

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



ITEM: 19.33  
(ID # 24785)

**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 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**

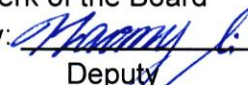
  
Matthew Jennings, Treasurer-Tax Collector 9/3/2024

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**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

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 18,028	\$ 0	\$ 18,028	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	24/25

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

**BACKGROUND:**

**Summary**

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

1. 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.
2. 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.
3. 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 assesseees 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 County Counsel 6/10/2024

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 4798 Parcel Identification Number: 721224004

Assessee: MOORE, BRANDON & RANDLE E & ROBIN E & TRACY E

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 \$ 18,027.66 from the sale of the above mentioned real property. I/We were the [ ] lienholder(s), [x] 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. 2011-0336149; recorded on 8-2-2011. 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.

Four horizontal lines for listing documentation.

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 16 day of Aug, 2021 at Douglas, Nevada County, State

T Moore Signature of Claimant

Signature of Claimant

TRACY MOORE Print Name

Print Name

1194 Stephanie Way Street Address

Street Address

Hinden NV 89423 City, State, Zip

City, State, Zip

801 231-9057 Phone Number

Phone Number

temore98@yahoo.com Email Address

Email Address

RECEIVED 2021 NOV -8 PM 6:08 RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
 After recording return to:  
 Tracy E. Moore  
 10425 South North Forty Way  
 S. Jordan, UT 84095

TELEPHONE NO.: 801 253-0302  
 FAX NO. (Optional):  
 E-MAIL ADDRESS (Optional): temoore98@yahoo.com  
 ATTORNEY FOR (Name):

DOC # 2011-0336149  
 08/02/2011 08:00A Fee:21.00  
 Page 1 of 3  
 Recorded in Official Records  
 County of Riverside  
 Larry W. Ward  
 Assessor, County Clerk & Recorder



SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside  
 STREET ADDRESS: 4050 Main Street  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: Riverside, CA 92501  
 BRANCH NAME: Probate Court

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MATTER OF (Name):  
 Mary Ellen Moore

DECEDENT

CASE NUMBER:  
 MCP1100349

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

FOR COURT USE ONLY

**FILED**  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF RIVERSIDE

JUN 06 2011

*[Signature]*

M  
 061

- Decedent (name): Mary Ellen Moore died on (date): 01/19/2006
- Decedent died at (city, state): Ames, Iowa
- At least **six months** have elapsed since the date of death of decedent as shown in the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.)
- 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.
- 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

- Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is
  - (**will**) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.)
  - (**no will**) a person who succeeded to the property under Probate Code sections 6401 and 6402.
- Names and addresses of each guardian or conservator of decedent's estate at date of death  
 none  are as follows\* (specify):  
 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 *Inventory and Appraisal*, excluding the real property described in Probate Code section 13050 (joint tenancy, property passing to decedent's spouse, etc.), does not exceed \$20,000.
- An *Inventory and Appraisal* of decedent's **real property** in California is attached. The *Inventory and Appraisal* was made by a probate referee appointed for the county in which the property is located. (You may use *Judicial Council form DE-160*.)
- No proceeding is now being or has been conducted in California for administration of decedent's estate.

\* You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7. Page 1 of 2/3

MATTER OF (Name): <u>Mary Ellen Moore</u>	CASE NUMBER:
DECEDENT	

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.]

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

Date: 10-12-10  
 Robin E. Moore  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ Robin E. Moore  
 \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

Date: 10-12-10  
 Tracy E. Moore  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ Tracy E. Moore  
 \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

SIGNATURE OF ADDITIONAL DECLARANTS ATTACHED

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

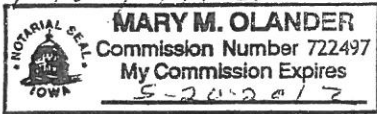
STATE OF CALIFORNIA, COUNTY OF (specify): Riverside MARY OLANDER Member Service Rep.  
 On (date): 1-7-11, before me (name and title):  
 personally appeared (name(s)): Robin Eugene Moore

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 instrument 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.

Mary M. Olander  
 \_\_\_\_\_  
 (SIGNATURE OF NOTARY PUBLIC)

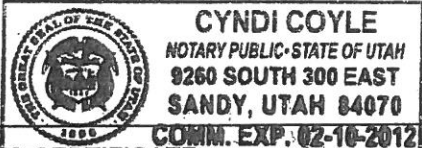
(NOTARY SEAL) Mary M. Olander  


STATE OF CALIFORNIA, COUNTY OF (specify):  
 On (date): 12-22-10, before me (name and title): Cyndi Coyle, Loan officer  
 personally appeared (name(s)): Tracy Eden Moore

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 instrument 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. Salt Lake Co. Utah  
EXP 2-10-12  
 \_\_\_\_\_  
 (SIGNATURE OF NOTARY PUBLIC)

(NOTARY SEAL)  




**CLERK'S CERTIFICATE**

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

Date: 6/6/11 Clerk, by \_\_\_\_\_, Deputy

MATTER OF (Name): Mary Ellen Moore	CASE NUMBER:
DECEDENT	

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.]

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

Date: 10-12-10

Randle E. Moore

(TYPE OR PRINT NAME)

  
(SIGNATURE OF DECLARANT)

Date: 10-12-10

Brandon Moore

(TYPE OR PRINT NAME)

  
(SIGNATURE OF DECLARANT)

SIGNATURE OF ADDITIONAL DECLARANTS ATTACHED

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

STATE OF ~~CALIFORNIA~~ <sup>FLORIDA</sup>, COUNTY OF (specify): ~~Riverside~~ Hillsborough  
 On (date): 01/25/11, before me (name and title): Rafael Martinez, Notary Public State of Florida  
 personally appeared (name(s)): RANDLE ERIC MOORE Florida

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 instrument in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

  
(SIGNATURE OF NOTARY PUBLIC)



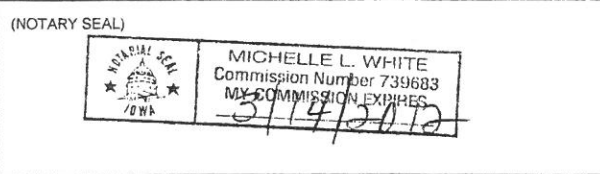
STATE OF CALIFORNIA, COUNTY OF (specify):  
 On (date): 2/15/2011, before me (name and title): Michelle L. White, Notary Public for State of Iowa  
 personally appeared (name(s)): Brandon D. Moore

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 instrument in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

  
(SIGNATURE OF NOTARY PUBLIC)



**CLERK'S CERTIFICATE**

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

Date: 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

1b. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) <b>RANDLE ERIC MOORE</b>				1d. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE <b>N/A</b>		2. SEX <b>MALE</b>	
3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Specify Month) <b>August 06, 2014</b>		4. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>		5a. AGE - LAST BIRTHDAY (Years) <b>56</b>		5b. UNDER 1 YEAR Months: _____ Days: _____	
6. DATE OF BIRTH (Mo/Day/Yr) <b>11/30/1957</b>		7. COUNTY OF DEATH <b>WARREN</b>					
8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify): _____							
9. FACILITY NAME (If not institution, give street and number) <b>THE MEDICAL CENTER AT BOWLING GREEN</b>				10. CITY OR TOWN, STATE AND ZIP CODE <b>BOWLING GREEN, KY 42101</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>DENVER, COLORADO</b>		12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		13. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>NIA</b>			
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) <b>ENTERTAINMENT</b>				15. KIND OF BUSINESS/INDUSTRY <b>CARNIVAL</b>		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17a. RESIDENCE - State <b>UNKNOWN</b>		17b. COUNTY <b>UNKNOWN</b>		17c. CITY OR TOWN <b>UNKNOWN</b>		17d. STREET AND NUMBER <b>UNKNOWN</b>	
17e. ZIP CODE <b>UNKNOWN</b>		17f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th - 12th Grade, No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associate Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng., MEd., MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)							
19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____							
20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify) _____							
21. FATHER'S NAME (First, Middle, Last) <b>EARL MOORE, JR</b>				22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>MARY ELLEN IRVIN</b>			
23a. INFORMANT'S NAME <b>TRACY E MOORE</b>		23b. RELATIONSHIP TO DECEDENT <b>BROTHER</b>		23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>10425 SOUTH NORTH FORTY WAY, SOUTH JORDAN, UT 84095</b>			
24. METHOD OF DISPOSITION (Check only one): <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____				25. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>J. C. KIRBY &amp; SON CREMATORY</b>		26. LOCATION - City, Town, and State <b>BOWLING GREEN, KY</b>	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <b>TIM WARD</b>				DATE SIGNED (Mo/Day/Yr) <b>08/14/2014</b>		28. KY LICENSE NUMBER (of licensee) <b>4770</b>	
29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>J. C. KIRBY &amp; SON FUNERAL CHAPEL</b>				30. ADDRESS <b>832 BROADWAY</b>			
31. ADDRESS <b>BOWLING GREEN, KY 42101</b>							
30. DATE PRONOUNCED DEAD (Mo/Day/Yr) <b>08/06/2014</b>		31. ACTUAL OR PRESUMED TIME OF DEATH <b>12:22 PM</b>		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
33. PART I. Enter the <u>chain of events</u> - diseases, injuries or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) -> <b>SEVERE ANOXIC ENCEPHALOPATHY</b>						4 DAY(S)	
Due to (OR AS A CONSEQUENCE OF):							
Sequentially list conditions, if any, leading to the cause listed on line a.							
b. DUE TO (OR AS A CONSEQUENCE OF):							
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							
c. DUE TO (OR AS A CONSEQUENCE OF):							
d.							
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I <b>SEVERE PERIPHERAL ARTERIAL DISEASE, COPD</b>							
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined							
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year			
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
39. DATE OF INJURY (Mo/Day/Yr) (Specify Month)		40. TIME OF INJURY		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.							
47. DATE CERTIFIED (Mo/Day/Yr) <b>08/18/2014</b>						48. LICENSE NUMBER <b>34135</b>	
49. TITLE OF CERTIFIER <b>PHYSICIAN</b>							
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) <b>SAM HARCADSTLE</b> <b>THE MEDICAL CENTER AT BOWLING GREEN, 250 PARK STREET, BOWLING GREEN, KY 42101</b>							
51. REGISTRAR'S SIGNATURE <b>Paul F. Royce</b>						52. DATE FILED (Mo/Day/Yr) <b>08/18/2014</b>	

FORM VS NO. 1-A  
(REVISED 12/2013)

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 therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 10th day of August, 20Aug.

Copy of Original Robin Moore  
Hill Moore

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

**Paul F. Royce**  
State Registrar







# Controller Malia M. Cohen

## California State Controller's Office

### Unclaimed Property Division TREASURER-TAX COLLECTOR

FEB 10 2024  
RECEIVED

### Declaration Under Probate Code Section 13101

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

- That Randle Eric Moore [Name of Decedent], hereinafter "Decedent," died in the City of Bowling Green, County of Wasson, State of Kentucky on 8-6-20, 20 14.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
  - 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.
- 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 \$ 166,250. (See instructions under Section 4 for amount.)
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. # 721224004 Item 4798
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
  - 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: Brandon Moore, Robin Moore, Tracy Moore
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

<u>T Moore</u> Signature	<u>TRACY Moore</u> Name [Print or Type]	<u>2-6-2024</u> Date:

This certificate is attached to a 1 page document dated 2/6/24 entitled Unclaimed Property

### ACKNOWLEDGMENT CERTIFICATE

State of Nevada

County of Douglas

Before me, Danielle Bates, on this

Name of Notary Public

day personally appeared Tracy Eden Moore,

Name of signer(s)

to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 6<sup>th</sup> day of February, 2024.

Year

Danielle Bates

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

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 4798 Parcel Identification Number: 721224004

Assessee: MOORE, BRANDON & RANDLE E & ROBIN E & TRACY E

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED  
2021 NOV -8 PM 6: 08  
RIVERSIDE COUNTY  
TREAS - TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 18,027.60 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. 2011-0336149; recorded on 8-2-2011. 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 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 28 day of Aug., 2021 at Warren, Iowa  
County, State

Robin E Moore  
Signature of Claimant

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

Robin F. Moore  
Print Name

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

16729 Dubuque Street  
Street Address

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

Carlisle, IA 50047  
City, State, Zip

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

(515) 201-9083  
Phone Number

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

iowa.moore@yahoo.com  
Email Address

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
 After recording return to:  
 Tracy E. Moore  
 10425 South North Forty Way  
 S. Jordan, UT 84095

TELEPHONE NO.: 801 253-0302  
 FAX NO. (Optional):  
 E-MAIL ADDRESS (Optional): temoore98@yahoo.com  
 ATTORNEY FOR (Name):

DOC # 2011-0336149  
 08/02/2011 08:00A Fee:21.00  
 Page 1 of 3  
 Recorded in Official Records  
 County of Riverside  
 Larry W. Ward  
 Assessor, County Clerk & Recorder



SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside  
 STREET ADDRESS: 4050 Main Street  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: Riverside, CA 92501  
 BRANCH NAME: Probate Court

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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MATTER OF (Name):  
 Mary Ellen Moore

DECEDENT

CASE NUMBER:  
 MCP1100349

FOR COURT USE ONLY

FILED  
 SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF RIVERSIDE

JUN 06 2011

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

- Decedent (name): Mary Ellen Moore died on (date): 01/19/2006
- Decedent died at (city, state): Ames, Iowa
- At least **six months** have elapsed since the date of death of decedent as shown in the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.)
- Decedent was domiciled in this county at the time of death.
  - Decedent was **not** domiciled in California at the time of death. Decedent died owning real property in this county.
- 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
  - Decedent's interest in this real property is as follows (specify):  
 Sole owner
- Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is
  - (**will**) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.)
  - (**no will**) a person who succeeded to the property under Probate Code sections 6401 and 6402.
- Names and addresses of each guardian or conservator of decedent's estate at date of death  
 none  are as follows\* (specify):  
 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 *Inventry and Appraisal*, excluding the real property described in Probate Code section 13050 (joint tenancy, property passing to decedent's spouse, etc.), does not exceed \$20,000.
- An *Inventry and Appraisal* of decedent's **real property** in California is attached. The *Inventry and Appraisal* was made by a probate referee appointed for the county in which the property is located. (You may use *Judicial Council form DE-160*.)
- No proceeding is now being or has been conducted in California for administration of decedent's estate.

\* You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7.

MATTER OF <i>(Name): Mary Ellen Moore</i>	CASE NUMBER:
DECEDENT	

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.]

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

Date: 10-12-10  
 Robin E. Moore  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ *Robin E. Moore*  
 \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

Date: 10-12-10  
 Tracy E. Moore  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ *Tracy E. Moore*  
 \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

SIGNATURE OF ADDITIONAL DECLARANTS ATTACHED

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

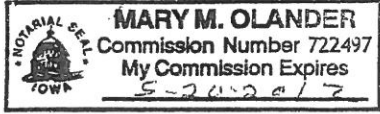
STATE OF CALIFORNIA, COUNTY OF (specify): *Riverside* *MARY OLANDER Member Service Rep.*  
 On (date): *1-7-11*, before me (name and title):  
 personally appeared (name(s)): *Robin Eugene Moore*

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 instrument 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.

*Mary M. Olander*  
 \_\_\_\_\_  
 (SIGNATURE OF NOTARY PUBLIC)

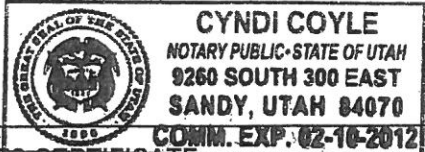
(NOTARY SEAL) *Mary M. Olander*  


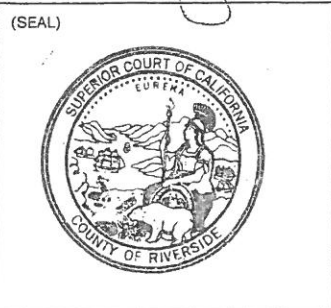
STATE OF CALIFORNIA, COUNTY OF (specify):  
 On (date): *12-22-10*, before me (name and title): *Cyndi Coyle, Loan officer*  
 personally appeared (name(s)): *Tracy Eden Moore*

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 instrument 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. *Salt Lake Co. Utah*  
*Cyndi Coyle*  
 \_\_\_\_\_  
 (SIGNATURE OF NOTARY PUBLIC) *EXP 2-10-12*

(NOTARY SEAL)  




CLERK'S CERTIFICATE

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

Date: *6/6/11* Clerk, by *[Signature]*, Deputy

MATTER OF (Name): Mary Ellen Moore  DECEDENT	CASE NUMBER:
---	--------------

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.]

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

Date: 10-12-10

Randle E. Moore

(TYPE OR PRINT NAME)

*Randle E. Moore*

(SIGNATURE OF DECLARANT)

Date: 10-12-10

Brandon Moore

(TYPE OR PRINT NAME)

*Brandon Moore*

(SIGNATURE OF DECLARANT)

SIGNATURE OF ADDITIONAL DECLARANTS ATTACHED

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

STATE OF ~~CALIFORNIA~~ <sup>FLORIDA</sup>, COUNTY OF (specify): ~~Riverside~~ Hillsborough  
 On (date): 01/25/11, before me (name and title): Rafael Martinez, Notary Public State of  
 personally appeared (name(s)): RANDLE ERIC MOORE Florida

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 instrument 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.

*Rafael Martinez*  
 (SIGNATURE OF NOTARY PUBLIC)



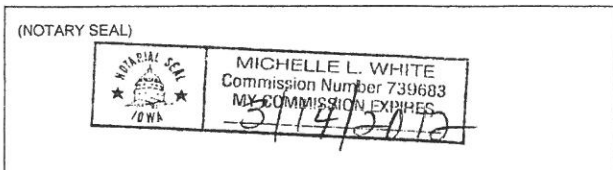
STATE OF CALIFORNIA, COUNTY OF (specify):  
 On (date): 2/15/2011, before me (name and title): Michelle L. White, Notary Public for  
 personally appeared (name(s)): Brandon D. Moore State of Iowa

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 instrument 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.

*Michelle L. White*  
 (SIGNATURE OF NOTARY PUBLIC)



**CLERK'S CERTIFICATE**

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

Date: 6/6/11

Clerk, by *[Signature]*, 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

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) <b>RANDLE ERIC MOORE</b>			1b. IF FEMALE DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE <b>N/A</b>			2. SEX <b>MALE</b>											
3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <b>August 06, 2014</b>		4. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>		5a. AGE LAST BIRTHDAY (Years) Months Days <b>56</b>		5b. UNDER 1 YEAR Hours Minutes <b></b>		5c. UNDER 1 DAY Hours Minutes <b></b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>11/30/1957</b>		7. COUNTY OF DEATH <b>WARREN</b>					
8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 9. FACILITY NAME (If not institution, give street and number) <b>THE MEDICAL CENTER AT BOWLING GREEN</b>										10. CITY OR TOWN, STATE AND ZIP CODE <b>BOWLING GREEN, KY 42101</b>							
11. BIRTHPLACE (City and State or Foreign Country) <b>DENVER, COLORADO</b>						12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			13. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>N/A</b>								
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use retired) <b>ENTERTAINMENT</b>						15. KIND OF BUSINESS/INDUSTRY <b>CARNIVAL</b>			16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
17a. RESIDENCE - State <b>UNKNOWN</b>			17b. COUNTY <b>UNKNOWN</b>			17c. CITY OR TOWN <b>UNKNOWN</b>			17d. STREET AND NUMBER <b>UNKNOWN</b>			17e. ZIP CODE <b>UNKNOWN</b>		17f. INSIDE CITY LIMITS? UNK <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input checked="" type="checkbox"/> 9th -12th Grade, No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)						19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)						20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)					
21. FATHER'S NAME (First, Middle, Last) <b>EARL MOORE, JR</b>						22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>MARY ELLEN IRVIN</b>											
23a. INFORMANT'S NAME <b>TRACY E MOORE</b>						23b. RELATIONSHIP TO DECEDENT <b>BROTHER</b>			23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>10425 SOUTH NORTH FORTY WAY, SOUTH JORDAN, UT 84095</b>								
24. METHOD OF DISPOSITION (Check only one.) <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)						25. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>J.C. KIRBY &amp; SON CREMATORY</b>						26. LOCATION - City, Town, and State <b>BOWLING GREEN, KY</b>					
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) (Must Use Blue/Black Ink) <b>TIM WARD</b>						DATE SIGNED (Mo/Day/Yr) <b>08/14/2014</b>		28. KY LICENSE NUMBER (of licensee) <b>4770</b>		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>J. C. KIRBY &amp; SON FUNERAL CHAPEL 832 BROADWAY BOWLING GREEN, KY 42101</b>							
30. DATE PRONOUNCED DEAD (Mo/Day/Yr) <b>08/06/2014</b>			31. ACTUAL OR PRESUMED TIME OF DEATH <b>12:22 PM</b>			32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
33. PART I. Enter the chain of events, diseases, injuries, or complications that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without causing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> a. <b>SEVERE ANOXIC ENCEPHALOPATHY</b> DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Enter the UNDERLYING CAUSE (disease or injury that instigated the events resulting in death) <b>LAST</b> PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I <b>SEVERE PERIPHERAL ARTERIAL DISEASE, COPD</b>												Approximate Interval Between Onset and Death <b>4 DAY(S)</b>					
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No			38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year								
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			39. DATE OF INJURY (Mo/Day/Yr) (Spell Month)			40. TIME OF INJURY			41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			42. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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. To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated										47. DATE CERTIFIED (Mo/Day/Yr) <b>08/18/2014</b>							
SIGNATURE <b>SAM HARDCASTLE, M. D.</b> (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118						48. LICENSE NUMBER <b>34135</b>		49. TITLE OF CERTIFIER <b>PHYSICIAN</b>									
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) <b>SAM HARDCASTLE THE MEDICAL CENTER AT BOWLING GREEN, 250 PARK STREET, BOWLING GREEN, KY 42101</b>																	
51. REGISTRAR'S SIGNATURE <i>Paul F. Royce</i>						52. DATE FILED (Mo/Day/Yr) <b>08/18/2014</b>											

FORM VS NO. 1-A  
(REVISED 12/2013)

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 therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 18th day of August, 20 Aug.

*Paul F. Royce*

State Registrar





# Controller Malia M. Cohen

## California State Controller's Office

### Unclaimed Property Division

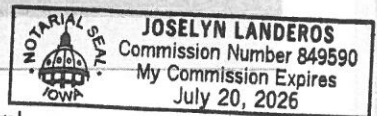
### Declaration Under Probate Code Section 13101

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

- That Randle Eric Moore [Name of Decedent], hereinafter "Decedent," died in the City of Bowling Green, County of Warren, State of Kentucky on August 6, 2014.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
  - 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.
- 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 \$166,250. (See instructions under Section 4 for amount.)
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. PID # 721224004 ITEM 4798
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
  - 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: Brandon Moore, Robin E Moore, Tracy E Moore
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

	<u>Robin Moore</u>	<u>2-5-2024</u>
Signature	Name [Print or Type]	Date:
	<u>Joselyn Landeros</u>	<u>2-5-2024</u>
Signature	Name [Print or Type]	Date:
Signature	Name [Print or Type]	Date:





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 4798 Parcel Identification Number: 721224004

Assessee: MOORE, BRANDON & RANDLE E & ROBIN E & TRACY E

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED  
2021 NOV -8 PM 6:08  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 18,027.66 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. 2011-0336149; recorded on 8-2-2011. 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 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 12 day of October, 2021 at Linn, Iowa  
County, State

Brandon Moore  
Signature of Claimant

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

Brandon Moore  
Print Name

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

2015 Rockford Rd SW #9  
Street Address

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

Cedar Rapids IA 52404  
City, State, Zip

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

319-538-1024  
Phone Number

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

bdmoores1@gmail.com  
Email Address

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

DOC # 2011-0336149  
08/02/2011 08:00A Fee:21.00  
Page 1 of 3  
Recorded in Official Records  
County of Riverside  
Larry W. Ward  
Assessor, County Clerk & Recorder



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
After recording return to:  
Tracy E. Moore  
10425 South North Forty Way  
S. Jordan, UT 84095  
TELEPHONE NO.: 801 253-0302  
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  
MAILING ADDRESS:  
CITY AND ZIP CODE: Riverside, CA 92501  
BRANCH NAME: Probate Court

MATTER OF (Name):  
Mary Ellen Moore

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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							T:	CTY	UNI

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

DECEDENT  
CASE NUMBER:  
**MCP1100349**  
FOR COURT USE ONLY  
**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE  
JUN 06 2011  
*[Signature]*

M  
061

- Decedent (name): Mary Ellen Moore died on (date): 01/19/2006
- Decedent died at (city, state): Ames, Iowa
- At least **six months** have elapsed since the date of death of decedent as shown in the certified copy of decedent's death certificate attached to this affidavit. (Attach a certified copy of decedent's death certificate.)
- 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.
- 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
- Each declarant is a successor of decedent (as defined in Probate Code section 13006) and a successor to decedent's interest in the real property described in item 5a, and no other person has a superior right, because each declarant is  
a.  (**will**) a beneficiary who succeeded to the property under decedent's will. (Attach a copy of the will.)  
b.  (**no will**) a person who succeeded to the property under Probate Code sections 6401 and 6402.
- Names and addresses of each guardian or conservator of decedent'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 *Inventory and Appraisal*, excluding the real property described in Probate Code section 13050 (joint tenancy, property passing to decedent's spouse, etc.), does not exceed \$20,000.

- An *Inventory and Appraisal* of decedent's **real property** in California is attached. The *Inventory and Appraisal* was made by a probate referee appointed for the county in which the property is located. (You may use *Judicial Council form DE-160*.)
- No proceeding is now being or has been conducted in California for administration of decedent's estate.

\* You must have a copy of this affidavit with attachments personally served or mailed to each person named in item 7. Page 1 of 3

MATTER OF <i>(Name): Mary Ellen Moore</i>	CASE NUMBER:
DECEDENT	

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.]

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

Date: 10-12-10

Robin E. Moore  
(TYPE OR PRINT NAME)

*Robin E. Moore*  
(SIGNATURE OF DECLARANT)

Date: 10-12-10

Tracy E. Moore  
(TYPE OR PRINT NAME)

*Tracy E. Moore*  
(SIGNATURE OF DECLARANT)

SIGNATURE OF ADDITIONAL DECLARANTS ATTACHED

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

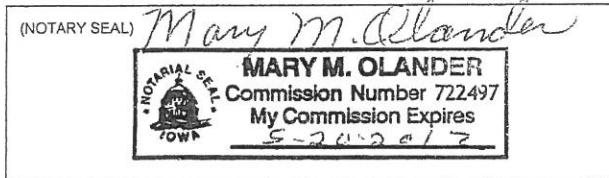
STATE OF CALIFORNIA, COUNTY OF *(specify): Riverside* *MARY Olander Member Service Rep.*  
On *(date): 1-7-11*, before me *(name and title):*  
personally appeared *(name(s)): Robin Eugene Moore*

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 instrument 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.

*Mary M. Olander*  
(SIGNATURE OF NOTARY PUBLIC)



STATE OF CALIFORNIA, COUNTY OF *(specify):*

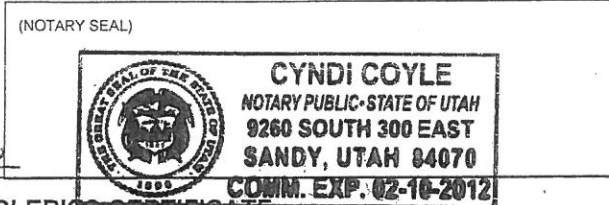
On *(date): 12-22-10*, before me *(name and title): Cyndi Coyle, Loan officer*  
personally appeared *(name(s)): Tracy Eden Moore*

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 instrument 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.

*Cyndi Coyle*  
(SIGNATURE OF NOTARY PUBLIC) *Salt Lake Co. Utah EXP 2-10-12*



**CLERK'S CERTIFICATE**

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

Date: *6/6/11* Clerk, by *[Signature]*, Deputy

MATTER OF: (Name): Mary Ellen Moore  DECEDENT	CASE NUMBER:
--	--------------

11. Funeral expenses, expenses of last illness, and all known unsecured debts of the decedent have been paid. [NOTE: You may be personally liable for decedent's unsecured debts up to the fair market value of the real property and any income you receive from it.]

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

Date: 10-12-10

Randle E. Moore

(TYPE OR PRINT NAME)

▶ Randle E. Moore  
 (SIGNATURE OF DECLARANT)

Date: 10-12-10

Brandon Moore

(TYPE OR PRINT NAME)

▶ Brandon Moore  
 (SIGNATURE OF DECLARANT)

SIGNATURE OF ADDITIONAL DECLARANTS ATTACHED

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

STATE OF ~~CALIFORNIA~~ <sup>FLORIDA</sup>, COUNTY OF (specify): ~~Riverside~~ Hillsborough  
 On (date): 01/25/11, before me (name and title): Rafael Martinez, Notary Public State of  
 personally appeared (name(s)): RANDLE ERIC MOORE Florida

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 instrument 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

Rafael Martinez  
 (SIGNATURE OF NOTARY PUBLIC)



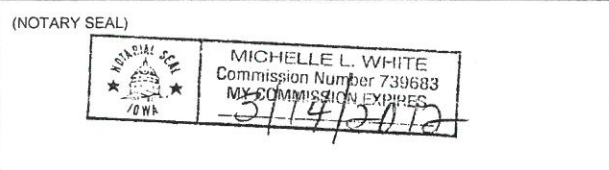
STATE OF CALIFORNIA, COUNTY OF (specify):  
 On (date): 2/15/2011, before me (name and title): Michelle L. White, Notary Public for  
 personally appeared (name(s)): Brandon D. Moore state of Iowa

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 instrument 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

Michelle L. White  
 (SIGNATURE OF NOTARY PUBLIC)



**CLERK'S CERTIFICATE**

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

Date: 6/6/11

Clerk, by [Signature], 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

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) <b>RANDLE ERIC MOORE</b>			1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE <b>N/A</b>			2. SEX <b>MALE</b>											
3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <b>August 06, 2014</b>			4. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>		5a. AGE LAST BIRTHDAY (Years) <b>56</b>		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo/Day/Yr) <b>11/30/1957</b>		7. COUNTY OF DEATH <b>WARREN</b>				
8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____																	
9. FACILITY NAME (If not institution, give street and number) <b>THE MEDICAL CENTER AT BOWLING GREEN</b>																	
10. CITY OR TOWN, STATE AND ZIP CODE <b>BOWLING GREEN, KY 42101</b>																	
11. BIRTHPLACE (City and State or Foreign Country) <b>DENVER, COLORADO</b>						12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			13. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>N/A</b>								
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use retired) <b>ENTERTAINMENT</b>																	
15. KIND OF BUSINESS/INDUSTRY <b>CARNIVAL</b>																	
16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
17a. RESIDENCE - State <b>UNKNOWN</b>			17b. COUNTY <b>UNKNOWN</b>			17c. CITY OR TOWN <b>UNKNOWN</b>			17d. STREET AND NUMBER <b>UNKNOWN</b>			17e. ZIP CODE <b>UNKNOWN</b>					
17f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th - 12th Grade; No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credits but No Degree <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)						19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____						20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify) _____					
21. FATHER'S NAME (First, Middle, Last) <b>EARL MOORE, JR</b>						22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>MARY ELLEN IRVIN</b>											
23a. INFORMANT'S NAME <b>TRACY E MOORE</b>						23b. RELATIONSHIP TO DECEDENT <b>BROTHER</b>											
23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>10425 SOUTH NORTH FORTY WAY, SOUTH JORDAN, UT 84095</b>																	
24. METHOD OF DISPOSITION (Check only one): <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____						25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>J. C. KIRBY &amp; SON CREMATORY</b>						26. LOCATION - City, Town, and State <b>BOWLING GREEN, KY</b>					
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <b>TIM WARD</b>						DATE SIGNED (Mo/Day/Yr) <b>08/14/2014</b>			28. KY LICENSE NUMBER (of licensee) <b>4770</b>			29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>J. C. KIRBY &amp; SON FUNERAL CHAPEL 832 BROADWAY BOWLING GREEN, KY 42101</b>					
30. DATE PRONOUNCED DEAD (Mo/Day/Yr) <b>08/06/2014</b>						31. ACTUAL OR PRESUMED TIME OF DEATH <b>12:22 PM</b>						32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
33. PART I: Enter the chain of events, diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. IMMEDIATE CAUSE (First disease or condition resulting in death) -> <b>SEVERE ANOXIC ENCEPHALOPATHY</b>																	
Due to (or as a consequence of) <b>4 DAY(S)</b>																	
Sequentially list conditions, if any, leading to the cause listed on line a.																	
b. DUE TO (OR AS A CONSEQUENCE OF)																	
c. DUE TO (OR AS A CONSEQUENCE OF)																	
d. DUE TO (OR AS A CONSEQUENCE OF)																	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined																	
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown											
38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death						<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year											
39. DATE OF INJURY (Mo/Day/Yr) (Spell Month)			40. TIME OF INJURY			41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			42. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)			43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.																	
SIGNATURE <b>SAM HARDCASTLE, M. D.</b>						47. DATE CERTIFIED (Mo/Day/Yr) <b>08/18/2014</b>											
48. LICENSE NUMBER <b>34135</b>						49. TITLE OF CERTIFIER <b>PHYSICIAN</b>											
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) <b>SAM HARDCASTLE THE MEDICAL CENTER AT BOWLING GREEN, 250 PARK STREET, BOWLING GREEN, KY 42101</b>																	
51. REGISTRAR'S SIGNATURE <i>Paul F. Royce</i>						52. DATE FILED (Mo/Day/Yr) <b>08/18/2014</b>											

FORM VS NO. 1-A  
(REVISED 12/2013)

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 therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 10th day of August, 2014.

*Copy of Original Robin Moore*  
*Time One*

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

*Paul F. Royce*  
State Registrar

11-1-21



# Controller Malia M. Cohen

## California State Controller's Office

### Unclaimed Property Division

### Declaration Under Probate Code Section 13101

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

- That Randle Eric Moore [Name of Decedent], hereinafter "Decedent," died in the City of Bowling Green, County of Warren, State of Kentucky on August 6, 2014.
- At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- Check one of the following appropriate boxes.
  - 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.
- 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 \$ 166,250. (See instructions under Section 4 for amount.)
- The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. Parcel Identification number 721234204 Item 4798
- Check one of the following appropriate boxes, and, if applicable, fill in the blank.
  - 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: Robin Moore, Tracy Moore, Brandon Moore
- No other person has a superior right to the interest of the Decedent in the described property.
- The declarants request that the described property be paid, delivered, or transferred to the declarants.
- I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

<u>Brandon Moore</u> Signature	<u>Brandon Moore</u> Name [Print or Type]	<u>02/16/2024</u> Date:
Signature	Name [Print or Type]	Date:
<u>Stephanie Joy Hall</u> Signature	<u>Stephanie Hall</u> Name [Print or Type]	<u>2-16-24</u> Date:
Signature	Name [Print or Type]	Date:

Notary:

