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



ITEM: 19.9 (ID # 24173)

**MEETING DATE:** 

Tuesday, September 17, 2024

FROM: TREASURER-TAX COLLECTOR

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 217, Item 4739. Last assessed to: Louis Jacques Baars and Lynn Baars, husband and wife as joint tenants. District 4. [\$13,831-Fund 65595 Excess Proceeds from Tax Sale]

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

- Approve the claim from Asset Recovery, Inc., Assignee for Leah Baars, heir to the Estate of Louis Jacques Baars and Lynn Baars, last assessees for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 642211024;
- Authorize and direct the Auditor-Controller to issue a warrant to Asset Recovery, Inc., Assignee for Leah Baars, heir to the Estate of Louis Jacques Baars and Lynn Baars in the amount of \$13,831.36, 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; and
- 3. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$13,831.35 to the County General Fund, pursuant to Revenue and Taxation Code Section 4674.

**ACTION:Policy** 

#### MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:

Jeffries, Washington, Perez and Gutierrez

Nays:

None

Absent:

Spiegel

Date:

September 17, 2024

XC:

Tax Collector

19

Kimberly A. Rector Clerk of the Board

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 13,831	\$0	\$ 13,831	\$0
NET COUNTY COST	\$0	\$ 0	\$0	\$0
SOURCE OF FUNDS:	Fund 65595 Excess Proc	Budget Adjust	tment: N/A	
	Tana Good Excess 1100	For Fiscal Yea	r: 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 18, 2021 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 28, 2021. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 4, 2021 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

Revenue and Taxation Code section 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code section 4676 (c). The Treasurer-Tax Collector's office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

- 1. Examined Parties of Interest Reports to notify all parties of interest attached to the parcel.
- 2. Researched all last assessee's through the County's Property Tax System for any additional addresses.
- Used Accurint (people finder) to notify any new addresses that may be listed for our last assessees.
- Advertised in newspapers for three consecutive weeks in The Desert Sun, Palo Verde Valley Times and The Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
- 5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code section 4676 (b).

According to Revenue and Taxation Code section 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the

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

expiration of the one year following the recordation of the Tax Collector's Deed to the Purchaser, which was recorded on July 28, 2021.

The Treasurer-Tax Collector has received one claim for excess proceeds:

 Claim from Asset Recovery, Inc., Assignee for Leah Baars, heir to the Estate of Louis Jacques Baars and Lynn Baars based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized July 31, 2021, a Joint Tenancy Grant Deed recorded April 11, 1962 as Instrument No. 1962-33061, Affidavits for Collection of Personal Property notarized July 31, 2021, and Certificates of Death for Louis Jacques Baars and Lynn Baars.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Asset Recovery, Inc., Assignee for Leah Baars, heir to the Estate of Louis Jacques Baars and Lynn Baars be awarded excess proceeds in the amount of \$13,831.36. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$13,831.35 will be transferred to the County General Fund. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

### **Impact on Residents and Businesses**

Excess proceeds will be released to an heir to the Estate of the last assessees of the property and transferred to the County General Fund.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Asset

Cesar Bernal , PRINCIPAL MGMT ANALYST 9/4/2024

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

### Matthew Jennings, Treasurer-Tax Collector To: Claim for Excess Proceeds Re: TC 217 ITEM 4739 Parcel Identification Number: 642211024 Assessee: BAARS LOUIS JACQUES & LYNN Situs: Date Sold: May 18, 2021 Date Deed to Purchaser Recorded: July 28, 2021 Final Date to Submit Claim: July 28, 2022 I/We pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100 % from the sale of the above mentioned real property. I/We were the Illienholder(s), VASSignee 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. \_\_\_\_\_\_\_; recorded on \_\_\_\_\_\_. 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. If the property is held in Joint Tenancy, the tax sale 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 Signature of Claimant Signature of Claimant Print Name Print Name Street Address City, State, Zip City, State, Zip Phone Number

SCO 8-21 (1-99)

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

### 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) Leah Baars 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 defaulted property, held on 18 day of May 2021 day of May 2021, and described as parcel number 642211024
As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$28,520.00 , and as a party of interest I am entitled to \$up to \$28,520.00 .  Dated this
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.
COUNTY OF San Motes
On 7/3/21 before me, Tan Fung, Notary public personally
appeared Leah Baars , 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  TAN FUNG COMM. # 2338273 NOTARY PUBLIC • CALIFORNIA SANTA CLARA COUNTY MY COMM. EXP. DECEMBER 4, 2024
Signature (Seal)
DESCAPATION.
<u>DECLARATION</u>
I, Assignor(s) Leah Baars  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 642211024  From the public auction of tax-defaulted property held on 18 day of May 2021, 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 7-31-21 Signature Veah Deary
Name (print) LEAH BAARS Address 951 Shoreline Dr
City/State/zip Code Son Matro CA 94404 Phone (415) 302-7465

1115 PAGE 51 RECORDING REQUESTED B Culver City, California UND WHEN RECORDED MAIL TO Louis Jacques Beers and Lynn Bears 1216 S. Sherbourne Drive Los Angeles 35, California SPACE ABOVE THIS LINE BOR RECO Joint Tenancy Grant Deed THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY 2 FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, XIRVING de WINTER and ELISABETH de WINTER, husband and wife 0 . 1 bereby GRANT(S) to LOUIS JACQUES BAARS and LYNN BAARS, husband and wife , AS JOINT TENANTS, the real property in the Riverside state of California, described as: county of () Lot 224 of MIRACLE HEIGHTS UNIT NO. 1, as shown by Map on file in Book 29 Pages 57 to 59 both inclusive of Maps, records of Riverside County, California, together with ALL HOT WATER RIGHTS, standing flowing or percolating in and/or under said real property. SUBJECT TO: 1. Covenants, conditions, restrictions, reservations, rights, rights of way, and easements of record. Irving of winter in inter Dated February 1h, 1962 STATE OF CALIFORNIA.
COUNTY OF LOB Angeles
On February 11, 1962 Elisabeth of witter .... before me, the under signed, a Notary Public in and for said County and State, personally \_\_\_\_\_ lrwing de Winter WITNESS my hand and official seal. Seral The Seral Se Title Order No. Notary Public in and for said County and State If executed by a Corporation the Corporation Form of Acknowledgment must be used. Extrow or Loan No. 366-19820

526 18-60

# **COUNTY OF CONTRA COSTA**

MARTINEZ, CALIFORNIA

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CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Recorder.

ATTEST DATE ISSUED



This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Dep



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

The undersigned state(s) as follows: died on October 24th 1. Louis Baars 20 00 Contra CostoState 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. In No proceeding is now being or has been conducted in California for administration of the decedent's estate. ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration. 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 Desert Hot Springs CA 92240 also known as parcel number 642211024. 7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are: Leah Baars (daughter); Bernard J. Baars (son) 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: Signed: Leah Baars

### **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 San Mates				
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### STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

# **COUNTY OF CONTRA COSTA**

MARTINEZ, CALIFORNIA

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AND LOCAL REGISTRAR PLACE OF DEATH	44. NAME OF FUNERAL DIRECTOR SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH KAISER PERMANENTE MEDICAL 105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE CAUSE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)	CENTER	IP X ER	46. BIGNATI  BPECIFY ONE.  BOA  R A, S, C, AND D	103. FACHI	LITY OTHER TH	TIME INTERPAL  TIME INTERPAL  BETWEEN OWNEY AND DEATH  12 HOURS	O2/ O4. COUNTY CONTRA CC O6. CITY WALNUT CF 100. DEATH  X Ver 02-048 100. BIOPS 110. ALTO	SETA  SEEK SEPORTED TO CORO SERVICION DE LA CORO SERVICIO DE LA CO
AND LOCAL REGISTRAR PLACE OF DEATH	44. NAME OF PUNERAL DIRECTOR SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH KAISER PERMANENTE MEDICAL  105. STREET ADDRESS-GTREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY ENTER O  IMMEDIATE CAUSE (A) ACUTE MYOCA  OUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (D)  112. OTHER BIGINIFICANT CONDITIONS C	CENTER DIMBER OF LOCATION OF CAUSE PARTIE INFARCT	IP X ER	46. SIGNATI  SPECIFY ONE.  SPE	1 193. FACH	LITY OTHER TH	TIME INTERPAL  TIME INTERPAL  BETWEEN OWNEY AND DEATH  12 HOURS	O2/ O4. COUNTY CONTRA CC O6. CITY WALNUT CF 100. DEATH  X Ver 02-048 100. BIOPS 110. ALTO	STA  SEEK  SEPORTED TO CORO  S
AND LOCAL REGISTRAR PLACE OF DEATH	44. NAME OF FUNERAL DIRECTOR SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH KAISER PERMANENTE MEDICAL  105. STREET ADDRESS-GTREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY ENTER O  IMMEDIATE CAUSE (A) ACUTE MYOCA  OUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (D)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE	CENTER DIMBER OF LOCATION ONE CAUSE PARTIE TO THE CONTRIBUTING TO BE	TION DISEASE	A6. SIGNATI  SPECIFY ONE.  SPE	103. FACH	LITY DYNER TYPE TO THE TYPE TO THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	THE INTERVAL BETWEEN CHIEF AND DEATH 12 HOURS 5 YEARS	O2/ O4. COUNTY CONTRA CC O6. CITY WALNUT CF 100. DEATH  X Ver 02-048 100. BIOPS 110. ALTO	STA  SEEK  SEPORTED TO CORO  S
AND LOCAL REGISTRAR PLACE OF DEATH	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY: (ENTER O  IMMEDIATE  CAUSE  (A) ACUTE MYOCA  OUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (D)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR	CENTER DIMBER OF LOCATION ONE CAUSE PARTIE TO THE CONTRIBUTING TO BE	TION DISEASE	A6. SIGNATI  SPECIFY ONE.  SPE	103. FACH	LITY DYNER TYPE TO THE TYPE TO THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	THE INTERVAL BETWEEN CHIEF AND DEATH 12 HOURS 5 YEARS	O2/ O4. COUNTY CONTRA CC O6. CITY WALNUT CF 100. DEATH  X Ver 02-048 100. BIOPS 110. ALTO	STA  SEEK  SEPORTED TO CORO  S
AND LOCAL REGISTRAR PLACE OF DEATH	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  CAUSE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (D)  112. OTHER SIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR INC.  NO  114. LERRIEY THAT TO THE BEST OF NY	CENTER DIMBER OF LOCATE  THE PROPERTY OF CAUSE P	TION DISEASE DEATH BUT I	46. SIGNATI  PELIFY ONE.  SPECIFY ONE.  SPEC	O CAUSE GIVE	LITY DYNER TYPE TO THE TYPE TO THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	THE INTERVAL BETWEEN CHIEF AND DEATH 12 HOURS 5 YEARS	02/04. COUNTY CONTRA CO DE. CITY WALNUT CE 100. DEATH  X VER 100. DEATH  110. AUTOI  111. URBD 1  YES	STA  SEEK  SEPORTED TO CORO  SERVAL HAUMSEN PO 2  V PERFORMED  S
AND LOCAL REGISTRAR PLACE OF DEATH	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  CAUSE  (B) ARTERIOSCLE  DUE TO (C)  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR NO  NO  114. CERTURY THAT TO THE BEST OF HIS SEED FOR HIS	CENTER DISCONTINUE OF LOCATION OF CAUSE PI	IP X ER ON)  TION  DISEASE  DICATH BUT ITEM 107 C	A6. BIGNATI B PECIFY ONE: BY A B, C, AND D NOT RELATED TO EXPERIENCE OR 1127 IF YES, L	O CAUSE GIVE	LITY DYNER TYPE TO THE TYPE TO THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	THE INTERVAL BETWEEN CHIEF AND DEATH 12 HOURS 5 YEARS	02/04. COUNTY CONTRA CO DOS CITY WALNUT CR 100. DIATH X YES 100. DIATH YES 110. AUTOL YES 1111. URES 117. L	ZEK BEPORTED TO COROL REPORTED TO CORO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUBE OF DEATH	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  CAUSE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (D)  112. OTHER SIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR INC.  NO  114. LERRIEY THAT TO THE BEST OF NY	CENTER	TION  DISEASE  DEATH BUT I  DLOCAUST  ITEM 107 C	46. SIGNATI  PELIFY ONE.  SPECIFY ONE.  SPEC	1 193. FACH	LITY OTHER TY	TIME INTERPAL STORES THE I	02/04. COUNTY CONTRA CO DOS CITY WALNUT CR 100. DIATH X YES 100. DIATH YES 110. AUTOL YES 1111. URES 117. L	STA  SEEK  SEPORTED TO CORO  SERVAL HAUMSEN PO 2  V PERFORMED  S
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUBE DEATH  PHYSI- GIAN'S	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  CAUSE  (B) ARTERIOSCLE  DUE TO (C)  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR NO  NO  114. CERTURY THAT TO THE BEST OF HIS SEED FOR HIS	CENTER CONTRIBUTING TO DE CONDARY TO HE COND	TION  DISEASE  DEATH BUT I  DLOCAUST  ITEM 107 C	A6. SIGNATI  A6. SIGNATI  A7. SPECIFY ONE.  BPECIFY ONE.  BOA  NOT RELATED TO  EXPERIENCE  OR 1127 IF YES, L.  HD TITLE OF CEL  HD TITLE OF CE	CAUSE GIVE	LITY OTHER TY.  RES.  CARE  IN IN 107  OPERATION	THE INTERVAL STORMS THE INTERVAL STORMS AND DATE.	02/2 04. COUNTY 05. COUNTY CONTRA CO 06. CITY 100. DEATH 100. DEATH 110. AUTO 1111. URBD 1 1111. URBD 1 102/2	ZEK  EEK  BEPORTED TO CORO  BERNAL SQUIMBER  NO  THRAL SQUIMBER  X NO  NO  THRAL SQUIMBER  NO  THRAL SQUIM
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUBE OF DEATH	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (C)  DUE TO (D)  112. OTHER BIGNIFICANT CONDITIONS C  DELITIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR MY BE FORE OBJATH OF COUNTY THE MEST OF MY BE ROSE OBJATH OF COUNTY ON THE MEST OF MY BE AND PLACE STATES FORM THE CAUSES  MEN DEC CYLLING SINCE MY BE OF COUNTY OF CO	CENTER CONTRIBUTING TO DE CONDARY TO HE COND	TION  DISEASE  DEATH BUT I  DIOCAUST  ITEM 107 C  GRATUE ATTEMES  WERE ATTEMES  W. FOMI	A6. SIGNATI  SPECIFY ONE.  SPE	CAUSE GIVE	IN IN 107	TIME INTERVAL BETWEEN OWNEY  12 HOURS  5 YEARS  AND DATE.	02/04. COUNTY  CONTRA CO  OB. CITY  WALNUT CI  100. DEATH  EV  100. DEATH  110. AUTO  111. URBO 1  YES  CA 9459  CA 9459	STA  SEEK  SEPORTED TO CORO  SERVAL GRANDED  NO  SEPORTED TO CORO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUBE OF DEATH	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—EFFRET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (D)  112. OTHER SIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  DELIRIUM, HALLUCINATION SE  TO DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR INV.  ROSE DEAT OCCURRED AT THE MOVE  MA / D D / C C Y MA / D D OCCURRED AT THE MOVE  OCCURRED AT THE MOVE, DATE MAY OPINION DATE  OCCURRED AT THE MOVE, DATE STATED.	CENTER CONTRIBUTING TO DE CONDARY TO HE COND	TION  DISEASE  DEATH BUT I  DIOCAUST  ITEM 107 C  IGNATURA  VIE ATTEND  VIE AT	HAS SIGNATE AND DESCRIPTION OF LAND DE	CAUSE GIVE	IN IN 107	TIME INTERVAL BETWEEN OWNEY  12 HOURS  5 YEARS  AND DATE.	02/04. COUNTY  CONTRA CO  OB. CITY  WALNUT CI  100. DEATH  EV  100. DEATH  110. AUTO  111. URBO 1  YES  CA 9459  CA 9459	STA  SEEK  SEPORTED TO CORO  SERVAL GRANDED  NO  SEPORTED TO CORO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUBE OF DEATH	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (C)  DUE TO (D)  112. OTHER BIGNIFICANT CONDITIONS C  DELITIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR MY BE FORE OBJATH OF COUNTY THE MEST OF MY BE ROSE OBJATH OF COUNTY ON THE MEST OF MY BE AND PLACE STATES FORM THE CAUSES  MEN DEC CYLLING SINCE MY BE OF COUNTY OF CO	CONTRIBUTING TO BE CONTRIBUTING	TION  DISEASE  DICATH BUT I  TEM 107 C  GRATULA  THE ATTEND  V. F. CONT  B. NO	HAS SIGNATE AND DESCRIPTION OF LAND DE	CAUSE GIVE	CARE  IN IN 107  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION	THE INTERVAL STATES AND DEATH AND DATE.  AND DATE.  AND DATE.  L	02/2 04. COUNTY 05. COUNTY 07. CONTRA CO 08. CITY WALNUT CR 100. DEATH    Ver 110. AUTO   Ver 111. URES 117. 1 02/2  CA 9459 PLACE OF IN	STA  SEEK  SEPORTED TO CORO  SERVAL GRANDED  NO  SEPORTED TO CORO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUBE OF DEATH  PHYSI- CIAN'S TION	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—ETREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY LENTER O  IMMEDIATE  (A) ACUTE MYOCA  OUE TO (B) ARTERIOSCLE  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR IN  NO  114. I CERTURY THAT TO THE REST OF HY  EGGE DEATH SOCUMENTS AT THE HOUR AND PLACE STATED FROM THE CAUSE  BY / 0 0 / C (T)  1 CERTIFY THAT IN MY OPINION DEATOCURRED AT THE HOUR OCCURRED AT THE HOUR, DATE AND STATED FROM THE CAUSES STATED.  119. MANNER OF DEATH	CONTRIBUTING TO BE CONTRIBUTING	TION  DISEASE  DICATH BUT I  TEM 107 C  GRATULA  THE ATTEND  V. F. CONT  B. NO	A6. SIGNATE  BPECIFY ONE.  BPECIFY ONE.  BPECIFY ONE.  BOAN  RA, B, C, AND D  NOT RELATED TO  EXPERIENCE  ON 1127 IF YEB, L  HO TITLE OF GEI  AG PHYSICIAN'S  E, (4,D., 100,  RR, (41. HAURY O	CAUSE GIVE	CARE  IN IN 107  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION	THE INTERVAL STATES AND DEATH AND DATE.  AND DATE.  AND DATE.  L	02/2 04. COUNTY 05. COUNTY 07. CONTRA CO 08. CITY WALNUT CR 100. DEATH    Ver 110. AUTO   Ver 111. URES 117. 1 02/2  CA 9459 PLACE OF IN	STA  SEEK  SEPORTED TO CORO  SERVAL GRANDED  NO  SEPORTED TO CORO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUSE OF DEATH  PHYSI- CIAN'S TION  ORONER'S USE	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY LENTER O  IMMEDIATE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR IND  NO  114. I CERTIFY THAT TO THE BEST OF NY BOOK CONTROL AT THE HOUR AND PLACE STATED FROM THE CAUSES  DICKENSTY ATTENANCE SINCE DOCEMENT AND PLACE STATED FROM THE CAUSES  DICKENSTY ATTENANCE SINCE DOCEMENT AND PLACE STATED FROM THE CAUSES  DICKENSTY ATTENANCE SINCE DOCEMENT OF NY BOOK CONTROL OF THE MAIN POPULATION OF ACTUAL OF THE MAIN POPULATION OF THE CAUSES STATED FROM THE CAUSES STATED  MATURAL BUICIDE HOME	CENTER LIMBER OF LOCATION OF LOCATION OF CAUSE PIN LY CONTRIBUTING TO DE CONDARY TO HO CONDITION IN LANGUAGE STATES ALIVE LIA TYPE LIA TYP	TION  DISEASE  DICATH BUT I  TEM 107 C  GRATULA  THE ATTEND  V. F. CONT  B. NO	A6. SIGNATE  BPECIFY ONE.  BPECIFY ONE.  BPECIFY ONE.  BOAN  RA, B, C, AND D  NOT RELATED TO  EXPERIENCE  ON 1127 IF YEB, L  HO TITLE OF GEI  AG PHYSICIAN'S  E, (4,D., 100,  RR, (41. HAURY O	CAUSE GIVE	CARE  IN IN 107  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION	THE INTERVAL STATES AND DEATH AND DATE.  AND DATE.  AND DATE.  L	02/2 04. COUNTY 05. COUNTY 07. CONTRA CO 08. CITY WALNUT CR 100. DEATH    Ver 110. AUTO   Ver 111. URES 117. 1 02/2  CA 9459 PLACE OF IN	STA  SEEK  SEPORTED TO CORO  SERVAL GRANDED  NO  SEPORTED TO CORO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUSE OF DEATH  PHYSI- CIAN'S ERTIFICA- TION  ORONER'S	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—ISTREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY LENTER O  IMMEDIATE  (A) ACUTE MYOCA  OUE TO (B) ARTERIOSCLE  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR IND  NO  114. I CERTIFY THAT TO THE BEST OF NY  EGGE DEATH OCCUMEND AT THE HOUR AND PLACE STATED FROM THE CAUSES  DECEMBER ATTRED FROM THE CAUSES  DECEMBER ATTRED FROM THE CAUSES  12.766.72002 12.766.72002  12.766.72002 12.766.72002  12.766.72002 12.766.72002  13. MANNER OF DEATH  MATURAL BUICIDE HOUR  PENDING CO.	CENTER CONTROLL INFARCT INFARC	TION  DISEASE  DEATH BUT I  DLOCAUST  ITEM 107 C  GRATUMA  WHE ATTEND  WHE ATT	A6. SIGNATE  BPECIFY ONE.  BPECIFY ONE.  BPECIFY ONE.  BOAN  RA, B, C, AND D  NOT RELATED TO  EXPERIENCE  ON 1127 IF YEB, L  HO TITLE OF GEI  AG PHYSICIAN'S  E, (4,D., 100,  RR, (41. HAURY O	CAUSE GIVE	CARE  IN IN 107  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION  OPERATION	THE INTERVAL STATES AND DEATH AND DATE.  AND DATE.  AND DATE.  L	02/2 04. COUNTY 05. COUNTY 07. CONTRA CO 08. CITY WALNUT CR 100. DEATH    Ver 110. AUTO   Ver 111. URES 117. 1 02/2  CA 9459 PLACE OF IN	STA  SEEK  SEPORTED TO CORO  SERVAL GRANDED  NO  SEPORTED TO CORO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUSE OF DEATH  PHYSI- CIAN'S CERTIFICA- TION  ORONER'S USE ONLY	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—ISTREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY LENTER O  IMMEDIATE  (A) ACUTE MYOCA  OUE TO (B) ARTERIOSCLE  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR IND  NO  114. I CERTIFY THAT TO THE BEST OF NY E  EGGE DEATH OCCUMEND AT THE HOUR AND PLACE STATED FROM THE CAUSES  DECEMBER ATTRED FROM THE CAUSES  MAY OBJECT OF THE MOUR OF TH	CONTRIBUTING TO D CONTRIBUTING TO D CONDARY TO HO ANY CONDITION IN COORDITION	IP X ER	A6. SIGNATE  SPECIFY ONE.  SPECIFY ONE.  STATE OF THE SPECIFY ONE.  SPEC	CAUSE GIVE	IN IN 107  OPERATION  OPERATION	TIME INTERVAL BETWEEN OWNEY  12 HOURS  5 YEARS  AND DATE.  AND DATE.  L. V.  LINU CREEK,  22. HOUR 123.	O2/2  O4. COUNTY  CONTRA CC  OB CITY  WALNUT CR  100. BIANT  Ver  110. JAPON  111. URES  117. 1  02/2  CA 9459  PLACE OF IN	28/2002  STA  EEK  BEPORTED TO CORO  BERRAL GRUBER  2  VY PERFORMED  S NO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUSE OF DEATH  PHYSI- CIAN'S CERTIFICA- TION  ORONER'S USE ONLY	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—STREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY (ENTER O  IMMEDIATE  (A) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  DUE TO (C)  DUE TO (C)  TIL. OTHER BIGINIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR INTERIOR OF AND PERFORMED AND PLACE STATED FROM THE CAUSES  DECEMBED AT THE MOUNT DATE AND STATED FROM THE CAUSES  DECEMBED AT THE COURS DATE AND STATED FROM THE CAUSES  DECEMBED AT THE COURS DATE AND STATED FROM THE CAUSES  DETERMINED AND THE CAUSES BY A TED.  119. MANNER OF DEATH  MATURAL BUICIDE HO  ACCIDENT PRESENCE OF THE PERFORMED FOR	CONTRIBUTING TO D CONTRIBUTING TO D CONDARY TO HO ANY CONDITION IN COORDITION	IP X ER	A6. SIGNATE  BPECIFY ONE.  BPECIFY ONE.  BPECIFY ONE.  BOAN  RA, B, C, AND D  NOT RELATED TO  EXPERIENCE  ON 1127 IF YEB, L  HO TITLE OF GEI  AG PHYSICIAN'S  E, (4,D., 100,  RR, (41. HAURY O	CAUSE GIVE	IN IN 107  OPERATION  OPERATION	THE INTERVAL STATES AND DEATH AND DATE.  AND DATE.  AND DATE.  L	O2/2  O4. COUNTY  CONTRA CC  OB CITY  WALNUT CR  100. BIANT  Ver  110. JAPON  111. URES  117. 1  02/2  CA 9459  PLACE OF IN	28/2002  STA  EEK  BEPORTED TO CORO  BERRAL GRUBER  2  VY PERFORMED  S NO
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUSE OF DEATH  PHYSI- CIAN'S - ERTIFICA- TION  ORONER'S - USE ONLY	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—EFRET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY JENTER OF  IMMEDIATE  CAUSE  IA) ACUTE MYOCA  DUE TO (B) ARTERIOSCLE  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  DELIRIUM, HALLUCINATION SE  TO DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR MY ROSE ORDER THE MOVE  MA / D D / C C Y MY / D D / C C MY / D /	CENTER LIMBER OR LOCATION OF LOCATION IN LINEAR LIN	IP X ER	NOT RELATED TO EXPERIENCE NOT TITLE OF CER NOT TITLE OF C	D CAUSE GIVE	OPERATION  OPERATION  OPERATION  TYPEO BAMI	TIME INTERVAL BITWENT INTERVAL BITWENT OWNER  12 HOURS  5 YEARS  LINU CREEK, 22. HOUR 123. ESULYED IN INJUINE ESULYED IN INJUINE E, TITLE OF COR	O2/2  O4. COUNTY  CONTRA CC  OB CITY  WALNUT CR  100. BIANT  Ver  110. JAPON  111. URES  117. 1  02/2  CA 9459  PLACE OF IN	ZEK SETA  SEEK SEPORTED TO CORO  SETAL SAMESEP NO  DATE M M / D D / C C  SETAL SAMESEP NO  DATE M M / D D / C C  SETAL SAMESEP NO  DATE M M / D D / C C  SETAL SAMESEP NO  DATE M M / D D / C C  SETAL SAMESP NO  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C  DATE M M / D D / C C
AND LOCAL REGISTRAR  PLACE OF DEATH  CAUSE OF DEATH  PHYSI- CIAN'S - ERTIFICA- TION  ORONER'S - USE ONLY	44. NAME OF FUNERAL DIRECTOR  SINAI MEMORIAL CHAPEL  101. PLACE OF DEATH  KAISER PERMANENTE MEDICAL  105. STREET ADDRESS—ISTREET AND N  1425 SOUTH MAIN STREET  107. DEATH WAS CAUSED BY LENTER O  IMMEDIATE  (A) ACUTE MYOCA  OUE TO (B) ARTERIOSCLE  DUE TO (C)  112. OTHER BIGNIFICANT CONDITIONS C  DELIRIUM, HALLUCINATION SE  113. WAS OPERATION PERFORMED FOR IND  NO  114. I CERTIFY THAT TO THE BEST OF NY E  EGGE DEATH OCCUMEND AT THE HOUR AND PLACE STATED FROM THE CAUSES  DECEMBER ATTRED FROM THE CAUSES  MAY OBJECT OF THE MOUR OF TH	CONTRIBUTING TO D CONTRIBUTING TO D CONDARY TO HO ANY CONDITION IN COORDITION	IP X ER	A6. SIGNATE  SPECIFY ONE.  SPECIFY ONE.  STATE OF THE SPECIFY ONE.  SPEC	CAUSE GIVE	IN IN 107  OPERATION  OPERATION	TIME INTERVAL BITWENT INTERVAL BITWENT OWNER  12 HOURS  5 YEARS  LINU CREEK, 22. HOUR 123. ESULYED IN INJUINE ESULYED IN INJUINE E, TITLE OF COR	O2/04. COUNTY CONTRA CO DE. CITY WALNUT CR 100. BEATH 100. BIOPE 110. AUTO 111. URLD 1	28/2002  STA  EEK  BEPORTED TO CORO  BERRAL GRUBER  2  VY PERFORMED  S NO

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Recorder.

DATE ISSUED

MAX 0 9 2018



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JOSEPH E. CANCIAMILLA COUNTY RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Deputy Recorder.

ACONTRADE

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

The undersigned state(s) as follows:
1. Lynn Baars died on February 27th , 20 02 , in the County of Contra Co
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.
death certificate attached to this amidavit of declaration.
3. Ø 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 Desert Hot Springs CA 92240 also known as parc number 642211024.
7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:
Leah Baars (daughter); Bernard J. Baars (son)
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: 7/3/2
Signed: Reah Boars
Leah Baars

### **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 San Matter	
On July 31.2021 before me, Tan Fung, Watery public (insert name and title of the officer)	
personally appeared <u>Leah Bass</u> proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to 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 behavior the person(s) acted, executed the instrument.	
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragratue and correct.	aph is
WITNESS my hand and official seal.  TAN FUNG COMM. # 2338273 NOTARY PUBLIC • CALIFORNIA	
Signature (Seal)	200 AND 100 AN