

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



ITEM: 19.5  
(ID # 24017)

MEETING DATE:  
Tuesday, July 30, 2024

FROM : TREASURER-TAX COLLECTOR

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 215, Item 1823. Last assessed to: Carmelita Bronson Smith, an unmarried woman, and Cecelia R. Bronson, an unmarried woman. District 4. [\$200,991-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from First Financial Credit Union for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031;

Continued on Page 2

ACTION: Policy

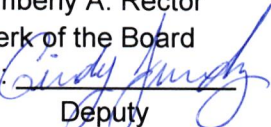
  
Melissa Johnson, Assistant Tax Collector 7/17/2024

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MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: July 30, 2024  
xc: Tax Collector

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

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

**RECOMMENDED MOTION:** That the Board of Supervisors:

2. Deny the claim from Wayne S. Guralnick, Authorized Trustee for Sun City Palm Desert Community Association for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031;
3. Deny the claim from Asset Recovery Inc., Assignee for Robert Smith, heir to the Estate of Carmelita Bronson Smith, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031;
4. Deny the claim from Asset Recovery Inc., Assignee for Earl Smith AKA Earl Dean Smith II, heir to the Estate of Carmelita Bronson Smith, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031;
5. Deny the claim from Asset Recovery Inc., Assignee for Sheyna Smith, heir to the Estate of Carmelita Bronson Smith, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031;
6. Deny the claim from Asset Recovery Inc., Assignee for Angela Smith Bryant, heir to the Estate of Carmelita Bronson Smith, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031;
7. Deny the claim from Asset Recovery Inc., Assignee for Gina Victor, heir to the Estate of Carmelita Bronson Smith, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031;
8. Deny the claim from Asset Recovery Inc., Assignee for Beverly Waters, heir to the Estate of Cecelia R. Bronson and Carmelita Bronson Smith, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 748092031; and
9. Authorize and direct the Auditor-Controller to issue a warrant to First Financial Credit Union in the amount of \$200,991.44 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.

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 200,991	\$ 0	\$ 200,991	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	24/25

**C.E.O. RECOMMENDATION:** Approve.

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the May 5, 2020 public

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

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

1. Claim from First Financial Credit Union based on a Revolving Credit Deed of Trust recorded June 18, 2004 as Instrument No. 2004-0469200.
2. Claim from Wayne S. Guralnick, Authorized Trustee for Sun City Palm Desert Community Association based on a Notice of Assessment Lien recorded May 6, 2019 as Instrument No. 2019-0155568.
3. Claim from Asset Recovery Inc., Assignee for Robert Smith, heir to the Estate of Carmelita Bronson Smith based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized February 4, 2021, a Quitclaim Deed recorded June 22, 2000 as Instrument No. 2000-241484, an Affidavit for Collection of Personal Property notarized February 4, 2021, and a copy of a Certificate of Death for Carmelita Bronson Smith.
4. Claim from Asset Recovery Inc., Assignee for Earl Smith AKA Earl Dean Smith II, heir to the Estate of Carmelita Bronson Smith based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized February 4, 2021, a Quitclaim Deed recorded June 22, 2000 as Instrument No. 2000-241484, an Affidavit for Collection of Personal Property notarized February 4, 2021, and a copy of a Certificate of Death for Carmelita Bronson Smith.
5. Claim from Asset Recovery Inc., Assignee for Sheyna Smith, heir to the Estate of Carmelita Bronson Smith based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized February 6, 2021, a Quitclaim Deed recorded June 22, 2000 as Instrument No. 2000-241484, an Affidavit for Collection of Personal Property notarized February 6, 2021, and a copy of a Certificate of Death for Carmelita Bronson Smith.
6. Claim from Asset Recovery Inc., Assignee for Angela Smith Bryant, heir to the Estate of Carmelita Bronson Smith based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized February 6, 2021, a Quitclaim Deed recorded June 22, 2000 as Instrument No. 2000-241484, an Affidavit for Collection of Personal Property notarized February 6, 2021, and a copy of a Certificate of Death for Carmelita Bronson Smith.
7. Claim from Asset Recovery Inc., Assignee for Gina Victor, heir to the Estate of Carmelita Bronson Smith based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized February 12, 2021, a Quitclaim Deed recorded June 22, 2000 as Instrument No. 2000-241484, an Affidavit for Collection of Personal Property notarized February 12, 2021, and a copy of a Certificate of Death for Carmelita Bronson Smith.

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STATE OF CALIFORNIA**

8. Claim from Asset Recovery Inc., Assignee for Beverly Waters, heir to the Estate of Cecelia R. Bronson and Carmelita Bronson Smith based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized February 9, 2021, a Quitclaim Deed recorded June 22, 2000 as Instrument No. 2000-241484, an Affidavit for Collection of Personal Property notarized February 9, 2021, and copies of Certificates of Death for Carmelita Bronson Smith and Cecelia R. Bronson.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that First Financial Credit Union be awarded excess proceeds in the amount of \$200,991.44. Since the amount claimed by First Financial Credit Union exceeds the amount of excess proceeds available, there are no funds available for consideration for the claims from Wayne S. Guralnick, Authorized Trustee for Sun City Palm Desert Community Association and Asset Recovery, Inc., Assignee for Robert Smith, Earl Dean Smith II, Sheyna Smith, Angela Smith Bryant, Gina Victor, and Beverly Waters, heirs to the Estates of Carmelita Bronson Smith and Cecelia R. Bronson. 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 a lienholder of the property.

**ATTACHMENTS (if any, in this order):**

- ATTACHMENT A. Claim FFCU**  
**ATTACHMENT B. Claim SCPDCA**  
**ATTACHMENT C. Claim AssetRobert**  
**ATTACHMENT D. Claim AssetEarl**  
**ATTACHMENT E. Claim AssetSheyna**  
**ATTACHMENT F. Claim AssetAngela**  
**ATTACHMENT G. Claim AssetGina**  
**ATTACHMENT H. Claim AssetBeverly**

  
Cesar Bernal, PRINCIPAL MGMT ANALYST 7/19/2024

  
Aaron Gettis, Chief of Deputy County Counsel 6/3/2024

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

HONORING  
9/28/2020  
postmark  
(see tracking)

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$27,128.<sup>00</sup> 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. Attached; recorded on 6-18-04. 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.

- 1) Letter
- 2) Recorded DOT
- 3) Payoff Demand
- 4) Foreclosure Fees

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 13<sup>th</sup> day of August, 2020 at Los Angeles CA  
County, State

  
Signature of Claimant

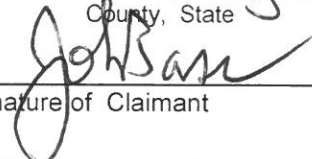
Mona Tosuano  
Print Name

1616 W. Cameron Ave  
Street Address

W. Covina, CA 91790  
City, State, Zip

800-866-2969 x3593  
Phone Number

mtosuano@ffcu.org  
Email Address

  
Signature of Claimant

John Basco  
Print Name

1616 W. Cameron Ave  
Street Address

W. Covina CA 91790  
City, State, Zip

800-866-2969 x3125  
Phone Number

jbasco@ffcu.org  
Email Address



RECORDING REQUESTED BY  
FIRST FINANCIAL CREDIT UNION

RECORDING REQUESTED BY  
FIRST AMERICAN TITLE INSURANCE COMPANY  
WHEN RECORDED MAIL TO

FIRST FINANCIAL CREDIT UNION/OA  
1600 W. CAMERON AVENUE  
WEST COVINA, CA 91790  
*2304165*

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**REVOLVING CREDIT DEED OF TRUST**

THIS DEED OF TRUST CONTAINS A DUE-ON-SALE PROVISION AND SECURES INDEBTEDNESS UNDER A CREDIT AGREEMENT WHICH PROVIDES FOR A REVOLVING LINE OF CREDIT AND MAY CONTAIN A VARIABLE RATE OF INTEREST.

*39*

THIS DEED OF TRUST is made on 06/08/2004 among the Trustor,

CARMELITA BRONSON SMITH, AN UNMARRIED WOMAN, AND CECELIA R. BRONSON, AN UNMARRIED WOMAN



(herein "Borrower"), UPF Incorporated, A Washington Corporation  
(herein "Trustee"), and the Beneficiary, FIRST FINANCIAL CREDIT UNION, a corporation organized and existing under the laws of STATE OF CALIFORNIA, whose address is 1600 W. CAMERON AVENUE WEST COVINA, CA 91790 (herein "Lender").

*8-160-20-841*

IN CONSIDERATION of the indebtedness herein recited and the trust herein created; TO SECURE to Lender:

- (1) The repayment of all indebtedness due and to become due under the terms and conditions of the LOANLINER® Home Equity Plan Credit Agreement and Truth-in-Lending Disclosures made by Borrower and dated the same day as this Deed of Trust, and all modifications, amendments, extensions and renewals thereof (herein "Credit Agreement"). Lender has agreed to make advances to Borrower under the terms of the Credit Agreement, which advances will be of a revolving nature and may be made, repaid, and remade from time to time. Borrower and Lender contemplate a series of advances to be secured by this Deed of Trust. The total outstanding principal balance owing at any one time under the Credit Agreement (not including finance charges thereon at a rate which may vary from time to time, and any other charges and collection costs which may be owing from time to time under the Credit Agreement) shall not exceed ONE HUNDRED EIGHTY-EIGHT THOUSAND DOLLARS

(\$ 188,000.00). That sum is referred to herein as the Maximum Principal Balance and referred to in the Credit Agreement as the Credit Limit. The entire indebtedness under the Credit Agreement, if not sooner paid, is due and payable 30 years from the date of this Deed of Trust.

- (2) The payment of all other sums advanced in accordance herewith to protect the security of this Deed of Trust, with finance charges thereon at a rate which may vary as described in the Credit Agreement.
- (3) The performance of the covenants and agreements of Borrower herein contained;

BORROWER irrevocably grants and conveys to Trustee, in trust, with power of sale, the following described property located in the County of RIVERSIDE, State of California:

Mail Future Tax Statement To: 78430 PRARIE FLOWER DR

PALM DESERT CA 92211

EXHIBIT "A"

which has the address of 78430 PRAIRIE FLOWER DR  
(Street)

PALM DESERT, California 92211  
(City) (Zip Code)

(herein "Property Address");

TOGETHER with all the improvements now or hereafter erected on the property, and all easements, rights, appurtenances and fixtures, all of which shall be deemed to be and remain a part of the property covered by this Mortgage; and all of the foregoing, together with said property (or the leasehold estate if this Deed of Trust is on a leasehold) are hereinafter referred to as the "Property."

Complete if applicable:

This Property is part of a condominium project known as \_\_\_\_\_

This Property includes Borrower's unit and all Borrower's rights in the common elements of the condominium project.

This Property is in a Planned Unit Development known as \_\_\_\_\_

Borrower covenants that Borrower is lawfully seized of the estate hereby conveyed and has the right to grant and convey the Property, and that the Property is unencumbered, except for encumbrances of record. Borrower covenants that Borrower warrants and will defend generally the title to the Property against all claims and demands, subject to encumbrances of record.

Borrower and Lender covenant and agree as follows:

**1. Payment of Principal, Finance Charges and Other Charges.** Borrower shall promptly pay when due all amounts borrowed under the Credit Agreement, all finance charges and applicable other charges and collection costs as provided in the Credit Agreement.

**2. Funds for Taxes and Insurance.** Subject to applicable law, Lender, at Lender's option, may require Borrower to pay to Lender on the day monthly payments of principal and finance charges are payable under the Credit Agreement, until all sums secured by this Deed of Trust are paid in full, a sum (herein "Funds") equal to one-twelfth of the yearly taxes and assessments (including condominium and planned unit development assessments, if any) which may attain priority over this Deed of Trust, and ground rents on the Property, if any, plus one-twelfth of yearly premium installments for any and all insurance required by Lender under paragraph 5, if applicable, all as reasonably estimated initially and from time to time by Lender on the basis of assessments and bills and reasonable estimates thereof. Borrower shall not be obligated to make such payments of Funds to Lender to the extent that Borrower makes such payments to the holder of a prior mortgage or deed of trust if such holder is an institutional Lender.

If Borrower pays Funds to Lender, the Funds shall be held in an institution the deposits or accounts of which are insured or guaranteed by a federal or state agency (including Lender if Lender is such an institution). Lender shall apply the Funds to pay said taxes, assessments, insurance premiums and ground rents. Lender may not charge for so holding and applying the Funds, analyzing said account or verifying and compiling said assessments and bills, unless Lender pays Borrower interest on the Funds and applicable law permits Lender to make such a charge. Borrower and Lender may agree in writing at the time of execution of this Deed of Trust that interest on the Funds shall be paid to Borrower, and unless such agreement is made or applicable law requires such interest to be paid, Lender shall not be required to pay Borrower any interest or earnings on the Funds.

Lender shall give to Borrower, without charge, an annual accounting of the Funds showing credits and debits to the Funds and the purpose for which each debit to the Funds was made. The Funds are pledged as additional security for the sums secured by this Deed of Trust.

If the amount of the Funds held by Lender, together with the future monthly installments of Funds payable prior to the due dates of taxes, assessments, insurance premiums and ground rents, shall exceed the amount required to pay said taxes, assessments, insurance premiums and ground rents as they fall due, such excess shall be, at Borrower's option, either promptly repaid to Borrower or credited to Borrower on monthly installments of Funds. If the amount of the Funds held by Lender shall not be sufficient to pay taxes, assessments, insurance premiums and ground rents as they fall due, Borrower shall pay to Lender any amount necessary to make up the deficiency in one or more payments as Lender may require.

Upon payment in full of all sums secured by this Deed of Trust, Lender shall promptly refund to Borrower any Funds held by Lender. If under paragraph 22 hereof the Property is sold or the Property is otherwise acquired by Lender, Lender shall apply, no later than immediately prior to the sale of the Property or its acquisition by Lender, any Funds held by Lender at the time of application as a credit against the sums secured by this Deed of Trust.

**3. Application of Payments.** Unless applicable law provides otherwise, all payments received by Lender under the Credit Agreement and paragraphs 1 and 2 hereof shall be applied by Lender first in payment of amounts payable to Lender by Borrower under paragraph 2 hereof, second, (in the order Lender chooses) to any finance charges, other charges and collection costs owing, and third, to the principal balance under the Credit Agreement.

**4. Prior Mortgages and Deeds of Trust; Charges; Liens.** Borrower shall perform all of Borrower's obligations under any mortgage, deed of trust or other security agreement with a lien which has priority over this Deed of Trust, including Borrower's covenants to make payments when due. Except to the extent that any such charges or impositions are to be paid to Lender under paragraph 2, Borrower shall pay or cause to be paid all taxes, assessments and other charges, fines and impositions attributable to the Property which may attain a priority over this Deed of Trust, and leasehold payments or ground rents, if any. Within five days after any demand by Lender, Borrower shall exhibit to Lender receipts showing that all amounts due under this paragraph have been paid when due.

**5. Property Insurance.** Borrower shall keep the improvements now existing or hereafter erected on the Property insured against loss by fire, hazards included within the term "extended coverage," and any other hazards including, but not limited to, earthquakes and floods, for which Lender requires insurance. This insurance shall be maintained in the amounts (including deductible levels) and for the periods that Lender requires. What Lender requires pursuant to the preceding sentences can change. The insurance carrier providing the insurance shall be chosen by Borrower subject to Lender's right to disapprove Borrower's choice, which right shall not be exercised unreasonably. Lender may require Borrower to pay, in connection with this Deed of Trust, either: (a) a one-time charge for flood zone determination, certification and tracking services; or (b) a one-time charge for flood zone determination and certification services and subsequent charges each time remappings or similar changes occur which reasonably might affect such determination or certification. Borrower shall also be responsible for the payment of any fees imposed by the Federal Emergency Management Agency in connection with the review of any flood zone determination resulting from an objection by Borrower.

If Borrower fails to maintain any of the coverages described above, Lender may obtain insurance coverage, at Lender's option and Borrower's expense. Lender is under no obligation to purchase any particular type or amount of coverage. Therefore, such coverage shall cover Lender, but might or might not protect Borrower, Borrower's equity in the Property, or the contents of the Property, against any risk, hazard or liability and might provide greater or lesser coverage than was previously in effect. Borrower acknowledges that the cost of the insurance coverage so obtained might significantly exceed the cost of insurance that Borrower could have obtained. Any amounts disbursed by Lender pursuant to this paragraph 5 shall become additional indebtedness of Borrower secured by this Deed of Trust. These amounts shall bear interest in accordance with the rate in the Credit Agreement from the date of disbursement and shall be payable, with such interest, upon notice from Lender to Borrower requesting payment.

All insurance policies required by Lender and renewals of such policies shall be subject to Lender's right to disapprove such policies, shall include a standard mortgage clause, and shall name Lender as mortgagee and/or as an additional loss payee and Borrower further agrees to generally assign rights to insurance proceeds to the Lender up to the amount of the outstanding balance of the indebtedness. Lender shall have the right to hold the policies and renewal certificates. If Lender requires, Borrower shall promptly give to Lender all receipts of paid premiums and renewal notices. If Borrower obtains any form of insurance coverage, not otherwise required by Lender, for damage to, or destruction of, the Property, such policy shall include a standard mortgage clause and shall name Lender as mortgagee and/or as an additional loss payee and Borrower further agrees to generally assign rights to insurance proceeds to the Lender up to the amount of the outstanding balance of the indebtedness.

In the event of loss, Borrower shall give prompt notice to the insurance carrier and Lender. Lender may make proof of loss if not made promptly by Borrower. Unless Lender and Borrower otherwise agree in writing, any insurance proceeds, whether or not the underlying insurance was required by Lender, shall be applied to restoration or repair of the Property, if the restoration or repair is economically feasible and Lender's security is not lessened. During such repair and restoration period, Lender shall have the right to hold such insurance proceeds until Lender has had an opportunity to inspect such Property to ensure the work has been completed to Lender's satisfaction, provided that such inspection shall be undertaken promptly. Lender may disburse proceeds for the repairs and restoration in a single payment or in a series of progress payments as the work is completed. Unless an agreement is made in writing or applicable law requires interest to be paid on such insurance proceeds,



Lender shall not be required to pay Borrower any interest or earnings on such proceeds. Fees for public adjusters, or other third parties, retained by Borrower shall not be paid out of the insurance proceeds and shall be the sole obligation of Borrower. If the restoration or repair is not economically feasible or Lender's security would be lessened, the insurance proceeds shall be applied to the sums secured by this Deed of Trust, whether or not then due, with the excess, if any, paid to Borrower. Such insurance proceeds shall be applied in the order provided for in Paragraph 3.

If Borrower abandons the Property, Lender may file, negotiate and settle any available insurance claim and related matters. If Borrower does not respond within 30 days to a notice from Lender that the insurance carrier has offered to settle a claim, then Lender may negotiate and settle the claim. The 30-day period will begin when the notice is given. In either event, or if Lender acquires the Property under paragraph 22 or otherwise, Borrower hereby assigns to Lender (a) Borrower's rights to any insurance proceeds in an amount not to exceed the amounts unpaid under the Credit Agreement or this Deed of Trust, and (b) any other of Borrower's rights (other than the right to any refund of unearned premiums paid by Borrower) under all insurance policies covering the Property, insofar as such rights are applicable to the coverage of the Property. Lender may use the insurance proceeds either to repair or restore the Property or to pay amounts unpaid under the Credit Agreement or this Deed of Trust, whether or not then due.

**6. Preservation and Maintenance of Property; Leaseholds; Condominiums; Planned Unit Developments.**

Borrower shall keep the Property in good repair and shall not commit waste or permit impairment or deterioration of the Property and shall comply with the provisions of any lease if this Deed of Trust is on a leasehold. If this Deed of Trust is on a unit in a condominium or a planned unit development, Borrower shall perform all of Borrower's obligations under the declaration or covenants creating or governing the condominium or planned unit development, the by-laws and regulations of the condominium or planned unit development, and the constituent documents.

**7. Protection of Lender's Security.** If Borrower fails to perform the covenants and agreements contained in this Deed of Trust, or if any action or proceeding is commenced which materially affects Lender's interest in the Property, then Lender, at Lender's option, upon notice to Borrower, may make such appearances, disburse such sums, including reasonable attorneys' fees, and take such action as is necessary to protect Lender's interest. Any amounts disbursed by Lender pursuant to this paragraph 7, with finance charges thereon, at the rate provided in the Credit Agreement, shall become additional indebtedness of Borrower secured by this Deed of Trust. Unless Borrower and Lender agree to other terms of payment, such amounts shall be payable upon notice from Lender to Borrower requesting payment thereof. Nothing contained in this paragraph 7 shall require Lender to incur any expense or take any action hereunder. Any action taken by Lender under this paragraph shall not cure any breach Borrower may have committed of any covenant or agreement under this Deed of Trust. Borrower agrees that Lender is subrogated to all of the rights and remedies of any prior lienor, to the extent of any payment by Lender to such lienor.

**8. Inspection.** Lender may make or cause to be made reasonable entries upon and inspections of the Property, provided that Lender shall give Borrower notice prior to any such inspection specifying reasonable cause therefor related to Lender's interest in the Property.

**9. Condemnation.** The proceeds of any award or claim for damages, direct or consequential, in connection with any condemnation or other taking of the Property, or part thereof, or for conveyance in lieu of condemnation, are hereby assigned and shall be paid to Lender, to the extent of any indebtedness under the Credit Agreement, subject to the terms of any mortgage, deed of trust or other security agreement with a lien which has priority over this Deed of Trust.

**10. Borrower Not Released; Forbearance By Lender Not a Waiver.** Extension of the time for payment or modification of amortization of the sums secured by this Deed of Trust granted by Lender to any successor in interest of Borrower shall not operate to release, in any manner, the liability of the original Borrower and Borrower's successors in interest. Lender shall not be required to commence proceedings against such successor or refuse to extend time for payment or otherwise modify amortization of the sums secured by this Deed of Trust by reason of any demand made by the original Borrower and Borrower's successors in interest. Any forbearance by Lender in exercising any right or remedy hereunder, or otherwise afforded by applicable law, shall not be a waiver of or preclude the exercise of any such right or remedy.

**11. Successors and Assigns Bound; Joint and Several Liability; Co-signers.** The covenants and agreements herein contained shall bind, and the rights hereunder shall inure to, the respective successors and assigns of Lender and Borrower, subject to the provisions of paragraph 21 hereof. All covenants and agreements of Borrower shall be joint and several. Any Borrower who co-signs this Deed of Trust, but does not execute the Credit Agreement, (a) is co-signing this Deed of Trust only to grant and convey that Borrower's interest in the Property to Trustee under the terms of this Deed of Trust, (b) is not personally liable under the Credit Agreement or under this Deed of Trust, and (c) agrees that Lender and any other Borrower hereunder may agree to extend, modify, forbear, or make any other accommodations or amendments with regard to the terms of this Deed of Trust or the Credit Agreement, without that Borrower's consent and without releasing that Borrower or modifying this Deed of Trust as to that Borrower's interest in the Property.

**12. Notice.** Except for any notice required under applicable law to be given in another manner, (a) any notice to Borrower provided for in this Deed of Trust shall be given by delivering it or by mailing such notice by certified mail addressed to Borrower at the Property Address or at such other address as Borrower may designate by notice to Lender as provided herein, and (b) any notice to Lender shall be given by certified mail to Lender's address stated herein or to such other address as Lender may designate by notice to Borrower as provided herein. Any notice provided for in this Deed of Trust shall be deemed to have been given to Borrower or Lender when given in the manner designated herein.

**13. Governing Law; Severability.** The state and local laws applicable to this Deed of Trust shall be the laws of the jurisdiction in which the Property is located. The foregoing sentence shall not limit the applicability of Federal law to this Deed of Trust. In the event that any provision or clause of this Deed of Trust or the Credit Agreement conflicts with applicable law, such conflict shall not affect other provisions of this Deed of Trust or the Credit Agreement which can be given effect without the conflicting provision, and to this end the provisions of this Deed of Trust and the Credit Agreement are declared to be severable. As used herein, "costs," "expenses" and "attorneys' fees" include all sums to the extent not prohibited by applicable law or limited herein.

**14. Prior Mortgage or Deed of Trust; Modification; Future Advance.** Borrower shall not enter into any agreement with the holder of any mortgage, deed of trust or other security agreement which has priority over this Deed of Trust by which that security agreement is modified, amended, extended, or renewed, without the prior written consent of the Lender. Borrower shall neither request nor accept any future advance under a prior mortgage, deed of trust, or other security agreement without the prior written consent of Lender.

**15. Borrower's Copy.** Borrower shall be furnished a copy of the Credit Agreement and a conformed copy of this Deed of Trust at the time of execution or after recordation hereof.

**16. Rehabilitation Loan Agreement.** Borrower shall fulfill all of Borrower's obligations under any home rehabilitation, improvement, repair, or other loan agreement which Borrower may enter into with Lender. Lender, at Lender's option, may require Borrower to execute and deliver to Lender, in a form acceptable to Lender, an assignment of any rights, claims or defenses which Borrower may have against parties who supply labor, materials or services in connection with improvements made to the Property.

**17. Waiver of Homestead Exemption.** To the extent permitted by law, Borrower hereby waives the benefit of the homestead exemption as to all sums secured by this Deed of Trust.

**18. Waiver of Statutes of Limitation.** Borrower hereby waives, to the full extent permitted by law, statutes of limitation as a defense to any demand or obligation secured by this Deed of Trust.

**19. Merger.** There shall be no merger of the interest or estate created by this Deed of Trust with any other interest or estate in the Property at any time held by or for the benefit of Lender in any capacity, without the written consent of Lender.

**20. Notice of Transfer of the Property; Advances after Transfer.** Borrower shall give notice to Lender, as provided in paragraph 12 hereof, prior to any sale or transfer of all or part of the Property or any rights in the Property. Any person to whom all or part of the Property or any right in the Property is sold or transferred also shall be obligated to give notice to Lender, as provided in paragraph 12 hereof, promptly after such transfer.

Even if Borrower transfers the Property, Borrower will continue to be obligated under the Credit Agreement and this Deed of Trust unless Lender releases Borrower in writing. As a condition to Lender's consent to any proposed transfer or as a condition to the release of Borrower, Lender may require that the person to whom the Property is transferred sign an assumption agreement satisfactory to Lender and Lender may impose an assumption fee. The assumption agreement will not entitle the person signing it to receive advances under the Credit Agreement.

**21. Transfer of the Property.** Subject to applicable law, Lender shall have the right to accelerate, that is, to demand immediate payment in full of all sums secured by this Mortgage or Deed of Trust, if Borrower, without the written consent of Lender, sells or transfers all or part of the Property or any rights in the Property.

If Lender exercises the option to accelerate, Lender shall give Borrower notice of acceleration in accordance with paragraph 12 hereof. The notice shall provide a period of not less than 30 days from the date of the notice within which Borrower may pay the sums declared due. If Borrower fails to pay those sums prior to the expiration of such period, Lender may, without further notice or demand on Borrower, invoke any remedies permitted by paragraph 22 hereof.

**22. Default; Termination and Acceleration; Remedies.** Each of the following events shall constitute an event of default ("event of default") under this Deed of Trust: (1) Borrower commits fraud or makes a material misrepresentation in connection with this Deed of Trust or the Credit Agreement; (2) Borrower does not meet the repayment terms of the Credit Agreement; or (3) Borrower's action or inaction adversely affects the Lender's rights in the Property secured by this Deed of Trust. If an event of default occurs, then prior to exercising any right or remedy provided for in this Deed of Trust and prior to acceleration, Lender shall give notice to Borrower as provided in paragraph 12 hereof specifying: (1) the event of default; (2) the action required to cure such event of default; (3) a date, not less than 10 days from the date the notice is mailed to Borrower, by which such event of default must be cured; and (4) that failure to cure such event of default on or before the date specified in the notice may result in acceleration of the sums secured by this Deed of Trust and sale of the Property. The notice shall further inform Borrower of the right to reinstate after acceleration and the right to bring a court action to assert the nonexistence of a default or any other defense of Borrower to acceleration and sale. If the event of default is not cured on or before the date specified in the notice, Lender, at Lender's option, may declare all of the sums secured by this Deed of Trust to be immediately due and payable without further demand and may invoke the power of sale and any other remedies permitted by applicable law. Lender shall be entitled to collect all reasonable costs and expenses incurred in pursuing the remedies provided in this paragraph 22, including, but not limited to, reasonable attorneys' fees.

If Lender invokes the power of sale, Lender shall execute or cause Trustee to execute a written notice of the occurrence of an event of default and of Lender's election to cause the Property to be sold and shall cause such notice to be recorded in each county in which the Property or some part thereof is located. Lender or Trustee shall mail copies of such notice in the manner prescribed by law. Trustee shall give public notice of sale to the persons and in the manner prescribed by applicable law. After the lapse of such time as may be required by applicable

law, Trustee, without demand on Borrower, shall sell the Property at public auction to the highest bidder at the time and place and under the terms designated in the notice of sale in one or more parcels and in such order as Trustee may determine. Trustee may postpone sale of all or any parcel of the Property by public announcement at the time and place of any previously scheduled sale. Lender or Lender's designee may purchase the property at any sale.

Trustee shall deliver to the purchaser a Trustee's deed conveying the Property so sold without any covenant or warranty, expressed or implied. The recitals in the Trustee's deed shall be prima facie evidence of the truth of the statements made therein. Trustee shall apply the proceeds of the sale in the following order: (a) to all reasonable costs and expenses of the sale, including, but not limited to, reasonable Trustee's and attorneys' fees and costs of title evidence; (b) to all sums secured by this Deed of Trust; and (c) the excess, if any, to the person or persons legally entitled thereto.

**23. Borrower's Right to Reinstate.** Notwithstanding Lender's acceleration of the sums secured by this Deed of Trust, due to Borrower's default, Borrower shall have the right to have any proceedings begun by Lender to enforce this Deed of Trust discontinued at any time prior to five days before sale of the Property pursuant to the power of sale contained in this Deed of Trust or at any time prior to entry of a judgment enforcing this Deed of Trust if: (a) Borrower pays Lender all sums which would be then due under this Deed of Trust and the Credit Agreement had no acceleration occurred; (b) Borrower cures the event of default; (c) Borrower pays all reasonable expenses incurred by Lender and Trustee in enforcing the covenants and agreements of Borrower contained in this Deed of Trust, and in enforcing Lender's and Trustee's remedies as provided in paragraph 22 hereof, including, but not limited to, reasonable attorneys' fees; and (d) Borrower takes such action as Lender may reasonably require to assure that the lien of this Deed of Trust, Lender's interest in the Property and Borrower's obligation to pay the sums secured by this Deed of Trust shall continue unimpaired. Upon such payment and cure by Borrower, this Deed of Trust and the obligations secured hereby shall remain in full force and effect as if no acceleration had occurred.

**24. Reconveyance.** This Deed of Trust secures a revolving line of credit and advances may be made, repaid, and remade from time to time, under the terms of the Credit Agreement. When Borrower (1) has paid all sums secured by this Deed of Trust and (2) has requested that the revolving line of credit be canceled, Lender shall request Trustee to reconvey the Property and shall surrender this Deed of Trust and the Credit Agreement to Trustee. Trustee shall reconvey the Property without warranty to the person or persons legally entitled thereto. To the extent permitted by law, Lender may charge Borrower a fee for such reconveyance and require Borrower to pay costs of recordation, if any.

**25. Substitute Trustee.** Lender, at Lender's option, may from time to time appoint a successor trustee to any Trustee appointed hereunder by an instrument executed and acknowledged by Lender and recorded in the office of the Recorder of the County where the Property recorded and the name and address of the successor trustee. The successor trustee shall, without conveyance of the Property, succeed to all the title, powers and duties conferred upon the Trustee herein and by applicable law. This procedure for substitution of trustee shall govern to the exclusion of all other provisions for substitution.

**26. Statement of Obligation.** Lender may collect a fee not to exceed \$50 for furnishing the statement of obligation as provided by Section 2943 of the Civil Code of California.

State of California  
County of Riverside

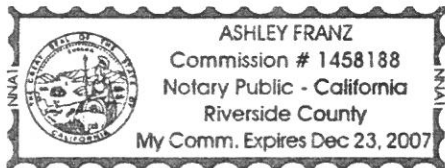
On June 14, 2004 before me, Ashley Franz, Notary Public  
(DATE) (NAME/TITLE OF OFFICER-I.e. "JANE DOE, NOTARY PUBLIC")

personally appeared Cecelia R Diaz aka  
(NAME(S) OF SIGNER(S))

Cecelia R. Bronson

personally known to me -OR-

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



Witness my hand and official seal.

(SEAL)

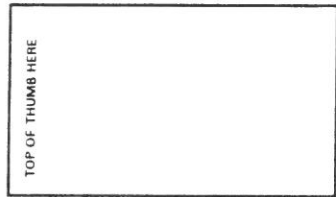
Ashley Franz  
(SIGNATURE OF NOTARY)

**ATTENTION NOTARY**

The information requested below and in the column to the right is **OPTIONAL**. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:  
Title or Type of Document \_\_\_\_\_  
Number of Pages \_\_\_\_\_ Date of Document \_\_\_\_\_  
Signer(s) Other Than Named Above \_\_\_\_\_

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

INDIVIDUAL(S)  
 CORPORATE \_\_\_\_\_

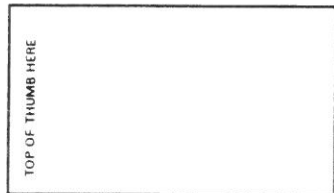
OFFICER(S) \_\_\_\_\_ (TITLES)

PARTNER(S)  LIMITED  
 GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity(ies))

\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

INDIVIDUAL(S)  
 CORPORATE \_\_\_\_\_

OFFICER(S) \_\_\_\_\_ (TITLES)

PARTNER(S)  LIMITED  
 GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity(ies))

\_\_\_\_\_  
\_\_\_\_\_



**REQUEST FOR NOTICE OF DEFAULT AND FORECLOSURE  
UNDER SUPERIOR MORTGAGES OR DEEDS OF TRUST**

In accordance with Section 2924(b), Civil Code, a request is hereby made that a copy of any notice of default and a copy of any notice of sale under the deed of trust (or mortgage) recorded \_\_\_\_\_, in Book \_\_\_\_\_ page \_\_\_\_\_ records of \_\_\_\_\_ County, (or filed for record with recorder's serial number \_\_\_\_\_, \_\_\_\_\_ County) California, executed by \_\_\_\_\_ as trustor (or mortgagor) in which \_\_\_\_\_ is named as beneficiary (or mortgagee) and \_\_\_\_\_ as trustee be mailed to \_\_\_\_\_ at \_\_\_\_\_

NAME

ADDRESS

ADDRESS

**NOTICE: A copy of any notice of default and of any notice of sale will be sent only to the address contained in this recorded request. If your address changes, a new request must be recorded.**

LENDER \_\_\_\_\_ By \_\_\_\_\_

**EACH BORROWER ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS DEED OF TRUST, AND EACH BORROWER AGREES TO ITS TERMS.**

Carmelita Bronson Smith (SEAL)  
BORROWER'S SIGNATURE

CARMELITA BRONSON SMITH  
BORROWER'S NAME

Cecelia R. Bronson AKA (SEAL)  
BORROWER'S SIGNATURE

CECELIA R. BRONSON  
BORROWER'S NAME

\_\_\_\_\_  
BORROWER'S SIGNATURE (SEAL)

\_\_\_\_\_  
BORROWER'S NAME

\_\_\_\_\_  
BORROWER'S SIGNATURE (SEAL)

\_\_\_\_\_  
BORROWER'S NAME

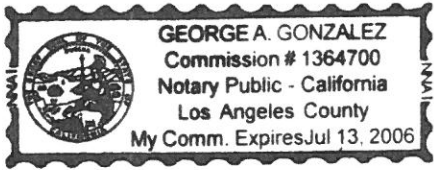
ACKNOWLEDGEMENT

State of California  
County of Los Angeles }

On 06/15/2004 before me, GEORGE GONZALEZ  
DATE NAME, TITLE OF OFFICER, NOTARY PUBLIC

personally appeared CARMELITA BRONSON SMITH  
\_\_\_\_\_  
\_\_\_\_\_

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



Witness my hand and official seal.  
[Signature]

OPTIONAL SECTION  
CAPACITY CLAIMED BY SIGNER

Though statute does not require the notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)

TITLE

- PARTNER(S)  LIMITED
- GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)

REQUEST FOR RECONVEYANCE

TO TRUSTEE:

The undersigned is the holder of the note or notes secured by this Deed of Trust. Said note or notes, together with all other indebtedness secured by this Deed of Trust, have been paid in full. You are hereby directed to cancel said note or notes and this Deed of Trust, which are delivered hereby, and to reconvey, without warranty, all the estate now held by you under this Deed of Trust to the person or persons legally entitled thereto.

Dated: \_\_\_\_\_

Government Code 27361.7

I Certify Under Penalty of Perjury That The Notary Seal  
On The Document To Which This Statement Is Attached  
Reads As Follows:

Name of Notary: George A. Gonzalez

Commission No: 1364700

Date Commission Expires: Jul 13, 2006

County: Los Angeles

By 

Date: 6-18-04

DEMAND RESPONSE

FIRST FINANCIAL

August 12, 2020

ASSET QUALITY

FAX NUMBER 626-480-1293

ATTENTION: MONA

ESCROW #

ACCOUNT:

BORROWER



THIS IS A CREDIT LINE:

Yes

No

The following information is provided pursuant to your written request on the property described as:

78430 PRAIRIE FLOWER DR PALM DESERT CA 92211

THIS LINE OF CREDIT HAS BEEN FROZEN

Payoff Amount:	\$214,487.77
Unpaid Interest	\$690.24
Demand fee:	\$0.00
Update fee	\$0.00
Reconveyance fee	\$212.00
Settlement Waiver Fees	\$0.00
<u>Reconveyance will be mailed to our trustee upon receipt of:</u>	\$215,390.01
Figure Good Until:	9/12/2020
Interest per day:	\$23.10

Please mail check to:

First Financial Credit Union  
1616 W Cameron Ave  
West Covina, CA 91790-2714  
Attn: Loan Servicing

Sincerely,

Loan Servicing Department

\*This payoff does not include any advances or payments to the loan after the issuance of this demand.



County of Riverside Treasurer - Tax Collector

Giovane Pizano  
Assistant Treasurer  
January 17, 2024



Melissa Johnson  
Assistant Tax Collector

Amanda N. Ferns  
C/O The Law Offices of Ferns, Adams, & Associates  
2815 Mitchell Drive, Suite 210  
Walnut Creek, CA 94598

Re: PIN: 748092031  
TC 215 Item 1823  
Date of Sale: May 5, 2020  
Assessee: Smith, Carmelita Bronson & Bronson, Cecelia R  
Situs: 78430 Prairie Flower Dr Palm Desert, CA 92211

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.

- Copy of a trust/will
- Notarized Statement of different/misspelled
- Original Notarized Authorization for Agent (with wet signature, not a copy)
- Original claim form (with wet signature, not a copy) – signed by authorized agent
- Certified Death Certificates
- Copy of Marriage Certificate
- Original Note/Payment Book
- Notarized Updated Statement of Monies Owed (up to date of tax sale May 5, 2020)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other:

Please send in all original documents by **February 17, 2024** to: Riverside County Treasurer-Tax Collector, Attn: Excess Proceeds, P.O. Box 12005, Riverside, CA 92502-2205. If you should have any questions, please contact me at the number listed below.

Sincerely,

Megan Montellano

Accounting Technician I  
Tax Sale Operations/Excess Proceeds  
PH: (951) 955-3336/Fax: (951) 955-3990

4080 Lemon Street, 4  
WWW.CountyTreasurer.org ★

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature</p> <p><b>X</b></p> <p>B. Received by (Printed Name)</p> <p>C. Is delivery address different? If YES, enter delivery address</p>	
<p>1. Article Addressed to:</p> <p>Amanda N. Ferns C/O The Law Offices of Ferns, Adams, &amp; Associates 2815 Mitchell Drive, Suite 210 Walnut Creek, CA 94598</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7003 2260 0004 1560 6989</p>		<p>9590 9402 7411 2055 3845 54</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>			

RECEIVED

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# FIRST FINANCIAL

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2024 FEB 13 AM 10:42  
RIVERSIDE COUNTY  
TREASURER-TAX COLLECTOR

C R E D I T ♦ U N I O N

February 12, 2024

Riverside County Treasurer-Tax Collector  
Attn: Excess Proceeds  
P.O. Box 12005, Riverside, CA 92502-2205

RE: PIN 748092031  
TC 215 Item 1823  
Date of sale: May 5, 2020  
Assessee: Smith, Carmelita Bronson & Bronson, Cecelia R  
Situs: 78430 Prairie Flower Dr Palm Desert, CA 92211

To County of Riverside – Tax Collector,


## STATEMENT OF MONIES OWED

The amount owed to First Financial Credit Union as of May 4, 2020 is \$217,128.00

First Financial Credit Union is submitting an excess proceeds claim that is attached.

Mailing Address to send Excess Proceed Funds:

FIRST FINANCIAL CREDIT UNION  
8750 CENTRAL AVE  
MONTCLAIR, CA 91793  
Attn: Asset Quality Department



Monalisa Toscano  
Asset Quality Department  
800-866-2969

RECEIVED

2024 FEB 13 AM 10:42

CALIFORNIA ACKNOWLEDGMENT

RIVERSIDE COUNTY CIVIL CODE § 1189  
TREAS. TAX COLLECTOR

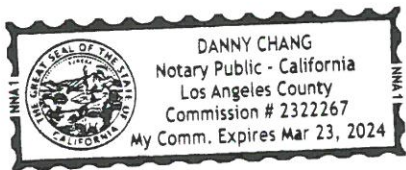
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of LOS ANGELES

On FEB. 12, 2024 before me, DANNY CHANG, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared MARILISA TOSCANO  
Name(s) of Signer(s)

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



Place Notary Seal and/or Stamp Above

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 \_\_\_\_\_  
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: STATEMENT OF MARILISA TOSCANO

Document Date: FEB. 12, 2024 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

Corporate Officer - Title(s): \_\_\_\_\_  Corporate Officer - Title(s): \_\_\_\_\_

Partner -  Limited  General  Partner -  Limited  General

Individual  Attorney in Fact  Individual  Attorney in Fact

Trustee  Guardian or Conservator  Trustee  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_ Signer is Representing: \_\_\_\_\_

ORIGIN ID:CCRA (925) 927-3401  
MARICEL J MAKALINTAL  
FERNS ADAMS & ASSOCIATES  
2815 MITCHELL DRIVE  
SUITE 210  
WALNUT CREEK, CA 94598  
UNITED STATES US

SHIP DATE: 24SEP20  
ACTWGT: 0.10 LB  
CAD: 1455278/NET4280

BILL SENDER

TO **EXCESS PROCEEDS**  
**OFFICE OF THE TREASURER-TAX COLLECTOR**  
**4080 LEMON ST**

**RIVERSIDE CA 92501**

(951) 955-3900

REF: FFCU

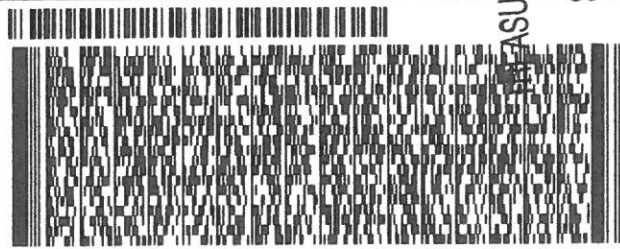
INV.  
PO

DEPT:

TREASURER-TAX COLLECTOR  
SEP 28 2020  
RECEIVED

56B.6/1545/6766

FedEx Ship Manager - Print Your Label(s)



FedEx  
Express



MON - 28 SEP 4:30P

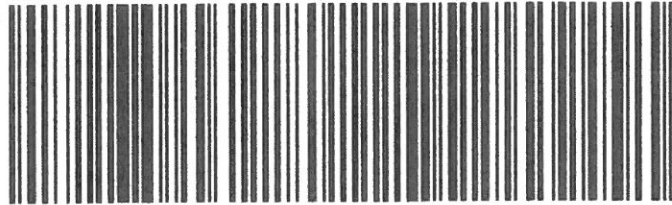
\*\* 2DAY \*\*

TRK# 7716 2149 5019

0201

**CM MERA**

92501  
CA-US SBD



9/24/2020

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

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

RECEIVED  
2020 AUG -3 PM 4:37  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$9056.40 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. 2019-0155568; recorded on 5-6-2019. 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.

- Notice of Assessment Lien - 2019-0155568 - 5-6-19
- Notice of Default - 2019-0267684 - 7/18/19

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 31<sup>st</sup> day of July, 2020 at Palm Desert, Riverside County, Ca.  
County, State

Wayne S. Guralnick  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

Wayne S. Guralnick, Authorized Representative  
Print Name

\_\_\_\_\_  
Print Name

40004 Cook St. #3  
Street Address

\_\_\_\_\_  
Street Address

Palm Desert, Ca. 92211  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

760-340-1515  
Phone Number

\_\_\_\_\_  
Phone Number

Catherine.d@ggbcakw.com  
Email Address

\_\_\_\_\_  
Email Address

**Recording Requested by:**  
SUN CITY PALM DESERT COMMUNITY ASSOCIATION  
A California Nonprofit Mutual Benefit Corporation

**When Recorded, Mail To:**  
WAYNE S. GURALNICK  
A Professional Law Corporation  
40-004 Cook Street, Suite 3  
Palm Desert, California 92211  
**(760) 340-1515**  
97-113

**2019-0155568**

05/06/2019 11:04 AM Fee: \$ 102.00

Page 1 of 2

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



983

**NOTICE OF ASSESSMENT LIEN**

**NOTICE IS HEREBY GIVEN** that **LOT 92 of TRACT 27220**, shown on file in Map Book 238, Pages 037, inclusive of Maps, Records of Riverside County, State of California, and the accompanying portion of the Common Area appurtenant thereto, has been assessed by the Board of Directors of SUN CITY PALM DESERT COMMUNITY ASSOCIATION, A California Nonprofit Mutual Benefit Corporation, pursuant to its authority under the enabling Declaration of Restrictions, recorded November 7, 2003, as Instrument No. 2003-883345, and any amendments thereto, as well as California *Civil Code* §§5675.

The record owner of said unit/lot is: **Carmelita Bronson Smith / Cecelia R. Bronson**  
Property Address (if any): 78430 Prairie Flower Dr., Palm Desert, Ca. 92211  
Assessor's Parcel No.: 748-092-031

**Itemized Statement**

<b>Amount of Assessment:</b>	\$1,533.00
<b>Additional Charges:</b>	
Bulk Cable:	242.49
Late Charges/Interest:	173.80
Pay-or-Lien:	290.00
Management / Bookkeeping Fees:	100.00
Attorney Costs:	200.00
File Setup/Title Search Costs:	175.00
Collection and/or Attorney's Fees:	495.00
Lien Release Preparation and Recording Costs:	200.00
<b>TOTAL ASSESSMENT LIEN DUE:</b>	<b>\$3,409.29</b>



311A172.1.2

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

RECEIVED  
2021 MAR 15 PM 3:53  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$201,849.00 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. 2000-241484; recorded on 8/22/2000. 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. - Assignee

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

Assignments of Interest, Small Estate Affidavits  
Death Certificates

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 9th day of March, 2021 at Denver CO  
County, State

John Fox  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

John Fox  
Print Name

\_\_\_\_\_  
Print Name

910 16th St. Suite 624  
Street Address

\_\_\_\_\_  
Street Address

Denver CO 80202  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

303-454-3707  
Phone Number

\_\_\_\_\_  
Phone Number

John.Fox@assetrecoveryinc.com  
Email Address

\_\_\_\_\_  
Email Address



**TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR**

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM  
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Robert Smith hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 5th day of May 2020, and described as parcel number 748-092-031.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$201,849.00, and as a party of interest I am entitled to \$ up to \$201,849.

Dated this 4 day of February, [Signature]  
Signature

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 Texas

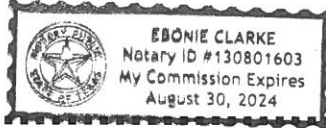
COUNTY OF Denton

On 2-4-2021 before me, Ebonie Clarke personally appeared Robert Smith, 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

Ebonie Clarke  
Signature



(Seal)

**DECLARATION**

I, Assignor(s) Robert Smith Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 748-092-031 from the public auction of tax-defaulted property held on 5th day of May 2020, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 2/4/21 Signature [Signature]  
Name (print) Robert Smith Address 2623 Calwood Dr  
City/State/zip Code Little Elm, TX 75068 Phone (502) 741-6029



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013212477

CERTIFICATE OF DEATH

3201319047725

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SIBLING AND PARENT INFORMATION, FUNERAL DIRECTORY, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, social security number, cause of death, and physician information.

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD
DO 19
DATE ISSUED

\* HD 3 4 5 7 5 2 3 \*
DEC 20 2013

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

TRUCKO 03E-V-08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Carmelita Bronson Smith died on October 30, 2013, in the County of Los Angeles, State of California.

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 affidavit or declaration.

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

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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.  An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at 78430 Prairie Flower Dr Palm Desert CA 92211

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

Robert Smith, Gina Victor, Angela Smith, Earl Smith, Sheyna Smith (Children to the deceased)

8. The undersigned

The affiant or 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 affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

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

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

Dated: 2/4/21

Signed: 

\_\_\_\_\_

\_\_\_\_\_

# 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 Denton

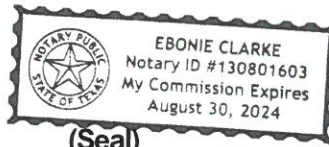
On 2-4-2021 before me, Ebonie Clarke  
(insert name and title of the officer)

personally appeared Robert Smith 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 Ebonie Clarke



(Seal)

311172.12

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

RECEIVED  
2021 MAR 15 PM 3:53  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$201,849.00 from the sale of the above mentioned real property. I/We were the  lienholder(s),  property-Assignee 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. 2000-24484; recorded on 8/22/2000. 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.

Assignments of Interest, Small Estate Affidavits  
Death Certificates

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 9th day of March, 2021 at Denver CO  
County, State

John Fox  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

John Fox  
Print Name

\_\_\_\_\_  
Print Name

910 16th St. Suite 624  
Street Address

\_\_\_\_\_  
Street Address

Denver CO 80202  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

303-454-3707  
Phone Number

\_\_\_\_\_  
Phone Number

John.Fox@assetrecoveryinc.com  
Email Address

\_\_\_\_\_  
Email Address

**TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR**

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM  
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Earl Smith hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 5th day of May 2020, and described as parcel number 748-092-031.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 201,849.00, and as a party of interest I am entitled to \$ up to \$201,849.

Dated this 4<sup>TH</sup> day of February, 2021 Earl Smith  
Signature

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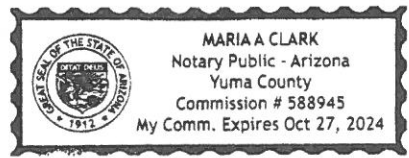
STATE OF Arizona

COUNTY OF Yuma

On 02/04/2021 before me, Maria A. Clark, Notary Public personally appeared Earl Dean Smith II, 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]  
Signature



(Seal)

**DECLARATION**

I, Assignor(s) Earl Smith Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc. for Parcel Number 748-092-031 from the public auction of tax-defaulted property held on 5th day of May 2020, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 2-4-2021 Signature Earl Smith  
Name (print) Earl Dean Smith II Address 8577 E. 39th Pl  
City/State/zip Code Yuma, AZ 85365 Phone (310) 844-8700





# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013212477

**CERTIFICATE OF DEATH**

3201319047725

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER									
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)							
CARMELITA		CECELIA		BRONSON-SMITH							
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX							
12/07/1936		76		F							
8. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (SNOW on file of death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)			
CALIFORNIA		NO		DIVORCED		10/30/2013		0714			
13. EDUCATION - Highest Level (Degree)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH?		16. DECEDENT'S RACE - Up to 3 races may be listed (see back)							
MASTER'S		YES		CHILEAN		FILIPINO, BLACK, FRENCH					
17. USUAL OCCUPATION - Typical work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION							
PROFESSOR		UNIVERSITY EDUCATION		40							
20. DECEDENT'S RESIDENCE (Street and number, or location)		21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
37896 BREEZE WAY		PALM DESERT		RIVERSIDE		92211		16		CALIFORNIA	
26. INFORMANT'S NAME/RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or mail route number, city of town, state and zip)									
ROBERT SMITH, SON		37896 BREEZE WAY, PALM DESERT, CA 92211									
28. NAME OF SURVIVING SPOUSE/SPOE - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)							
LEON		LEROY		BRONSON SR.							
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE					
MARTHA		CARMELITA		STEWART		CALIFORNIA					
35. DEPOSITION DATE mm/dd/yyyy		36. PLACE OF FINAL DISPOSITION		37. LAST (BIRTH NAME)		38. BIRTH STATE					
11/18/2013		DESERT MEMORIAL PARK 31705 DA VALL DRIVE, CATHEDRAL CITY, CA 92234		STEWART		CALIFORNIA					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER							
CR/BU		ANANTHARAMAN LOGANATHAN		EMB8672							
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy					
ANGELENE VALLEY MORTUARY		JONATHAN FIELDING, MD		11/15/2013							
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE							
RESIDENCE		P		Nursing Home							
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY							
LOS ANGELES		10742 MAGNOLIA BLVD, #233		NORTH HOLLYWOOD							
107. CAUSE OF DEATH		108. TIME INTERVAL BETWEEN ONSET AND DEATH		109. DEATH REPORTED TO CORONER?							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		5 MINS		NO							
Secondary, but conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		109. BIOPSY PERFORMED?		110. AUTOPSY PERFORMED?							
CORONARY ARTERY DISEASE		NO		NO							
ARTERIOSCLEROSIS		15 YRS		NO							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (WITH IN 107)		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?							
PREVIOUS ENDOCARDITIS, MITRAL VALVE HYPERTENSION		NO		NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy					
08/29/2013 10/30/2013		CHARLES J BURSTIN M.D.		11/15/2013							
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)			
MANNER OF DEATH		8631 WEST 3RD ST SUITE 1015 E, LOS ANGELES, CA 90048		YES		NO		NO			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH#		CENSUS TRACT							
A B C D E		010001002482705									

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding MD*  
00 19 DATE ISSUED

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



DEC 20 2013



**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

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1. Carmelita Bronson Smith died on October 30, 2013, in the County of Los Angeles, State of California.

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 affidavit or declaration.

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

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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.  An inventory and appraisal of the real property included in the decedent's estate is attached.

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Excess proceeds resulting from tax sale of property located at 78430 Prairie Flower Dr Palm Desert CA 92211

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

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9. No other person has a superior right to the interest of the decedent in the described property.

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

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

Dated: 2-4-2021

Signed: 

\_\_\_\_\_  
\_\_\_\_\_

**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~~ Arizona  
County of Yuma

On 02/04/2021 before me, Maria A. Clark  
(insert name and title of the officer)

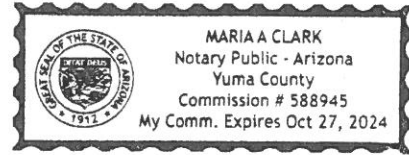
personally appeared Earl Dean Smith II who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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~~ Arizona that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]

(Seal)



311072.12

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

RECEIVED  
2021 MAR 15 PM 3:53  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

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

Assignments of Interest, Small Estate Affidavits  
Death Certificates

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

Executed this 9th day of March, 2021 at Denver CO  
County, State

John Fox  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

John Fox  
Print Name

\_\_\_\_\_  
Print Name

910 16th St. Suite 624  
Street Address

\_\_\_\_\_  
Street Address

Denver CO 80202  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

303-454-3707  
Phone Number

\_\_\_\_\_  
Phone Number

John.Fox@assetrecoveryinc.com  
Email Address

\_\_\_\_\_  
Email Address

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM  
SALE OF TAX-DEFAULTED PROPERTY

For valuable consideration, the undersigned Assignor(s) Shevna Smith hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 5th day of May 2020, and described as parcel number 748-092-031.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 201,849.00, and as a party of interest I am entitled to \$ up to \$201,849.

Dated this 6<sup>TH</sup> day of FEB, 2021, [Signature]  
Signature

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.

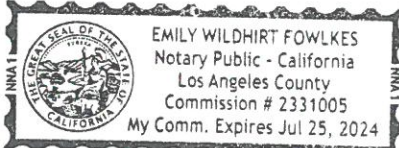
STATE OF California

COUNTY OF Los Angeles

On 2/6/2021 before me, EMILY WILDHIRT FOWLKES, NOTARY personally appeared SHEYNA SMITH, 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]  
Signature



(Seal)

**DECLARATION**

I, Assignor(s) Shevna Smith Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 748-092-031 from the public auction of tax-defaulted property held on 5th day of May 2020, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 2/6/2021 Signature [Signature]  
Name (print) SHEYNA K. SMITH Address P.O. Box 100  
City/State/zip Code Calver City, CA 90232 Phone (310) 766-0667

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME **Cecelia R. Bronson**  
STREET ADDRESS **78430 Prairie Flower Drive**  
CITY STATE ZIP **Palm Desert, Ca. 92211**

DOC # 2000-241484

06/22/2000 09:00A Fee: \$ .00

Page 1 of 1

Recorded in Official Records

County of Riverside

Gary L. Grogg

Assessor, County Clerk & Recorder



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Title Order No.  
Escrow or Loan No.

TRADE

				ALI
				FIN

### QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX \$ 0 - Gift CITY TAX \$

- computed on full value of property conveyed or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- Unincorporated area: 1. City of Palm Desert and

M  
SF

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

**Leon Bronson and Martha Bronson, husband and wife, as joint tenants,**

herby remise, release and forever quitclaim to

**Carmelita Bronson Smith, an unmarried woman, and Cecelia R. Bronson, an unmarried woman,**

the following described real property in the City of Palm Desert,

County of Riverside State of California

Lot 92 of Tract 27220, in the County of Riverside, as per map recorded in Book 238, Pages 37 to 43 inclusive, of maps in the office of the county recorder of said county.

APN # 605-505-020

Dated June 5, 2000

State of CALIFORNIA

County of Riverside } SS.

On June 5, 2000 before me.

David L. Reems, Sr.

Notary Public, personally appeared

Leon & Martha Bronson

*Leon Bronson*  
Leon Bronson

*Martha Bronson*  
Martha Bronson

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me at 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 David L. Reems, Sr.  
David L. Reems, Sr.

(Name typed or printed)



(The area for affix of notary seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013212477

CERTIFICATE OF DEATH

3201319047725

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, SPOUSHIP AND PARENT INFORMATION, GENERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, cause of death, and registrar information.

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD 00 19 DATE ISSUED

DEC 20 2013

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PHS/CO (REV) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Carmelita Bronson Smith died on October 30, 2013, in the County of \_\_\_\_\_, State of California.

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 affidavit or declaration.

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

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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.  An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at 78430 Prairie Flower Dr Palm Desert CA 92211

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

Robert Smith, Gina Victor, Angela Smith, Earl Smith, Sheyna Smith (Children to the deceased)

8. The undersigned

The affiant or 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 affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

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

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

Dated: 2/06/2021

Signed: 



## 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 )

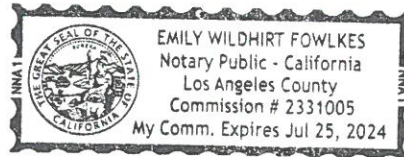
On FEBRUARY 6, 2021 before me, EMILY WILDHIRT FOWLKES, NOTARY  
(insert name and title of the officer)

personally appeared SHEYNA SMITH 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 Emily Wildhirt Fowlkes (Seal)



31172.12

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

RECEIVED  
2021 MAR 15 PM 3:53  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$201,849.00 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. 2000-24484; recorded on 8/22/2000. 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.

Assignments of Interest, Small Estate Affidavits  
Death Certificates

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 9th day of March, 2021 at Denver CO  
County, State

John Fox  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

John Fox  
Print Name

\_\_\_\_\_  
Print Name

910 16th St. Suite 624  
Street Address

\_\_\_\_\_  
Street Address

Denver CO 80202  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

303-454-3707  
Phone Number

\_\_\_\_\_  
Phone Number

John.Fox@assetrecoveryinc.com  
Email Address

\_\_\_\_\_  
Email Address

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM  
SALE OF TAX-DEFAULTED PROPERTY

For valuable consideration, the undersigned Assignor(s) Angela Smith Bryant EWF. hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100% of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 5th day of May 2020, and described as parcel number 748-092-031.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 201,849.00, and as a party of interest I am entitled to \$ up to \$201,849.

Dated this 6th day of February 2021, A S Bryant  
Signature

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.

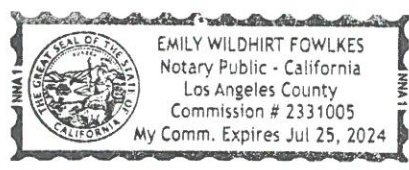
STATE OF California

COUNTY OF Los Angeles

On Feb 6, 2021 before me, Emily Wildhirt Fowlkes, Notary personally appeared Angela Smith Bryant, 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  
Emily Wildhirt Fowlkes  
Signature



(Seal)

DECLARATION

I, Assignor(s) Angela Smith Bryant EWF. Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 748-092-031 from the public auction of tax-defaulted property held on 5th day of May 2020, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 2/04/2021 Signature A S Bryant  
Name (print) Angela Smith Bryant Address 5364 Waldo Place  
City/State/zip Code Los Angeles, CA 90041 Phone (323) 252-5125

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME **Cecelia R. Bronson**  
STREET ADDRESS **78430 Prairie Flower Drive**  
CITY STATE ZIP **Palm Desert, Ca. 92211**

DOC # 2000-241484

06/22/2000 09:00A Fee: 9.00

Page 1 of 1

Recorded in Official Records

County of Riverside

Gary L. Orso

Recorder, County Clerk & Recorder



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TRAOLK

				ALI
				FIN

Title Order No.  
Escrow or Loan No.

### QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX \$ 0 - Gift CITY TAX \$

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale.
- Unincorporated area: 1. City of Palm Desert and

M  
SF

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

**Leon Bronson and Martha Bronson, husband and wife, as joint tenants,**

herby remise, release and forever quitclaim to

**Carmelita Bronson Smith, an unmarried woman, and Cecelia R. Bronson, an unmarried woman,**

the following described real property in the City of Palm Desert,

County of Riverside State of California

Lot 92 of Tract 27220, in the County of Riverside, as per map recorded in Book 238, Pages 37 to 43 inclusive, of maps in the office of the county recorder of said county.

APN # 605-505-020

Dated June 5, 2000

State of CALIFORNIA

County of Riverside } SS.

On June 5, 2000 before me.

David L. Reems, Sr.

Notary Public, personally appeared

Leon & Martha Bronson

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

WITNESS my hand and official seal.

Signature David L. Reems, Sr.  
David L. Reems, Sr.

(Name typed or printed)

Leon Bronson  
Leon Bronson

Martha Bronson  
Martha Bronson



(The area for affix of notary seal)

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013212477

#### CERTIFICATE OF DEATH

3201319047725

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, VOIDSTOPS OR ALTERATIONS VS-1 (MAY 2004)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CARMELITA		CECELIA		BRONSON-SMITH	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
12/07/1936		76		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CALIFORNIA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/ORDR (at time of death)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24 Hours)	
DIVORCED		10/30/2013		07:14	
15. EDUCATION - (Highest Level/Degree) (See explanation on back)		16. DECEDENT'S RACE - (Up to 3 races, may be based from work sheet on back)			
MASTER'S		CHILEAN		FILIPINO, BLACK, FRENCH	
17. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PROFESSOR		UNIVERSITY EDUCATION		40	
20. DECEDENT'S RESIDENCE (Street and number, or location)		21. CITY		22. COUNTY/PROVINCE	
37696 BREEZE WAY		PALM DESERT		RIVERSIDE	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
92211		16		CALIFORNIA	
26. INFORMANT'S NAME; RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
ROBERT SMITH, SON		37696 BREEZE WAY, PALM DESERT, CA 92211			
28. NAME OF SURVIVING SPOUSE/SOP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
LEON		LEROY		BRONSON SR	
34. BIRTH STATE		35. MIDDLE		36. LAST (BIRTH NAME)	
PHILIPPINES		CARMELITA		STEWART	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
CALIFORNIA					
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
11/18/2013		DESERT MEMORIAL PARK 31705 DA VALL DRIVE, CATHEDRAL CITY, CA 92234			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU		ANANTHARAMAN LOGANATHAN		EMB8672	
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
ANGELENO VALLEY MORTUARY		JONATHAN FIELDING, MD		11/15/2013	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ERUP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ALC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
LOS ANGELES		10742 MAGNOLIA BLVD, #233		NORTH HOLLYWOOD	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER		109. BIOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition at listing in words)		First Interval Between Death and Death		(A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARRHYTHMIA VENTRICULAR TACHYCARDIA		5 MINS		(B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CORONARY ARTERY DISEASE		10 YRS		(C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARTERIOSCLEROSIS		15 YRS		(D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. USED IN OSTEOMETRIC CAUSE?			
PREVIOUS ENDOCARDITIS, MITRAL VALVE HYPERTENSION		<input type="checkbox"/> YES <input type="checkbox"/> NO			
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list (s) of operation and date)		113. IF FEMALE, PREGNANT IN LAST YEAR?			
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Date Reported mm/dd/yyyy		Charles J Burstin M.D.		117. DATE mm/dd/yyyy	
08/29/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		11/15/2013	
10/30/2013		CHARLES J BURSTIN M.D. 8631 WEST 3RD ST SUITE 1015 E. LOS ANGELES, CA 90048			
119. I CERTIFY THAT IF ANY CAUSE OF DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE mm/dd/yyyy		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding MD*  
00 19 DATE ISSUED

Director of Public Health and Registrar

DEC 20 2013

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PSR/CO 05/19/05/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Carmelita Bronson Smith died on October 30, 2013, in the County of \_\_\_\_\_, State of California.

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 affidavit or declaration.

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

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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.  An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at 78430 Prairie Flower Dr Palm Desert CA 92211

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

Robert Smith, Gina Victor, Angela Smith, Earl Smith, Sheyna Smith (Children to the deceased)

8. The undersigned

*Bryant EWF.*

The affiant or 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 affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

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

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

Dated: 4/06/2021

Signed: \_\_\_\_\_  
*A Bryant*  
\_\_\_\_\_  
\_\_\_\_\_

## 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

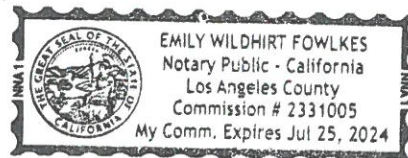
On February 6/2021 before me, Emily Wildhirt Fowlkes, Notary.  
(insert name and title of the officer)

personally appeared Angela Smith Bryant 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 Emily Wildhirt Fowlkes (Seal)



3/11/17, 1.2

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

RECEIVED  
2021 MAR 15 PM 3:53  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$201,849.00 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. 2000-24484; recorded on 8/22/2000. 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. Assignee

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

Assignments of Interest, Small Estate Affidavits  
Death Certificates

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 9th day of March, 2021 at Denver CO  
County, State

John Fox  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

John Fox  
Print Name

\_\_\_\_\_  
Print Name

910 16th St. Suite 624  
Street Address

\_\_\_\_\_  
Street Address

Denver CO 80202  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

303-454-3707  
Phone Number

\_\_\_\_\_  
Phone Number

John.Fox@assetrecoveryinc.com  
Email Address

\_\_\_\_\_  
Email Address



**TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR**

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM  
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Gina Victor hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 5th day of May 2020, and described as parcel number 748-092-031.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 201,849.00, and as a party of interest I am entitled to \$ up to \$201,849.

Dated this 12<sup>TH</sup> day of FEB 2021, [Signature]  
Signature

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 District of Columbia

COUNTY OF \_\_\_\_\_

On February 12, 2021 before me, Cheryl J. Watts personally

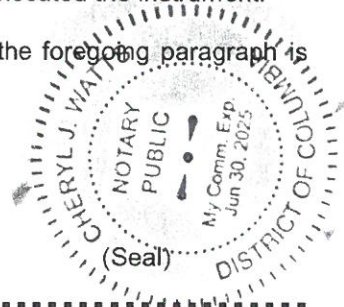
appeared Gina Victor, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the 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]  
Signature

**CHERYL J. WAITS**  
Notary Public of District of Columbia  
My Commission Expires June 30, 2025



**DECLARATION**

I, Assignor(s) Gina Victor Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 748-092-031 from the public auction of tax-defaulted property held on 5th day of May 2020, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 02/12/21 Signature [Signature]  
Name (print) GINA SMIRI VICTOR Address 461 V ST NW WDC 20001  
City/State/zip Code \_\_\_\_\_ Phone (202) 986-4861

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME **Cecelia R. Bronson**  
STREET ADDRESS **78430 Prairie Flower Drive**  
CITY STATE ZIP **Palm Desert, Ca. 92211**

DOC # 2000-241484

06/22/2000 08:00A PM:8.01

Page 1 of 1

Recorded in Official Records

County of Riverside

Gary L. Drape

Recorder, County Clerk & Recorder



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TRAFFIC

				ALL
				FIN

Title Order No.  
Escrow or Loan No.

### QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX \$ 0 - Gift CITY TAX \$

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- Unincorporated area: I. City of Palm Desert and

M  
SF

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

**Leon Bronson and Martha Bronson, husband and wife, as joint tenants,**

herby remise, release and forever quitclaim to

**Carmelita Bronson Smith, an unmarried woman, and Cecelia R. Bronson, an unmarried woman,**

the following described real property in the **City of Palm Desert,**

**County of Riverside** State of **California**

**Lot 92 of Tract 27220, in the County of Riverside, as per map recorded in Book 238, Pages 37 to 43 inclusive, of maps in the office of the county recorder of said county.**

APN # 605-505-020

Dated June 5, 2000

State of CALIFORNIA

County of Riverside } SS.

On June 5, 2000 before me.

David L. Reems, Sr.

Notary Public, personally appeared

Leon & Martha Bronson

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

WITNESS my hand and official seal.

Signature David L. Reems, Sr.

(Name typed or printed)

Leon Bronson  
Leon Bronson

Martha Bronson  
Martha Bronson



(The area for affix of notary seal)

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013212477

#### CERTIFICATE OF DEATH

3201319047725

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CARMELITA		CECELIA		BRONSON-SMITH	
7A. ALSO KNOWN AS - Includes MA AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
12/07/1936		76		F	
8. BIRTH STATE/foreign country		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SHIP (at time of Death)	
CALIFORNIA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION - (Highest Level/Degree) <small>(See instructions on back)</small>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see work sheet on back)		16. DECEDENT'S RACE - (Up to 3 races may be listed on work sheet on back)	
MASTER'S		<input checked="" type="checkbox"/> YES CHILEAN <input type="checkbox"/> NO		FILIPINO, BLACK, FRENCH	
17. USUAL OCCUPATION - Type of work for most of life; DO NOT use RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PROFESSOR		UNIVERSITY EDUCATION		40	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
37696 BREEZE WAY					
21. CITY		22. COUNTY/PROVINCE		25. STATE/foreign country	
PALM DESERT		RIVERSIDE		CALIFORNIA	
23. ZIP CODE		24. YEARS IN COUNTY		26. INFORMANT'S NAME & RELATIONSHIP	
92211		16		ROBERT SMITH, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
37696 BREEZE WAY, PALM DESERT, CA 92211					
28. NAME OF SURVIVING SPOUSE/SOP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
LEON		LEROY		BRONSON SR	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
MARTHA		CARMELITA		STEWART	
34. BIRTH STATE		35. BIRTH STATE		36. BIRTH STATE	
PHILIPPINES		CALIFORNIA		CALIFORNIA	
37. DATE OF DEATH mm/dd/yyyy		38. PLACE OF FUNERAL ESTABLISHMENT		39. TYPE OF DISPOSITION	
11/18/2013		DESERT MEMORIAL PARK		CR/BU	
40. PLACE OF FUNERAL ESTABLISHMENT		41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBLEASHER	
31705 DA VALL DRIVE, CATHEDRAL CITY, CA 92234				ANANTHARAMAN LOGANATHAN	
43. NAME OF FUNERAL ESTABLISHMENT		44. SIGNATURE OF LOCAL REGISTRAR		45. LICENSE NUMBER	
ANGELENE VALLEY MORTUARY		JONATHAN FIELDING, MD		EMB8672	
46. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy		48. LICENSE NUMBER	
11/15/2013		11/15/2013		EMB8672	
101. PLACE OF DEATH					
RESIDENCE					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street, box number, or location)		104. CITY	
LOS ANGELES		10742 MAGNOLIA BLVD, #239		NORTH HOLLYWOOD	
105. CAUSE OF DEATH					
Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT abbreviate.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		106. TOTAL INTERVAL BETWEEN CAUSE AND DEATH (A) (hrs)		107. DEATH REPORTED TO CORP/JPRT (B) (YES/NO)	
ARRHYTHMIA VENTRICULAR TACHYCARDIA		5 MINS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CORONARY ARTERY DISEASE		108. BIOPSY PERFORMED? (C) (YES/NO)		109. AUTOPSY PERFORMED? (D) (YES/NO)	
ARTERIOSCLEROSIS		10 YRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. USED IN OTHER VITAL CAUSE? (E) (YES/NO)		112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (Yes, list type of operation and date)	
PREVIOUS ENDOCARDITIS, MITRAL VALVE HYPERTENSION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO	
113. SIGNATURE AND TITLE OF CERTIFIER		114. LICENSE NUMBER		115. DATE mm/dd/yyyy	
CHARLES J BURSTIN M.D.		EMB8672		11/15/2013	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. TYPE OF DEATH		118. INJURY DATE mm/dd/yyyy	
CHARLES J BURSTIN M.D. 8631 WEST 3RD ST SUITE 1015 E, LOS ANGELES, CA 90048		<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
119. MANNER OF DEATH		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH#	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding MD*  
DO 19 DATE ISSUED

Director of Public Health and Registrar

\* H D 3 4 5 7 5 2 3 \*

DEC 20 2013

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Carmelita Bronson Smith died on October 30, 2013, in the County of Los Angeles, State of California.

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 affidavit or declaration.

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

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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.  An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at 78430 Prairie Flower Dr Palm Desert CA 92211

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

Robert Smith, Gina Victor, Angela Smith, Earl Smith, Sheyna Smith (Children to the deceased)

8. The undersigned

The affiant or 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 affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

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

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

Dated: 021221

Signed: 

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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~~ District of Columbia  
County of \_\_\_\_\_ )

On February 12, 2021 before me, Cheryl J. Watts, DC Notary Public  
(insert name and title of the officer)

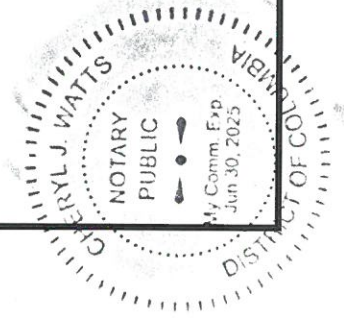
personally appeared Gina Victor who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)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

**CHERYL J. WATTS**  
Notary Public of District of Columbia  
My Commission Expires June 30, 2025

Signature Cheryl J. Watts (Seal)



31172.12

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

RECEIVED  
2021 MAR 15 PM 3:53  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Jon Christensen, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 215 ITEM 1823 Parcel Identification Number: 748092031

Assessee: SMITH, CARMELITA BRONSON & BRONSON, CECELIA R

Situs: 78430 PRAIRIE FLOWER DR PALM DESERT 92211

Date Sold: May 5, 2020

Date Deed to Purchaser Recorded: July 15, 2020

Final Date to Submit Claim: July 15, 2021

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$201,849.00 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. 2000-24484; recorded on 8/22/2000. 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. Assignee

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

Assignments of Interest, Small Estate Affidavits  
Death Certificates

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 9th day of March, 2021 at Denver CO  
County, State

John Fox  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

John Fox  
Print Name

\_\_\_\_\_  
Print Name

910 16th St. Suite 624  
Street Address

\_\_\_\_\_  
Street Address

Denver, CO 80202  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

303-454-3707  
Phone Number

\_\_\_\_\_  
Phone Number

John.Fox@assetrecoramyinc.com  
Email Address

\_\_\_\_\_  
Email Address

**TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR**

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM  
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Beverly Walters <sup>walters 2-9-21</sup> hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 5th day of May 2020, and described as parcel number 748-092-031.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 201,849.00, and as a party of interest I am entitled to \$ up to \$201,849.

Dated this 9<sup>th</sup> day of February 2021 Beverly Walters  
Signature

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 WA

COUNTY OF King

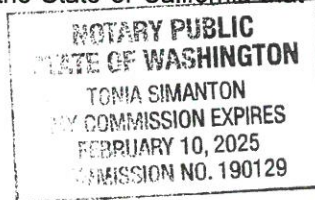
On February 9<sup>th</sup>, 2021 before me, Beverly Walters <sup>walters 2-9-21</sup> personally

appeared WA state Driver License, 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

Tonia Simanton  
Signature



(Seal)

Walters 2-9-21  
**DECLARATION**

I, Assignor(s) Beverly Walters Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 748-092-031 from the public auction of tax-defaulted property held on 5th day of May 2020, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 2-9-21 Signature Beverly Walters  
Name (print) BEVERLY WALTERS Address 167 11<sup>th</sup> Ave #201  
City/State/zip Code SEATTLE WA 98122 Phone (206) 902-7613

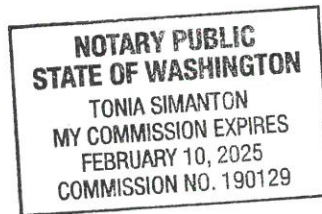
For an acknowledgment in an individual capacity:  
State of Washington  
County of King

I certify that I know or have satisfactory evidence that Beverly Waters is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 2/9/2021

Signature: Tonia Sita

My appointment  
Expires 02/10/2025





RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME **Cecelia R. Bronson**  
STREET ADDRESS **78430 Prairie Flower Drive**  
CITY STATE ZIP **Palm Desert, Ca. 92211**

DOC # **2000-241484**

05/22/2000 08:00A Fee:0.00

Page 1 of 1  
Recorded in Official Records  
County of Riverside

Gary L. Drees  
Assessor, County Clerk & Recorder



M	B	U	PAGE	BOOK	BA	FOUR	NDOR	SEP	REC
A	R	L				COPY	LOAN	REFUND	MOB

Title Order No.  
Escrow or Loan No.

**TRAIL**

				ALL
				FIN

### QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX \$ 0 - Gift CITY TAX \$

- computed on full value of property conveyed or
- computed on full value less value of liens or encumbrances remaining at time of sale.
- Unincorporated area: I. City of Palm Desert and

**M**  
**SF**

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

**Leon Bronson and Martha Bronson, husband and wife, as joint tenants,**

herby remise, release and forever quitclaim to

**Carmelita Bronson Smith, an unmarried woman, and Cecelia R. Bronson, an unmarried woman,**

the following described real property in the **City of Palm Desert,**

County of **Riverside** State of **California**

**Lot 92 of Tract 27220, in the County of Riverside, as per map recorded in Book 238, Pages 37 to 43 inclusive, of maps in the office of the county recorder of said county.**

APN # **605-505-020**

Dated June 5, 2000

State of CALIFORNIA

County of Riverside } SS.

On June 5, 2000 before me.

David L. Reems, Sr.

Notary Public, personally appeared

Leon & Martha Bronson

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

WITNESS my hand and official seal.

Signature David L. Reems, Sr.

**David L. Reems, Sr.**

(Name typed or printed)

Leon Bronson  
Leon Bronson

Martha Bronson  
Martha Bronson



(This area for office of notary seal)

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE  
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200533006868

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
CECELIA		DIAZ	
2. MIDDLE		6. SEX	
ROSALIE		F	
4. DATE OF BIRTH (mm/dd/yyyy)			
03/01/1938			
5. AGE Yrs. (Under One Year)			
67			
7. DATE OF DEATH (mm/dd/yyyy)			
07/16/2005			
8. TIME (24 Hours)			
FND 2154			
9. BIRTH STATE/FOREIGN COUNTRY			
CALIFORNIA			
10. SOCIAL SECURITY NUMBER			
11. EVER IN U.S. ARMED FORCES?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
12. MARITAL STATUS (at Time of Death)			
MARRIED			
13. EDUCATION - Highest Level (Days) (See instructions on back)			
HS GRADUATE			
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back)			
CAUCASIAN			
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			
CLERK			
17. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, gas construction, employment agency, etc.)			
MEDICAL RECORDS			
18. YEARS IN OCCUPATION			
10			
19. DECEDENT'S RESIDENCE (Street and number or location)			
78-430 PRAIRIE FLOWER DR			
20. CITY			
PALM DESERT			
21. COUNTY/PROVINCE			
RIVERSIDE			
22. ZIP CODE			
92211			
23. YEARS IN COUNTY			
7			
24. STATE/FOREIGN COUNTRY			
CALIFORNIA			
25. INFORMANT'S NAME, RELATIONSHIP			
CARMELITA BRONSON SMITH, SISTER			
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
37-696 BREEZE WAY, PALM DESERT, CA 92211			
27. NAME OF SURVIVING SPOUSE - FIRST			
UNKNOWN			
28. MIDDLE			
UNKNOWN			
29. LAST ( Maiden Name)			
UNKNOWN			
30. NAME OF FATHER - FIRST			
LEON			
31. MIDDLE			
L.			
32. LAST			
BRONSON			
33. BIRTH STATE			
PI			
34. NAME OF MOTHER - FIRST			
MARTHA			
35. MIDDLE			
C.			
36. LAST ( Maiden)			
STEWART			
37. BIRTH STATE			
CA			
38. DISPOSITION DATE (mm/dd/yyyy)			
07/25/2005			
39. PLACE OF FINAL DISPOSITION			
DESERT MEMORIAL PARK			
31-705 DA VALL DR, CATHEDRAL CITY, CA 92234			
40. TYPE OF DISPOSITION(S)			
CR/BU			
41. SIGNATURE OF EMBALMER			
NOT EMBALMED			
42. LICENSE NUMBER			
43. NAME OF FUNERAL ESTABLISHMENT			
FITZHENRY FUNERAL HOME - PDC			
44. SIGNATURE OF LOCAL REGISTRAR			
GARY M FELDMAN, MD			
45. DATE (mm/dd/yyyy)			
07/21/2005			
101. PLACE OF DEATH			
RESIDENCE			
102. COUNTY			
RIVERSIDE			
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
78-430 PRAIRIE FLOWER DR			
104. CITY			
PALM DESERT			
105. CAUSE OF DEATH			
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
(A) CORONARY ARTERY DISEASE			
(B) DIABETES MELLITUS			
106. YEARS			
2005-4492			
107. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST			
108. YEARS			
109. DEPT/PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. AUTOPSY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
NO			
114. IF FEMALE, PREGNANT IN LAST YEAR?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
115. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
116. SIGNATURE AND TITLE OF CERTIFIER			
Stanley Herr DO			
117. DATE (mm/dd/yyyy)			
07/19/2005			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
STANLEY HERR DO			
41-120 WASHINGTON ST, BERMUDA DUNES, CA			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
120. INJURED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE (mm/dd/yyyy)			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE (mm/dd/yyyy)			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
A B C D E			
FAX AUTH. #			
000054832			
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED 07/28/2005

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Gary Feldman M.D.  
Gary Feldman M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA





# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013212477

**CERTIFICATE OF DEATH**

3201319047725

STATE FILE NUMBER		TYPE OF CAUSE USE BLACK INK ONLY / NO ERASURES, WRITED IN OR ALTERATIONS VS-1 (MAY 2006)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>CARMELITA</b>		2. MIDDLE <b>CECELIA</b>		3. LAST (Family) <b>BRONSON-SMITH</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>12/07/1936</b>		5. AGE Yrs. <b>76</b>		6. SEX <b>F</b>	
7. DATE OF DEATH mm/dd/yyyy <b>10/30/2013</b>		8. HOUR (24 Hours) <b>0714</b>		9. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back) <b>FILIPINO, BLACK, FRENCH</b>	
10. DECEASED'S STATUS (M, F, or D) <b>DIVORCED</b>		11. DECEASED'S STATUS (M, F, or D) <b>DIVORCED</b>		12. DECEASED'S STATUS (M, F, or D) <b>DIVORCED</b>	
13. EDUCATION - Highest Level/Degree (See instructions on back) <b>MASTER'S</b>		14. YES <input checked="" type="checkbox"/> CHILEAN		15. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back) <b>FILIPINO, BLACK, FRENCH</b>	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>PROFESSOR</b>		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>UNIVERSITY EDUCATION</b>		18. YEARS IN OCCUPATION <b>40</b>	
19. DECEASED'S RESIDENCE (Street and number, or location) <b>37696 BREEZE WAY</b>		20. CITY <b>PALM DESERT</b>		21. COUNTY/PROVINCE <b>RIVERSIDE</b>	
22. ZIP CODE <b>92211</b>		23. YEARS IN COUNTY <b>16</b>		24. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
25. INFORMANT'S NAME/RELATIONSHIP <b>ROBERT SMITH, SON</b>		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>37696 BREEZE WAY, PALM DESERT, CA 92211</b>		27. DECEASED'S RESIDENCE (Street and number, or location) <b>37696 BREEZE WAY</b>	
28. NAME OF SURVIVING SPOUSE/GROUP - FIRST <b>LEON</b>		29. MIDDLE <b>LEROY</b>		30. LAST (BIRTH NAME) <b>BRONSON SR</b>	
31. NAME OF FATHER/PARENT - FIRST <b>MARTHA</b>		32. MIDDLE <b>CARMELITA</b>		33. LAST (BIRTH NAME) <b>STEWART</b>	
34. BIRTH STATE <b>PHILIPPINES</b>		35. BIRTH STATE <b>CALIFORNIA</b>		36. BIRTH STATE <b>CALIFORNIA</b>	
37. DEPOSITION DATE mm/dd/yyyy <b>11/18/2013</b>		38. PLACE OF FINAL DISPOSITION <b>DESERT MEMORIAL PARK 31705 DA VALL DRIVE, CATHEDRAL CITY, CA 92234</b>		39. TYPE OF DISPOSITION <b>CR/BU</b>	
40. SIGNATURE OF EMBALMER <b>ANANTHARAMAN LOGANATHAN</b>		41. LICENSE NUMBER <b>EMB6672</b>		42. DATE mm/dd/yyyy <b>11/15/2013</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>ANGELENO VALLEY MORTUARY</b>		44. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>		45. DATE mm/dd/yyyy <b>11/15/2013</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOX <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>10742 MAGNOLIA BLVD #233</b>		106. CITY <b>NORTH HOLLYWOOD</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications in their direct causal death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous/arterial embolism without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Direct or proximate cause resulting in death) <b>ARRHYTHMIA VENTRICULAR TACHYCARDIA</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. CORONARY ARTERY DISEASE <input checked="" type="checkbox"/>		110. ARTERIOSCLEROSIS <input checked="" type="checkbox"/>		111. USE OF DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>PREVIOUS ENDOCARDITIS, MITRAL VALVE HYPERTENSION</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION BY ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		114. IF FEMALE, PREGNANT LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SPECIFIED FROM THE CAUSES STATED Deceased Arrived Since: _____ Decedent Last Seen Alive: _____ <b>08/29/2013</b> <b>10/30/2013</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>CHARLES J BURSTIN M.D.</b>		116. DATE mm/dd/yyyy <b>11/15/2013</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>CHARLES J BURSTIN M.D. 8631 WEST 3RD ST SUITE 1015 E. LOS ANGELES, CA 90048</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>CHARLES J BURSTIN M.D. 8631 WEST 3RD ST SUITE 1015 E. LOS ANGELES, CA 90048</b>		119. DATE mm/dd/yyyy <b>11/15/2013</b>	
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours) <b>0714</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Refer to which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		'010001002482705'		CENSUS TRACT	

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding MD*  
DO 19 DATE ISSUED

Director of Public Health and Registrar

DEC 20 2013

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Cecelia R Bronson died on October 30, 2013, in the County of \_\_\_\_\_, State of California.

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 affidavit or declaration.

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

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

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.  An inventory and appraisal of the real property included in the decedent's estate is attached.  
 There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at 78430 Prairie Flower Dr Palm Desert CA 92211

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:  
Beverly Waters and the children of Carmelita Bronson Smith (deceased)

8. The undersigned

The affiant or 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 affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

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

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

Dated: 2-9-21

Signed: Beverly Waters

\_\_\_\_\_  
\_\_\_\_\_

For an acknowledgment in an individual capacity:  
State of Washington  
County of King

I certify that I know or have satisfactory evidence that Beverly Waters is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: February 9th, 2021

Signature: Tonia Selt

My appointment  
Expires 02/10/2025

