

**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:

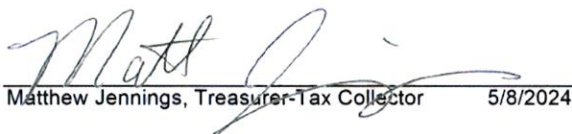
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 214, Item 709. Last assessed to: Fred Carnighan. District 4. [\$44,267-Fund 65595 Excess Proceeds from Tax Sale]

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 5/8/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington and Perez
Nays: None
Absent: Gutierrez
Date: May 21, 2024
xc: Tax Collector

Kimberly A. Rector
Clerk of the Board

By: 
Deputy

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

RECOMMENDED MOTION: That the Board of Supervisors:

2. 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;
3. 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: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	23/24

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the June 4, 2019 public auction tax sale. The deed conveying title to the purchasers at the auction was recorded August 13, 2019. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 27, 2019, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from 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 Deputy County Counsel

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 \$ 44,267.23 +/- from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 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.

Executed this 15th day of May, 2020 at Los Angeles, CA
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

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 I 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.

Bette Mills
(Signature of Party of Interest/Assignor)

Bette Mills
(Name Printed)

131 Country Villas Drive
(Address)

STATE OF ~~CALIFORNIA~~ ^{FLORIDA})ss.
COUNTY OF PINKAWAY)

Safety Harbor, FL 34695
(City/State/Zip)

727-492-7863
(Area Code/Telephone Number)

On MARCH 29 2020, before me, CHARMAINE DOUMANIAN, personally appeared BRYTE MILLS, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.
[Signature]
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

[Signature]
(Signature of Assignee)

Michael Haney
(Name Printed)

5042 Wilshire Blvd Ste 622
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

Los Angeles, CA 90036
(City/State/Zip)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Haney, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary)

See Attached

(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.

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)

personally appeared Michael Haney
who proved to me on the basis of satisfactory evidence to be the person~~s~~ whose name~~s~~ is~~are~~
subscribed to the within instrument and acknowledged to me that he~~/she/they~~ executed the same in
his~~/her/their~~ authorized capacity~~(ies)~~, and that by his~~/her/their~~ signature~~(s)~~ on the instrument the
person~~s~~, or the entity upon behalf of which the person~~s~~ acted, executed the instrument.

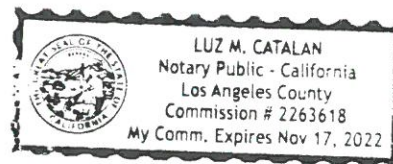
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(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 Thomas M. Gieser, Esq.
ADDRESS Alston & Gieser, LLP
CITY/STATE/ZIP 4 Hutton Centre Drive
Suite 720
Santa Ana, CA 92707

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TITLE(S)

38

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

M
AK



2002-735351
12/09/2002 08:09H
2 of 11

DE-305

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state, bar number, and address):
(After recording return to): (714) 432-1555 TELEPHONE AND FAX NOS.: (714) 432-0555

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

DECEDENT

AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE
(\$20,000 or Less)

FOR RECORDER'S USE ONLY

CASE NUMBER: **INP 017653**

FOR COURT USE ONLY

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
OCT 23 2002
M. SELBERT

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):
 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 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.)
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
 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)

MATTER OF (Name): LILLIAN C. CORELLA	CASE NUMBER:
DECEDENT	

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. (NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.) I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: AUGUST 13, 2002

FRED CARNIGHAN
(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

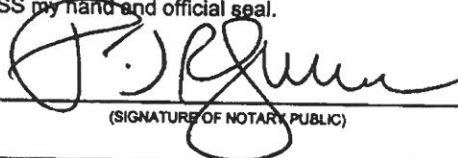
NOTARY ACKNOWLEDGMENTS (NOTE: No notary acknowledgment may be affixed as a rider (small strip) to this page. If additional notary acknowledgments are required, they must be attached as 8-1/2- by 11-inch pages.)

MISSOURI
STATE OF CALIFORNIA, COUNTY OF (specify): ST. LOUIS

On (date): August 13, 2002, before me (name and title): Patrick R. Gunn, Notary Public, personally appeared (name): FRED CARNIGHAN

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the instrument in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument

WITNESS my hand and official seal.


(SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)
PATRICK R. GUNN
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Dec. 11, 2005

STATE OF CALIFORNIA, COUNTY OF (specify):

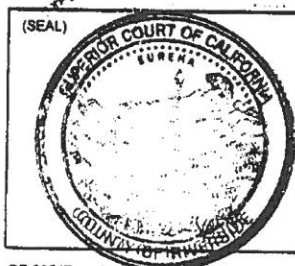
On (date): _____, before me (name and title): _____ personally appeared (names): _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose names are subscribed to the within instrument and acknowledged to me that they executed the instrument in their authorized capacities, and that by their signatures on the instrument the persons, or the entity or entities upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.


(SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)



CLERK'S CERTIFICATE

I certify that the foregoing, including any attached notary acknowledgments and any attached legal description of the property (but excluding other attachments), is a true and correct copy of the original affidavit on file in my office. (Certified copies of this affidavit do not include the (1) death certificate, (2) will, or (3) inventory and appraisal. See Probate Code section 13202.)

Date: 10/23/02 Clerk, by  Deputy



MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
124 - 96 305448

REGISTRATION DISTRICT NO

REGISTRAR'S NUMBER

DECEASED

VS 300
 Rev 4/90
 MO 580-0693
 (4-90)

FOR USE BY PHYSICIAN OR INSTITUTION
 NAME OF DECEASED

PARENTS

INFORMANT

DISPOSITION

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

CERTIFIER

1 DECEDENT'S NAME (First, Middle, Last) **Lillian Corella** 2 SEX **Female** 3 DATE OF DEATH (Month, Day, Year) **July 20, 1996**

4 SOCIAL SECURITY NO **81** 5a AGE - LAST BIRTHDAY (Year) **81** 5b UNDER 1 YEAR MONTHS **0** 5c UNDER 1 DAY HOURS **0** MINUTES **0** 6 DATE OF BIRTH (Month, Day, Year) **Feb. 1, 1915** 7 BIRTHPLACE (City and State or Foreign Country) **Hayden, Arizona**

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No Unk 9a. PLACE OF DEATH (check only one; see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (specify)

9b FACILITY NAME (If not institution, give street and number) **St. Joseph Hospital** 9c CITY, TOWN, OR LOCATION OF DEATH **Kirkwood** 9d COUNTY OF DEATH **St. Louis**

10 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Month) **Widowed** 11 SURVIVING SPOUSE'S NAME (If wife, give full maiden name) ******* 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Homemaker** 12b KIND OF BUSINESS OR INDUSTRY **Own Home**

13a RESIDENCE - STATE **Missouri** 13b COUNTY **St. Louis** 13c CITY, TOWN, OR LOCATION **Brentwood** 13d ZIP CODE **63144**

13e STREET AND NUMBER **8727 Manchester** 13f INSIDE CITY LIMITS Yes No Under 5 5-9 10-19 20 or more 13g YEARS AT PRESENT ADDRESS **12**

14 WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify 15 RACE - American Indian, Black, White, etc (Specify) **White** 16 DECEDENT'S EDUCATION (Specify only highest grade completed) **12**

17 FATHER'S NAME (First, Middle, Last) **Fred Carnighan** 18 MOTHER'S NAME (First, Middle, Maiden Surname) **Rose Ortega**

19a INFORMANT'S NAME (Type/Print) **Mr. Fred Carnighan** 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8727 Manchester Rd. Brentwood, MO 63144**

20a BURIAL, CREMATION, OTHER (Specify) **Burial** 20b DATE OF DISPOSITION (Month, Day, Year) **July 24, 1996** 20c PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **National Cemetery** 20d LOCATION - City or Town, State **Jefferson Barracks, MO**

21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]* 22a NAME AND ADDRESS OF FACILITY **Gerber Chapel 23 W. Lockwood Webster Groves, MO 63119** 22b FUNERAL ESTABLISHMENT LICENSE NUMBER **1360**

23 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. ACUTE MYOCARDIAL INFARCT** Approximate Interval Between Onset and Death **3 DAYS**

Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST **b. ARTERIOSCLECTIC HEART DISEASE** **UNKNOWN**

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I **HYPERTENSION**

24 IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes No Unk 25a WAS AN AUTOPSY PERFORMED? Yes No Unk 25b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

26 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 27a DATE OF INJURY (Month, Day, Year) 27b TIME OF INJURY **M** 27c WAS INJURY ALCOHOL-RELATED? (Specify limited to accident) Yes No Unk 27d INJURY AT WORK? Yes No Unk 27e DESCRIBE HOW INJURY OCCURRED

27f PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 27g LOCATION (Street and Number or Rural Route Number, City or Town, State)

28a (Specify) CERTIFYING PHYSICIAN MEDICAL EXAMINER/CORONER 28b To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) *[Signature]* **Milton Karndesch, M.D.** 28c DATE SIGNED (Month, Day, Year) **7-23-96** 28d TIME OF DEATH **7:40 P.M.**

29a NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) **533 COUNCH - SUITE 281 ST. LOUIS, MO. 63122** 29b MO LICENSE NUMBER **R1397** 30 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes No 31 NAME OF ATTENDING PHYSICIAN (Type or Print) **ST. LOUIS, MO. 63122** 32 REGISTRAR'S SIGNATURE *[Signature]* 33 DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) **JUL 23 1996**

ST. LOUIS COUNTY DEPARTMENT OF HEALTH
 111 SOUTH MERAMEC
 CLAYTON, MISSOURI 63105

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW
 (MO 193.315.RS(4)-983)

STATE OF MISSOURI

SS

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 23 1996**

Per *[Signature]*

[Signature]
 Registrar of Vital Statistics

MO 580-1103(7-89)



2002-735351
 12/09/2002 08:09H
 5 of 11

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 Whom It May Concern:

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

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

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



July 10, 1976

To Whom It May Concern:

In the event of the death of the undersigned, it is mutually 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, street bar number, and address): ALSTON AND GIESER, LLP 4 HUTTON CENTRE DRIVE SUITE 720 SANTA ANA, CA 92707 TELEPHONE AND FAX NOS.: (714) 432-1555 (714) 432-0555	FOR COURT USE ONLY
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 <input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	
INVENTORY AND APPRAISAL <input type="checkbox"/> Partial No.: <input type="checkbox"/> Corrected <input checked="" type="checkbox"/> Final <input type="checkbox"/> Reappraisal for Sale <input type="checkbox"/> Supplemental <input type="checkbox"/> Property Tax Certificate	CASE NUMBER: Date of Death of Decedent or of Appointment of Guardian or Conservator: 7/20/96

APPRAISALS

- | | |
|--|----------------------------|
| 1. Total appraisal by representative, guardian, or conservator (Attachment 1): | \$ -0- |
| 2. Total appraisal by referee (Attachment 2): | \$ 10,000.00 |
| | TOTAL: \$ 10,000.00 |

DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR SMALL ESTATE CLAIMANT

3. Attachments 1 and 2 together with all prior inventories filed contain a true statement of
 all a portion of the estate that has come to my knowledge or possession, including particularly all money and all just claims the estate has against me. 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 section 480
 a. are not applicable because the decedent owned no real property in California at the time of death.
 b. have been satisfied by the filing of a change of ownership statement with the county recorder or assessor of each county in California 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 foregoing is true and correct.

Date: October 2, 2002

FRED CARNIGHAN
(TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)

Fred Carnighan
(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 agency.
7. Bond filed in the amount of: \$ Sufficient Insufficient
8. Receipts for: \$ have been filed with the court for deposits in a blocked account at (specify institution and location):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

(Continued on reverse)



ESTATE OF (Name): LILLIAN C. CORELLA	CASE NUMBER:
<input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	

DECLARATION OF PROBATE REFEREE

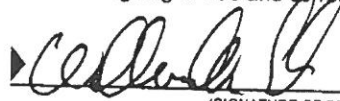
9. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 2.
10. A true account of my commission and expenses actually and necessarily incurred pursuant to my appointment is
- | | |
|-----------------------|------------------|
| Statutory commission: | \$ 75.00 |
| Expenses (specify): | \$ 35.00 |
| TOTAL: | \$ 110.00 |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 8/26/02

WILLIAM W. SCOTT

(TYPE OR PRINT NAME)



(SIGNATURE OF REFEREE)

WILLIAM W. SCOTT

PROBATE 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).



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.)

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

Item No.	Description	Appraised value
1.	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 Riverside 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	\$10,000.00



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.
3. 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.
6. 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 27 day of MAR at SAFETY HARBOR, FL

Bette Jane Mills
Signature

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 Florida, County of Pinellas, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by BETTE JANE MILLS. Executed on this 27 day of MAR, 2020 at SAFETY HARBOR, FL

WITNESS MY HAND AND OFFICIAL SEAL

[Signature]
Notary Public for the State of Florida

CHARMAINE DOUMANIAN
Commission # GG
Expires June 10, 2021
Bended Hire Budget Notary Services

CERTIFICATE OF DEATH

124 - 11 305552

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) FRED CARNIGHAN		2. SEX MALE		3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE		4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) JUNE 22, 2011	
5. CITY NUMBER		6a. AGE - Last Birthday (Years) 92		6b. UNDER 1 YEAR MONTHS: DAYS:		7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 01, 1919	
8. BIRTHPLACE (City and State or Foreign Country) HAYDEN, ARIZONA		9a. RESIDENCE (COUNTRY) UNITED STATES		9b. COUNTY SAINT LOUIS		9c. CITY, TOWN OR LOCATION CRESTWOOD	
9d. STREET AND NUMBER 989 WOODBINE DRIVE		9e. APARTMENT NO.		9f. ZIP CODE 63126-1125		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS AT THE TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)			
13. FATHER'S NAME (First, Middle, Last, Suffix) FRED CARNIGHAN		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) ROSARIO ORTEGA		15a. INFORMANT'S NAME (First, Middle, Last, Suffix) ROSEMARIE CEREGHINO			
15b. RELATIONSHIP TO DECEDENT DAUGHTER		15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code) 989 WOODBINE DRIVE, CRESTWOOD, MISSOURI 63126					
16. PLACE OF DEATH (Check only one: see instructions.)							
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
17. FACILITY NAME (If not institution, give street and number) LUTHERAN CONVALESCENT HOME		18. CITY OR TOWN, STATE AND ZIP CODE WEBSTER GROVES, MISSOURI 63119		19. COUNTY OF DEATH SAINT LOUIS		20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	
20b. DATE OF DISPOSITION (Month, Day, Year) JUNE 28, 2011		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) NATIONAL CEMETERY		22. LOCATION (City or Town, State) JEFFERSON BARRACKS, MISSOURI		23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY GERBER CHAPEL 23 W LOCKWOOD AVE, WEBSTER GROVES, MISSOURI 63119	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH KARL E BEKE		25. FUNERAL ESTABLISHMENT LICENSE NUMBER 2006010541		26. ACTUAL OR PRESUMED TIME OF DEATH 04:39 PM			
27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. CAUSE OF DEATH (See instructions and examples in handbook)					
28. PART I. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		Approximate Interval Onset to Death	
a. MYOCARDIAL INFARCTION						MINUTES	
b. ATRIAL FIBRILLATION						10 DAYS	
c. ATHEROSCLEROTIC HEART DISEASE						10 YEARS	
d.							
28. PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		29. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		32. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
34. DATE OF INJURY (Month, Day, Year) (Spell Month)		35. TIME OF INJURY		36. PLACE OF INJURY (e.g. decedent's home, construction site, restaurant, wooded area)		37. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38a. LOCATION OF INJURY - STATE		38b. COUNTY		38c. CITY OR TOWN		38d. STREET AND NUMBER	
38e. ZIP CODE		38f. ZIP CODE		38g. ZIP CODE		38h. ZIP CODE	
36. DESCRIBE HOW INJURY OCCURRED		40. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. CERTIFIER (CHECK ONLY ONE) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
SIGNATURE DAVID A ABBOTT		42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28) DAVID A ABBOTT 1035 BELLEVUE AVENUE SUITE 110, ST. LOUIS COUNTY, MISSOURI 63117					
43. TITLE OF CERTIFIER MD		44. CERTIFIER MO LICENSE NUMBER 0000R01G01		45. CERTIFIER NPI NUMBER 1568448850		46. DATE CERTIFIED (Month, Day, Year) JULY 01, 2011	
47. REGISTRAR'S SIGNATURE IVRA J. CROSS		48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) SEPTEMBER 12, 2011		49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)			
50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown					
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE; DO NOT USE "RETIRED") UPHOLSTERER		53. KIND OF BUSINESS/INDUSTRY FURNITURE RESTORATION					

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

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

STATE OF MISSOURI
CITY OF JEFFERSON

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 Seal of the Missouri Department of Health and Senior Services this date of

MO 580-1241 (5-19)
JAN 16 2020

State Registrar

VS-804D

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

RECEIVED

2020 AUG 12 PM 1:30

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 \$ 44,267.23 +/- from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 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.

Executed this 1st day of May, 2020 at Los Angeles, CA
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

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 I 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.

Rosemarie Cereghino (Signature of Party of Interest/Assignor)

Rosemarie Cereghino (Name Printed)

989 Woodbine Drive (Address)

STATE OF CALIFORNIA) ss. MISSOURI (circled) COUNTY OF SAINT LOUIS

Saint Louis, MO 63126 (City/State/Zip)

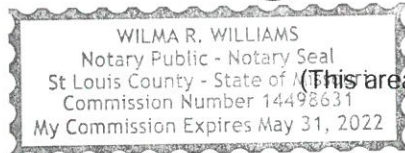
314-265-0922 (Area Code/Telephone Number)

On APRIL 10 2020 before me, Wilma R. Williams - Notary Public, personally appeared ROSEMARIE CEREGHINO, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Wilma R. Williams (Signature of Notary)



(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

Michael Haney (Signature of Assignee)

Michael Haney (Name Printed)

5042 Wilshire Blvd Ste 622 (Address)

STATE OF CALIFORNIA) ss. COUNTY OF

Los Angeles, CA 90036 (City/State/Zip)

On before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Haney, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary)

See Attached

(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.

State of California
County of Los Angeles)

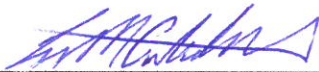
On July 21, 2020 before me, Luz M. Catalan, Notary Public
(insert name and title of the officer)

personally appeared Michael Haney
who proved to me on the basis of satisfactory evidence to be the person~~s~~ whose name~~s~~ is/~~are~~
subscribed to the within instrument and acknowledged to me that he/~~she~~/~~they~~ executed the same in
his/~~her~~/~~their~~ authorized capacity~~(ies)~~, and that by his/~~her~~/~~their~~ signature~~s~~ on the instrument the
person~~s~~, or the entity upon behalf of which the person~~s~~ acted, executed the instrument.

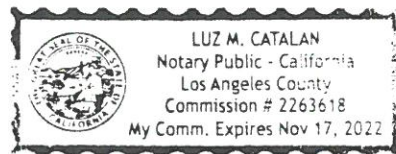
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(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 Thomas M. Gieser, Esq.
ADDRESS Alston & Gieser, LLP
4 Hutton Centre Drive
CITY/STATE/ZIP Suite 720
Santa Ana, CA 92707

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TITLE(S)

38

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

M
AK



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state, bar number, and address):
(After recording return to):
THOMAS M. GIESER, ESQ.
ALSON AND GIESER, LLP
4 HUTTON CENTRE DRIVE, SUITE 750
SANTA ANA, CA 92707
(714) 432-1555

TELEPHONE AND FAX NOS.:
(714) 432-0555

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

DECEDENT

AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE
(**\$20,000 or Less**)

FOR RECORDER'S USE ONLY

CASE NUMBER:
INP 017653

FOR COURT USE ONLY

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
OCT 23 2002
M. SELBERT

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):
 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 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.)
 - 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
 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)

MATTER OF (Name): LILLIAN C. CORELLA	CASE NUMBER:
DECEDENT	

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.] I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: AUGUST 13, 2002

FRED CARNIGHAN
(TYPE OR PRINT NAME)

Fred Carnighan
(SIGNATURE OF DECLARANT)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

NOTARY ACKNOWLEDGMENTS (NOTE: No notary acknowledgment may be affixed as a rider (small strip) to this page. If additional notary acknowledgments are required, they must be attached as 8-1/2- by 11-inch pages.)

MISSOURI
STATE OF CALIFORNIA, COUNTY OF (specify): ST. LOUIS

On (date): August 13, 2002, before me (name and title): Patrick R. Gunn, Notary Public, personally appeared (name): FRED CARNIGHAN

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the instrument in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
P. R. Gunn
(SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)
PATRICK R. GUNN
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Dec. 11, 2005

STATE OF CALIFORNIA, COUNTY OF (specify):

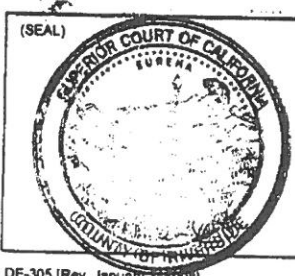
On (date): _____, before me (name and title): _____ personally appeared (names): _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose names are subscribed to the within instrument and acknowledged to me that they executed the instrument in their authorized capacities, and that by their signatures on the instrument the persons, or the entity or entities upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)



CLERK'S CERTIFICATE
I certify that the foregoing, including any attached notary acknowledgments and any attached legal description of the property (but excluding other attachments), is a true and correct copy of the original affidavit on file in my office. (Certified copies of this affidavit do not include the (1) death certificate, (2) will, or (3) inventory and appraisal. See Probate Code section 13202.)
Date: 10/23/02 Clerk, by *M. Selbert*, Deputy

DE-305 [Rev. January 1, 1999]

AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE
(Probate)

Page two



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 Guzmán, Clerk

By M. Seibert
DEPUTY

Dated: 10/23/02



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



MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

124 - 96 305448

TYPEPRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE OTHER SIDE
AND HANDBOOK.

REGISTRATION DISTRICT NO

REGISTRAR'S NUMBER

DECEDENT

VS 300
Rev. 4/90
MO 580-0585
(4-90)

DO NOT USE BY PHYSICIAN OR INSTITUTION

NAME OF
DECEDENT

PARENTS

INFORMANT

DISPOSITION

SEE
INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

CERTIFIER

1 DECEDENT'S NAME (First, Middle, Last) **Lillian Corella** 2 SEX **Female** 3 DATE OF DEATH (Month, Day, Year) **July 20, 1996**

4a AGE - Last Birthday (Years) **81** 4b UNDER 1 YEAR MONTHS **0** 4c UNDER 1 DAY HOURS **0** MINUTES **0** 5 DATE OF BIRTH (Month, Day, Year) **Feb. 1, 1915** 7 BIRTHPLACE (City and State or Foreign Country) **Hayden, Arizona**

8a PLACE OF DEATH (check only one; see instructions on other side) **HOSPITAL: St. Joseph Hospital** 8b CITY, TOWN, OR LOCATION OF DEATH **Kirkwood** 8c COUNTY OF DEATH **St. Louis**

9a MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Widowed** 9b SURVIVING SPOUSE'S NAME (If wife, give full maiden name) ******** 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Homemaker** 12b KIND OF BUSINESS OR INDUSTRY **Own Home**

10a RESIDENCE - STATE **Missouri** 10b COUNTY **St. Louis** 13a CITY, TOWN, OR LOCATION **Brentwood** 13b ZIP CODE **63144**

11a STREET AND NUMBER **8727 Manchester** 13c INSIDE CITY LIMITS Yes No 13d YEARS AT PRESENT ADDRESS **12**

14 WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify: **White** 15 RACE - American Indian, Black, White, etc. (Specify) **White** 16 DECEDENT'S EDUCATION (Specify only highest grade completed) **12**

17 FATHER'S NAME (First, Middle, Last) **Fred Carnighan** 18 MOTHER'S NAME (First, Middle, Maiden Surname) **Rose Ortega**

19a INFORMANT'S NAME (Type/Print) **Mr. Fred Carnighan** 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8727 Manchester Rd. Brentwood, MO 63144**

20a BURIAL, CREMATION OTHER (Specify) **Burial** 20b DATE OF DISPOSITION (Month, Day, Year) **July 24, 1996** 20c PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **National Cemetery** 20d LOCATION - City or Town, State **Jefferson Barracks, MO**

21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON CONTACTING AS SUCH *[Signature]* 22a NAME AND ADDRESS OF FACILITY **Gerber Chapel Webster Groves, MO 63119** 22b FUNERAL ESTABLISHMENT LICENSE NUMBER **1360**

23 PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **ACUTE MYOCARDIAL INFARCT** Approximate Interval Between Onset and Death **3 DAYS**

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST **ARTERIOSELENTIC HEART DISEASE** **UNKNOWN**

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I **HYPERTENSION**

24 IF DECEASED WAS FEMALE 10-49 WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes No Unk. 25a WAS AN AUTOPSY PERFORMED? Yes No 25b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

26 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

27a DATE OF INJURY (Month, Day, Year) **M** 27b TIME OF INJURY **M** 27c WAS INJURY ALCOHOL-RELATED? (Not needed in dependent) Yes No Unk. 27d INJURY AT WORK? Yes No Unk. 27e DESCRIBE HOW INJURY OCCURRED

27f PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) **At home** 27g LOCATION (Street and Number or Rural Route Number, City or Town, State)

28a (Specify) **CERTIFYING PHYSICIAN** 28b To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. **Milton Kardesch, M.D.** 28c DATE SIGNED (Month, Day, Year) **7-23-96** 28d TIME OF DEATH **7:40 P.M.**

29a NAME AND ADDRESS OF CERTIFYING PHYSICIAN **MILTON KARDESCH, M.D. 533 COLUCH - SUITE 281 ST. LOUIS, MO. 63122** 29b MO LICENSE NUMBER **R1347** 30 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes No

31 NAME OF ATTENDING PHYSICIAN OR MEDICAL EXAMINER/CORONER **ST. LOUIS, MO. 63122** 32 REGISTRAR'S SIGNATURE *[Signature]* 33 DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) **JUL 23 1996**

ST. LOUIS COUNTY DEPARTMENT OF HEALTH
111 SOUTH MERAMEC
CLAYTON, MISSOURI 63105

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

(Do not accept if rephotographed, or if seal impression cannot be felt)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW

(Enc. 193 315, R5741-283)

STATE OF MISSOURI

SS

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 23 1996**

Per *[Signature]* Registrar of Vital Statistics

MO 580-110317-89)



2892-735351
12/89/2892 08 89H
5 of 11

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 Whom It May Concern:

In the event of death of the undersigned - it is mutually agreed by the undersigned; Ray J. Corrella and Lillian Corrella that the following requests be executed:

- I. Any and all monies due ^{earned} from Life Insurance Policies (Boones) be payable to Fred Carneghan of 419 Oak St - Webster Groves, Missouri
- II Any and all money on deposit at our banks be paid to Fred Carneghan
- III Property located at Desert Hot Springs California and recorded in Riverside County, California is hereby willed to Fred Carneghan of 419 Oak St Webster Groves, Missouri - (Residence)
8837 Manchester Rd, Brentwood, Mo (Business)

Signed: Ray J. Corrella
Signed: Lillian C. Corrella 7/10/76

9-10-76

2002-735351
12/09/2002 09:09A
7 of 11



July 10, 1976

To Whom It May Concern:

In the event of the death of the undersigned, it is mutually 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, street bar number, and address): ALSTON AND GIESER, LLP 4 HUTTON CENTRE DRIVE SUITE 720 SANTA ANA, CA 92707 TELEPHONE AND FAX NOS.: (714) 432-1555 (714) 432-0555	FOR COURT USE ONLY
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 <input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	
INVENTORY AND APPRAISAL <input type="checkbox"/> Partial No-: <input type="checkbox"/> Corrected <input checked="" type="checkbox"/> Final <input type="checkbox"/> Reappraisal for Sale <input type="checkbox"/> Supplemental <input type="checkbox"/> Property Tax Certificate	
CASE NUMBER: Date of Death of Decedent or of Appointment of Guardian or Conservator: 7/20/96	

APPRAISALS

- Total appraisal by representative, guardian, or conservator (Attachment 1): \$ -0-
 - Total appraisal by referee (Attachment 2): \$ 10,000.00
- TOTAL: \$ 10,000.00**

DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR SMALL ESTATE CLAIMANT

- Attachments 1 and 2 together with all prior inventories filed contain a true statement of all a portion of the estate that has come to my knowledge or possession, including particularly all money and all just claims the estate has against me. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 1.
- No probate referee is required by order of the court dated (specify):
- Property tax certificate.** I certify that the requirements of Revenue and Taxation Code section 480
 - are not applicable because the decedent owned no real property in California at the time of death.
 - have been satisfied by the filing of a change of ownership statement with the county recorder or assessor of each county in California 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 foregoing is true and correct.

Date: October 2, 2002

FRED CARNIGHAN
(TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)

Fred Carnighan
(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 agency.
- Bond filed in the amount of: \$ Sufficient Insufficient
- Receipts for: \$ _____ have been filed with the court for deposits in a blocked account at (specify institution and location):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

(Continued on reverse)



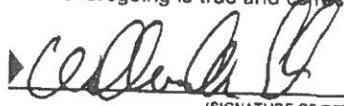
ESTATE OF (Name): LILLIAN C. CORELLA	CASE NUMBER
<input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	

DECLARATION OF PROBATE REFEREE

9. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 2.
10. A true account of my commission and expenses actually and necessarily incurred pursuant to my appointment is
- | | |
|-----------------------|------------------|
| Statutory commission: | \$ 75.00 |
| Expenses (specify): | \$ 35.00 |
| TOTAL: | \$ 110.00 |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: 8/26/02

WILLIAM W. SCOTT
 (TYPE OR PRINT NAME)

WILLIAM W. SCOTT

 PROBATE REFEREE
 (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).



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.)*

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

1.

Item No.

Description

Appraised value

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.

\$10,000.00

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 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 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.
3. 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.
6. 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 10th day of April at 989 WOODBINE, SAINT LOUIS MO 63124

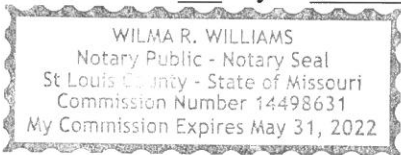
Rosemarie Cereghino
Signature

Rosemarie Cereghino
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~~ ^{Missouri}, County of Saint Louis, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Wilma R. Williams - Notary Public. Executed on this 10th day of April 2020, at 989 WOODBINE, SAINT LOUIS MO 63124.

WITNESS MY HAND AND OFFICIAL SEAL
Wilma R. Williams
Notary Public for the State of California



Notary Seal

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER
124 - 11 305552

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) FRED CARNIGHAN		2. SEX MALE	3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE	4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) JUNE 22, 2011
5. SOCIAL SECURITY NUMBER	6a. AGE - Last Birthday (Years) 92	6b. UNDER 1 YEAR MONTHS DAYS	6c. UNDER 1 DAY HOURS MINUTES	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 01, 1919
8. BIRTHPLACE (City and State or Foreign Country) HAYDEN, ARIZONA		9a. RESIDENCE (CITY/TOWN, STATE, TERRITORY OR PROVINCE) UNITED STATES MISSOURI		
9b. COUNTY SAINT LOUIS		9c. CITY, TOWN OR LOCATION CRESTWOOD		
9d. STREET AND NUMBER 989 WOODBINE DRIVE		9e. APARTMENT NO.	9f. ZIP CODE 63126-1125	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS AT THE TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)
13. FATHER'S NAME (First, Middle, Last, Suffix) FRED CARNIGHAN		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) ROSARIO ORTEGA		
15a. INFORMANT'S NAME (First, Middle, Last, Suffix) ROSEMARIE CEREGHINO		15b. RELATIONSHIP TO DECEDENT DAUGHTER	15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code) 989 WOODBINE DRIVE, CRESTWOOD, MISSOURI 63126	
16. PLACE OF DEATH (Check only one: see instructions.)				
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
17. FACILITY NAME (If not institution, give street and number) LUTHERAN CONVALESCENT HOME		18. CITY OR TOWN, STATE AND ZIP CODE WEBSTER GROVES, MISSOURI 63119		19. COUNTY OF DEATH SAINT LOUIS
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. DATE OF DISPOSITION (Month, Day, Year) JUNE 28, 2011	21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) NATIONAL CEMETERY	
22. LOCATION (City or Town, State) JEFFERSON BARRACKS, MISSOURI		23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY GERBER CHAPEL 23 W LOCKWOOD AVE, WEBSTER GROVES, MISSOURI 63119		
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH KARL E BEKE		25. FUNERAL ESTABLISHMENT LICENSE NUMBER 2006010541		
26. ACTUAL OR PRESUMED TIME OF DEATH 04:39 PM		27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
28. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYOCARDIAL INFARCTION				Approximate Interval Onset to Death MINUTES
Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. ATRIAL FIBRILLATION				10 DAYS
c. ATHEROSCLEROTIC HEART DISEASE				10 YEARS
d.				
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.				
29. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		32. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
34. DATE OF INJURY (Month, Day, Year) (Spell Month)	35. TIME OF INJURY	36. PLACE OF INJURY (e.g. decedent's home, construction site, restaurant, wooded area)		37. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
38a. LOCATION OF INJURY - STATE	38b. COUNTY	38c. CITY OR TOWN	38d. STREET AND NUMBER	38e. ZIP CODE
39. DESCRIBE HOW INJURY OCCURRED		40. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. CERTIFIER (CHECK ONLY ONE) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
SIGNATURE ▶ DAVID A ABBOTT				
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28) DAVID A ABBOTT 1035 BELLEVUE AVENUE SUITE 110, ST LOUIS COUNTY, MISSOURI 63117				43. TITLE OF CERTIFIER MD
44. CERTIFIER MO LICENSE NUMBER 0000F01G01		45. CERTIFIER NPI NUMBER 1568448850		46. DATE CERTIFIED (Month, Day, Year) JULY 01, 2011
47. REGISTRAR'S SIGNATURE IVRA J. CROSS		48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) SEPTEMBER 12, 2011		
49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)		50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled principal tribe) <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese (Specify) <input type="checkbox"/> Korean <input type="checkbox"/> Unknown <input type="checkbox"/> Vietnamese
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED") UPHOLSTERER		53. KIND OF BUSINESS/INDUSTRY FURNITURE RESTORATION		

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

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (see: 193.245, 193.255, & 193.315, RSMo 2904.)

STATE OF MISSOURI } 55
 CITY OF JEFFERSON }
 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 Seal of the Missouri Department of Health and Senior Services this date of

JAN 16 2020

Kenneth J. Robinson
 State Registrar

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
TREASURER-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 \$ 44,267.23 +/- from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 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.

Executed this 1st day of May, 2020 at Los Angeles, CA
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

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. I understand that the total of excess proceeds available for refund is \$ 14,755.74+/- 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.

Patricia J. Kozemski
(Signature of Party of Interest/Assignor)

Patricia Kozemski
(Name Printed)

8704 Charming Knoll Court
(Address)

Tampa, FL 33635
(City/State/Zip)

813-765-9142
(Area Code/Telephone Number)

STATE OF CALIFORNIA)ss.
COUNTY OF Hillsborough)

On March 12, 2020, before me, Tina M. Baymont, personally appeared Patricia J. 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 instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Tina M. Baymont
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

Michael Haney
(Signature of Assignee)

Michael Haney
(Name Printed)

5042 Wilshire Blvd Ste 622
(Address)

Los Angeles, CA 90036
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Haney, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary)

See Attached

(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.

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)

personally appeared Michael Haney,
who proved to me on the basis of satisfactory evidence to be the person~~s~~ whose name~~s~~ is/~~are~~
subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in
his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~s~~ on the instrument the
person~~s~~, or the entity upon behalf of which the person~~s~~ acted, executed the instrument.

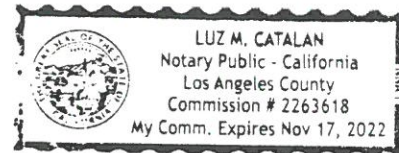
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(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 Thomas M. Gieser, Esq.
ADDRESS Alston & Gieser, LLP
CITY/STATE/ZIP 4 Hutton Centre Drive
Suite 720
Santa Ana, CA 92707

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TITLE(S)

38

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

M
AK



2002-735351
12/09/2002 08:08AM
2 of 11

DE-305

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state, and address):
(After recording return to):
THOMAS M. GIESER, ESQ.
ALSON AND GIESER, LLP
4 HUTTON CENTRE DRIVE, SUITE 750
SANTA ANA, CA 92707

TELEPHONE AND FAX NOS.:
(714) 432-1555 (714) 432-0555

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

AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE (\$20,000 or Less) DECEDENT

FOR RECORDER'S USE ONLY

CASE NUMBER: **INP 017653**

FOR COURT USE ONLY

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE
OCT 23 2002
M. SELBERT

- Decedent (name): LILLIAN C. CORELLA
died on (date): JULY 20, 1996
- Decedent died at (city, state): KIRKWOOD, ST. LOUIS
- 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.)
 - 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 property in this county.
- a. The following is a legal description of decedent's real property claimed by the declarants (copy description from deed or other legal instrument):
 described in an attachment labeled Attachment 5a.
- Decedent's interest in this real property is as follows (specify):
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
 - (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
 none are as follows* (specify):
- 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.
- 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.)
- 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)

AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE (Probate)

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

Legal Solutions & Plus

Probate Code, § 13200

MATTER OF (Name): LILLIAN C. CORELLA
 CASE NUMBER:
 DECEDENT

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.] I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: AUGUST 13, 2002

FRED CARNIGHAN
 (TYPE OR PRINT NAME)

Fred Carnighan
 (SIGNATURE OF DECLARANT)

Date:
 (TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Date:
 (TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

NOTARY ACKNOWLEDGMENTS (NOTE: No notary acknowledgment may be affixed as a rider (small strip) to this page. If additional notary acknowledgments are required, they must be attached as 8-1/2- by 11-inch pages.)

MISSOURI
 STATE OF CALIFORNIA, COUNTY OF (specify): ST. LOUIS

On (date): August 13, 2002, before me (name and title): Patrick R. Gunn, Notary Public, personally appeared (name): FRED CARNIGHAN

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the instrument in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument

WITNESS my hand and official seal.
P. R. Gunn
 (SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL) PATRICK R. GUNN
 Notary Public - Notary Seal
 STATE OF MISSOURI
 St. Louis County
 My Commission Expires: Dec. 11, 2005

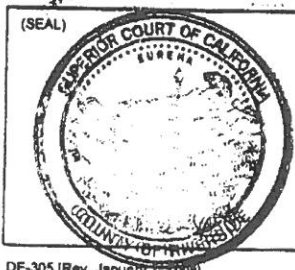
STATE OF CALIFORNIA, COUNTY OF (specify):

On (date):, before me (name and title): personally appeared (names):

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose names are subscribed to the within instrument and acknowledged to me that they executed the instrument in their authorized capacities, and that by their signatures on the instrument the persons, or the entity or entities upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.
 (SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)



CLERK'S CERTIFICATE
 I certify that the foregoing, including any attached notary acknowledgments and any attached legal description of the property (but excluding other attachments), is a true and correct copy of the original affidavit on file in my office. (Certified copies of this affidavit do not include the (1) death certificate, (2) will, or (3) inventory and appraisal. See Probate Code section 13202.)
 Date: 10/23/02 Clerk, by *M. Selbert*, Deputy

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, Clerk

By M. Selbert
DEPUTY

Dated: 10/23/02



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



MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
124 - 96 305448

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

DECEASED

VS 300 Rev 4/90 MO 580-0653 (4-90)

FOR USE BY PHYSICIAN OR INSTITUTION MAKE NO OTHER MARKS

REGISTRATION DISTRICT NO () REGISTRAR'S NUMBER

1 DECEDENT'S NAME (First, Middle, Last) **Lillian Corella** 2 SEX **Female** 3 DATE OF DEATH (Month, Day, Year) **July 20, 1996**

4 SOCIAL SECURITY NO **81** 5a AGE - Last Birthday (Year) **81** 5b UNDER 1 YEAR MONTHS **81** 5c UNDER 1 DAY HOURS **81** 6 DATE OF BIRTH (Month, Day, Year) **Feb. 1, 1915** 7 BIRTHPLACE (City and State or Foreign Country) **Hayden, Arizona**

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No Unk. 9a. PLACE OF DEATH (check only one; see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DCA OTHER: Nursing Home Residence Other (specify)

9b FACILITY NAME (if not institution, give street and number) **St. Joseph Hospital** 9c CITY, TOWN, OR LOCATION OF DEATH **Kirkwood** 9d COUNTY OF DEATH **St. Louis**

10 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Re-married) **Widowed** 11 SURVIVING SPOUSE'S NAME (if wife, give full maiden name) ******** 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Homemaker** 12b KIND OF BUSINESS OR INDUSTRY **Own Home**

13a RESIDENCE - STATE **Missouri** 13b COUNTY **St. Louis** 13c CITY, TOWN, OR LOCATION **Brentwood** 13d ZIP CODE **63144**

13e STREET AND NUMBER **8727 Manchester** 13f INSIDE CITY LIMITS Yes No 13g YEARS AT PRESENT ADDRESS **12**

14 WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify

15 RACE - American Indian, Black, White, etc (Specify) **White** 16 DECEDENT'S EDUCATION (Specify only highest grade completed) **12**

PARENTS

17 FATHER'S NAME (First, Middle, Last) **Fred Carnighan** 18 MOTHER'S NAME (First, Middle, Maiden Surname) **Rose Ortega**

INFORMANT

19a INFORMANT'S NAME (Type/Print) **Mr. Fred Carnighan** 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8727 Manchester Rd. Brentwood, MO 63144**

DISPOSITION

20a BURIAL, CREMATION, OTHER (Specify) **Burial** 20b DATE OF DISPOSITION (Month, Day, Year) **July 24, 1996** 20c PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **National Cemetery** 20d LOCATION - City or Town, State **Jefferson Barracks, MO**

21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]* 22a NAME AND ADDRESS OF FACILITY **Gerber Chapel Webster Groves, MO 63119** 22b FUNERAL ESTABLISHMENT LICENSE NUMBER **1360**

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

23 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **ACUTE MYOCARDIAL INFARCT**

Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST **ARTERIOSELENTIC HEART DISEASE**

Approximate Interval Between Onset and Death **3 DAYS**

23d APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **UNKNOW**

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I **HYPERTENSION**

24 IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes No Unk. 25a WAS AN AUTOPSY PERFORMED? Yes No 25b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

26 MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide

27a DATE OF INJURY (Month, Day, Year) **M** 27b TIME OF INJURY **M** 27c WAS INJURY ALCOHOL-RELATED? (Don't attempt to specify) Yes No Unk. 27d INJURY AT WORK? Yes No Unk. 27e DESCRIBE HOW INJURY OCCURRED

27f PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) **M** 27g LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER

28a. (Specify) CERTIFYING PHYSICIAN (Signature and Title) *[Signature]* 28b. DATE SIGNED (Month, Day, Year) **7-23-96** 28c TIME OF DEATH **7:40 P.M.**

MEDICAL EXAMINER/CORONER 29a NAME AND ADDRESS OF PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) **MILTON KARDESCH, M.D. 533 COLUCH - SUITE 281 ST. LOUIS, MO. 63122** 29b MD LICENSE NUMBER **R1347** 30 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes No

31 NAME OF ATTENDING PHYSICIAN (Type or Print) **ST. LOUIS, MO. 63122** 32 REGISTRAR'S SIGNATURE *[Signature]* 33 DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) **JUL 23 1996**

ST. LOUIS COUNTY DEPARTMENT OF HEALTH
111 SOUTH MERAMEC
CLAYTON, MISSOURI 63105
THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if photocopied, or if seal and return cannot be felt)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW
(MO 193.315, RSMo 193.315)

STATE OF MISSOURI
COUNTY OF ST. LOUIS
HEALTH this date of **JUL 23 1996**

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

Per *[Signature]*

[Signature]
Registrar of Vital Statistics



2892-735351
12/09/2892 68:68R
5 of 11

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 Whom It May Concern:

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

I. Any and all monies due us from Life Insurance Policies (earned at Boones) be payable to Fred Carneghan of 419 Oak St - Webster Groves, Missouri

II. Any and all money on deposit at our banks be paid to Fred Carneghan

III. Property located at Desert Hot Springs California and recorded in Riverside County, California is hereby willed to Fred Carneghan of 419 Oak St Webster Groves, Missouri - (Residence) 8837 Manchester Rd, Brentwood, Mo (Business)

Signed: Ray J. Corrella
Signed: Lillian C. Corrella 7/10/76

7-10-76

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



July 10, 1976

To Whom It May Concern:

In the event of the death of the undersigned, it is mutually 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, street bar number, and address): (714) 432-1555		TELEPHONE AND FAX NOS.: (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			
<input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR			
INVENTORY AND APPRAISAL <input type="checkbox"/> Partial No.: <input type="checkbox"/> Corrected <input checked="" type="checkbox"/> Final <input type="checkbox"/> Reappraisal for Sale <input type="checkbox"/> Supplemental <input type="checkbox"/> Property Tax Certificate			CASE NUMBER: Date of Death of Decedent or of Appointment of Guardian or Conservator: 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

DECLARATION OF REPRESENTATIVE, GUARDIAN, CONSERVATOR, OR SMALL ESTATE CLAIMANT

- Attachments 1 and 2 together with all prior inventories filed contain a true statement of all a portion of the estate that has come to my knowledge or possession, including particularly all money and all just claims the estate has against me. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 1.
- No probate referee is required by order of the court dated (specify):
- Property tax certificate.** I certify that the requirements of Revenue and Taxation Code section 480
 - are not applicable because the decedent owned no real property in California at the time of death.
 - have been satisfied by the filing of a change of ownership statement with the county recorder or assessor of each county in California 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 foregoing is true and correct.

Date: October 2, 2002

FRED CARNIGHAN
(TYPE OR PRINT NAME; INCLUDE TITLE IF CORPORATE OFFICER)

Fred Carnighan
(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 agency.
- Bond filed in the amount of: \$ Sufficient Insufficient
- Receipts for: \$ have been filed with the court for deposits in a blocked account at (specify institution and location):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

(Continued on reverse)



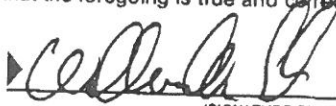
ESTATE OF (Name): LILLIAN C. CORELLA		CASE NUMBER
<input checked="" type="checkbox"/> DECEDENT	<input type="checkbox"/> CONSERVATEE	<input type="checkbox"/> MINOR

DECLARATION OF PROBATE REFEREE

9. I have truly, honestly, and impartially appraised to the best of my ability each item set forth in Attachment 2.
10. A true account of my commission and expenses actually and necessarily incurred pursuant to my appointment is
- | | | |
|-----------------------|-----------|---------------|
| Statutory commission: | \$ | 75.00 |
| Expenses (specify): | \$ | 35.00 |
| TOTAL: | \$ | 110.00 |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: 8/26/02

WILLIAM W. SCOTT
 (TYPE OR PRINT NAME)

WILLIAM W. SCOTT

 PROBATE REFEREE
 (SIGNATURE OF REFEREE)

INSTRUCTIONS

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

- 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).
- 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-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.)

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

1.

Item No.

Description

Appraised value

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.

\$10,000.00

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 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 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.
3. X No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
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 \$344,267.23 in excess proceeds from tax sale of Riverside County APN 664080009-9.
6. X 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.
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 12th day of March 2020 at 8704 Charming Knoll Ct. Tampa FL

Signature of Patricia Kozemski

Name, Declarant: Patricia Kozemski

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.

FLORIDA
The State of Florida, County of Hillsborough, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Patricia Kozemski. Executed on this 12th day of March 2020, at 8704 Charming Knoll Ct. Tampa FL Kozemski

WITNESS MY HAND AND OFFICIAL SEAL

Notary Public for the State of California

Notary Seal



CERTIFICATE OF DEATH

124 - 11 305552

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) FRED CARNIGHAN		2. SEX MALE	3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE	4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) JUNE 22, 2011
5. SOCIAL SECURITY NUMBER	6a. AGE - Last Birthday (Years) 92	6b. UNDER 1 YEAR MONTHS DAYS	6c. UNDER 1 DAY HOURS MINUTES	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 01, 1919
8. BIRTH-PLACE (City and State or Foreign Country) HAYDEN, ARIZONA		9. COUNTY SAINT LOUIS		
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS AT THE TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)
13. FATHER'S NAME (First, Middle, Last, Suffix) FRED CARNIGHAN		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) ROSARIO ORTEGA		
15a. INFORMANT'S NAME (First, Middle, Last, Suffix) ROSEMARIE CEREGHINO		15b. RELATIONSHIP TO DECEDENT DAUGHTER	15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code) 989 WOODBINE DRIVE, CRESTWOOD, MISSOURI 63126	
16. PLACE OF DEATH (Check only one: see instructions.)				
<input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
17. FACILITY NAME (If not institution, give street and number) LUTHERAN CONVALESCENT HOME		18. CITY OR TOWN, STATE AND ZIP CODE WEBSTER GROVES, MISSOURI 63119		19. COUNTY OF DEATH SAINT LOUIS
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. DATE OF DISPOSITION (Month, Day, Year) JUNE 28, 2011	21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) NATIONAL CEMETERY	
22. LOCATION (City or Town, State) JEFFERSON BARRACKS, MISSOURI		23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY (GERBER CHAPEL) 23 W LOCKWOOD AVE, WEBSTER GROVES, MISSOURI 63119		
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH KARL E BEKE		25. FUNERAL ESTABLISHMENT LICENSE NUMBER 2006010541		
26. ACTUAL OR PRESUMED TIME OF DEATH 04:39 PM		27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
28. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYOCARDIAL INFARCTION Due to (or as a consequence of):		Approximate Interval Onset to Death MINUTES		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. ATRIAL FIBRILLATION Due to (or as a consequence of):		10 DAYS		
c. ATHEROSCLEROTIC HEART DISEASE Due to (or as a consequence of):		10 YEARS		
d. _____				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
29. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		32. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
34. DATE OF INJURY (Month, Day, Year) (Spell Month)		35. TIME OF INJURY	36. PLACE OF INJURY (e.g. decedent's home, construction site, restaurant, wooded area)	
37. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38a. LOCATION OF INJURY - STATE	38b. COUNTY	38c. CITY OR TOWN	38d. STREET AND NUMBER	38e. ZIP CODE
39. DESCRIBE HOW INJURY OCCURRED				
40. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. CERTIFIER (CHECK ONLY ONE) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
SIGNATURE ▶ DAVID A ABBOTT				
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28) DAVID A ABBOTT 1035 BELLEVUE AVENUE SUITE 110, ST LOUIS COUNTY, MISSOURI 63117				43. TITLE OF CERTIFIER MD
44. CERTIFIER MD LICENSE NUMBER 0000R01G01		45. CERTIFIER NPI NUMBER 1568448650	46. DATE CERTIFIED (Month, Day, Year) JULY 01, 2011	
47. REGISTRAR'S SIGNATURE IVRA J. CROSS		48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) SEPTEMBER 12, 2011		
49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)		50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled principal tribe) <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED") UPHOLSTERER		53. KIND OF BUSINESS/INDUSTRY FURNITURE RESTORATION		

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STATE OF MISSOURI } ss
CITY OF JEFFERSON

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 Seal of the Missouri Department of Health and Senior Services this date of

MO 580-1241 (6-19)

State Registrar

VS-804D