITE 28	1	Λ	·	12/2	WOEN 3	WAS CASE RE	FERRED TO	MEDICAL E	KANINER	CORONER?	
(Monin, Oir, Year) III 9 9 400C		(17)	or Print)	LOGIS, I	10.63139	HER JZ REGIS	THAR S GNATUT	1	1	11	☐ Yes	(TNO				1
ST. LOUIS COUNTY DEPARTMENT OF ME	Angel .				- 70	•	1/140	X.	(rom		1	33 DATE	RECEIVED BY	"LOFA	MEGISTRAR	
					ST. LC	OUIS COL	NTY DED	DTM	NT OF			1		JUL	2 3 1996	

ST. LOUIS COUNTY DEPARTMENT OF HEALTH III SOUTH MERAMEC

CLAYTON, MISSOURI 63105

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT (Dis one accept if rephishingraphed, or if seal ampression cannot be fell)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW ticc 193 315,R\$No19851

STATE OF MISSOURI

COUNTY OF ST. LOUIS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. named therein as it now appears in the permanent records of the bureau of vital Records of the Wissburn Department of rights witness my hand as County Registrar of Vital Statistics and the Seal of the ST. LOUIS COUNTY DEPARTMENT OF HEALTH this date of JUL 2 3 1996

2002-735351 12/09/2002 08:00A 5 of 11

MO 580-1103(7-89)

ATTACHMENT 5A DESCRIPTION OF REAL PROPERTY

Unimproved real property located in Desert Hot Springs, more particularly described as:

The West half of the Southwest quarter of the Southwest quarter of the Southeast quarter of Section 27, Township 2 South, Range 4 East, San Bernardino Base and Meridian. Excepting therefrom the Southerly 40 feet as conveyed to the County of Riverside by Deed recorded July 8, 1949 in Book 1090, Page 511 of official records.

Said property is also known as Lot #32 of Licensed Surveyor's Map on file in Book 15, Page 87 of Records of Survey of said Riverside County.

Excepting therefrom an undivided 9/10 of all oil, gas and other hydro-carbon substances lying in or under said property.



July 10, 1976 To Tellow It May Concein: of the undersigned thath meiterely agreed by the under-Legned: Lay & Corella and Lelean Corella that the following requests be executed: Tolke and all mones due ein from Lefe Inventere Policies (Donnés) he payable to Fred Carneghan of 419 Oak it - Welster groves II any and all money on defaut atour bank be paid to Fud Carneyhou Ploperty located at Devent Hat Springs obformed and recorded in Reversede County, California es Lereby welled to Fred Carnighon of 419 Och et Webstergroves, Mussouri - (Recidence) 8837 Man chester Rd, Brentwood, mo 9-10-76

(

To Whom It May Concern:

In the event of the death of the undersigned, it is mutally agreed by the undersigned: Ray J. Corella and Lillian Corella that the following requests be executed:

- I. Any and all monies due us from Life Insurance Policies (Carried at Doanes) be payable to Fred Carnighan of 419 Oak St., Webster Groves, Missouri.
- II. Any and all money on deposit at our Banks be paid to Fred Carnighan.
- III. Property located at Desert Hot Springs California, and recorded in Riverside County, California is hereby willed to Fred Carnighan of 419 Oak St., Webster Groves, Missouri-(Residence) 8837 Manchester Rd., Brentwood, MO (Business).

Signed: Ray J. Corella 7-10-76 Signed: Lillian C. Corella 7/10/76

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, s bar number, and address): TELEPHONE AND FAX NOS:	DE-160, GC-040
(714) 432-1555 (714) 432-0555 ALSTON AND GIESER, LLP	FOR COURT USE ONLY
4 HUTTON CENTRE DRIVE	
SUITE 720 SANTA ANA, CA 92707	
10 100 100 100 100 100 100 100 100 100	
ATTORNEY FOR (Name): FRED CARNIGHAN SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-200 OASIS ST.	
MAILING ADDRESS:	
CITY AND ZIP CODE: INDIO, CA 92201	
BRANCH NAME: INDIO COURT ESTATE OF (Name): LILLIAN C. CORELLA	
X DECEDENT CONSERVATEE MINOR	
INVENTORY AND APPRAISAL	CASE NUMBER:
Partial No.: Corrected '7,	Date of Death of Decedent or of Appointment of
X Final Reappraisal for Sale Property Tax Certificate	Guardian or Conservator:
	7/20/96
APPRAISALS	
 Total appraisal by representative, guardian, or conservator (Attachment 1): Total appraisal by referee (Attachment 2): 	\$ -0-
2. Total appliabal by follows (Attachment 2):	\$ 10,000.00
	TOTAL: \$ 10,000.00
DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR	SMALL ESTATE CLAIMANT
o. Addring is and a together with all offer inventories filed contain a true statement of	
X all a portion of the estate that has come to my knowledge or possessic	n, including particularly all money and all
just claims the estate has against me. I have truly, honestly, and impartially appraised to Attachment 1.	the best of my ability each item set forth in
4. No probate referee is required by order of the court dated (specify):	
5. Property tax certificate. I certify that the requirements of Revenue and Taxation Code	section 480
a are not applicable because the decedent owned no real property in California at	the time of Just
b. A have been satisfied by the filing of a change of ownership statement with the co	ounty recorder or assessor of each county
an outlier the decedent owned property at the time of death.	
I declare under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.
Date: October 2, 2002	
	0 1
TOTAL CLASSICAL CONTRACTOR OF THE CONTRACTOR OF	(V)
FRED CARNIGHAN (TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER) ### TYPE TYPE	anighan
J. Control of the con	(SIGNATURE)
STATEMENT ABOUT THE BOND	
(Complete if required by local court rule)	
Bond is waived, or the sole fiduciary is a corporate fiduciary or an exempt government. Bond filed in the amount of: \$ Sufficient.	
C C C C C C C C C C C C C C C C C C C	sufficient
Receipts for: \$ have been filed with the court for deposits in a institution and location):	blocked account at (specify
Pater	
Pate:	
(TYPE OR PRINT NAME) (SIGNATURE OF A	ATTORNEY OR PARTY WITHOUT ATTORNEY)
(Continued on reverse)	-
Form Approved by the Judicial Council of California E-160, GC-040 [Rev. January 1, 1998] Mandatory Use [1/1/2000]	Legal Probale Code, §§ 2610-2616.
	Q Plus
2002-735351 12/09/2002 08:00A 9 of 11	May ▼ 0.0000000000000000000000000000000000
0 01 11	

1	The state of the s
ESTATE OF (Name): LILLIAN C. CORELLA	CASE NUMBER
X DECEDENT CONSERVA	ATEE MINOR
DECLARATION OF P	ROBATE REFEREE
 I have truly, honestly, and impartially appraised to the best of m A true account of my commission and expenses actually and ne Statutory commission: \$ 75.00 Expenses (specify): \$ 35.00 TOTAL: \$ 110.00 	Wahilibu angla ita
I declare under penalty of perjury under the laws of the State of Califo Date: $8/26/02$	WILLIAM W. SCOT
WILLIAM W. SCOTT (TYPE OR PRINT NAME)	COLLEGE PROBATE REFERE
(PARE ON TAKE)	(SIGNATURE OF REFEREE)
•	

INSTRUCTIONS

(See Probate Code sections 2610-2616, 8801, 8804, 8852, 8905, 8960, 8961, and 8963 for additional instructions.)

- 1. See Probate Code section 8850 for items to be included in the inventory.
- If the minor or conservatee is or has been during the guardianship or conservatorship confined in a state hospital
 under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services,
 mail a copy to the director of the appropriate department in Sacramento (Prob. Code, § 2611).
- 3. The representative, guardian, conservator, or small estate claimant shall list on Attachment 1 and appraise as of the date of death of the decedent or date of appointment of the guardian or conservator at fair market value moneys, currency, cash items, bank accounts and amounts on deposit with each financial institution (as defined in Probate Code section 40), and the proceeds of life and accident insurance policies and retirement plans payable upon death in lump sum amounts to the estate, except items whose fair market value is, in the opinion of the representative, an amount different from the ostensible value or specified amount.
- The representative, guardian, conservator, or small estate claimant shall list in Attachment 2 all other assets of the estate which shall be appraised by the referee.
- If joint tenancy and other assets are listed for appraisal purposes only and not as part of the probate estate, they must be separately listed on additional attachments and their value excluded from the total valuation of Attachments 1 and 2.
- Each attachment should conform to the format approved by the Judicial Council (see Inventory and Appraisal Attachment (form DE-161, GC-041) and Cal. Rules of Court, rule 201).

FATATE			
ESTATE OF (Name):	LILLIAN	C	CORELLA

DE-161, GC-041

CASE NUMBER

INVENTORY AND APPRAISAL ATTACHMENT NO: 2

(In decedents' estates, attachments must conform to Probate Code section 8850(c) regarding community and separate property.) Item No.

Page: 1 of: 1 total pages. (Add pages as required.)

1.

Description

Appraised value

\$10,000.00

Unimproved real property located in Desert Hot Springs, more particulary described as:

The West half of the Southwest quarter of the Southwest quarter of the Southeast quarter of Section 27, Township 2 South, Range 4 East, San Bernardino Base and Meridian. Excepting therefrom the Southerly 40 feet as conveyed to the County of Riverside by deed recorded, July 8, 1949 in Book 1090, Page 511 of official records.

Said property is also known as Lot #32 of Licensed Surveyor's Map on file in Book 15, Page 87 of Records of Survey of said kiverside County.

Excepting therefrom an undivided 9/10 of all oil, gas and other hydrocarbon substances lying in or under said property.

APN: 564-080-009



DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

The undersigned Declarant, each for himself or herself and not for the others, hereby declares:

1.	I am the successor in interest of <u>Fred Carnighan</u> , who died in the City of <u>Webster Groves</u> ,									
	County of Saint Louis, State of Missouri, on June 22, 2011.									
2.	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 declaration.									
3.	Decedent's estate.									
	The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the Declarant of the property described in this declaration.									
4.	The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).									
5.	California Probate Code Section 13100 is: Approximately \$\$44,267.23 in excess proceeds from tax sale of									
6.	Riverside County APN 664080009-9 The Declarant is the successor of the Decedent (as defined in Section 13006 of the California									
	Probate Code) to the Decedent's interest in the described property.									
	The Declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate)									
	with respect to the Decedent's interest in the described property. The name(s) of the successor(s)									
	of the Decedent is/are:									
7.	No other person has a superior right to the interest of the decedent in the described property.									
3.	The Declarant requests that the described property be paid, delivered, or transferred to the Declarant.									
).	The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this low day of April at 989 Wood Bine, SAIN Lows Mo 6 5124									
(Signature Rosemarie Cereghino Name Declarant									
\	Signature Name, Declarant									
	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.									
	Missouri Collins									
	The State of California, County of Saint Louis, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Wilmar Riwilliams - Notare Public Executed on this 10th day of April 2020, at									
	989 WOODENE, SAINTHOUIS MU 63124 WILMAR, WILLIAMS									
	Notary Public - Notary Seal									
	Commission Number 14498631									
	while When									
	Notary Public for the State of California Notary Seal									

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

VS 300 MO 580-2211 (1-10)			CE	:KIII	1.5)F L	DEATH	1		124 - 1	1 305	552				
1. DECEDENT'S LEGAL NAME (Include AKA's if						3. IF FEMA MARRIA	ALE, LAST N AGE	AME PRIC	OR TO FIRST	4. ACTUAL OR PRESUMED DATE OF DEATH (Morith, Day, Year)							
FRED CARNIGHAN 5. SOCIAL SECURITY NUMBER	T cas I	6b, UNDER 1 YEAR 6c, UNDER 1 DAY				DATE	OF BIRTH (Mo	oth Fran Va	n u u la singuistad			JUNE 22, 2011 (City and State or Foreign Country)					
	Ba. AGE - Last Birthday (Years) 92	MOR	THE DAYS	HOUF		F	EBRU	ARY 01, 19		ar)	HAYDEN, AF	RIZONA	DNA				
98. RESIDENCE (COUNTRY) UNITED STATES									9c. CITY, TOWN								
9d, STREET AND NUMBER								Se. APARTME	NT NO.	9t. ZIP (9g. INSIDE CITY-LIMITS?				
989 WOODBINE DRIVE									63126		☑ Yes ☐ No						
10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. MARITAL S	☐ Marr	ried, but sepa	arated	☑ Wido			12. SURVIVING SPOUSES NAME (If wife, give name prior to first marriage.)									
Yes No 13. FATHER'S NAME (First, Middle, Last, Suffix)	Diverced	☐ Nevi	er Married		Unkn	own	14 MC	THER'S NAM	E PRIČE TO	FIRST M	ARRIAGE (First, N	tiddle Las	d Suffer			_	
FRED CARNIGHAN								ARIO ORTI		711.631.60	restance trass, a	raum, cas	ii, James				
15a. INFORMANT'S NAME (First, Middle, Last, St. ROSEMARIE CEREGHINO	DAUGHT		ONSHIP TO DECEDENT 15c, MAILING ADDRESS (Street and Num ER 989 WOODBINE DRIVE, CRES'														
			LACE OF						instruct	ions.)							
IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outp	П.		H OCCURRED					73.00		9.8.3	Hame DO		10020				
17. FAGILITY NAME (If not institution, give street a		LI Hos	pice Facility	IN INU				V, STATE AND		cedents	Hame U O		UNTY OF	DEATH		-	
LUTHERAN CONVALESCENT HOME				WEBSTER GROVES, N						3119			SAINT LOUIS				
20a. METHOD OF DISPOSITION Burial Gremation Donation	□ Entombro	ant	20b. DATE OF DISPOSITION 21. PLACE OF DIS (Month, Day, Year)				POSITION IN	ame of cemet	lery, crema	story, other place)	22. LOC	CATION (C	City or Town	n, Stale)			
Removal from State Other (Spec	ity)	TH.	JUNE 28,	JUNE 28, 2011 NATIONAL CE											ICKS, MISSOUR	RI	
GERBER CHAPEL			92	100	ACTING	AS SUC	Н	AL SERVICE L	ICENSEE O	ROTHER	PERSON	2		RAL ESTAB SE NUMBE	BLISHMENT		
23 W LOCKWOOD AVE, WEBSTER G	HOVES, MISSO	OUHI 631	19		► KARL							2	2006010	1541			
26. ACTUAL OR PRESUMED TIME OF DEATH 04:39 PM				27. WAS		No	ER/CO	RONER CONT	TACTED?								
	CAUSI	OF DEAT	H (See Instruc	tions and	examples I	in handb	ook)	2 0 0		8 2	. (6)	1			-		
28. PART L Enter the <u>chain of events</u> – diseases, i librillation without showing the etiology	DO NOT ABBREVI	ATE. Enter	only one cause	on a line.	Add addition	ter termir nal lines	ral even if neces	its such as can sary.	diac arrest, re	espiratory	arrest, or ventricula		Approximation Display				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIAL INFA	RCTION	l	Due	s to (or as a	consequ	ence of	1:			250000	D.	MINUTE	S			
	IAL FIBRILLATI	ON		*0****		,					1						
on line a. Enter the UNDERLY- INC CAUSE (disease or injury that initiated the events resulting in death) LAST. ATH	T DISEASE	Due to (or as a consequence of):										10 YEARS					
				Due	to (or as a	consequ	vence of):					2.00				
d																	
PART III. Enter other <u>significant conditions contribu</u>	ring to death but not	resulting in	the underlying	cause give	n in PART I						OPSY PERFORME SY FINDINGS AV			No No		H2	
								30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE GAUSE OF DEATH? Yes No									
31. DID TOBACCO USE CONTRIBUTE TO DEAT	PO 10	32. IF FEM	ALE egnant within	n nast ver	ar.			33. MANNER OF DEATH ☑ Natural ☐ Hornicide									
⊠ No			ant at time of										Pending investigation				
Probably			egnant, but p					h Suicide Could not be determined						ed			
Unknown	100	ALC: NO THE REAL PROPERTY.	egnant, but p				before	e death									
34. DATE OF INJURY (Month, Day, Year) (Spell M		5. TIME O					decede	nt's home, car	nstruction site	: restaura	nt: wooded area) 37. INJURY AT WORK?						
38a LOCATION OF INJURY - STATE 38	b. COUNTY		38c. CITY	OP TOWN				Tana ere	REET AND N	MADED	P Yes 38e 21P COD						
	a. COOKI I		and Gill	OR TOWN			-1900	380. 511						36e. 2	IIP CODE		
39. DESCRIBE HOW INJURY COCLIFIED								49. IF TRANSPORTATION ACCIDENT (SPECIFY) Driver/Operator Passenger Pedestrian Other (Specify)						án:			
41, CERTIFIER (CHECK ONLY ONE)												98.5	-		20 ON 18		
□ Certifying Physician – To the best of m □ Modical Examiner/Coroner – On the ba											due to the caus	co(e) and	d manne	e ctatoel			
SIGNATURE DAVID A ABBOTT									ato, and pri	ave, and	obe to the cau.	so(s) and	2 mg/mg	i sieneu.			
42. NAME, ADDRESS, AND ZIP CODE OF PERSO	MI PONIG ETIMO P	NUE OF D	EATH /II OC														
DAVID A ABBOTT 1035 BELLEVUE AVENUE SUITE 110,									MD	TILE OF	E OF CERTIFIER						
44. GERTIFIER MO LICENSE NUMBER	ER NPI NUMBER					46, DATE C	ERTIFIED	(Month, Day, Yea	r)								
0000R01G01 1558448850								JULY 01, 2011									
47. REGISTRAR'S SIGNATURE								48. FOR REGISTRAR ONLY - DATE FILED (Month, Dey, Year)									
IVRA J. CROSS 49. DECEDENT'S EDUCATION 50. DECEDENT OF HIS						SEPTEMBER 12, 2011 OPIGIN? 51. DECEDENT'S RACE											
(Chack the box that best describes the highest degree or level of school (Check the box that best describes whether								(Check and	or more race	s to indica	to what the discade	ent conside	lered hims	ell or herse	all to be)		
completed at time of death.) Oncedent is Spanish/Hisp Pith confirmation.							-					Other Asian					
				is not Spanish/Hispanic/Latino.) Black or anish/Hispanic/Latino America								(Specify) Native Hawaiian					
				NE CONTRACTOR	and the state of t				the emotion			Guamanian or Chamorro					
Some college credit, but no degree Chicano													□ Samoan				
			Yes, Pueno	(1973-2011 K				Asian Indian					Other Pacific Islander				
☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Yes, Cuba ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Yes, other					Jing pale 4	Chinese								(Specify)			
Doctorate (e.g., PhD, EdD) or professio						dirito		☐ Filipino ☐ Japanese									
degree (e.g., MD, DDS, DVM, LLB, JD)			,2,20,77					☐ Korean			(Specify)						
AND PRODUCTION OF THE PRODUCTI								☐ Vietnamese									
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE, DO N "RETIRED".)						NOT US	£	53. KIND OF						100			
UPHOLSTERER								FURNITU	HE REST	ORATIO	M						

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT (On not accept if reproduced, or if seel impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315, RSMc 2004.)

MO 580-1241 (6-18) 1 6 2020 Kenneth J. Palermo State Augistrar VS-804D

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY RECEIVED (SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS) 2020 AUG 12 PM 1: 36 To: Jon Christensen, Treasurer-Tax Collector Claim for Excess Proceeds Re: TC 214 Item 709 Assessment No.: 664080009-9 Assessee: CARNIGHAN, FRED 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 44,267.23 + from the sale of the above mentioned real property. I/We were the \square 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. 664080009-9; 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. See 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. 20 Lo at Signature of Claimant See Attached Signature of Claimar

Michael Haney, VP of Heirfinders Research Associates Print Name 5042 Wilshire Blvd #622 Street Address Los Angeles, CA 90036 City, State, Zip

323-937-3033

Phone Number

Print Name Street Address City, State, Zip Phone Number

SCO 8-21 (1-99)

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

Heirfinders Research Associates LLC my right to apply for and	lifornia Revenue and Taxation Code), I, the undersigned, do hereby assign to I collect the excess proceeds which you are holding and to which I am entitled
from the sale of assessment number 66408000	9-9 sold at public auction on 5/30/2019-6/4/2019
understand that the total of excess proceeds available	for refund is \$ 14.755.74+/- and that I AM GIVING UP MY RIGHT TO
(assignment) TO THE ASSIGNEE I certify under pena	SIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION altry of perjury that I have disclosed to the assignee all facts of which I am aware
relating to the value of this right I am assigning.	inty of perjury that thrave disclosed to the assignee an facts of which ham aware
(7) to the	
(Signature of Party of Interest/Assignor)	Patricia Kozemski (Name Printed)
(Signature of Farty of Intelegatives signor)	(Name Finted)
	8704 Charming Knoll Court
	(Address)
STATE OF CALIFORNIA)ss.	
STATE OF CALIFORNIA)ss.	Tampa, FL 33635
COUNTY OF HILLS borough	(City/State/Źip)
	912 765 0142
	813-765-9142 (Area Code/Telephone Number)
1.	and the second s
OnMarch 12, 2020	, before me, Tiur M. Baymont, personally, who proved to me on the basis of satisfactory evidence to be the
appeared Patricia & Kozemski	who proved to me on the basis of satisfactory evidence to be the
person(s) whose name(s) is/are subscribed to the within	n instrument and acknowledged to me that he/she/they executed the same in
which the person(s) acted, executed the instrument.	r/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.	
I certify under PENALTY OF PERJURY under the laws	of the State of California that the forgoing paragraph is true and correct.
WITNESS my hand and official seal.	TIMA M DAVMONT
Jud. Bujant	TINA M BAYMONT NOTARY PUBLIC - STATE OF FLORING area for official seal)
(Signature of Notary)	COMMISSION # GG 267657
(eignature of riotally)	My Commission Expires December 22, 2022
the California Revenue and Taxation Code, all facts of	have disclosed to the party of interest (assignor), pursuant to Section 4675 of which I am aware relating to the value of the right he is assigning, that I have allable, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON
HIS OWN WITHOUT ASSIGNING THAT RIGHT.	silable, and that thave ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON
	Michael Henry
	Michael Haney
(Signature of Assignee)	(Name Printed)
E-	5042 Wilshire Blvd Ste 622
07475 05 044500444	(Address)
STATE OF CALIFORNIA)ss. COUNTY OF)	Los Angeles, CA 90036
	State/Zip)
(Oity)	State/Zip)
On, befo	re me, the undersigned, a Notary Public in and for said State, personally
appeared Michael Haney person(s) whose name(s) is/are subscribed to the withir	, who proved to me on the basis of satisfactory evidence to be the instrument and acknowledged to me that he/she/they executed the same in r/their signature(s) on the instrument the person(s), or the entity upon behalf of
	C All lad
WITNESS my hand and official seal.	See Attached
(Signature of Notary)	(This area for official seal)
(Cignature of Notaly)	

ACKNOWLEDGMENT

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.

attached, and not the truthfulness, accuracy, or validity of that document.
State of California County of Los Angeles
On July 21, 2020 before me, Luz M. Catalan, Notary Public (insert name and title of the officer)
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(les), 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. LUZ M, CATALAN Notary Public - California Los Angeles County Commission # 2263618
Signature

Description of Attached document:

Title or Type of Document: ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

Document Date: July 21, 2020

ASSESSMENT NUMBER: 664080009-9

RECORDING REQUESTED BY

Alston & Gieser, LLP

AND WHEN RECORDED MAIL TO

DOC # 2002-735351

12/09/2002 08:00A Fee:37.00 Page 1 of 11 Recorded in Official Records County of Riverside

Gary L. Orso



NAME

ADDRESS

Thomas M. Gieser, Esq. Alston & Gieser, LLP 4 Hutton Centre Drive

CITY/STATE/ZIP

Suite 720

Santa Ana, CA 92707

М	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC
-	1		11						
					1			-	W
A	R	L			COPY	LONG	REFUND	NCHG	

TITLE(S)



Affidavit re Real Property of Small Value (\$20,000 or Less)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, stee, Jet number, and address): THOMAS M. GIESER, ESQ. ALSON AND GIESER, LLP 4 HUTTON CENTRE DRIVE, SUITE 750 SANTA ANA, CA 92707 ATTORNEY FOR (Name): FRED CARNIGHAN SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-200 Oasis St. MAILING ADDRESS: CITY AND ZIP CODE: Indio, CA 92201 BRANCH NAME: Indio Court MATTER OF (Name): LILLIAN C. CORELLA	2002-735351 12/09/2002 08 09A 2 of 11 DE-305 FOR RECORDER'S USE ONLY
AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE (\$20,000 or Less) 1. Decedent (name): LILLIAN C. CORELLA died on (date): JULY 20, 1996 2. Decedent died at (city, state): KIRKWOOD, ST. LOUIS 3. At least six months have elapsed since the date of death of decedent as shown in the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.) 4. a. Decedent was domiciled in this county at the time of death. b. X Decedent was not domiciled in California at the time of death. Decedent died owning real property in this county. 5. a. The following is a legal description of decedent's real property claimed by the declarants (copy description from deed or other legal instrument): X described in an attachment labeled Attachment 5a.	FOR COURT USE ONLY SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE OCT 2 3 2002 M. SELBERT

b. Decedent's interest in this real property is as follows (specify): PROPERTY OWNER

	PROPERTY OWNER
	Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is a. (will) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.) (no will) a person who succeeded to the property under Probate Code sections 6401 and 6402. Names and addresses of each guardian or conservator of decedent's estate at date of death X none are as follows* (specify):
722	

- 8. The gross value of all real property in decedent's estate in California as shown by the Inventory and Appraisal, excluding the real property described in Probate Code section 13050 (joint tenancy, property passing to decedent's spouse, etc.), does not exceed \$20,000.
- 9. An Inventory and Appraisal of decedent's real property in California is attached. The Inventory and Appraisal was made by a probate referee appointed for the county in which the property is located. (You may use Judicial Council form DE-160.)
- 10. No proceeding is now being or has been conducted in California for administration of decedent's estate.

* You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7.

(Continued on reverse)



	(,	ŕ	
_ MATTER OF (Name): LI	LLIAN C. CORELLA		1 CAREAUTER	
* * *			CASE NUMBER:	
11. Funeral evapone evapon	on of loct in	DECEDENT		
personally liable for decen	ses of last illness, and all known uns	secured debts of the dece	dent have been paid. [NOTE: Yo	ou may b
I declare under penalty of perju	lent's unsecured debts up to the fair ury under the laws of the State of Ca	market value of the real p	roperty and any income you rece	ive from
Date: AUGUST 13, 200	2	morria triat the loregoing	is true and correct.	
FRED CARNIGHAN		Fred	Carridur	
(TYPE OR PRINT	NAME)		(SIGNATURE OF DECLARANT)	
Date:				
(TYPE OR PRINT I	NAME)		(CICHATURE OF REAL	
Date:			(SIGNATURE OF DECLARANT)	
(TYPE OR PRINT)			(SIGNATURE OF DECLARANT)	
NOTARY ACKNOWLEDGMEN	ins (NOTE: No notary acknowled	gment may be affixed as	a rider (small strip) to this page	. If add
MISSOURI	were notely acknowledgments	s are required, they must	be attached as 8-1/2- by 11-inc	h pages.
STATE OF GALIFORNIA, COL	UNTY OF (specify): ST. LOUIS			
On (date): August 13, 20	, selete into that the diffit t	itte): Patrick R. Gu	nn, Notary Public,	
personally appeared (name):	FRED CARNIGHAN		•	
personally known to me (or pro	ved to me on the basis of satisfactor	V evidence) to be the ners	son whose name is subsected to	
				the with-
o on mondification	beiself, or mis surity about DBUSIL OL	which the person acted, e	xecuted the instrument	OI HEI
WITNESS my hand and official	seal.	(NOTARY SEAL)	PATRICK R. GUNN	
	У Г		otary Public - Notary Seal STATE OF MISSOURI	
	zuu -	'	St. Louis County	
(SIGNATURE OF	NOTARY PUBLIC)	My Com	mission Expires: Dec. 11, 2005	
			1	
STATE OF CALIFORNIA, COU	NTY OF (specific)	1		
and a contract of delivery coops	(Specify).			
On (date):	, before me (name and til	tle):		
personally appeared (nemes):				
personally known to me (or prov	ed to me on the basis of satisfactory	evidence) to be the person	on whose names are subscribed t	o the
	dged to me that they executed the insort the entity or entities upon behalf of			natures
WITNESS my hand and official	seal.	which the persons acted,	executed the instrument.	
		(NOTARY SEAL)		
				ļ
				1
(SIGNATURE OF	NOTARY PUBLIC)	1		
				- 1
(SEAL) OR COURT OF CO		CLERK'S CERTIFIC	CATE	
	I certify that the foregoing, inclu-	ding any attached notary	acknowledgments and any attach	ed
	ional rescribing of the blobetty (pr	ut excluding other attachm	nents) is a true and correct convic	of
	are original annuavit of file in My of	ITICB. (Certified conies of t	this officionit do not include the 141	
	death certificate, (2) will, or (3) inve	antory and appraisal. Set	Probate/Code section 13202.)	
	Date: 10/22/02	Clerk, by	super ,	Deputy
TO THE PARTY OF TH	100000	P		
DE-305 [Rev. January 1, 1998]	AFFIDAVIT RE REAL PROP	PERTY OF SMALL VAL	LUE	Page two

(Probate) 2002-735351 12/99/2002 08: 00A 3 of 11

This must be in red to be a "CERTIFIED COPY"

Each document to which this certificate is attached is certified to be a full, true and correct copy of the original on file and of record in my office.

Superior Court of California County of Riverside José Octavio Guillén, Clark

Dated:

Certification must be in red to be a "CERTIFIED COPY"



TYPEIP	AINT		Miccorn				
WRITE PERMAN		,	CERTI	DEPARTMENT O	FHEALTH		
STUB BLACK	REGISTRATION DISTR	IICT NO	OFULI	FICATE OF	DEATY		STATE FILE NUMBER
INSTRUCT		rs. Aliadie, Last)	REGISTRAR'S NUMBER	1	_	124 -	96 305448
AND HAND		llian	Corella		2 SEX	J. DATE OF DEATH	(Month Des Asset
	4. SOCIAL SECURITY NO	50 AGE - Last Sh LINGS	_		Female	July 20	1006
DECEDE	NT	Birthday (Years) WONTHS	GAYS HOLHS MAN	I BININ	(Month, Day, Year) 1 E	DIATHPLACE (Cily and Si	ris or Farmer
	P. WAS DECEDENT EVER IN			1	1910	Havdon Av	1 7000
VS 300	Yes No Dunk	HOSPITAL FT	Se. PLACE	OF DEATH ICHECK DNI	one; see instruction	ton electry Fil	120114
HO 580-0505	BO FACRITY NAME WOW	HOSPITAL: Gunpalient		UA JOTHER: UNU	thing Home Dane	dence Other (spec	
(4-90)	8 C+ 7			CITY, TOWN, OR LOCA	HON OF DEATH	dence Other (spec	
		eph Hospital		Kirkwood			86 COUNTY OF DEATH
	Married, Widowed, Divorce	red. Never 11. SURVIVING SPOUSE'S od (Appears)	NAME	124 DECEDENTALIS	AL OCCUPATION (GIA		St. Louis
	Widowed	****	· remaj			at use retired a	OF BUSINESS ON INDUSTRY
	[8]	138 COUNTY		13c CITY, TOWN, OR L	maker		vn Home
1	Missouri	St. Lou	ie	1	CONTRACTOR OF THE PROPERTY OF		13d. ZIP CODE
	130 STREET AND NUMBER		10	Brent	boow		A COLUMN COLUMN
	8727 Manc	hester		131. INSIDE CITY	LIMITS 139. YEARS	T PRESENT ADORESS	53144
	14 WAS DECEDENT OF LUCE			Yes	DNo Dune		D Y
	Space of No or Fes - Il yes, a	ANIC ORIGIN specify Cuber, Mexican, Puerto Ricen.	eic j	15 RACE - American Ind	en, Black, White, etc.	1	□ 10-19 20 or more
2	BNO DY	s Specify		(4000.0)		(Speci	DECEDENT'S EDUCATION by only highest grade completed)
i management	17 FATHER'S NAME (FIRST, MICH	s specify		White		Elementary/Second	pary (0-12) College (1-4 pr 5+)
PARENTS	Fred	-			S NAME (First, Modele,	12	
	The INCORMANTS ALLES	Carnighan		1 7	AA- A-1		
INFORMAN	Mr. Fred Ca	ne/Printi	190 MAILING ADDRESS	Street and Number of Co.		d	
	204 BURIAL CREMATION		8727 Ma	nchester Rd	Bron	twood, MO	
alconomic	OTHER (Specify)	(Month, Day, Year)	200 PLACE OF DISPO	DSITION (Name of cameter)			63144
DISPOSITIO	Burial		6 Nations	1 Chamber	y, cremetery, or 200	S. LOCATION - City or To	wn, State
-	PERSON ACTING ASSUCH	ERVICE LIGENSEE OR , 220 NAME ,	IND ADDRESS OF FACILITY	1 Cemetery		Jefferson	Barracks, MO
	P 1	/ / / /		23 W. Loc	kwood		FINANCE ESTABLISHED
1	List only one cause on	uries, or complications that caused the	seeth Do not enter the many	Webster G	roves, MO	63119	LICENSE NUMBER
INSTRUCTIONS	MANEDIATE CAUSE	unes, or complications that caused the cooch sine ACUTE	H VAN BA	dying, such as cardiac or re	spiratory arrest, shock, i	or heart failure.	Approximate Interval Between
ON OTHER SIDE	Condition theuling	DUE TO JOR AS A CONSEQUE	TO CAN	110C 11	HARC	7	Onset and Death
_	in death)	AITERI	OSCLENTION TO			'	JOAY
1	Sequentially Inti conditions, if any	DUE TO JOR AS A CONSEQUE	OSCLENTI	CHEAI	17 115	5 AD	1 11 1/2 1
1	leading to immediate	20035004	INCE OF)		1010	0 100	UNKHOWN
CAUSE OF	UNDERLYING CALES	C. Dust TO 100 100 100					
DEATH	icksease or injury that mileted ments resulting	DUE TO IOR AS A CONSEQUE	NCE OF)				
		d					
1	PART II Other significant condition	s contributing to death but not resulting	O to the traded				_)
J	- HY (CRTGPSION	The origing cause given i	FEMALE 10.4		WAS AN AUTOPSY 2	56 WERE AUTOPSY FINDINGS
				PREGNANT I	N THE LAST	PERFORMED?	
					/		COMPLETION OF CAUSE OF
		Momh, Day, Year) 275 TIME C	F 270 WAS INJURY AL COHO	Yes Di		Yes XONO	Yes DNo
1	Matural Pending	INJUR	RELATED? (Act among to	THE MONTH WORK	27e. DESCAIBE	HOW INJURY OCCURAE	0 40
1	LI Accident	1 .			1		
1	Swicige Could not be Delermined	271 PLACE OF INJURY - At home, fare building, etc. (apecity)	Ves No Uni	Yes No Du	Ink.		
, i	L' Homicide			279 LOCATION (Siles) at	nd Number or Rural Rou	le Number, City or Town,	\$(a(e)
- 1	26a. (Specify)	28b. To the best of my snawledg	De. Ceath occurred -1				
	DEERTIFYING PHYSICIAN	(Cines)	On n	ne and place and due to the	Cause(s) stated. 28c.1	DATE SIGNED	28d TIME OF DEATH
	DMEDICAL EVANIENCE	(Signature and Title) > 6	melt 1	/	(Mon	th Day Year)	WIND OF DEATH
CERTIFIER	204 MAME AND ADDRESS OF ONT	AND WEREAU MEDICAL EVALUA	11 Wh K	-arduck	nola	-77-91	
	204 MAME AND ADDRESS OF MILLS	OU WHITESCH, M.D.	CH OR CORONER) (Type or Pri	200 MO LICENSE NE	MBER 30 WAS CAS	E REFERED TO MEDIC	7:40 P.M
1	31 NAME OF ATTENDING PHYSISMA	COUCH - SUITE 281		1 12/3			AL EXAMINER/CORONER?
l	31 NAME OF ATTENDING PHYSICAL	LUDIS, MO. 63122"ER 32 P	EGISTHAR'S STINATURE	-11	O Ye	s ONO	
			Muy	· Cross		33 DATE RECEIVE	DETLOCA REGISTRAR
		ST. LOUIS C	OUNTY DEPARTM	(F) m o=		1	JUL 2 3 1996
			OUNTY DEPARTM	LENT OF HEAL	TH		

III SOUTH MERAMEC

CLAYTON, MISSOURI 63105

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT (Dis now accept it rephinagraphed, or it was smotesture cannot be felt)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW esec 193 315,RSM=19831

STATE OF MISSOURI

COUNTY OF ST. LOUIS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. witness my hand as County Registrar of Vital Statistics and the Seal of the ST. LOUIS COUNTY DEPARTMENT OF HEALTH this date of JUL 2 3 1996

2002-735351 12/09/2002 08: 00A 5 of 11

MO 560-1103(7-89)

ATTACHMENT 5A DESCRIPTION OF REAL PROPERTY

Unimproved real property located in Desert Hot Springs, more particularly described as:

The West half of the Southwest quarter of the Southwest quarter of the Southeast quarter of Section 27, Township 2 South, Range 4 East, San Bernardino Base and Meridian. Excepting therefrom the Southerly 40 feet as conveyed to the County of Riverside by Deed recorded July 8, 1949 in Book 1090, Page 511 of official records.

Said property is also known as Lot #32 of Licensed Surveyor's Map on file in Book 15, Page 87 of Records of Survey of said Riverside County.

Excepting therefrom an undivided 9/10 of all oil, gas and other hydro-carbon substances lying in or under said property.



To Tellow It May Concein: In the event of death of the undersigned it is meiterely agreed by the under-Legned: Lay & Corella and Lelean Corella that the following requests be executed: To Preside Mones due eis from Lefe Incurere Policies (Données) he payable to Fred Carnighan of 419 Oak et - Welster groves II any and all money on defaut atour bonke be paid to Fud Carneghan Ploperty located at Devent Hat Springs Colifornia and recorded in Reversede County, California is Levely welled to Fred Carnighon of 419 Och et Webstergroves, Mussouri - (Recidence) 8837 Man chester Rd, Brentwood, mo

(

To Whom It May Concern:

In the event of the death of the undersigned, it is mutally agreed by the undersigned: Ray J. Corella and Lillian Corella that the following requests be executed:

- I. Any and all monies due us from Life Insurance Policies (Carried at Doanes) be payable to Fred Carnighan of 419 Oak St., Webster Groves, Missouri.
- II. Any and all money on deposit at our Banks be paid to Fred Carnighan.
- III. Property located at Desert Hot Springs California, and recorded in Riverside County, California is hereby willed to Fred Carnighan of 419 Oak St., Webster Groves, Missouri -(Residence) 8837 Manchester Rd., Brentwood, MO (Business).

Signed: Ray J. Corella 7-10-76 Signed: Lillian C. Corella 7/10/76

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, 5 bar number, and address): TELEPHONE AND FAX NOS:	DE-160, GC-040
(714) 432-1555 (714) 432-0555	FOR COURT USE ONLY
ALSTON AND GIESER, LLP 4 HUTTON CENTRE DRIVE	
SUITE 720	
SANTA ANA, CA 92707	
ATTORNEY FOR (Name): FRED CARNIGHAN	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-200 OASIS ST	
STREET ADDRESS: 46-200 OASIS ST. MAILING ADDRESS:	
CITY AND ZIP CODE: INDIO, CA 92201	
BRANCH NAME: INDIO COURT	
ESTATE OF (Name): LILLIAN C. CORELLA	
X DECEDENT CONSERVATEE MINOR	
INVENTORY AND APPRAISAL	CASE NUMBER:
Partial No.: Corrected '7,	000010000000000000000000000000000000000
X Final Reappraisal for Sale	Date of Death of Decedent or of Appointment of Guardian or Conservator:
Supplemental Property Tax Certificate	7/20/96
APPRAISALS	
Total appraisal by representative, guardian, or conservator (Attachment 1):	• •
2. Total appraisal by referee (Attachment 2):	\$ 10,000.00
	TOTAL: \$ 10,000.00
DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR	
3. Addolinerus I and 2 together with all prior inventories filed contain a true statement of	
A all a portion of the estate that has come to my knowledge or possessing	including particularly all manages and all
to obtain the against me. I have truly, honestly, and impartially appraised to	the best of my ability each item set forth in
	, ,
 4 No probate referee is required by order of the court dated (specify): 5. Property tax certificate. I certify that the requirements of Revenue and Taxation Code: 	1
a. are not applicable because the decedent owned no real property in California at	section 480
b. X have been satisfied by the filing of a change of ownership statement with the confidence in California in which the decoders are not stated in California in which the decoders are not stated in California.	the time of death.
in California in which the decedent owned property at the time of death.	surfly recorder of assessor or each county
I declare under penalty of perjury under the laws of the State of California that the for	
	egoing is true and correct.
Date: October 2, 2002	
	0 . 1
FRED CARNIGHAN	(rreadian
(TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)	(SIGNATURE)
STATEMENT ABOUT THE BOND	
(Complete if required by local court rule)	
6. Bond is waived, or the sole fiduciary is a corporate fiduciary or an exempt government	nt agency
Sufficient I	sufficient
8. Receipts for: \$ have been filed with the court for deposits in a institution and location):	blocked account at (specify
institution and location).	
Date:	
k.	
(TYPE OR PRINT NAME)	
(Signature of a (Continued on reverse)	TTORNEY OR PARTY WITHOUT ATTORNEY)
Form Approved by the Judicial Council of California INVENTORY AND APPRAISAL INVENTORY AND APPRAISAL	Lem
Mandatory Use [1/1/2000]	Probate Code, §§ 2610-2616.
2992-735351	La Plus

2002-735351 12/09/2002 08:00A 9 of 11

/	7
ESTATE OF (Name): LILLIAN C. CORELLA	CASE NUMBER
X DECEDENT CON	SERVATEE MINOR
DECLARATION	OF PROBATE REFEREE
 I have truly, honestly, and impartially appraised to the best A true account of my commission and expenses actually statutory commission: \$ 75.00 Expenses (specify): \$ 35.00 TOTAL: \$ 110.00 	et of my obility and the
I declare under penalty of perjury under the laws of the State of Date: 8/26/02	California that the foregoing is true and correct.
WILLIAM W. SCOTT (Type or print name)	CO De A PROBATE REFERE
, John Home)	(SIGNATURE OF REFEREE)
•	*

INSTRUCTIONS

(See Probate Code sections 2610-2616, 8801, 8804, 8852, 8905, 8960, 8961, and 8963 for additional instructions.)

- 1. See Probate Code section 8850 for items to be included in the inventory.
- 2. If the minor or conservatee is or has been during the guardianship or conservatorship confined in a state hospital under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services, mail a copy to the director of the appropriate department in Sacramento (Prob. Code, § 2611).
- 3. The representative, guardian, conservator, or small estate claimant shall list on Attachment 1 and appraise as of the date of death of the decedent or date of appointment of the guardian or conservator at fair market value moneys, currency, cash items, bank accounts and amounts on deposit with each financial institution (as defined in Probate Code section 40), and the proceeds of life and accident insurance policies and retirement plans payable upon death in lump sum amounts to the estate, except items whose fair market value is, in the opinion of the representative, an amount different from the ostensible value or specified amount.
- 4. The representative, guardian, conservator, or small estate claimant shall list in Attachment 2 all other assets of the estate which shall be appraised by the referee.
- 5. If joint tenancy and other assets are listed for appraisal purposes only and not as part of the probate estate, they must be separately listed on additional attachments and their value excluded from the total valuation of Attachments 1 and 2.
- 6. Each attachment should conform to the format approved by the Judicial Council (see Inventory and Appraisal Attachment (form DE-161, GC-041) and Cal. Rules of Court, rule 201).

FATATE OF			
ESTATE OF (Name):	LILLIAN	C.	CORELLA

1.

DE-161, GC-041

Appraised value

\$10,000.00

CASE NUMBER

INVENTORY AND APPRAISAL ATTACHMENT NO: 2

(In decedents' estates, attachments must conform to Probate Code section 8850(c) regarding community and separate property.) Item No.

Page: 1 of: 1 total pages. (Add pages as required.)

Description Unimproved real property located in Desert Hot Springs, more particulary described as:

The West half of the Southwest quarter of the Southwest quarter of the Southeast quarter of Section 27, Township 2 South, Range 4 East, San Bernardino Base and Meridian. Excepting therefrom the Southerly 40 feet as conveyed to the County of Riverside by deed recorded, July 8, 1949 in Book 1090, Page 511 of official records.

Said property is also known as Lot #32 of Licensed Surveyor's Map on file in Book 15, Page 87 of Records of Survey of said kiverside County.

Excepting therefrom an undivided 9/10 of all oil, gas and other hydrocarbon substances lying in or under said property.

APN: 564-080-009

INVENTORY AND APPRAISAL ATTACHMENT

1811 188 | Hell 1888 | Hills Blisse | Hills

12/09/2002 08:00A



DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

The undersigned Declarant, each for himself or herself and not for the others, hereby declares:

1. I am the successor in interest of Fred Carnighan, who died in the City of Webster Groves, County of Saint Louis , State of Missouri, on June 22 , 2011 . 2. 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 declaration. 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 Declarant of the property described in this declaration. 4. The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000). 5. The property of Decedent which is to be paid, transferred or delivered to the Declarant under the provisions of California Probate Code Section 13100 is: Approximately \$\$44,267.23 in excess proceeds from tax sale of Riverside County APN 664080009-9 ____ The Declarant is the successor of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property. The Declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to the Decedent's interest in the described property. The name(s) of the successor(s) of the Decedent is/are: 7. No other person has a superior right to the interest of the decedent in the described property. 8. The Declarant requests that the described property be paid, delivered, or transferred to the Declarant. 9. The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 12 day of March 2020at 8704 Charming know Gt. Tompa FC Patricia Kozemski Name, Declarant 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. The State of California, County of Misborough, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Patricia. Executed on this 12 day of March 2, at 8704 Charming knoll Ct. Tampur Kozemski WITNESS MY HAND AND OFFICIAL SEAL Notary Public for the State of California Notary Seal



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CERTIFICATE OF DEATH 124 - 11 305552 VS 300 MO 580-2211 (1-10) DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix 4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) FRED CARNIGHAN MALE JUNE 22, 2011 5 SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yes 9. BIRTHPLACE (City and State or FEBRUARY 01, 1919 HAYDEN, ARIZONA 92 ISTATE TERRITOR 96. CITY, TOWN OR LOCATION UNITED STATES MISSOURI SAINT LOUIS CRESTWOOD o, INSIDE CITY LIMITS? 989 WOODBINE DRIVE ⊠ Yes 63126-1125 □ No 10. WAS DECEDENT EVER IN U.S ARMED FORCES? 11. MARITAL STATUS AT THE TIME OF DEATH 12. SURVIVING SPOUSE S NAME (If wife, give name prior ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married Unknown 14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffic FRED CARNIGHAN ROSARIO ORTEGA St. INFORMANT'S NAME (First Models 15b. RELATIONSHIP TO DECEDENT ISc., MAILING ADDRESS (Street and Number, City, State, ZIP Code ROSEMARIE CEREGHINO DAUGHTER 989 WOODBINE DRIVE, CRESTWOOD, MISSOURI 63126 16. PLACE OF DEATH (Check only one: see instructions.) IF DEATH OCCURRED IN A HOSPITAL IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Impatient | Emergency Room/Outpatient | DOA | Hospice Facility | Nursing Home/Long Term Care Facility | Decedent's Home | Other (Specify) 17. FACILITY NAME (If not institution, give street and number) 18. CITY OR TOWN, STATE AND ZIP CODE 9. COUNTY OF DEAT LUTHERAN CONVALESCENT HOME WEBSTER GROVES, MISSOURI 63119 SAINT LOUIS 20b. DATE OF DISPOSITION PLACE OF DISPOSITION (Name of cer 20a. METHOD OF DISPOSITION 22. LOCATION (City or Town, State ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment JUNE 28, 2011 NATIONAL CEMETERY JEFFERSON BARRACKS, MISSOURI ☐ Removal from State ☐ Other (Specify)
23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY J 24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH 25. FUNERAL ESTABLISHMENT LICENSE NUMBER GERBER CHAPEL 23 W LOCKWOOD AVE, WEBSTER GROVES, MISSOURI 63119 ► KARL E BEKE 2006010541 26. ACTUAL OR PRESUMED TIME OF DEATH WAS MEDICAL EXAMINER/GORONER CONTACTED? 04:39 PM CAUSE OF DEATH (See Instructions and examples in handbook) 28. PART I. Enter the <u>chain of events</u> – diseases, injuries, or complications and examples in handboard for little that the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events so for little and without showing the atiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional times if necessary Approximate interval Onset to Death IMMEDIATE CAUSE (Final MYOCARDIAL INFARCTION MINUTES Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLY-ING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. ATRIAL FIBRILLATION 10 DAYS Due to lor as a consequence of ATHEROSCLEROTIC HEART DISEASE 10 YEARS PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART 29, WAS AN AUTOPSY PERFORMED? Yes No.
30, WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH □ No Yes MANNER OF DEATH 31, DID TOBACCO USE CONTRIBUTE TO DEATH? 32. IF FEMALE Natural ☐ Yes Not pregnant within past year ☐ Homicide ⊠ No Pregnant at time of death ☐ Accident Pending investigation ☐ Probably ☐ Not pregnant, but pregnant within 42 days of death ☐ Suicide Could not be determined ☐ Unknown ☐ Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

35. TIME OF INJURY 36. PLACE OF INJURY (e.g. de 34. DATE OF INJURY (Month, Day, Year) (Soell Month) 7. INJURY AT WOR ☐ Yes □ No 38a, LOCATION OF INJURY - STATE 384 CITY OR TOWN 8e. ZIP GODE 38h COUNTY SAL STREET AND NUMBER 39 DESCRIBE HOW IN HIRY OCCURRED 0. IF TRANSPORTATION ACCIDENT (SPECIFY) Passenger ☐ Driver/Operator ☐ Pedestrian Other (Specify) 1. CERTIFIER (CHECK ONLY ONE) Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 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 cause(s) and manner stated. SIGNATURE DAVID A ABBOTT 42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Jum 2) 43. TITLE OF CERTIFIER DAVID A ABBOTT 1035 BELLEVUE AVENUE SUITE 110, ST LOUIS COUNTY, MISSOURI 63117 MD 44. CERTIFIER MOLICENSE NUMBER 45. CERTIFIER NPI N. IMBER 46. DATE CERTIFIED (Mon 0000R01G01 568448850 JULY 01, 2011 47. REGISTRAR'S SIGNATURE 48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) IVRAJ, CROSS SEPTEMBER 12, 2011 DECEDENT'S EDUCATION DECEDENT OF HISPANIC OPIGINS S1. DECEDENT'S RACE NUC taces to indicate what the decede (Check the box that best do cribes the highest degree or level of school nsidered himself or herself to be I completed at time of death.) decedent is Spanish/Hispanic/Lalmo. Check the "No M White Other Asian Bth grade or less box if docudent is not Spanish/Hispanic/Latino.) Black or African American (Specify) 9th - 12th grade; no diploma No, not Spanish/Hispanic/Latino American Indian or Alaska Native ☐ Native Haweilar High school graduate or GED completed Yes, Mexican, Mexican American, ☐ Guarranian or Chamorro Some college credit, but no degree Chicano Samoan Yes, Puerto Rican Associate degree (e.g., AA, AS) Asian Indian Other Pacific Islander ☐ Bachelor's degree (e.g., BA, AB, BS) (Specify) T Yes, Cuban ☐ Chinese Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) Filipino Yes, other Spanish/Hispanic/Latino ☐ Other Doctorate (e.g., PhD, EdD) or professional (Specify) Japanese (Specify) degree (e.g., MD, DDS, DVM, LLB, JD) Unknown ☐ Korean ☐ Vietnamese 53. KIND OF BUSINESS/INDUSTRY 52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE, DO NOT USE "RETIRED".) UPHOLSTERER FURNITURE RESTORATION

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT (Do not accept if reproduced, or if sail impression cannot be fall.)

(Do not accept if reproduced, or if sea THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315, RSMo 2004.)

STATE OF MISSOURE Set I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seni of the Missouri Department of Health and Senior Services this date of

MO 580-1241 (6-19) 1 6 2020

