

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



ITEM: 19.15
(ID # 24943)

MEETING DATE:
Tuesday, October 29, 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 4045. Last assessed to: Linda M. Custa, a single woman. District 1. [\$122,429-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Luke Michael Stanley, Assignee for Stella M. Rumbawa, heir to the Estate of Linda M. Custa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 314200010;

Continued on Page 2

ACTION: Policy


Melissa Johnson, Assistant Tax Collector 10/15/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: October 29, 2024
xc: Tax Collector

Kimberly A. Rector
Clerk of the Board

By: 
Deputy

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

RECOMMENDED MOTION: That the Board of Supervisors:

2. Approve the claim from Carmel Funding Group, LLC, Power of Attorney for Steve Custa, heir to the Estate of Linda M. Custa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 314200010;
3. Deny the claim from Luke Michael Stanley, Assignee for Jimmy Stanley, heir to the Estate of Linda M. Custa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 314200010;
4. Deny the claim from Luke Michael Stanley, Assignee for Raymond Joseph Rumbawa, heir to the Estate of Linda M. Custa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 314200010;
5. Deny the claim from Luke Michael Stanley, Assignee for Tammy Marie Stanley, heir to the Estate of Linda M. Custa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 314200010; and
6. Authorize and direct the Auditor-Controller to issue a warrant to Luke Michael Stanley, Assignee for Stella M. Rumbawa, heir to the Estate of Linda M. Custa in the amount of \$61,214.47 and Carmel Funding Group, LLC, Power of Attorney for Steve Custa, heir to the Estate of Linda M. Custa in the amount of \$61,214.47, 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.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 122,429	\$ 0	\$ 122,429	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	24/25

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 18, 2021 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 28, 2021. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 4, 2021 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

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

1. Claim from Luke Michael Stanley, Assignee for Stella M. Rumbawa, heir to the Estate of Linda M. Custa based on a handwritten Addendum to Item 10 notarized April 12, 2024, a Grant Deed recorded April 17, 1972 as Instrument No. 1972-49465, an Affidavit for Collection of Personal Property notarized April 12, 2024, and a Certificate of Death for Linda Custa.
2. Claim from Carmel Funding Group, LLC, Power of Attorney for Steve Custa, heir to the Estate of Linda M. Custa based on a Limited Power of Attorney notarized December 22, 2021, a Grant Deed recorded April 17, 1972 as Instrument No. 1972-49465, a Declaration for Collection or Transfer of Small Estate Without Administration under Probate Code 13101 notarized September 16, 2023, and Certificates of Death for Linda Custa and Gus Custa.
3. Claim from Luke Michael Stanley, Assignee for Jimmy Stanley, heir to the Estate of Linda M. Custa based on a Grant Deed recorded April 17, 1972 as Instrument No. 1972-49465 and a Certificate of Death for Linda Custa.
4. Claim from Luke Michael Stanley, Assignee for Raymond Joseph Rumbawa, heir to the Estate of Linda M. Custa based on a Grant Deed recorded April 17, 1972 as Instrument No. 1972-49465 and a Certificate of Death for Linda Custa.
5. Claim from Luke Michael Stanley, Assignee for Tammy Marie Stanley, heir to the Estate of Linda M. Custa based on a Grant Deed recorded April 17, 1972 as Instrument No. 1972-49465 and a Certificate of Death for Linda Custa.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Luke Michael Stanley, Assignee for Stella M. Rumbawa, heir to the Estate of Linda M. Custa be awarded excess proceeds in the amount of \$61,214.47 and Carmel Funding Group, LLC, Power of Attorney for Steve Custa, heir to the Estate of Linda M. Custa be awarded excess proceeds in the amount of \$61,214.47. The claims from Luke Michael Stanley, Assignee for Jimmy Stanley, Raymond Joseph Rumbawa, and Tammy Marie Stanley, as heirs to the Estate of Linda M. Custa be denied since they do not qualify as beneficiaries under California's intestate succession laws. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to heirs of the Estate of the last assessee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim LStanley

ATTACHMENT B. Claim Carmel

ATTACHMENT C. Claim JStanley

ATTACHMENT D. Claim RRumbawa

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

ATTACHMENT E. Claim TStanley

Evangelina Gregorio EO
Evangelina Gregorio EO, Principal Mgmt Analyst 10/21/2024

Aaron Gettis
Aaron Gettis, Chief of Deputy County Counsel 8/5/2024

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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2022 JUL 27 AM 9:30

TC 217 ITEM 4045 Parcel Identification Number: 314200010

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Assessee: CUSTA LINDA M

Situs: 22738 REDWOOD DR PERRIS CA 92570

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 \$ all 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. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Certificate of Death, Birth Certificate, California Driver's License
Social Security Card. Luke is son of Tammy and Jimmy Stanley,
Tammy is niece of deceased, Linda Custa
Luke SS# is [REDACTED]. Geneological map of relationships

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 26th day of July, 2022 at Riverside, California
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Luke Michael Stanley
Print Name

Print Name

18443 Donna Lane
Street Address

Street Address

Perris, CA 92570
City, State, Zip

City, State, Zip

951-490-3645
Phone Number

Phone Number

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 4045 Parcel Identification Number: 314200010

Assessee: CUSTA LINDA M

Situs: 22738 REDWOOD DR PERRIS CA 92570

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JAN -3 PM 2:50
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 122,428.94 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. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

- For Tammy Marie Stanley: CA Drivers License, Social Security Card, Birth Certificate, Cover Page Fax Document from Legacy Convalescent Home
- For Stella Marie Rumbawa: US Social Security Card, Baptism Document, Marriage License, Social Security for husband Joe Fred Rumbawa
- For Linda Costa: Certificate of Death, Marriage Certificate

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 3rd day of January, 2022 at Riverside, California

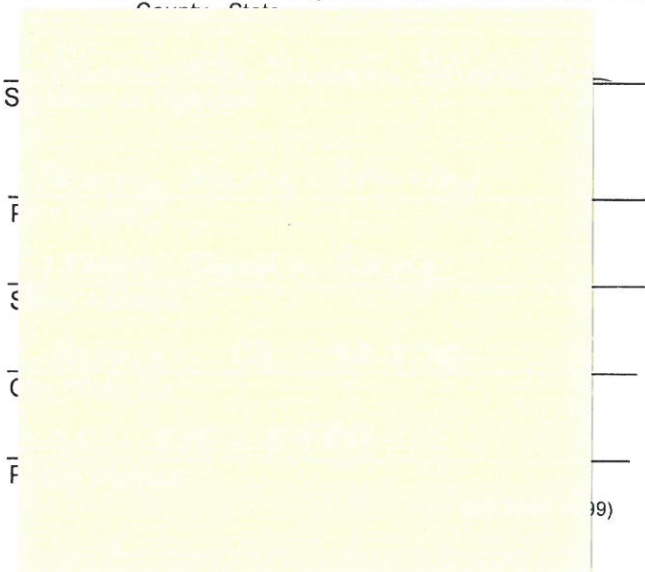
Stella Rumbawa
Signature of Claimant

STELLA M. Rumbawa
Print Name

18443 Donna Lane
Street Address

Perris, CA 92570
City, State, Zip

951-490-9904
Phone Number



ADDENDUM TO ITEM 10 -

Raymond Rumbawa and Stella Rumbawa -
Jimmy Stanley and Tammy Stanley -
will cede their rightful claim to
to Luke Stanley - if there are no other
claimants, This is in accordance to
the wishes of the decedent, Linda M. Costa,
~~with because~~ who was denied the right to
make a will because she had COVID-19
and forced to be in isolation.

To reiterate, if it is possible for
Luke Stanley to be only recipient of
this estate, the the above 4 claimants
wish will rescind their claims

Jimmy Stanley
Jimmy Stanley

Tammy Stanley
Tammy Stanley

SEE ATTACHED
CERTIFICATE

Raymond Rumbawa
Raymond Rumbawa

Stella Rumbawa
Stella Rumbawa

SEE ATTACHED
CERTIFICATE

X
49465

Order No.
Escrow No. 2861
Loan No.

WHEN RECORDED MAIL TO:

Linda M. Custa
13798 Slover, Space 29
Fontana, California

PAID
Doc Transfer Tax
W. D. BALOGH
CO. RECORDER

RECEIVED FOR RECORD
APR 17 1972
FIRST AMERICAN TITLE CO.
Book 1972, Page 49465
of Record in County of Riverside
W.D. Balogh
FEB 1 3 1972

3.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Same as above

DOCUMENTARY TRANSFER TAX ~~\$ 40.00~~ 33.55
..... Computed on the consideration or value of property conveyed; OR
X Computed on the consideration or value less liens or encumbrances
existing at time of sale.
[Signature] F.M.C.O.
Signature of Declarant or Agent determining tax - Firm Name

X GRANT DEED

W.D. Balogh

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

KENNETH LEON RAY, a married man who acquired title as Kenneth L. Ray

hereby GRANT(S) to:

LINDA M. CUSTIA, a single woman

the real property in the ~~County~~ unincorporated area of the
County of Riverside, State of California, described as

The East 1/2 of the North 1/2 of the North 1/2 of the Southwest 1/4 of the
Northeast 1/4 of Section 2, Township 4 South, Range 4 West, San Bernardino
Base and Meridian, as shown by United States Government Survey.

EXCEPTING therefrom the Easterly 25 feet and the Southerly 30 feet thereof.

Dated February 7, 1972

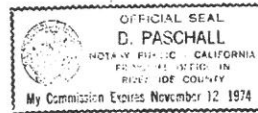
[Signature]
Kenneth Leon Ray

STATE OF CALIFORNIA
COUNTY OF
Riverside

On February 7, 1972
before me, the undersigned, a Notary Public in and for said
State, personally appeared KENNETH LEON RAY

known to me to be the person whose name is
subscribed to the within instrument and acknowledged that
he executed the same.

WITNESS my hand and official seal
[Signature]
Signature



(This area for official notarial seal)

1002 (10/69)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202036010119

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/01)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) LINDA	2. MIDDLE -	3. LAST (Family) CUSTA	4. DATE OF BIRTH mm/dd/yyyy 05/13/1938	5. AGE Yrs. 82	
	6. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	7. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	8. MARITAL STATUS (at Time of Death) NEVER MARRIED	9. DATE OF DEATH mm/dd/yyyy 08/04/2020	10. SEX F	
	9. BIRTH STATE/FOREIGN COUNTRY CA	11. EDUCATION - Highest Level/Degree HS GRADUATE	12. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) ROMANIAN	14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER	15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME
	16. DECEDENT'S RESIDENCE (Street and number, or location) 1335 NORTH WATERMAN AVENUE	17. YEARS IN OCCUPATION 50	18. USUAL RESIDENCE (Street and number, or location) 1335 NORTH WATERMAN AVENUE	19. CITY SAN BERNARDINO	20. COUNTY/PROVINCE SAN BERNARDINO	21. ZIP CODE 92404
USUAL RESIDENCE	22. YEARS IN COUNTY 7	23. STATE/FOREIGN COUNTRY CA	24. INFORMANT'S NAME, RELATIONSHIP TAMMY STANLEY, AUNT	25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 18443 DONNA LANE, PERRIS, CA 92570	26. NAME OF SURVIVING SPOUSE/SRDP - FIRST -	
	27. MIDDLE -	28. LAST (BIRTH NAME) -	29. NAME OF FATHER/PARENT - FIRST FRANK	30. MIDDLE -	31. LAST CUSTA	
SPOUSE/SRDP AND PARENT INFORMATION	32. BIRTH STATE AZ	33. NAME OF MOTHER/PARENT - FIRST DIANA	34. MIDDLE -	35. LAST (BIRTH NAME) STANLEY	36. BIRTH STATE IL	
	37. DISPOSITION DATE mm/dd/yyyy 08/13/2020	38. PLACE OF FINAL DISPOSITION MONTECITO MEMORIAL PARK 3520 EAST WASHINGTON STREET, COLTON, CA 92324	39. TYPE OF DISPOSITION(S) BU	40. SIGNATURE OF EMBALMER NOT EMBALMED	41. LICENSE NUMBER -	
FUNERAL DIRECTORY / LOCAL REGISTRAR	42. NAME OF FUNERAL ESTABLISHMENT EVANS BROWN MORTUARY	43. NUMBER -	44. SIGNATURE OF LOCAL REGISTRAR ERIN GUSTAFSON, MD, MPH	45. DATE mm/dd/yyyy 08/13/2020	46. PLACE OF DEATH LEGACY POST ACUTE	
	47. COUNTY SAN BERNARDINO	48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1335 NORTH WATERMAN AVENUE	49. CITY SAN BERNARDINO	50. CAUSE OF DEATH ACUTE RESPIRATORY FAILURE	51. TIME INTERVAL BETWEEN ONSET AND DEATH MINS	
PLACE OF DEATH	52. IMMEDIATE CAUSE (If not on scale or condition resulting in death) ACUTE RESPIRATORY FAILURE	53. UNDERLYING CAUSE (Underlying cause is disease or injury that initiated the events resulting in death) LAST END STAGE CORONARY ARTERY DISEASE	54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	55. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	56. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	59. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	60. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	61. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	63. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen At: _____	65. SIGNATURE AND TITLE OF CERTIFIER JOEL A PENGSON M.D.	66. LICENSE NUMBER G72774	
	67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOEL A PENGSON M.D. 30907 RIVERTON LANE, TEMECULA, CA 92591	68. DATE mm/dd/yyyy 08/04/2020	69. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Cause of death indeterminate	70. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	71. INJURY DATE mm/dd/yyyy -	
CORONER'S USE ONLY	72. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	74. LOCATION OF INJURY (Street and number, or location, and city, and zip)	75. SIGNATURE OF CORONER / DEPUTY CORONER	76. DATE mm/dd/yyyy	
	77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	78. STATE REGISTRAR	79. FAX AUTH.#	80. CENSUS TRACT	81. BARCODE 010001004624122	
	82. STATE REGISTRAR	83. FAX AUTH.#	84. CENSUS TRACT	85. BARCODE	86. STATE REGISTRAR	
	87. FAX AUTH.#	88. CENSUS TRACT	89. BARCODE	90. STATE REGISTRAR	91. FAX AUTH.#	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Maxwell Chikhuare
MAXWELL CHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

AUG 19 2020

* 002836548 *

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY
UNDER CALIFORNIA PROBATE CODE SECTIONS 13100-13106**

The undersigned state(s) as follows:

1. (Decedent's Name) Linda M Costa died on (date) 08/04/2020, in County of San Bernardino, State of California [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
 - An inventory and appraisal of the real property included in the decedent's estate is attached.
 - There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:
\$122,425.94 and any other Remaining
Personal Property
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Raymond Rumbawa — Stella Rumbawa
8. The affiant or declarant (check one):
 - 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.
 - 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.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: 4-12-2024

Ray Rumbawa
Name: Ray Rumbawa

SEE ATTACHED
CERTIFICATE

Dated: 4-12-2024

* Stella Rumbawa
Name: Stella Rumbawa

ACKNOWLEDGEMENT

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

STATE OF CALIFORNIA
COUNTY OF ~~MENDOCINO~~ Riverside

On 4/12/2024 before me, Leah Cox, Notary Public, personally appeared Raymond Rumbawa and Spika Rumbawa, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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.

Leah Cox (Seal)
Signature of Notary Public



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 4045 Parcel Identification Number: 314200010

Assessee: CUSTA LINDA M

Situs: 22738 REDWOOD DR PERRIS CA 92570

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 APR -5 PM 2: 04
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

1/We, pursuant to Revenue and Taxation Code 4675, hereby claim excess proceeds in the amount of \$122,428.94 from the sale of the above-mentioned real property. 1/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2021-0449369; recorded on 07-28-2021. A copy of this document is attached hereto. 1/We are the rightful claimants by virtue of the attached assignment of interest. 1/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 22nd day of Dec, 2021 at Solano, CA
County, State

[Signature]

Signature of Claimant

Signature of Claimant

Steve Costa

Print Name

Print Name

CARMEL FUNDING GROUP LLC PO BOX 1214

Street Address

Street Address

MARINA, CA 93933

City, State, Zip

City, State, Zip

(520)279-5211

Phone Number

Phone Number

CARMEL FUNDING GROUP LLC
Capital Location and Recovery

30 N Gould St, STE 4000 | Sheridan, WY 82801
Phone: +1(520) 279-5211 | carmelfundinggroup@gmail.com

LIMITED POWER OF ATTORNEY

I, Steve Custa ("Grantor") hereby appoint **CARMEL FUNDING COMPANY LLC** ("Attorney in Fact") as my true and lawful attorney for me to claim funds on my behalf and claimable by me that are currently held by any government agency, business or individual.

I give and grant unto my Attorney in Fact full authority and power to make inquiries about monies that may be claimable by me from any government agency, business or individual, fill in any applications, file petitions or lawsuits, make inquiries, hire or get assistance from an attorney, to endorse any payment received from any person or entity so my Attorney in Fact can deposit those funds into a bank account held by my Attorney in Fact. My Attorney in Fact is then authorized to deduct any fees due them under a separate fee agreement between myself and the Attorney in Fact, and to then forward the balance of funds to me.

It is my intent that my Attorney in Fact shall perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby; as fully to all intents and purposes as the Grantor might or could do if personally present.

This Power of Attorney will cease thirty-six (36) months from date hereof.

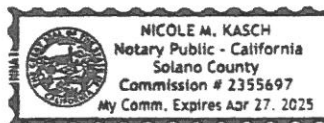
Dated this 22nd day of December, 20 21.

Steve Custa
Grantor's printed name

[Signature]
Grantor's signature

Notarization

State of CA)
County of Solano) : SS.



I, the undersigned Notary Public in and for the State of California hereby certify that on the 22nd day of December, 20 21, personally appeared before me Steve Custa to me known to be the individual(s) described in and who executed the within instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Signed [Signature]

Notary Public in and for the State of California

With an Address of 202 Kodiak Dr Vacaville CA 95687

My commission expires 4/27/2025

Order No.
Escrow No. 2861
Loan No.

49465

WHEN RECORDED MAIL TO:
Linda M. Custa
13798 Slover, Space 29
Fontana, California

PAID
Doc. Transfer Tax
W. D. BALOGH
RIV. CO. RECORDER

RECEIVED FOR RECORD

APR 17 1972

FIRST AMERICAN TITLE CO.
Book 1972, Page 49465

W.D. Balogh
Firm 3.00

3.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Same as above

DOCUMENTARY TRANSFER TAX ~~8.20~~ 33.65

..... Computed on the consideration or value of property conveyed; OR
..X. Computed on the consideration or value less liens or encumbrances
existing at time of sale.

[Signature]
Signature of Decedent or Agent determining tax - Firm Name

GRANT DEED

49465

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

KENNETH LEON RAY, a married man who acquired title as Kenneth L. Ray

hereby GRANT(S) to:

LINDA M. CUSTA, a single woman

the real property in the ~~County~~ unincorporated area of the
County of Riverside State of California, described as

The East 1/2 of the North 1/2 of the North 1/2 of the Southwest 1/4 of the
Northeast 1/4 of Section 2, Township 4 South, Range 4 West, San Bernardino
Base and Meridian, as shown by United States Government Survey.

EXCEPTING therefrom the Easterly 25 feet and the Southerly 30 feet thereof.

Dated February 7, 1972

[Signature]
Kenneth Leon Ray

STATE OF CALIFORNIA
COUNTY OF
Riverside

On February 7, 1972
before me, the undersigned, a Notary Public in and for said
State, personally appeared KENNETH LEON RAY

known to me to be the person whose name is
subscribed to the within instrument and acknowledged that
he executed the same.

WITNESS my hand and official seal.
[Signature]
Signature

OFFICIAL SEAL
D. PASCHALL
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
My Commission Expires November 12 1974

(This area for official notarial seal)

1002 (10/69)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH

3202036010119

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

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

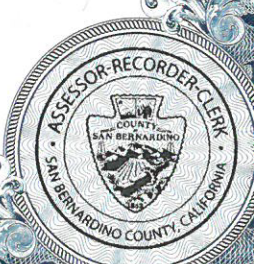
DATE ISSUED MAR 23 2022



Signature of Bob Dutton, Assessor-Recorder-Clerk

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAS ANBER02

Declaration for Collection or Transfer of Small Estate without Administration under Probate Code 13101

The undersigned state(s) as follows:

1. Linda Custa died on 08/04/2020 at San Bernardino, Ca
(Decedent's Name) (Date of Death) (City and State)

2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;

3. The following section applies (check one):

No proceeding is now being or has been conducted in the State of 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 below.

4. The gross value of decedent's interest in real and personal property located in California, excluding the property described in Probate Code section 13050—at the time of decedent's death did not exceed; (check one)

\$166,250 if the decedent died before April 1, 2022,

\$184,500 if the decedent died on or after April 1, 2022

5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California

Probate Code Section 13100 (please describe the property in below space):

22738 Redwood Dr Perris, Ca 92570 PIN# 314200010

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

Steve Custa

7. The undersigned (please check which box(s) applies):

Is successor(s) of the decedent to the decedent's interest in the described property, or

Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;

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

9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

9-16-23
(Date)

**See Attached Form for
Notary Certificate**

Steve Custa

(TYPE OR PRINT NAME OF PARTY MAKING DECLARATION)



(SIGNATURE)

(TYPE OR PRINT NAME OF PARTY MAKING DECLARATION)

Additional Signature(s) Attached

(SIGNATURE)

ACKNOWLEDGMENT

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

State of California

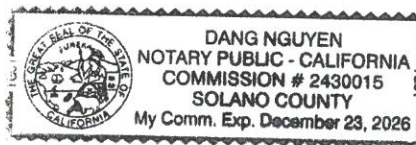
County of Solano

On 09/16/2023 before me, Dang Nguyen, N
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.



Signature [Signature] (Seal)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO
 SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH

3201536004403

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GUS		2. MIDDLE -		3. LAST (Family) CUSTA	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/12/1936		5. AGE Yrs 78	
9. BIRTH STATE/FOREIGN COUNTRY OR		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDRP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 04/27/2015		8. HOUR (24 Hours) 1600	
13. EDUCATION - Highest Level/Degree (See worksheet on back) 10		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PAVER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ASPHALT		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number, or location) 18550 DECKER ROAD					
21. CITY PERRIS		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92570	
24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP STEVE CUSTA, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number city or town, state and zip) 7427 LOCKE ROAD, VACAVILLE, CA 95688			
28. NAME OF SURVIVING SPOUSE/SDRP - FIRST DIANA		29. MIDDLE MARIE		30. LAST (BIRTH NAME) PETERSON	
31. NAME OF FATHER/PARENT - FIRST FRANK		32. MIDDLE -		33. LAST CUSTA	
34. BIRTH STATE TX		35. NAME OF MOTHER/PARENT - FIRST DOLLY		36. MIDDLE -	
37. LAST (BIRTH NAME) STANLEY		38. BIRTH STATE NY			
39. DISPOSITION DATE mm/dd/yyyy 04/30/2015		40. PLACE OF FINAL DISPOSITION PERRIS VALLEY CEMETERY 915 NORTH PERRIS BLVD, PERRIS, CA 92571			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER KIMBERLY JONES		43. LICENSE NUMBER EMB8865	
44. NAME OF FUNERAL ESTABLISHMENT MILLER-JONES MORTUARY & CREMATORY		45. LICENSE NUMBER FD1574		46. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD	
47. DATE mm/dd/yyyy 04/29/2015					
101. PLACE OF DEATH KINDRED HOSPITAL RANCHO		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10841 WHITE OAK AVE		106. CITY RANCHO CUCAMONGA	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) RESPIRATORY FAILURE		108. DEATH REPORTED TO CORONER? Onset and Death (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequitentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) CONGESTIVE HEART FAILURE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(C) CHRONIC RENAL FAILURE					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy 03/13/2015		115. SIGNATURE AND TITLE OF CERTIFIER AMARIN KONCCHALALAI M.D.		116. LICENSE NUMBER: A67705	
Decedent Last Seen Alive: mm/dd/yyyy 04/26/2015		117. DATE mm/dd/yyyy 04/28/2015			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE AMARIN KONCCHALALAI M.D. 9655 MONTE VISTA AVE #402, MONTCLAIR, CA 91763					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*01000100292620*			

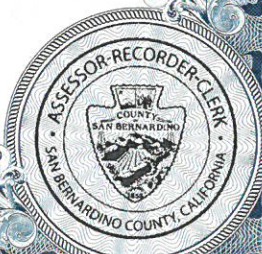
CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED **MAR 23 2022**



Bob Dutton
 BOB DUTTON
 ASSESSOR-RECORDER-CLERK



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAS ANBER02

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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2022 JUL 27 AM 9:30

TC 217 ITEM 4045 Parcel Identification Number: 314200010

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Assessee: CUSTA LINDA M

Situs: 22738 REDWOOD DR PERRIS CA 92570

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 \$ all 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. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Certificate of Death, Birth Certificate, California Driver's License
Social Security Card. Luke is son of Tammy and Jimmy Stanley,
Tammy is niece of deceased, Linda Custa
Luke SS# is 662-31-6683. Geneological map of relationships

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 26th day of July, 2022 at Riverside, California
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Luke Michael Stanley
Print Name

Print Name

18443 Donnadane
Street Address

Street Address

Perris, CA 92570
City, State, Zip

City, State, Zip

951-490-3645
Phone Number

Phone Number

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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2022 JUL 27 AM 9:30

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RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Assessee: CUSTA LINDA M

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

Certificate of Death, Birth Certificate, CA Driver's license,
Marriage Certificate, Social Security Card, wife's Baptism Certificate
Jimmy is husband of Tammy as well as being a relative as
demonstrated by Geneological map of relationships
appended.

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 26th day of July, 2022 at Riverside, California
County, State

Jimmy Stanley
Signature of Claimant

Signature of Claimant

Jimmy Stanley
Print Name

Print Name

18443 Donna Lane
Street Address

Street Address

Perris, CA 92570
City, State, Zip

City, State, Zip

951-544-2252
Phone Number

Phone Number

ADDENDUM TO ITEM 10 -

Raymond Rumbawa and Stella Rumbawa -
Jimmy Stanley and Tammy Stanley -
will cede their rightful claim to
to Luke Stanley - if there are no other
claimants, This is in accordance to
the wishes of the decedent, Linda M. Costa,
~~with~~ because who was denied the right to
make a will because she had COVID-19
and forced to be in isolation.

To reiterate, if it is possible for
Luke Stanley to be only recipient of
this estate, the the above 4 claimants
wish will rescind their claims

Jimmy Stanley
Jimmy Stanley

Tammy Stanley
Tammy Stanley

SEE ATTACHED
CERTIFICATE

Raymond Rumbawa
Raymond Rumbawa

Stella Rumbawa
Stella Rumbawa

SEE ATTACHED
CERTIFICATE

Order No.
Escrow No. 2861
Loan No.

WHEN RECORDED MAIL TO:
X Linda M. Custa
13798 Slover, Space 29
Fontana, California

PAID
Doc. Transfer Tax
W. D. BALOGH
BY. CO. RECORDER

RECEIVED FOR RECORD
APR 17 1972
FIRST AMERICAN TITLE CO.
Bank 1972, P.O. Box 49465
Riverside, California
W.D. Balogh
FEB 13 1972

49465

3.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

Same as above

DOCUMENTARY TRANSFER TAX ~~8.00~~ 33.65
..... Computed on the consideration or value of property conveyed; OR
X Computed on the consideration or value less liens or encumbrances
existing at time of sale.
Signature of Decedent or Agent determining tax - First Name
FIRESCO

GRANT DEED

125395 LL

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

X KENNETH LEON RAY, a married man who acquired title as Kenneth L. Ray

herby GRANT(S) to

X LINDA M. CUSTIA, a single woman

the real property in the ~~City~~ unincorporated area of the
County of Riverside State of California, described as

The East 1/2 of the North 1/2 of the North 1/2 of the Southwest 1/4 of the
Northeast 1/4 of Section 2, Township 4 South, Range 4 West, San Bernardino
Base and Meridian, as shown by United States Government Survey.

EXCEPTING therefrom the Easterly 25 feet and the Southerly 30 feet thereof.

Dated February 7, 1972

Kenneth Leon Ray
Kenneth Leon Ray

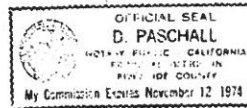
STATE OF CALIFORNIA
COUNTY OF
Riverside

On February 7, 1972

before me, the undersigned, a Notary Public in and for said
State, personally appeared KENNETH LEON RAY

known to me to be the person whose name is
subscribed to the within instrument and acknowledged that
he executed the same.

WITNESS my hand and official seal
Paschall
Signature



(This area for official notarial seal)

1002 (10/69)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202036010119

Form containing personal data, residence, informant, funeral, place of death, cause of death, physician's certification, and coroner's use only sections.

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH,

MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

AUG 19 2020



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2022 JUL 27 AM 9:30

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RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Assessee: CUSTA LINDA M

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Date Sold: May 18, 2021

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

Certificate of Death, Birth Certificate, California Driver's License
Social Security Card. Luke is son of Tammy and Jimmy Stanley,
Tammy is niece of deceased, Linda Custa
Luke SS# is 662-31-6683. Geneological map of relationships

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 26th day of July, 2022 at Riverside, California
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Luke Michael Stanley
Print Name

Print Name

18443 Donna Lane
Street Address

Street Address

Perris, CA 92570
City, State, Zip

City, State, Zip

951-490-3645
Phone Number

Phone Number

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 4045 Parcel Identification Number: 314200010

Assessee: CUSTA LINDA M

Situs: 22738 REDWOOD DR PERRIS CA 92570

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RECEIVED
2022 JUL 27 AM 9:30
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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Certificated of Death, Birth Certificate, CA Driver's License,
Social Security Card, Raymond is nephew of deceased. His
mother Stella is only surviving sibling of Linda Custa
Geneological map of relationships

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Executed this 26th day of July, 2022 at Riverside, California
County, State

Ray Rumbawa
Signature of Claimant

Signature of Claimant

Raymond Joseph Rumbawa
Print Name

Print Name

18443 Donna Lane
Street Address

Street Address

Perris, California 92570
City, State, Zip

City, State, Zip

951-490-9904
Phone Number

Phone Number

ADDENDUM TO ITEM 10 -

Raymond Rumbawa and Stella Rumbawa -
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will cede their rightful claim to
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wish will rescind their claims

Jimmy Stanley
Jimmy Stanley

Tammy Stanley
Tammy Stanley

SEE ATTACHED
CERTIFICATE

Raymond Rumbawa
Raymond Rumbawa

Stella Rumbawa
Stella Rumbawa

SEE ATTACHED
CERTIFICATE

Order No.
Escrow No. 2861
Loan No.

49465

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Linda M. Custa
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Fontana, California

PAID
Doc. Transfer Tax
W. D. BALOGH
BY. CO. RECORDER

RECEIVED FOR RECORD
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FIRST AMERICAN TITLE CO.
Bank 1972, P.O. Box 49465
Fontana, California
W.D. Balogh
FEB 1 3 1972

SPACE ABOVE THIS LINE FOR RECORDER'S USE

3.00

MAIL TAX STATEMENTS TO:

Same as above

DOCUMENTARY TRANSFER TAX ~~8.00~~ 33.45
..... Computed on the consideration or value of property conveyed; OR
X Computed on the consideration or value less liens or encumbrances
existing at time of sale.
[Signature] FISCO
Signature of Deedman or Agent determining tax - Firm Name

GRANT DEED

1259905 LL

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

KENNETH LEON RAY, a married man who acquired title as Kenneth L. Ray

hereby GRANT(S) to

LINDA M. CUSTIA, a single woman

the real property in the ~~County~~ unincorporated area of the _____ State of California, described as
County of Riverside

The East 1/2 of the North 1/2 of the North 1/2 of the Southwest 1/4 of the
Northeast 1/4 of Section 2, Township 4 South, Range 4 West, San Bernardino
Base and Meridian, as shown by United States Government Survey.

EXCEPTING therefrom the Easterly 25 feet and the Southerly 30 feet thereof.

Dated February 7, 1972

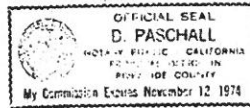
[Signature]
Kenneth Leon Ray

STATE OF CALIFORNIA
COUNTY OF
Riverside

On February 7, 1972
before me, the undersigned, a Notary Public in and for said
State, personally appeared KENNETH LEON RAY

known to me to be the person whose name is
subscribed to the within instrument and acknowledged that
he executed the same.

WITNESS my hand and official seal
[Signature]
Signature



(This area for official notarial seal)

1002 (10/59)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202036010119

Form containing fields for decedent's personal data, usual residence, informant information, funeral directory, place of death, cause of death, physician's certification, and coroner's use only.

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

AUG 19 2020



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

To: Matthew Jennings, Treasurer-Tax Collector

RECEIVED

Re: Claim for Excess Proceeds

2022 JUL 27 AM 9:30

TC 217 ITEM 4045 Parcel Identification Number: 314200010

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Assessee: CUSTA LINDA M

Situs: 22738 REDWOOD DR PERRIS CA 92570

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 \$ all 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. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Certificate of Death, Birth Certificate, California Driver's License
Social Security Card. Luke is son of Tammy and Jimmy Stanley,
Tammy is niece of deceased, Linda Cusfa
Luke SS# is [REDACTED]. Geneological map of relationships

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 26th day of July, 2022 at Riverside, California
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Luke Michael Stanley
Print Name

Print Name

18443 Donna Lane
Street Address

Street Address

Perris, CA 92570
City, State, Zip

City, State, Zip

951-490-3645
Phone Number

Phone Number

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 4045 Parcel Identification Number: 314200010

Assessee: CUSTA LINDA M

Situs: 22738 REDWOOD DR PERRIS CA 92570

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JAN -3 PM 2:50
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$122,428.94 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. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

- For Tammy Marie Stanley: CA Drivers License, Social Security Card, Birth Certificate, Cover Page Fax Document from Legacy Convalescent Home
- For Stella Marie Rumbawa: US Social Security Card, Baptism Document, Marriage License, Social Security for husband Joe Fred Rumbawa
- For Linda Costa: Certificate of Death, Marriage Certificate

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 3rd day of January, 2022 at Riverside, California
County, State

Tammy Marie Stanley
Signature of Claimant

Tammy Marie Stanley
Print Name

18443 Donna Lane
Street Address

Perris CA 92570
City, State, Zip

951-515-5480
Phone Number

ADDENDUM TO ITEM 10 -

Raymond Rumbawa and Stella Rumbawa -
Jimmy Stanley and Tammy Stanley -
will cede their rightful claim to
to Luke Stanley - if there are no other
claimants, This is in accordance to
the wishes of the decedent, Linda M. Costa,
~~with~~ because she was denied the right to
make a will because she had COVID-19
and forced to be in isolation.

To reiterate, if it is possible for
Luke Stanley to be the only recipient of
this estate, the the above 4 claimants
wish will rescind their claims

Jimmy Stanley
Jimmy Stanley

Tammy Stanley
Tammy Stanley

SEE ATTACHED
CERTIFICATE

Raymond Rumbawa
Raymond Rumbawa

Stella Rumbawa
Stella Rumbawa

SEE ATTACHED
CERTIFICATE

Order No.
Escrow No. 2861
Loan No.

WHEN RECORDED MAIL TO:
Linda M. Custa
13798 Slover, Space 29
Fontana, California

PAID
Doc Transfer Tax
W. D. BALOGH
BY. CO. RECORDER

RECEIVED FOR RECORD
APR 17 1972
FIRST AMERICAN TITLE CO.
Branch 1972, P.O. Box 49465
Fontana, California
W.D. Balogh
REC. 3.00

3.00

MAIL TAX STATEMENTS TO:

Same as above

DOCUMENTARY TRANSFER TAX ~~8.00~~ 33.65
..... Computed on the consideration or value of property conveyed; OR
X Computed on the consideration or value less liens or encumbrances
existing at time of sale.
[Signature] F1510
Signature of Declarant or Agent determining tax - Firm Name

GRANT DEED

13798 SLOVER LL

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

KENNETH LEON RAY, a married man who acquired title as Kenneth L. Ray

hereby GRANT(S) to

LINDA M. CUSTIA, a single woman

the real property in the ~~County~~ unincorporated area of the _____ State of California, described as
County of Riverside

The East 1/2 of the North 1/2 of the North 1/2 of the Southwest 1/4 of the
Northeast 1/4 of Section 2, Township 4 South, Range 4 West, San Bernardino
Base and Meridian, as shown by United States Government Survey.

EXCEPTING therefrom the Easterly 25 feet and the Southerly 30 feet thereof.

Dated February 7, 1972

[Signature]
Kenneth Leon Ray

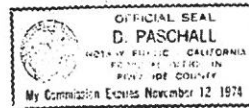
STATE OF CALIFORNIA
COUNTY OF
Riverside

On February 7, 1972

before me, the undersigned, a Notary Public in and for said
State, personally appeared KENNETH LEON RAY

known to me to be the person whose name is
subscribed to the within instrument and acknowledged that
he executed the same.

WITNESS my hand and official seal
[Signature]



(This area for official notarial seal)

1002 (10/69)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202036010119

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO BRASS, PENS, OR ALTERNATING INKS (REV. 05/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LINDA		2. MIDDLE -		3. LAST (Family) CUSTA	
M/A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/13/1938		5. AGE Yrs. Mths. Ds. 82	
9. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (Spec. at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level Completed (See instructions on back) HS GRADUATE		14. DID DECEDENT SPEAK FLUENTLY IN SPANISH? If yes, see remarks on back. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) ROMANIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1335 NORTH WATERMAN AVENUE					
21. CITY SAN BERNARDINO		22. COUNTY/PROVINCE SAN BERNARDINO		23. ZIP CODE 92404	
24. YEARS IN COUNTY 7		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP TAMMY STANLEY, AUNT		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 18443 DONNA LANE, PERRIS, CA 92570			
28. NAME OF SURVIVING SPOUSE (SDP) - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST FRANK		32. MIDDLE -		33. LAST CUSTA	
34. BIRTH STATE AZ		35. NAME OF MOTHER/PARENT - FIRST DIANA		36. MIDDLE -	
37. LAST (BIRTH NAME) STANLEY		38. BIRTH STATE IL			
39. DISPOSITION DATE mm/dd/yyyy 08/13/2020		40. PLACE OF FINAL DISPOSITION MONTECITO MEMORIAL PARK 3520 EAST WASHINGTON STREET, COLTON, CA 92324			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT EVANS BROWN MORTUARY		45. SIGNATURE OF LOCAL REGISTRAR ERIN GUSTAFSON, MD, MPH		47. DATE mm/dd/yyyy 08/13/2020	
101. PLACE OF DEATH LEGACY POST ACUTE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> IWC <input type="checkbox"/> ICA <input type="checkbox"/> HOSPITAL		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1335 NORTH WATERMAN AVENUE		106. CITY SAN BERNARDINO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly resulted in death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. ACUTE RESPIRATORY FAILURE		Time Interval between Death and Autopsy (M) <input type="checkbox"/> (H) <input type="checkbox"/> (D) <input type="checkbox"/> (W) <input type="checkbox"/> (MOS) <input type="checkbox"/> (Y) <input type="checkbox"/> (N) <input type="checkbox"/>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. UNDERLYING CAUSE OF DEATH (Disease or injury that initiated the sequence of events resulting in death) LAST END STAGE CORONARY ARTERY DISEASE		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN BY I07) NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IS FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED Decedent Attended Since: mm/dd/yyyy 07/21/2020		115. SIGNATURE AND TITLE OF CERTIFIER JOEL A PENGSON M.D.		116. LICENSE NUMBER 08/06/2020	
117. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Autopsy <input type="checkbox"/> Caused by Intoxication <input type="checkbox"/> Caused by Fire <input type="checkbox"/> Other <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOEL A PENGSON M.D. 30907 RIVERTON LANE, TEMECULA, CA 92591		119. INJURY DATE mm/dd/yyyy 08/04/2020	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 hours)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*01000109462412*			

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
 COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Maxwell Ohikwuare
 MAXWELL OHIKWUARE, M.D.
 COUNTY HEALTH OFFICER
 REGISTRAR OF VITAL STATISTICS

AUG 19 2020



002836548

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

PRNCD (Rev) 06/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

