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



ITEM: 19.33 (ID # 24785)

MEETING DATE:

FROM:

TREASURER-TAX COLLECTOR

Tuesday, September 17, 2024

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 217, Item 4798. Last assessed to: Robin E. Moore, Tracy E. Moore, Brandon Moore, and Randle E. Moore. District 4. [\$18,028-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

- 1. Approve the claim from Tracy Moore, as last assessee and heir to the Estate of Randle E. Moore, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 721224004;
- 2. Approve the claim from Robin E. Moore, as last assessee and heir to the Estate of Randle E. Moore, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 721224004;
- 3. Approve the claim from Brandon Moore, as last assessee and heir to the Estate of Randle E. Moore, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 721224004; and
- 4. Authorize and direct the Auditor-Controller to issue a warrant to Tracy Moore, as last assessee and heir to the Estate of Randle E. Moore in the amount of \$6,009.22, to Robin E. Moore, as last assessee and heir to the Estate of Randle E. Moore in the amount of \$6,009.22, and to Brandon Moore, as last assessee and heir to the Estate of Randle E. Moore in the amount of \$6,009.22, 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.

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

19.33

Kimberly A. Rector

Clerk of the Board

Page 1 of 3 ID# 24785 19.3

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoi	ing Cost
COST	\$ 18,028	\$0	\$ 18,028		\$0
NET COUNTY COST	\$0	\$ 0	\$0		\$0
SOURCE OF FUNDS:	Fund 65595 Excess Proc	Budget Adjus	tment:	N/A	
occinct or rombo.	Tana doddo Excess Froc	For Fiscal Year	ar:	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.

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

- Claim from Tracy Moore, as last assessee and heir to the Estate of Randle E. Moore based on an Affidavit Re Real Property of Small Estate recorded August 2, 2011 as Instrument No. 2011-0336149, a Declaration Under Probate Code Section 13101 notarized February 6, 2024, and a Certificate of Death for Randle Eric Moore.
- Claim from Robin E. Moore, as last assessee and heir to the Estate of Randle E. Moore based on an Affidavit Re Real Property of Small Estate recorded August 2, 2011 as Instrument No. 2011-0336149, a Declaration Under Probate Code Section 13101 notarized February 5, 2024, and a Certificate of Death for Randle Eric Moore.
- Claim from Brandon Moore, as last assessee and heir to the Estate of Randle E. Moore based on an Affidavit Re Real Property of Small Estate recorded August 2, 2011 as Instrument No. 2011-0336149, a Declaration Under Probate Code Section 13101 notarized February 16, 2024, and a Certificate of Death for Randle Eric Moore.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Tracy Moore, as last assessee and heir to the Estate of Randle E. Moore be awarded excess proceeds in the amount of \$6,009.22, Robin E. Moore, as last assessee and heir to the Estate of Randle E. Moore be awarded excess proceeds in the amount of \$6,009.22, and Brandon Moore, as last assessee and heir to the Estate of Randle E. Moore be awarded excess proceeds in the amount of \$6,009.22. Supporting documentation has

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

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 the last assessees and the heirs of a last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim TMoore

ATTACHMENT B. Claim RMoore

ATTACHMENT C. Claim BMoore

Cesar Bernal, PRINCIPAL MGMT ANALYST 9/4/2024

Aaron Gettis, Chief of Deputy Counsel 6/10/2024

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

To: Matthew Jennings, Treasurer-Tax Coll	ector	RE RIVERS
Re: Claim for Excess Proceeds		201
TC 217 ITEM 4798 Parcel Identification N	Number: 721224004	Column
Assessee: MOORE, BRANDON & RANDLE E &	ROBIN E & TRACY E	
Situs:		ED ED
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 \$	ioned real property. I/We were the limited in its line is alle of the property as is evidenced by River is attacked in the control of the con	ilenholder(s), property verside County Recorder's ached hereto. I/We are the
NOTE: YOUR CLAIM WILL NOT BE CONSIDERE	D UNLESS THE DOCUMENTATION IS A	FTACHED.
If the property is held in Joint Tenancy, the taxsale have to sign the claim unless the claimant submits	proof that he or she is entitled to the full	
claimant may only receive his or her respective portio I/We affirm under penalty of perjury that the foregoing		
Executed this day of	, 2021 at Doughs, Newada	
	County, State	
Signature of Claimant	Signature of Claimant	
Tana Maria		
Print Name	Print Name	
1194 Stephanie Way Street Address	Street Address	***
	Street Address	
City, State, Zip	City, State, Zip	
80/ 23/-9057		
Phone Number	Phone Number	
Temore 980 gphos com	Email Address	

DOC # 2011-0336149 ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 08/02/2011 08:00A Fee:21.00 After seconding return to Page 1 of 3 Recorded in Official Records Tracy E. Moore 10425 South North Forty Way County of Riverside S. Jordan, UT 84095 Larry W. Ward County Clerk & Recorder Assessor. TELEPHONE NO.: 801 253-0302 FAX NO. (Optional). E-MAIL ADDRESS (Optional): temoore 98@yahoo.com ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE PAGE R U SIZE DA MISC LONG RFD COPY STREET ADDRESS: 4050 Main Street MAILING ADDRESS: CITY AND ZIP CODE: Riverside, CA 92501 EXAM M A 465 426 **PCOR** NCOR SMF NCHG BRANCH NAME: Probate Court CTY UNI MATTER OF (Name): CASE NUMBER Mary Ellen Moore DECEDENT AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE FOR COURT USE ONLY (\$20,000 or Less) 1. Decedent (name): Mary Ellen Moore died on (date): 01/19/2006 2. Decedent died at (city, state): Ames, Iowa 3. At least six months have elapsed since the date of death of decedent as shown in 06 2011 the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.) 4. a. Decedent was domiciled in this county at the time of death. b. ✓ Decedent was not domiciled in California at the time of death. Decedent died owning real property in this county. 5. a. The following is a legal description of decedent's real property claimed by the declarants (copy description from deed or other legal instrument): described in an attachment labeled Attachment 5a. Lot 428 MB 043/045 Tract 2337 APN 721224004-6 b. Decedent's interest in this real property is as follows (specify): Sole owner 6. Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is a. (will) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.) (no will) a person who succeeded to the property under Probate Code sections 6401 and 6402. 7. Names and addresses of each guardian or conservator of decedent's estate at date of death ✓ are as follows* (specify): Robin E. Moore, Tracy E. Moore, Brandon Moore Randle E. Moore The gross value of all real property in decedent's estate 9. An Inventory and Appraisal of decedent's real property in located in California as shown by the Inventory and Appraisal, California is attached. The Inventory and Appraisal was made excluding the real property described in Probate Code section by a probate referee appointed for the county in which the property is located. (You may use Judicial Council form 13050 (joint tenancy, property passing to decedent's spouse, DE-160.) etc.), does not exceed \$20,000. 10. No proceeding is now being or has been conducted in California for administration of decedent's estate. * You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7. Page 1 of 2 3

DE-305

MATTER OF			CASE NUMBER:
			or of the state of
_(Name): Mary Ellen Moore		DECEDENT	
11. Funeral expenses, expenses of last illne be personally liable for decedent's unse from it.]	ess, and all known unsecured cured debts up to the fair mai	debts of the decede	ent have been paid. [NOTE: You may I property and any income you receive
I declare under penalty of perjury under the	laws of the State of California	that the foregoing is	s true and correct.
Date: 10-12-10		(/)	0 311
Robin E. Moore		Kohi	2 Moore
(TYPE OR PRINT NAME)	-	/) ===	(SIGNATURE OF DECLARANT)
Date: 10-12-10			
Tracy E. Moore		Janes	8. More
(TYPE OR PRINT NAME)		()	(SIGNATURE OF DECLARANT)
	[SIGNATURE OF ADD	DITIONAL DECLARANTS ATTACHED
NOTARY ACKNOWLEDGMENTS (NOTE: tional n	otarv acknowledgments are r	eguired, they must b	e attached as 8-1/2- by 11-inch pages.)
STATE OF CALIFORNIA, COUNTY OF (Sp. On (date): / - 7 - // before	pecify): Riverside Memo (name and title):	ARY OLAN Ref.	der Member serVice
who proved to me on the basis of satisfactor and acknowledged to me that he/she/they esignature(s) on the instrument the person(s) I certify under PENALTY OF PERJURY under State of California that the foregoing paragr	ry evidence to be the person(executed the instrument in his), or the entity upon behalf of der the laws of the	(s) whose name(s) is /her/their authorized	capacity(ies), and that by his/her/their
WITNESS my hand and official seal. (SIGNATURE OF NOTARY PUBL	nder	okala.	MARY M. OLANDER Commission Number 722497 My Commission Expires
STATE OF CALIFORNIA, COUNTY OF (sp	pecify):		
On (date): 12-22-10 , before	e me (name and title):	ndi Cou	ite, Loan officer
On $(date)$: $\sqrt{2-2}$, before personally appeared $(name(s))$: $\sqrt{-2}$ who proved to me on the basis of satisfactor	in Eden mis	pre :	
who proved to me on the basis of satisfacto and acknowledged to me that he/she/they e signature(s) on the instrument the person(s)	executed the instrument in his	/her/their authorized	capacity(ies), and that by his/her/their
I certify under PENALTY OF PERJURY und		(NOTARY SEAL)	
State of California that the foregoing paragram	The state of the s	COT SEE	CYNDI COYLE
WITNESS my hand and official seal.	alt Lake Co	1 Sh/ Jan 1980	NOTARY PUBLIC STATE OF UTAH 9260 SOUTH 300 EAST SANDY, UTAH 84070
(SEAL)	CAPERA	100	COMM. EXP. 02-10-2012
I certifi legal det	y that the foregoing, including scription of the property (but a nal affidavit on file in my offic th certificate, (2) will, or (3) inv	excluding other attac e. (Certified copies of	y acknowledgments and any attached chments), is a true and correct copy of of this affidavit do not include the I. See Probate Code section 13202.)

MATTER OF			CASE NUMBER:	
_(Name): Mary Ellen Moore				
		DECEDENT		
be personally liable for deced from it.]	of last illness, and all known unsectent's unsecured debts up to the fair	ir market value of the rea	property and any	177)
AND MINERAL CONTROL OF THE PROPERTY OF THE PRO	under the laws of the State of Calif	fornia that the foregoing is	s true and correct.	
Date: 10-12-10		DI	o Ma	
Randle E. Moore		Aprolle &	Mari	1.4
(TYPE OR PRINT	NAME)		(SIGNATURE OF DECLAI	RANT)
Date: 10-12-10		· ->	1	91/ 10
Brandon Moore) once	my sur	Monz
(TYPE OR PRINT	NAME)		(SIGNATURE OF DECLAR	RANT)
		✓ SIGNATURE OF ADD	DITIONAL DECLARANTS A	TTACHED
NOTARY ACKNOWLEDGMENT	S (NOTE: No notary acknowledgm tional notary acknowledgments	are required, they must b	e attached as 8-1/	2- by 11-inch pages.)
On (date): 01/25/11 personally appeared (name(s)):	TY OF (specify): Reverside H , before me (name and title): RAND LE ERIC MOOKE	lillsboraugh Rafael Martine Florida	e, Notary	Public State of
who proved to me on the basis of and acknowledged to me that he/ signature(s) on the instrument the I certify under PENALTY OF PER	satisfactory evidence to be the pe she/they executed the instrument is e person(s), or the entity upon beha	in his/her/their authorized	capacity(ies), and	that by his/her/their
	NOTAR (PUBLIC)		#DD 802345	ORIDA *
	, before me (name and title): $\mathcal W$	erson(s) whose name(s) is	are subscribed to	
_	e person(s), or the entity upon beha			
I certify under PENALTY OF PER State of California that the forego WITNESS my/hand and official's	RJURY under the laws of the ing paragraph is true and correct.	(NOTARY SEAL)	MICHELLE L. V Commission Number MY-COMMISSION I	WHITE
(SEAL)		CLERK'S CERTI	FICATE	
COURT OF COU	I certify that the foregoing, incl legal description of the property the original affidavit on file in my (1) death certificate, (2) will, or (3)	luding any attached notar (but excluding other attack office. (Certified copies of	y acknowledgment chments), is a true of this affidavit do n	and correct copy of not include the
OF RIVERSITE	Date: 6/6/11	Clerk, by		, Deputy

Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND 3998172 116 201424814 KENTUCKY CERTIFICATE OF DEATH Case #: E201408140002 18 DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any, RANDLE ERIC MOORE MALE 4. SOCIAL SECURITY NUMBER 6. DATE OF BIRTH | 7. COUNTY OF DEATH August 06, 2014 11/30/1957 8. PLACE OF DEATH (Check only one)
| NOSPITAL: | Impatient | Dead on Arrivel: OTHER: | Hospice Facility | Nursing HamerLong Term Care Facility | Residence | Other (Specify
9. FACILITY NAME (if not institute) give steel and number)
| 10. CITY OR TOWN, STATE AND ZIP CODE THE MEDICAL CENTER AT BOWLING GREEN **BOWLING GREEN, KY 42101** Jist ☐ Widowed ② Never Married DENVER, COLORADO Married but Separated Divorced Dunknown
working ste) 15. KIND OF BUSINESSANDUSTRY Ē 14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of wor 16 WAS DECEDENT EVER IN U.S ARMED FORCES? ENTERTAINMENT 17e ZIP CODE 176 17c CITY OR TOWN 17d. STREET AND NUMBER 171 INSIDE CITY LIMITS? UNK 18. DECEDENT'S EDUCATION
(Check the box that UNKNOWN UNKNOWN ☐ Yes ☐ No 20. DECEDENT'S R
(Creek tone or more red

White
Black or African
Native Hawaiian
Aslan Indian
Chinese
Filipino
Japanese
Gusmanjan or Ci
Koresa ectod completed at the first of seath.)

© RN Gade or Class.

© RN -12h Grade; No Diploms.

If High School Graduate or GED Completed.

Some College Gradii but No Degree.

Associates Degree (e.g., AA, AS).

Bachelor Degree (e.g., BA, AB, BS).

Master's Degree (e.g., BA, AB, BS).

Master's Degree (e.g., BA, BB, ME, MEG, MEG, MSW, MBA).

Doctorate, e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD). | Samon | Other Asian | (Specify | Specify | Specify | Other Pecific Islander | Specify | American Indian or Aleska Native | (Name of the enrolled or principal tribe) Other 22. MOTHER'S NAME PRIOR TO 21. FATHER'S NAME (First/Midde, Last) EARL MOORE, JR MARY ELLEN IRVIN 23b. RELATIONSHIP TO DECEDENT TRACY E MOORE BROTHER 10425 SOUTH NORTH FORTY WAY, SOUTH JORDAN, UT 84095 24. METHOD OF DISPOSITION (Check only one):

Buttel @Cremetion Donation: Entombment
Removel from State Other (Specify) 25 PLACE OF DISPOSITION (N me of cemetery, cremetory or other place) | 26. LOCATION - City Yours of J.C. KIRBY & SON CREMATORY BOWLING GREEN, KY 27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or pa DATE BIGNED 28 KY LICENSE NUMBER J. C. KIRBY & BON FUNERAL CHAPEL TIM WARD 832 BROADWAY BOWLING GREEN, KY 42101 4770 30. DATE PRONOUNCED DEAD (Mo/Day/Yr) 32. WAS MEDICAL EXAMINER OR CORONER CONTACTED: 31, ACTUAL OR PRESUMED TIME OF DEATH 08/06/2014 12:22 PM Yes X No CAUSE OF DEATH 33. PART | Enter the <u>chain of events</u> - despess injuries or complications - that caused death DO NOT enter the identification without showing the electory DO NOT ABBREVIATE. Enter only one cause on each line IMMEDIATE CAUSE (Fine deel condition resulting in death) -> SEVERE ANOXIC ENCEPHALOPATHY 4 DAY(S) b... DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) decase or injury that invisted the events esulting in death) LAST SEVERE PERIPHERAL ARTERIAL DISEASE, COPD Accident
Pending Investigation ☐ Homicide ☐ Suicide Could not be Determined 35. WAS AN AUTOPSY PERFORMED? 97. DID TOBACCO USE CONTRIBUTE TO DEATH? 38. IF FEMALE: ☐ Yes 図 No

36 WERE AUTOPSY FINDINGS AVAILABLE
TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☐ No Not pregnant within past year
Not pregnant, but pregnant within 42 days of death
Not pregnant, but pregnant 43 days to 1 year before death Yes Yes ☐ Probably B. ☐ Unknow 42. PLACE OF INJURY (e.g. Dece 39 DATE OF INJURY 41. INJURY AT WORK 43. IF TRANSPORTATION INJURY, SPECIF ped Driver/Operator Pedestrian
Pessenger Other (Specify ☐ Yes ☐ No Complet 44. DESCRIBE HOW INJURY OCCURRED 45 LOCATION OF INJURY (Street a 47. DATE CERTIFIED (Mo/Day/Yr) Be To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated 08/18/2014 LTH OF SIGNATURE SAM HARDCASTLE, M. D. 48 LICENSE NUMBER 49 TITLE OF CERTIFIER 34135 PHYSICIAN (Mest Use Bluestick Int.) Electronic eigreture is legely acceptable pursuant to KRS 369 107 and KRS 369 118

D. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) SAM HARDCAST THE MEDICAL CENTER AT BOWLING GREEN, 250 PARK STREET, BOWLING GREEN, KY 42101 51 REGISTRAD'S SIGNATURE 52. DATE FILED (Mo/Day/Yr) Paul J. Royce 08/18/2014 THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT

1: One

Commission Number 831470
My Commission Expires
April 16, 2024

State Registrar

Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

	orange on	2	
	That City of State of	Randle Eric Moore [Name of Decedent], here Bowling Green, County of Wan Ken tucky on 8-6-	4.4
2.		40 days have elapsed since the death of Decedent, as shown to this declaration.	in a certified copy of the Decedent's death certificate
3.	Check (ropf the following appropriate boxes.	
	\boxtimes	No proceeding is now being or has been conducted in Califo	ornia for administration of the Decedent's estate.
		The decedent's personal representative has consented in wriaffiant or declarant of the property described in the affidavit	
	describ	rent gross fair market value of the decedent's real and personed in section 13050 of the California Probate Code, does not of for amount.)	al property in California, excluding the property exceed \$ 166,250. (See instructions under
	the Cal	laimed property identification (PID) number(s) of the Deced fornia State Controller's Office to the declarant pursuant to textra space is required. # 721224004	ent which is/are to be paid, transferred or delivered by his declaration is identified below. Attach a list of the 1798
6.	Check	ne of the following appropriate boxes, and, if applicable, fill	in the blank.
	X	The declarant(s) is/are the successor(s) of the Decedent (as Code) to the Decedent's interest in the described property.	defined in Section 13006 of the California Probate
		The declarant(s) is/are authorized under Section 13051 of the successor of the Decedent (as defined in Section 13006 of the Decedent's interest in the described property.	ne California Probate Code) with respect to the
		The name of the successor of the Decedent is: Brands	on Moore, Robin Moore, Tracy Moore
7.	No othe	r person has a superior right to the interest of the Decedent in	the described property.
ŝ.	The dec	larants request that the described property be paid, delivered,	or transferred to the declarants.
9.	any acc	e under penalty of perjury, under the laws of the State of Ca companying documents are true and correct, with full knowled false or dishonest statement may be grounds for denial of the	dge that all statements are subject to investigation and
	N	Noon TRACY Moore	2-6-2024
Signatu		Name [Print or Type]	Date:
Signatu	re	Name [Print or Type]	Date:
Signatu	re	Name [Print or Type]	Date:

This certificate is attached to a page document dated 2/6/24 entitled Unclaimed Property ACKNOWLEDGMENT CERTIFICATE						
State of Wevada County of Douglas						
Before me, Danielle Bates day personally appeared Tracy Eden Moore Name of Notary Public Moore to be the person(s) whose name(s) is/are subscribed to the for he/she/they executed the same for the purposes and consider Given under my hand and seal of office this	regoing instrument and acknowledged to me that eration therein expressed.					
Notary Public's Signature DANIELLE BATES Notary Public State of Nevada Appt. No. 22-8670-05 My Appt. Expires July 7, 2026 (Seal)	Signer's Identity verified by: Personally known to me Identity proven on the oath Name of credible witness Identity proven on the basis of Description of Identity card or other document					

To: Matthew Jennings, Treasurer-Tax Co	ollector	
Re: Claim for Excess Proceeds		7021 NOV
TC 217 ITEM 4798 Parcel Identification	Number: 721224004	TO NOV -
Assessee: MOORE, BRANDON & RANDLE E	& ROBIN E & TRACY E	SIDE COL
Situs:		PR K
Date Sold: May 18, 2021		NOV-8 PM 6: 08 IVERSIDE COUNTY AS-TAX COLLECTOR
Date Deed to Purchaser Recorded: July 28, 202	1	70
Final Date to Submit Claim: July 28, 2022		
I/We, pursuant to Revenue and Taxation Code \$\(18 0.27\) from the sale of the above mer owner(s) [check in one box] at the time of the Document No.2011-0336149; recorded on 8-2 rightful claimants by virtue of the attached assignment of documentation supporting the claim submitted.	ntioned real property. I/We were the sale of the property as is evidenced by A copy of this document is	lienholder(s), property Riverside County Recorder's attached hereto I/We are the
NOTE: YOUR CLAIM WILL NOT BE CONSIDER	ED UNLESS THE DOCUMENTATION IS	ATTACHED.
If the property is held in Joint Tenancy, the taxsale have to sign the claim unless the claimant submits claimant may only receive his or her respective portion. I/We affirm under penalty of perjury that the foregoin	s proof that he or she is entitled to the fion of the claim.	y, and all Joint Tenants will ull amount of the claim, the
Executed this 28 day of Aug.	, 2021 at Warren, Low	9
RI. SM.	County, State	
Signature of Claimant	Signature of Claimant	
RISE M		
Print Name	Print Name	
16729 Dubuque Street	-	
Street Address	Street Address	
City, State, Zip	City, State, Zip	
(515)201-9083		
Phone Number	Phone Number	
Email Address	Email Address	

Email Address

DE-305 DOC # 2011-0336149 ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 08/02/2011 08:00A Fee:21.00 Tracy E. Moore Page 1 of 3 Recorded in Official Records 10425 South North Forty Way County of Riverside S. Jordan, UT 84095 Larry W. Ward County Clerk & Recorder TELEPHONE NO.: 801 253-0302 FAX NO. (Optional) E-MAIL ADDRESS (Optional): temoore 98@yahoo.com ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE R PAGE SIZE DA MISC LONG RFD COPY STREET ADDRESS: 4050 Main Street MAILING ADDRESS: CITY AND ZIP CODE: Riverside, CA 92501 M 465 PCOR EXAN Α 426 NCOR SMF NCHG BRANCH NAME: Probate Court UNI MATTER OF (Name): CASE NUMBER: Mary Ellen Moore DECEDENT MCP11 AFFIDAVIT RE REAL PROPERTY OF SMALL VALUE (\$20,000 or Less) FOR COURT USE ONLY 061 1. Decedent (name): Mary Ellen Moore died on (date): 01/19/2006 2. Decedent died at (city, state): Ames, Iowa 3. At least six months have elapsed since the date of death of decedent as shown in 06 2011 the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.) Decedent was domiciled in this county at the time of death. b. Decedent was not domiciled in California at the time of death. Decedent died owning real property in this county. 5. a. The following is a legal description of decedent's real property claimed by the declarants (copy description from deed or other legal instrument): described in an attachment labeled Attachment 5a. Lot 428 MB 043/045 Tract 2337 APN 721224004-6 b. Decedent's interest in this real property is as follows (specify): Sole owner 6. Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is a. (will) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.) (no will) a person who succeeded to the property under Probate Code sections 6401 and 6402. 7. Names and addresses of each guardian or conservator of decedent's estate at date of death are as follows* (specify): Robin E. Moore, Tracy E. Moore, Brandon Moore Randle E. Moore 8. The gross value of all real property in decedent's estate 9. An Inventory and Appraisal of decedent's real property in located in California as shown by the Inventory and Appraisal, California is attached. The Inventory and Appraisal was made by a probate referee appointed for the county in which the excluding the real property described in Probate Code section property is located. (You may use Judicial Council form 13050 (joint tenancy, property passing to decedent's spouse, DE-160.) etc.), does not exceed \$20,000. 10. No proceeding is now being or has been conducted in California for administration of decedent's estate. * You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7. Page 1 of 23

MATTER OF			CASE NUMBER:
(Name): Mary Ellen Moore		DECEDENT	
		DECEDENT	
be personally liable for deced from it.]	lent's unsecured debts up to the fair r	narket value of the real	ent have been paid. [NOTE: You may I property and any income you receive
I declare under penalty of perjury	under the laws of the State of Califor	nia that the foregoing is	s true and correct.
Date: 10-12-10		1/1.	C 711
Robin E. Moore		Kohn	2 Moore
(TYPE OR PRINT	NAME)	1 100	(SIGNATURE OF DECLARANT)
Date: 10-12-10			*
Tracy E. Moore		Jane	9 More
(TYPE OR PRINT	NAME)	7762-5	(SIGNATURE OF DECLARANT)
		SIGNATURE OF ADD	DITIONAL DECLARANTS ATTACHED
NOTARY ACKNOWLEDGMENT	tional notary acknowledgments ar	e required, they must b	rider (small strip) to this page. If addi- ne attached as 8-1/2- by 11-inch pages.)
STATE OF CALIFORNIA, COUN On (date): / - 7 - //	TY OF (specify): Riverside // , before me (name and title):	14RY OLAN Ref.	det Member service
who proved to me on the basis of and acknowledged to me that he/ signature(s) on the instrument the I certify under PENALTY OF PER	(she/they executed the instrument in le e person(s), or the entity upon behalf RJURY under the laws of the	on(s) whose name(s) is nis/her/their authorized	s/are subscribed to the within instrument capacity(ies), and that by his/her/their acted, executed the instrument.
State of California that the forego WIFNESS my hand and official se		CARAIA CON	MARY M. OLANDER Commission Number 722497 My Commission Expires
STATE OF CALIFORNIA, COUN	TY OF (specify):		
On (date): \2-22-10	, before me (name and title):	andi Cou	ik, leen office.
personally appeared (name(s)): -	Tracy Eden mi	ione (7,
and acknowledged to me that he/s	satisfactory-evidence to be the personshe/they executed the instrument in the person(s), or the entity upon behalf	nis/her/their authorized	where subscribed to the within instrument capacity(ies), and that by his/her/their acted, executed the instrument.
I certify under PENALTY OF PER		(NOTARY SEAL)	
State of California that the foregoi		TO THE	X CYNDI COYLE
WITNESS my hand and official se	eal. Salt Lake C	b CL 1 Amount	NOTARY PUBLIC-STATE OF UTAH 9260 SOUTH 300 EAST SANDY, UTAH 84070
(SEAL)	(CAPER	1110	COMM. EXP. 62-10-2012
OF BIVE	legal description of the property (but the original affidavit on file in my of	at excluding other attactifice. (Certified copies of	acknowledgments and any attached hments), is a true and correct copy of

MA'TTER OF			CASE NUMBER:	
_(Name): Mary Ellen Moore				
		DECEDENT		
	of last illness, and all known unsecure lent's unsecured debts up to the fair m			
I declare under penalty of perjury	under the laws of the State of Californ	nia that the foregoing i	s true and correct.	
Date: 10-12-10		· D 11	2 12.	
Randle E. Moore		EANALA F	Masin	1
(TYPE OR PRINT	NAME)		(SIGNATURE OF DECLAR	ANT)
Date: 10-12-10		P	7	911 .0
Brandon Moore		buch	my sur	Moure
(TYPE OR PRINT	NAME)		(SIGNATURE OF DECLAR	
		SIGNATURE OF ADI	DITIONAL DECLARANTS AT	TACHED
	S (NOTE: No notary acknowledgmen tional notary acknowledgments are	e required, they must b	pe attached as 8-1/2	2- by 11-inch pages.)
STATE OF CALIFORNIA, COUNTY On (date): 01/25/11 personally appeared (name(s)):	ITY OF (specify): Reverside Hil , before me (name and title): Ro RANDLE ERIC Moore Flo	lsborouzh afael Martine orida	z, Notary	Public State of
who proved to me on the basis of and acknowledged to me that he signature(s) on the instrument the I certify under PENALTY OF PERState of California that the foregod WITNESS my hand and official s	satisfactory evidence to be the person she/they executed the instrument in he person(s), or the entity upon behalf of RJURY under the laws of the sing paragraph is true and correct.	on(s) whose name(s) is his/her/their authorized of which the person(s)	s/are subscribed to capacity(ies), and tacted, executed the MAHTIVE MAHTIVE CONSTRUCTION OF STATE OF S	the within instrument that by his/her/their
and acknowledged to me that he	, before me (name and title): W	on(s) whose name(s) is her/their authorized	s/are subscribed to the capacity(ies), and the	that by his/her/their
WITNESS my/hand and officials	ing paragraph is true and correct.	(NOTARY SEAL)	MICHELLE L. W Commission Number MY COMMISSION E	730600
(SEAL)		CLERK'S CERTI	FICATE	
OR COURT OF CALL	I certify that the foregoing, including legal description of the property (but the original affidavit on file in my off (1) death certificate, (2) will, or (3) in	ing any attached notar at excluding other attac fice. (Certified copies inventory and appraise	y acknowledgments chments), is a true a of this affidavit do no	and correct copy of ot include the
OF RIVERS	Date: 6/6/11	Clerk, by	/	, Deputy

Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

3998172

KENTUCKY CERTIFICATE OF DEATH

116 201424814

Case #: E201408140002

RANDLE ERIC MC	ORE	ancial area					m 4 Om 12	1		N/			(LE
3 ACTUAL OR PRESUMED DATE (Mo/Day/Yr) (Spel Morth) August 06, 2014		NKNOWN		58 AGE-LAS BIRTHO	AY (Years)	55 UNDE Morths	Days	Hou	NDER 1 DA	nutes	6. DATE OF BIF (Mo/Day/Yr) 11/30/1957		ARREN		
8. PLACE OF DEATH (Check	k only one)								- emilya.Z	-	Decedent				
HOSPITAL: Inpatient 9. FACILITY NAME (If not insti	tution give street and	number)	mival OTHER:	Hospice	e Facility [Nursin					STATE AND ZIF		(Specify)	1	
THE MEDICAL CE			GREEN								REEN, KY				
11. BIRTHPLACE (City and Sta			12 M	ARITAL ST			1 (3)				3. SURVIVING S		wife, give na	ime prior to first	merriag
DENVER, COLOR	ADO		□ Ma		eparated [wed 🖫 t			1,	NIA				
14. DECEDENTS USUAL OF		of work done during	g most of working is	ite) 15.	KIND OF B	SUSINES	SANDUS	TRY	WII	1		16.	WAS DEC	EDENT EVE	RINU
(Do not use retired)	$\rightarrow \wedge$								1				ARMED FO		
ENTERTAINMENT	17b. COUNTY	254	17c CITY OF		RNIVAL		17d STF	DEET.	****	1055		1 47- 70	CODE	No 17f INSIC	E OUT
17a. RESIDENCE - State	17B, COUNTY						170 516	KEEIA	AND NU	MBER					S? U
UNKNOWN	UNKNOW	٧	UNKNO				UNKNO	NWO				UNK	NOWN	☐ Yes	□ No
 DECEDENT'S EDUCATION (Check the box that best described) 	bes the highest degre	ee or level of	19 DECEDEN best describer Check the "No	T OF HISP.	ANIC ORIG	Spanish/h	ck the box to departic/Lat	tine 1	(Check or	e or m	ITS RACE ore races to indicate	what the de	cedent consid	dered himself o	r herself
school completed at the time of Bth Grade or Less	f death.)		Check the "No	"box if the d	ecedent is no	t Spenish	/Hispanic/Li	atino)	Whit			☐ Samo	an	144A	5/4
2 9th -12th Grade: No Diplo	ma		No, not Spe	enish/Hisp	anic/Latino				☐ Nativ	e Hav	frican American valian	Other (Spec			
☐ High School Graduate or ☐ Some College Credit but	GED Completed No Degree	St. Barry	Yes, Mexic	an, Mexica	n American	n, Chicar	10		Asia	n India	an	Other (Spec	Pacific Isla	ander	
☐ Associates Degree (e.g., ☐ Bachelor's Degree (e.g., ☐	AA, AS)		TYes, Cubar	1					☐ Filipi	no		☐ Amer	ican Indian	or Alaska Na	ative
Master's Degree (e.g., M/	A. MS. MEng, ME	d, MSW, MBA)	Yes, other : (Specify)	Spanish/H	spanic/Lati	no		100	☐ Guar	mania	n or Chamorro	PARTITION OF	e or the enr	rolled or princ	cipal tri
☐ Master's Degree (e.g., M/☐ Doctorate (e.g., PhD, EdE MD, DDS, DVM, LLB, JD)	or Professional	Degree (e.g.,				-			☐ Kore ☐ Vietr			Other (Spec	ifv)	Siles 1	
21. FATHER'S NAME (First, N				A THE LOUIS	SULT.	22. N	MOTHER'S				FIRST MARRIAG				195
EARL MOORE, JR	144					MA	RY EL	LEN	N IRVI	IN					5
23a. INFORMANT'S NAME	- Land	No.	23b. RELATION	NSHIP TO	DECEDEN	T 23c.	MAILING	ADDR	RESS (St	reet an	d Number City Stat	e. Zip Code)			1
TRACY E MOORE		$\sim 10^{-1}$	BROTHE	R		104	25 SOUT	TH NO	ORTHE	ORT	Y WAY, SOUT	H JORD	AN, UT 84	1095	
24. METHOD OF DISPOSITIO	ON (Check anly or	ne):	25 PLAC	E OF DISF	OSITION (26 LOCATION				
☐ Burial IX Cremation ☐ Removal from State ☐ C	Donation LI Ent	ombment	J.C. K	IRBY 8	SON	CREM	ATOF	2Y			BOWLING	GRE	EN KY		
TIM WARD (Must Use Blue/Black Ink) Electr	CONTRACTOR OF THE PERSON AND ADDRESS.	illy acceptable purs	ATHERES ATT APPROPRIESTORS	08/14/ 07 & KRS 36	9 118	4770	D		J. 83 B0	C. KI	ME AND COMPLI RBY & SON FUI OADWAY NG GREEN, KY	NERAL CH	APEL		11
(Must Use Blue/Black Ink) Electr 30. DATE PRONOUNCED DI	CONTRACTOR OF THE PERSON AND ADDRESS.	illy acceptable purs	31. ACTUAL	08/14/ 07 8 KRS 36	2014	4770	D		J. 83 B0	C. KI	RBY & SON FUI OADWAY NG GREEN, KY CAL EXAMINER	NERAL CH 42101 OR CORO	APEL		
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FORM VS NO. 1-A (REVISED 12/2013)

THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT

Paul J. Royce

State Registrar



Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1.	That	Randle Frich	Joone [Name of Decedent], her	einaster "Decedent," died	d in the
	State of	of Kentucky	on August L	, 20 <u>/4</u> .	
2.	At lea	st 40 days have elapsed sinc ed to this declaration.	ee the death of Decedent, as shown	in a certified copy of the	Decedent's death certificate
3.	Check	or of the following approp	priate boxes.		
	X	No proceeding is now be	ing or has been conducted in Calif	fornia for administration	of the Decedent's estate.
		The decedent's personal affiant or declarant of the	representative has consented in ware property described in the affidave	iting to the payment, trant or declaration.	nsfer, or delivery to the
4.	descri	nrent gross fair market valued in section 13050 of the (n 4 for amount.)	e of the decedent's real and person California Probate Code, does not	nal property in California exceed \$ <u>164e, 250</u> .	, excluding the property (See instructions under
5.	the Ca	alifornia State Controller's C	ation (PID) number(s) of the Decederation (PID) number(s) of the Decederation $P \mathcal{L} D \neq 72/22$	this declaration is identif	fied below. Attach a list of the
6.	Check	one of the following approp	priate boxes, and, if applicable, fill	in the blank.	
	X	The declarant(s) is/are the Code) to the Decedent's	e successor(s) of the Decedent (as interest in the described property.	defined in Section 13006	of the California Probate
		successor of the Deceden Decedent's interest in the	athorized under Section 13051 of that (as defined in Section 13006 of the described property.	he California Probate Co	de) with respect to the
		The name of the successor	or of the Decedent is: Brando	on Moore, Robin	E. Moore, Tracy EM
7.	No oth		ht to the interest of the Decedent in		, ,
8.	The de	eclarants request that the des	scribed property be paid, delivered	or transferred to the dec	larants.
9.	any ac	companying documents are	, under the laws of the State of Ca true and correct, with full knowled ant may be grounds for denial of the	edge that all statements a	nts contained in this form and re subject to investigation and
Ko	his	Mon K	obin Moore	2-	5-2024
Signa	ture		[Print or Type]	Date:	
Signa	Sell	nhoudes— J7 Name	OSEIVA LANCTENS of [Print or Type]	2-c Date:	5-2024
Signa	ture	Name	[Print or Type]	Date:	JOSELYN LANDEROS Commission Number 8495

July 20, 2026

Email Address

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

To: Matthew Jennings, Treasurer-Tax Collec	tor	
Re: Claim for Excess Proceeds		
TC 217 ITEM 4798 Parcel Identification Num	mber: 721224004	7 3
Assessee: MOORE, BRANDON & RANDLE E & R		RE NOV
Situs:		RSIDI RSIDI
Date Sold: May 18, 2021		111
Date Deed to Purchaser Recorded: July 28, 2021		PM 6:
Final Date to Submit Claim: July 28, 2022	OR.	8
I/We, pursuant to Revenue and Taxation Code Set \$_18,021.66 from the sale of the above mention owner(s) [check in one box] at the time of the sale Document No. 2011 ^035 (149); recorded on 8 - 2 rightful claimants by virtue of the attached assignment of documentation supporting the claim submitted.	ed real property. I/We were the lienhold of the property as is evidenced by Riverside 2011. A copy of this document is attached	der(s), operty county Recorder's hereto. I/We are the
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED U	JNLESS THE DOCUMENTATION IS ATTACH	IED.
If the property is held in Joint Tenancy, the taxsale prohave to sign the claim unless the claimant submits proclaimant may only receive his or her respective portion of	oof that he or she is entitled to the full amour	
I/We affirm under penalty of perjury that the foregoing is		
Executed this 12 day of October, 2	021 at Linn Towa County, State	
Brankon Moore		
Signature of Claimant	Signature of Claimant	
Brandon Moore Print Name	Print Name	
ZO15 Rockford Rd SW # 9 Street Address	Street Address	11 =
Cedar Rapids IA 52404 City, State, Zip	City, State, Zip	
319-538-1024		
Phone Number	Phone Number	
bdmoore 81 @ gmail.com		

Email Address

DE-	305
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): After & cording return to:	DOC # 2011-0336149
Tracy E. Moore	08/02/2011 08:00A Fee:21.00 Page 1 of 3
10425 South North Forty Way	Recorded in Official Records
S. Jordan, UT 84095	County of Riverside Larry W. Ward
TELEPHONE NO.: 801 253-0302	Assessor, County Clerk & Recorder
FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): temoore98@yahoo.com	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
STREET ADDRESS: 4050 Main Street	S R U PAGE SIZE DA MISC LONG RFD CC
MAILING ADDRESS:	
CITY AND ZIP CODE: Riverside, CA 92501	M A L 465 426 PCOR NCOR SME NCHG EX
BRANCH NAME: Probate Court	M A L 465 426 PCOR NCOR SMF NCHG
MATTER OF (Name):	
	CASE NUMBER:
Mary Ellen Moore	DECEDENT N = - 1 + 1 +
AFFIDAVIT DE DEAL DOODEDTY OF CMA	MCP1100349
AFFIDAVIT RE REAL PROPERTY OF SMA (\$20,000 or Less)	FOR COURT USE ONLY
1	
1. Decedent (name): Mary Ellen Moore	FLLED
died on (date): 01/19/2006	SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE
2. Decedent died at (city, state): Ames, Iowa	3.
At least six months have elapsed since the date of death of the certified copy of decedent's death certificate attached to the	
certified copy of decedent's death certificate.)	Serie de Contra
4. a. Decedent was domiciled in this county at the time of co	death
b. Decedent was not domiciled in California at the time of	
died owning real property in this county.	1
5. a. The following is a legal description of decedent's real prop	perty claimed by the
declarants (copy description from deed or other legal instru	ment):
described in an attachment labeled Attachment 5a.	
Lot 428 MB 043/045	
Tract 2337	
APN 721224004-6	
ii .	
b. Decedent's interest in this real property is as follows (special	fy):
Sole owner	
6. Each declarant is a successor of decedent (as defined in Prob	pate Code section 13006) and a successor to decedent's interest in the
real property described in item 5a, and no other person has a	superior right, because each declarant is
a. (will) a beneficiary who succeeded to the property u	
b. (no will) a person who succeeded to the property ur	
7. Names and addresses of each guardian or conservator of dec	edent's estate at date of death
none✓ are as follows* (specify):	
Robin E. Moore, Tracy E. Moore, Brandon Moore	
Randle E. Moore	
The gross value of all real property in decedent's estate located in California as shown by the <i>Inventory and Appraisal</i>,	An Inventory and Appraisal of decedent's real property in California is attached. The Inventory and Appraisal was made.
excluding the real property described in Probate Code section	California is attached. The <i>Inventory and Appraisal</i> was made by a probate referee appointed for the county in which the
13050 (joint tenancy, property passing to decedent's spouse,	property is located. (You may use Judicial Council form
etc.), does not exceed \$20,000.	DE-160.)
	 No proceeding is now being or has been conducted in California for administration of decedent's estate.
* You must have a copy of this affidavit with attachments personally serve	
be sold of the anidatit with attachments personally serve	ed or mailed to each person named in item 7.

			T
MATTER OF			CASE NUMBER:
_(Name): Mary Ellen Moore			
		DECEDENT	
11. Funeral expenses, expenses	of last illness, and all known unsec	ured debts of the decede	ent have been paid. [NOTE: You may
	dent's unsecured debts up to the fair	market value of the rea	of property and any income you receive
from it.]			
	under the laws of the State of Califo	ornia that the foregoing i	is true and correct.
Date: 10-12-10		. 11.	C 711
Robin E. Moore		1 John	2/0/000
(TYPE OR PRIN	T NAME)		(SIGNATURE OF DECLARANT)
Date: 10-12-10			,
Tracy E. Moore		Jane	9. More
(TYPE OR PRIN	T NAME)	()	(SIGNATURE OF DECLARANT)
		SIGNATURE OF AD	DITIONAL DECLARANTS ATTACHED
	ALOTE No set		wider (areall strip) to this page If addi
NOTARY ACKNOWLEDGMENT	tional notary acknowledgments	are required, they must i	rider (small strip) to this page. If addi- be attached as 8-1/2- by 11-inch pages.)
	II. D: 1	MARKOLAL	dob man an coellis
STATE OF CALIFORNIA, COUN	NIY OF (specify): Riverside /	TITE OLITI	idee Member service
On (date): / - 7- //			
personally appeared (name(s)):	Robin Eugene Mou	ore	
			s/are subscribed to the within instrument
	e/sne/they executed the instrument in the person(s), or the entity upon beha		d capacity(ies), and that by his/her/their
I certify under PENALTY OF PE		ii or writer the person(s)	acted, executed the instrument.
20 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1	oing paragraph is true and correct.	(NOTARY SEAL) TV	Tary M. allander
		, ala	MARY M. OLANDER
WIFNESS my hand and official s	iseal.	No.	Commission Number 722497
Mary M.	Cloender	700	My Commission Expires
/ (SIGNATURE OF	NOTARY PUBLIC)		
STATE OF CALIFORNIA, COUN	NTY OF (specify):		
On (date): 12-22-115	, before me (name and title):	undi Cou	Je, Loen officer
personally appeared (name(s)):	Trasi Eden No	2 6	7. 3 mark of little y
who proved to me on the basis o	f satisfactory evidence to be the per	son(s) whose name(s) is	s/are subscribed to the within instrument
and acknowledged to me that he	/she/they executed the instrument ir	n his/her/their authorized	I capacity(ies), and that by his/her/their
signature(s) on the instrument th	e person(s), or the entity upon beha	If of which the person(s)	acted, executed the instrument.
I certify under PENALTY OF PER	RJURY under the laws of the	(NOTARY SEAL)	
State of California that the forego	oing paragraph is true and correct.		AMERICANIE
WITNESS my hand and official s	seal. Salt Lake	LO.	CYNDI COYLE NOTARY PUBLIC-STATE OF UTAH
	Cile Of	cuh Fin	9260 SOUTH 300 EAST
YSIGNATURE OF	NOTARY PUBLIC) (X) 2-10	-12	SANDY, UTAH 84070
(SEAL)		CI EDV	COMM. EXP. 02-10-2012
COURT		CLERK'S CERTI	
SUREN CALL			y acknowledgments and any attached chiments), is a true and correct copy of
200 - 100 PM	the original affidavit on file in my		
			al. See Probate Code section 13202.)
		1	
STATE OF THE PARTY	Date Contract	Olaris I)
OF RIVERS	Date: 6/6/11	Clerk, by	, Deputy
e esta constati filoso	87	100	~

MATTER OF			CASE NUMBER:		
_(Name): Mary Ellen Moore					
		DECEDENT			
11. Funeral expenses, expenses be personally liable for deced from it.]	of last illness, and all known unselent's unsecured debts up to the f				
I declare under penalty of perjury	under the laws of the State of Ca	lifornia that the foregoing is	s true and correct.		
Date: 10-12-10					
Randle E. Moore		1 /2 dl 6	Maria		
(TYPE OR PRIN'	NAME)	white !	(SIGNATURE OF DECLARANT)		
Date: 10-12-10		1	0	\bigcirc	
Brandon Moore		Brech	m Dur	Moun2	
(TYPE OR PRINT	NAME)	7 0	(SIGNATURE OF DECLARANT)	,	
		✓ SIGNATURE OF ADI	DITIONAL DECLARANTS ATTACK		
	- (A)OTF Al				
NOTARY ACKNOWLEDGMENT	tional notary acknowledgment				
STATE OF CALESCANDA, COUN	~ !	Will havenue L			
On (date): 01/25/11	ITY OF (specify): Reverside , before me (name and title): RAND LE ERIC Moore	Rofael Martine	- Notara P	ublic State of	
personally appeared (name(s)):	Para I E FELL MADOS	Florida	2, 100,011 9		
per the same on the same and the same of t	f satisfactory evidence to be the p /she/they executed the instrument				
	e person(s), or the entity upon bel		15 NESTE 18800		
I certify under PENALTY OF PER			MANAMARIA		
	ing paragraph is true and correct	(NOTARY SEAL)	WALL WALL	e.	
WITNESS my hand and official s	eal	3	CHI SIUN EXP		
000	2	*** **** *****************************		* =	
SIGNATURE OF	NOTAR (PUBLIC)	entre experience control	* #DD 802345	HIDA	
			A a a a a a a a a a a a a	0.5	
On (date): 2/15/2011	, before me (name and title):	ul ichelle L. Wh	The Avenue Avenue	public tor	
personally appeared (name(s)):	DICENTATIVE D. MOUTH	17	Jan	01 10000	
	satisfactory evidence to be the p				
	she/they executed the instrument e person(s), or the entity upon bel				
I certify under PENALTY OF PER		nan or which the person(s)	acted, excedited the line		
State of California that the forego		(NOTARY SEAL)			
WITNESS my/hand and official's	11 -10 11	I Shell is	MICHELLE L. WHIT Commission Number 739	683	
VOLUME VIOLUE	TIVILEW	10WA	Commission Number 739 MX-COMMISSION EXPIR	921	
(SIGNATURE OF	NOTARY PUBLIC)	-	1 100	re)	
(SEAL)					
COURTOR		CLERK'S CERTI	FICATE		
SUREN	I certify that the foregoing, including any attached notary acknowledgments and any attached				
legal description of the property (but excluding other attachments), is a true and correct cop the original affidavit on file in my office. (Certified copies of this affidavit do not include the (1) death certificate, (2) will, or (3) inventory and appraisal. See Probate Code section 1320					
		1	/		
Collins of Street	Date: 6 / 6 / 11	Clerk, by	1	Danif	
OF KIVE	Date: 6/6/11	CIEIK, DY	/	, Deputy	

Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND 3998172 116 201424814 KENTUCKY CERTIFICATE OF DEATH Case #: E201408140002 te DECEDENT'S LEGAL NAME (First, Middle, Lest) (Include AKA's if any) RANDLE ERIC MOORE N/A MALE DAY 6 DATE OF BIRTH 4 SOCIAL SECURITY NUMBER August 06, 2014 UNKNOWN 11/30/1957 8. PLACE OF DEATH (Check only one)

BEROUGH Dead on Arrivel OTHER: Hospice Facility | Nursing Home-Rung Term Care Facility | Residence | Other (Specify)

FACILITY NAME (or not unabled) pive street and number) THE MEDICAL CENTER AT BOWLING GREEN **BOWLING GREEN, KY 42101** 12 MARITAL STATUS | Married | Widowed | Never Mar | Married | Widowed | Never Mar | Married but Separated | Divorced | Unknown | Working life | 15. KIND OF BUSINESSANDUSTRY DENVER, COLORADO 14. DECEDENT'S USUAL OCCUPATION **ENTERTAINMENT** CARNIVAL 17b. COUNTY 17c. CITY OR TOWN 17d. STREET AND NUMBER UNKNOWN UNKNOWN UNKNOWN UNKNOWN UNKNOWN 18. DECEDENT'S EDUCATION
(Check the box that best describes the highest degree or level of school completed at the time of death.) 9. DECEDENT OF HISPANIC ORIGIN? (Check the box to the check the box to the decedent is Spanish to panich at 20 DECEDENTS RACE e what the decedent considered to Samoan

Other Asian
(Specify)

Other Pacific Islander
(Specify) Black or African American No, not Spanish/His
Yes, Mexican, Mexi
Yes, Puerto Rican
Yes, Cuban
Yes, other Spanish/ (Specify)
American Indian or Alaska Native
(Name of the enrolled or principal tribe) Yes, other Spanish/H spanic/Latino OIN (Specify) 21. FATHER'S NAME (First, Middle, Last) 22. MOTHER'S NAME PRIOR TO FIRST MA EARL MOORE, JR MARY ELLEN IRVIN 23b. RELATIONSHIP TO DECEDENT 23c. MAILING ADDRESS (Street and Number, City State, Zip Code) TRACY E MOORE BROTHER 10425 SOUTH NORTH FORTY WAY, SOUTH JORDAN, UT 84095 24 METHOD OF DISPOSITION (Check only one):

Burlai © Cremation Donation Enformement
Removal from State Other (Specify) 25 PLACE OF DISPOSITION ery cremetory or other place) | 26 LOCATION - City, Town, and State J.C. KIRBY & SON CREMATORY **BOWLING GREEN, KY** 28 KY LICENSE NUMBER 29 NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY J. C. KIRBY & SON FUNERAL CHAPEL 08/14/2014 31. ACTUAL OR PRESUMED TIME OF DEATH 08/06/2014 12:22 PM DAY(S) Sequentially list conditions, if any, eading to the cause listed on line DUE TO (OR AS A CONSEQUENCE OF) Certifie Enter the UNDERLYING CAUSE DUE TO (OR AS A CONSEQUENCE OF) (disease or injury that initiated the events esuting in death) LAST PART II. Enter other significant conditi one contributing to death but not resulting in the underlying cause given in Part 34 MANNER OF DEATH SEVERE PERIPHERAL ARTERIAL DISEASE, COPD ☐ Accident
☐ Pending Investigation Natural Medical ☐ Suicide ☐ Could not be Determined 37. DID TOBACCO USE CONTRIBUTE TO DEATH? 35. WAS AN AUTOPSY PERFORMED? Not pregnant within past year
Not pregnant, but pregnant within 42 days of death 36. WERE AUTOPSY FINDINGS AVAILABLE ☐ Probably TO COMPLETE THE CAUSE OF DEATH? B □ No ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unkno 43 IF TRANSPORTATION INJURY, SPECIFY 41. INJURY AT WORK Completed Driver/Operator Pedestrian
Passenger Other (Specify) 44. DESCRIBE HOW INJURY OCCURRED. 45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code) 46 TO BE COMPLETED BY CERTIFIER 47 DATE CERTIFIED (Mo/Day/Yr) To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated 08/18/2014 Be SIGNATURE SAM HARDCASTLE, M. D. 34135 PHYSICIAN (Must Use Blue/Black Ink) Electronic eigneture is legally acceptable pursuant to KRS 369 107 and KRS 369 118
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) SAM HARDCASTLE THE MEDICAL CENTER AT BOWLING GREEN, 250 PARK STREET, BOWLING GREEN, KY 42101 51. REGISTRAR'S SIGNATURE Paul J. Royce 08/18/2014 THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this

NICOLE DROTTZ Commission Number 831470 My Commission Expires April 16, 2024

State Registrar

11-1-21



Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1.	That _R	andle Eric	Maore	_[Name of Decede	nt], hereinafter	"Decedent," died in the	
	City of	Downing G	ecn	_, County of _ W _ on _ A ngust	arren	20 : (1	
	State of	KENTWCK	/	on Angust	_ Б	, 20_14	
2.		40 days have elaps to this declaration		eath of Decedent, as	shown in a cer	tified copy of the Decedent'	s death certificate
3.	Check (or of the followin	g appropriate b	oxes.			
	M						
				ntative has consent ty described in the		the payment, transfer, or del laration.	ivery to the
4.	describe					erty in California, excluding	
5.	the Call	ifornia State Contro	oller's Office to	the declarant purs	uant to this dec	ich is/are to be paid, transfelaration is identified below.	Attach a list of the
6.	Check (c	ne)of the following	g appropriate be	oxes, and, if applica	able, fill in the b	olank.	
	The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.						
	The declarant(s) is/are 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.						
		The name of the	successor of the	Decedent is: _Ro	bin Moore,	Trany Moore, Br	andor Mode
7.	No othe			interest of the Dec	,	/	
8.	The dec	larants request that	the described	property be paid, de	elivered, or trans	sferred to the declarants.	
9.	any acc	ompanying docum	ents are true an		knowledge tha	t, that all statements contain t all statements are subject submitted.	
Bry Signatu		Moso	Brown of Name [Print	don Moor	C	#Z / 16/Z Date:	024
Signatu	re		Name [Print	or Type]		Date:	
Alos	das	up Opett	00 5	tephanie	Hall	2-16-2	4
Signatu	re	A Louis	Name [Print	t or Typel	i joet i	Date:	
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