

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



ITEM: 19.12
(ID # 24181)

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 4797. Last assessed to: Frank J. Mone, a Widower. District 4. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Deny the claim from Barbara J. Robertson, DPOA for Robert P. Mone for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 721202006; and
2. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$20,099.04 to the County General Fund, pursuant to Revenue and Taxation Code Section 4674.


ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 9/3/2024

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

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS:			Budget Adjustment:	N/A
			For Fiscal Year:	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 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 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.
3. Used Accurant (people finder) to notify any new addresses that may be listed for our last assessees.
4. 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 4676 (b).

According to Revenue and Taxation Code 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 expiration

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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:

1. Claim from Barbara J. Robertson, DPOA for Robert P. Mone based on an Affidavit – Death of Joint Tenant recorded December 21, 1978 as Instrument No. 1978-268912, a copy of Robert P. Mone's General Durable Power of Attorney notarized February 23, 2005 and copies of Certificates of Death for Frank Joseph Mone and Robert Paul Mone.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that the claim from Barbara J. Robertson be denied since she was not a party of interest at the time of the sale. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$20,099.04 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 transferred to the County General Fund.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Robertson


Cesar Bernal, PRINCIPAL MGMT ANALYST 9/4/2024


Aaron Gettis, Chief of Deputy County Counsel 4/9/2024

4819121.1734.2

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

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4797 Parcel Identification Number: 721202006

Assessee: MONE, FRANK J

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2021 AUG 20 PM 3:42
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 23,400.00 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. 2021-0450703; recorded on 07-28-2021. 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.

CASE (b) DOCUMENTS ATTACHED: CERTIFICATES OF DEATH - FRANK J. MONE & ROBERT P. MONE;
CORRESPONDENCE WITH COUNTY OF RIVERSIDE; DURABLE POWER OF ATTORNEY FOR ROBERT P. MONE;
COPY OF TAX DEED TO PURCHASER

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 19TH day of AUGUST, 2021 at ORANGE CA.
County, State

[Signature]
Signature of Claimant

Signature of Claimant

BARBARA J ROBERTSON
Print Name

Print Name

1509 AVOLENCIA Dr
Street Address

Street Address

FULLERTON, CA. 92835
City, State, Zip

City, State, Zip

714-441-2325
Phone Number

Phone Number

bineetnik@shglobal.net
Email Address

Email Address

268912

RECORDING REQUESTED BY
WEAVER, STRICKLEN & PACK

AND WHEN RECORDED MAIL TO

WEAVER, STRICKLEN & PACK
P.O. Box 4305
Anaheim, CA 92803

City & State

RECEIVED FOR RECORD
DEC 21 1978
AT 11:00 O'CLOCK A.M.
At Request of

ATTORNEY

Book 1978, Page 268912
Recorded in Official Records
of Riverside County, California

David S. Stricklen, Recorder
FEE \$

MAIL TAX STATEMENTS TO

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Mr. Frank Mone,
2925 W. Lincoln, Sp. 121
Anaheim, CA 92801

City & State

Affidavit - Death of Joint Tenant

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA.

COUNTY OF ORANGE ss.

Frank J. Mone of legal age, being first duly sworn, deposes and says:
That Helen Louise Mone the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen L. Mone named as one of the parties in that certain grant deed dated November 7, 1963 executed by Title Insurance and Trust Company to Frank J. Mone and Helen L. Mone, husband and wife as joint tenants, recorded as Instrument No. 125702 on November 29, 1963 in book 3546 page 4 of Official Records of Riverside County, California, covering the following described property situated in the County of Riverside State of California:

Lot 37, Tract 2285, as shown by map on file in Book 44, pages 92, 93 and 94 of Maps, in the office of the Recorder of Riverside County, California,

EXCEPTING therefrom one-half of all oil, hydrocarbon and mineral substances below 500 feet and without surface entry as reserved in deed from James C. Ingebretsen and Dorothy Ingebretsen, recorded February 13, 1958 as Instrument No. 10504.

ALSO EXCEPTING therefrom all oil, gas, and other minerals lying at a depth of 200 feet, or more, below the surface and without surface entry, as reserved in the Declaration of Conditions & Restrictions, recorded October 2, 1962, in Book 3231, page 548 Official Records of Riverside County, California.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

Date December 18 1978 Frank J. Mone
Frank J. Mone

SUBSCRIBED AND SWORN TO before me

this 18th day of December, 1978

Signature Charles W. Stricklen
CHARLES W. STRICKLEN
Name (Typed or Printed)

(This area for official notarial seal)

Title Order No. _____ File, Escrow or Loan No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000-08695

10. COUNTY NUMBER: _____ STATE NUMBER: _____

1A. NAME OF DECEDENT—FIRST: **Helen** 1B. MIDDLE: **Louise** 1C. LAST: **Mone** 2A. DATE OF DEATH: **November 1, 1978** 12B. HOUR: **1045**

2. SEX: **Female** 3. RACE: **White** 4. ETHNICITY: **American** 5. DATE OF BIRTH: **March 8, 1918** 7. AGE: **60**

8. BIRTHPLACE OF DECEASED: **Ohio** 9. NAME AND BIRTHPLACE OF FATHER: **Paul Vasko - Unknown** 10. BIRTH STATE AND BIRTHPLACE OF MOTHER: **Anna Gozme - Ohio**

11. CITIZENSHIP OF DECEASED: **U.S.A.** 12. MARITAL STATUS: **Married** 13. NAME OF SPOUSE: **Frank J. Mone**

14. OCCUPATION: **Receptionist** 15. OCCUPATION: **Dr. Moll** 16. NAME OF PHYSICIAN: **Medical**

17A. PLACE OF DEATH: **2925 W. Lincoln Sp. 121** 17B. PLACE OF DEATH: **Anaheim**

18A. PLACE OF DEATH: **Orange** 18B. PLACE OF DEATH: **California** 19. NAME OF HOSPITAL OR INSTITUTION: **Frank J. Mone - husband**

20. NAME OF HOSPITAL OR INSTITUTION: **St. Jude Hospital & Rehab. Center** 21. ADDRESS: **2925 W. Lincoln Sp. 121**

22. DEATH WAS CAUSED BY: **101 East Valencia Mesa Drive Fullerton Anaheim, California**

IMMEDIATE CAUSE: (A) **Cardiac arrest** 11-1-78 (B) **Elevated Serum K+** 10-28 (C) **Renal Failure** 10-20

23. OTHER CAUSE: **Generalized Arteriosclerosis** 10-3-78

24. DATE OF DEATH DECLARED AT THE HOME: **11-1-78** 25. SIGNATURE OF PHYSICIAN: **Harry L. Gibson, M.D.** 26. ADDRESS AND ADDRESS: **101 East Valencia Rd Fullerton**

27. DATE: **2-14-75** 28. SIGNATURE: **Harry L. Gibson** 29. ADDRESS: **101 East Valencia Rd Fullerton**

30. SIGNATURE: **James R. August** 31. ADDRESS: **5906**

32. SIGNATURE: _____ 33. ADDRESS: _____

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94. SIGNATURE: _____ 95. ADDRESS: _____

96. SIGNATURE: _____ 97. ADDRESS: _____

98. SIGNATURE: _____ 99. ADDRESS: _____

100. SIGNATURE: _____ 101. ADDRESS: _____

END RECORDED DOCUMENT DONALD D. SULLIVAN, COUNTY RECORDER

CALIFORNIA GENERAL DURABLE POWER OF ATTORNEY

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE
EVEN IF YOU BECOME DISABLED OR INCOMPETENT**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

I, Robert P. Mone

200 N. Dale St #306, Anaheim Calif 92801 [insert your name and address] appoint
Barbara Robertson 1509 Avolencia, Fullerton, Ca [insert the name and address of the person
appointed] as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following
initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.

INITIAL

_____ **(A) Real property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of California, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.

_____ **(B) Tangible personal property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of California or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.

_____ **(C) Stock and bond transactions.** To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

_____ **(D) Commodity and option transactions.** To organize or continue and conduct any business which term includes, without limitation, any farming, manufacturing, service, mining, retailing or other type of business operation in any form, whether as a proprietorship, joint venture, partnership, corporation, trust or other legal entity; operate, buy, sell, expand, contract, terminate or liquidate any business; direct, control, supervise, manage or participate in the operation of any business and engage, compensate and discharge business managers, employees, agents, attorneys, accountants and consultants; and, in general, exercise all powers with respect to business interests and operations which the principal could if present and under no disability.

_____ **(E) Banking and other financial institution transactions.** To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account, bill of exchange, check, draft, purchase, contract, note, or trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my name, by my Agent. To borrow from time to time such sums of money as my Agent may deem proper and execute promissory notes, security deeds or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access.

_____ **(F) Business operating transactions.** To conduct, engage in, and otherwise transact the affairs of any and all lawful business ventures of whatever nature or kind that I may now or hereafter be involved in.

_____ **(G) Insurance and annuity transactions.** To exercise or perform any act, power, duty, right, or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

_____ **(H) Estate, trust, and other beneficiary transactions.** To accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the Agent unless specific authority to that end is given.

_____ **(I) Claims and litigation.** To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.

_____ **(J) Personal and family maintenance.** To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.

_____ **(K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service.** To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

_____ **(L) Retirement plan transactions.** To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability.

_____ **(M) Tax matters.** To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

RPM **(N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).**

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

None

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

THIS POWER OF ATTORNEY SHALL BE CONSTRUED AS A GENERAL DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRICKEN.)

Authority to Delegate. My Agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my Agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

Right to Compensation. My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

Successor Agent. If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent:

John P. Lynch

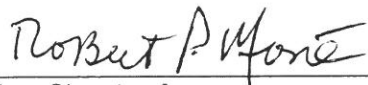
Frank Yubeta

Choice of Law. THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES. IT WAS EXECUTED IN THE STATE OF CALIFORNIA AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 23 day of February, 2005


[Your Signature] Robert P. Mone

PLEASE NOTE: THIS DURABLE POWER OF ATTORNEY MUST BE DATED AND MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR SIGNED BY TWO WITNESSES. IF IT IS SIGNED BY TWO WITNESSES, THEY MUST WITNESS EITHER (1) THE SIGNING OF THE POWER OF ATTORNEY OR (2) THE PRINCIPAL'S SIGNING OR ACKNOWLEDGMENT OF HIS OR HER SIGNATURE. A DURABLE POWER OF ATTORNEY THAT MAY AFFECT REAL PROPERTY SHOULD BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC SO THAT IT MAY EASILY BE RECORDED. EACH WITNESS MUST BE A MENTALLY COMPETENT ADULT. WITNESSES SHOULD IDEALLY RESIDE CLOSE BY, SO THAT THEY WILL BE EASILY ACCESSIBLE IN THE EVENT THEY ARE ONE DAY NEEDED TO AFFIRM THIS DOCUMENT'S VALIDITY.

STATEMENT OF WITNESSES

On the date written above, I declare under penalty of perjury under the laws of California that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document. I am not related to the principal by blood, marriage or adoption, and to the best of my knowledge, am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

 _____ [Signature of Witness #1]
 _____ [Printed or typed name of Witness #1]
 _____ [Address of Witness #1, Line 1]
 _____ [Address of Witness #1, Line 2]

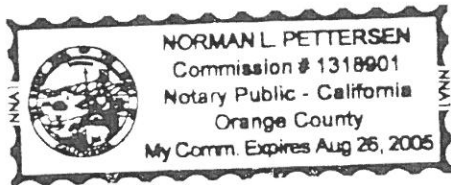
 _____ [Signature of Witness #2]
 _____ [Printed or typed name of Witness #2]
 _____ [Address of Witness #2, Line 1]
 _____ [Address of Witness #2, Line 2]

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA
 COUNTY OF Orange

This document was acknowledged before me on February 23, 2005 [Date] by Robert P Mason, Barbara Haddad/Robert, John P Lynch [name of principal].

[Notary Seal, if any]:



[Handwritten Signature]

 (Signature of Notarial Officer)

Notary Public for the State of California

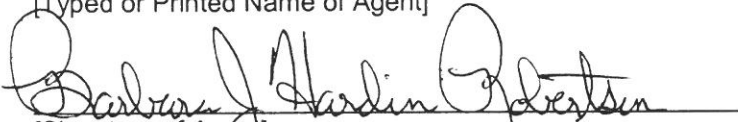
My commission expires: Aug 26, 2005

ACKNOWLEDGMENT OF AGENT

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Barbara Robertson

[Typed or Printed Name of Agent]



[Signature of Agent]

PREPARATION STATEMENT

This document was prepared by the following individual:

John P. Lynch

[Typed or Printed Name]


[Signature]

CERTIFICATE OF DEATH

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST FRANK			1B. MIDDLE JOSEPH		1C. LAST MONE		2A. DATE OF DEATH (MONTH, DAY, YEAR) August 30, 1987		2B. HOUR 0907	
3. SEX Male	4. RACE/ETHNICITY White/American		5. SPANISH/HISPANIC <input checked="" type="checkbox"/>	6. DATE OF BIRTH May 18, 1908		7. AGE 79 YEARS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Ohio			9. NAME AND BIRTHPLACE OF FATHER Frank Mone - Pennsylvania			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Anna Vild - Bohemia				
11A. CITIZEN OF WHAT COUNTRY USA		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 XX TO 19 XX		12. IR	13. MARITAL STATUS Widowed		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
15. PRIMARY OCCUPATION Machinist		16. NUMBER OF YEARS THIS OCCUPATION 40		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Western Gears		18. KIND OF INDUSTRY OR BUSINESS Metal Gear Mfg.				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 5800 Hamner Avenue					19B. 40602		19C. CITY OR TOWN Mira Loma			
19D. COUNTY Riverside			19E. STATE California			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Robert P. Mone - Son 6752 Gramercy Street Buena Park, CA 90620				
21A. PLACE OF DEATH Corona Community Hospital			21B. COUNTY Riverside							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 800 S. Main Street			21D. CITY OR TOWN Corona							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE										
CAUSE OF DEATH	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) CardioPulmonary Arrest			mins		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? Yes 61633	
			(B) Myocardial Infarction			mins			25. WAS BIOPSY PERFORMED? No	
			(C) Rheumatic Heart Disease			years			26. WAS AUTOPSY PERFORMED? No	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Emphysema						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION No				
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE			28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
	LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			28E. TYPE PHYSICIAN'S NAME AND ADDRESS						
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC. Natural		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
CORONER'S USE ONLY	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) Investigation						35B. CORONER—SIGNATURE AND DEGREE OR TITLE R. L. Carrillo, Coroner By: Rick ... Deputy		35C. DATE SIGNED 8-31-87	
	36. DISPOSITION BURIAL	37. DATE—MONTH, DAY, YEAR Sept. 14, 1987	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Rose Hills Memorial Park 3900 S. Workman Mill Rd., Whittier, CA						39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 7587 George Boney	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rose Hills Mortuary-Whittier, CA			40B. LICENSE NO. 970		41. LOCAL REGISTRAR—SIGNATURE [Signature]		42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 14 1987			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.				

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

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

SEP 14 1987

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

Edward J. Callagher, M.D.
Director of Health & Local Registrar



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CA 92701

3052012227199

CERTIFICATE OF DEATH

3201230017787

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/GRANDPARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRATION, PLACE OF DEATH, CAUSE OF DEATH, PROGRAMMER'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name (ROBERT PAUL MONE), date of birth (01/16/1949), date of death (12/10/2012), cause of death (CARDIOPULMONARY ARREST), and registrar information.

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

DEC 21 2012

STATE OF CALIFORNIA } COUNTY OF ORANGE

SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Signature: Eric G. Handler H.O. ERIC G. HANDLER, M.D. HEALTH OFFICER ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

