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:

 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

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: Absent: None None

Date:

October 29, 2024

XC:

Tax Collector

19.15

Kimberly A. Rector

Clerk of the Board

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

RECOMMENDED MOTION: That the Board of Supervisors:

- 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;
- 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;
- 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 Proc | eeds from Tax Sale | Budget Adjusti | ment: N/A |
| COUNCE OF FOREO. | Tuna 00000 Excess 1 100 | eeds from Tax Sale. | For Fiscal Year | r: 24/25 |

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

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

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

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

- 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.
- 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.
- 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.
- 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 Gregoria & O

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

aron Gettis, Chief of Deput County Counsel 8/5/2024

| CLAIM FOR EXCESS PROCEEDS FROM THE | SALE OF TAY DEFAULTED PROPERTY |
|---|--|
| | |
| To: Matthew Jennings, Treasurer-Tax Co | RECEIVED |
| Re: Claim for Excess Proceeds | 2022 JUL 27 AM 9: 30 |
| TC 217 ITEM 4045 Parcel Identification Nur | nber: 314200010 RIVERSIDE COUNTY |
| Assessee: CUSTA LINDA M | TREAS-TAX GOLLECTOR |
| Situs: 22738 REDWOOD DR PERRIS CA 925 | 70 |
| Date Sold: May 18, 2021 | |
| Date Deed to Purchaser Recorded: July 28, 20 | 21 |
| Final Date to Submit Claim: July 28, 2022 | |
| from the sale of the above m property owner(s) [check in one box] at Recorder's Document No. | ode Section 4675, hereby claim excess proceeds in the amount of nentioned real property. I/We were the lienholder(s), the time of the sale of the property as is evidenced by Riverside County corded on A copy of this document is attached hereto attached assignment of interest. I/We have listed below and attached he claim submitted. |
| NOTE: YOUR CLAIM WILL NOT BE CONSID | ERED UNLESS THE DOCUMENTATION IS ATTACHED. |
| Certificate of Death, Birth | Certificate, California Driver's License |
| Social Security Cord. In | ike is son of Tammy and Jimmy Stan |
| Tammy is niece of de | ceased, Linda Custa |
| Luke SS# is | ceased, Linda Custa Ceneological map of relationships |
| nave to sign the claim unless the claimant sublications that claim and selective parties and the fore affirm under penalty of perjury that the fore | |
| | |
| 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 |
| | SCO 8-21 (1-99) |

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 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 Licensie, Social Security Card, BirTh Certificate, CoverPage Fax Document. From Legacy Convatescent Home For Stella Marie Rumbawa: US Social Security Card, Baphsm Document, Marriage License, Social Security For husband Joe Fred Rumbawa For Linda Custa: 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 s STELLAM, Rumbawa 18443 Donna Street Address 3 Perris CA 92570 City, State, Zip 951-490-9904

19)

Phone Number

Appendum to ITem 10Raymond Rumbawa and STalla Rumbawa—
Jimmy STanley and Tammy STanlex—
will Cede Their Rightfull Claim To
To Luke Stanley— if There are no other
Claimnants, This is in Accordance To
The wishes of the Decedant, Linda M. Custa,
with Browne who was denied the right to
Make A will because she had Covid-19
and Forced to be in isolation.
To Resterate, if it is fossible For
Luke Stanley to be only Recipient of
This Estate, The The Above H Claimants
wish woll Resund Their Claim's

June Stanler SEE ATTACHED SEE ATTACHED CERTIFICATE among STanley CERTIFICATE among STanley

Raymond Rumbawa

Stella Rumbara

SEE ATTACHED CERTIFICATE

ACKNOWLEDGMENT

California All-Purpose 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 Fiverside)) ss. |
|--|
| On 4/12 wy before me, Lah wy Notary Public, personally appeared Raymond Rumbawa and Stalla Fumbawa |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose |
| names 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. |
| of which the personally deced, executed the man discussion |
| 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 Notary Public - California Riverside County Commission # 2472407 My Comm. Expires Dec 15, 2027 |
| |
| |

Attached Loose Certificate, Acknowledgment for document:

Adderdum to Item 10 - Handwriten

Order No. Escrow No. 2861 Loan No.

X 53

WHEN RECORDED MAIL TO:

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



3.00

MAIL TAX STATEMENTS TO:

Same as above

DOCUMENTARY TRANSFER TAX & DOCUMENTARY TRANSFER TAX & DOCUMENTARY CONTROL OF TAX COMPUTED ON THE CONSIDERATION OF VAIUS less liens or encumbrance refullmose at time of sele.

Transfer et time of sele.

GRANT DEED

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.

MINDA M. CUSTA, a single woman

the real property in the Chapter 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.

| 4 | Kennett Jean Ro | sted February 7, 1972 |
|---|--|---|
| | | tate of California ounty of Riverside |
| | official seal D. PASCHALL | n February 7, 1972 Notes the undersigned, a Notery Public in and for said late, personally appeared KENNETH LEON RAY |
| - | NOTA Y PRESIDE CALFORNIA RESEARCH OF COUNTY My Commission Exercis November 12: 1974 | nown to me to be the person whose name |
| - | D. PASCHALL NOTA W FIFT OF CALIFORNIA FIRST HOT COUNTY | nown to me to be the person whose name |

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (10/69

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

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

| _ | STATE FILE NUME | SER | USE I | BLACK INK ONLY / N | CATE OF D TATE OF CALFORNA O BYASURES WHITEOUT VS-11@REY 306 | OR ALTERNITONS | | 3202036 | | | | | |
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| PERSONAL | 9. BIRTH STATE/FOREIGN COUNTRY | 11 EVER IN U.S. | ARMED FORGES? | 3/1938 | US/SPOP of Time of Dec | 7. DATE OF DEATH | mm/tid/coyy | B. HOUF | F G4 Hou | | | | |
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| DECEDENT'S | HS GRADUATE | YES | | | X NO | ROMANI | AN | | | | | | |
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| w | 20. DECEDENT'S RESIDENCE (Street | | The state of the s | | 1,017 | 100 100 100 100 100 100 100 100 100 100 | 444(1) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
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| _ | SAN BERNARDINO 26. INFORMANTS NAME, RELATION | | SAN BERN | | 924 27. INFORMANTS M | | 7 Street and number or o | CA umber or rural route number city or fown, state and zio) RIS, CA 92570 | | | | | |
| MANT | TAMMY STANLEY, | AUNT | | | 18443 DON | | 100 | CA 92570 | | 170 | | | |
| DRMATION | 28. NAME OF SURVIVING SPOUSES | RDP'-FIRST | 29 MUDILE | | | 30, LAST (BI | RTH NAME) | | | | | | |
| MFORM | 31. NAME OF FATHER PARENT-FIRS | 32 MIDDLE | V-11111 | 33. LAST CUSTA | | | | | M. BIRTH STATE | | | | |
| RENT INFORMATIO | 35. NAME OF MOTHER/PARENT-FIR | ST | 36 MIDDLE | | | 37. LAST (BI | RTH NAME) | | | 38. BIRTH | STATE | | |
| ¥ | DIANA 39. DISPOSITION DATE menda/scoyy | 40 PLACE OF FINA | L DISPOSITION MOI | NTECITO | MEMORIA | L PARK | ΕY | | 700 | IL | | | |
| STRAA | 08/13/2020 41. TYPE OF DISPOSITION(S) | 3520 EAST | WASHINGT | TON STR | EET, COLT | ON, CA | 2324 | | Las | CENSE NUI | ARE! | | |
| IL RED | BU | | | NOT E | MBALMED | | | | | | - S. DCENSE ROWSEN | | |
| 9 | W. NAME OF FUNERAL ESTABLISHMENT EVANS BROWN MORTUARY NUMBER 46, SIGNATURE OF LOCAL REGISTRAR ERIN GUSTAFSON, MD, MP | | | | | | | мен | 08/13/2020 | | | | |
| | 101. PLACE OF DEATH | (TC | | | 102 | F HOSPITAL, SPE | | HOUSER THAN HOSPI | TAL, SPECIFY | Decedant's | По | | |
| DEATH | 104 COUNTY 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or inculton) | | | | | | | | 106 CITY | | | | |
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| | as currant principles of the p | | | | | | | | * | YES | X | | |
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| AUSE OF DEATH | UNDERLYING CAUGE (disease or | | | | 2000 | | | | | YES | X | | |
| 200 | risated the events (4) resulting in death) LAST | | | | | | | (01) | 111.05 | D IN DETERMINE YES | INC CAUSE | | |
| | 112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE | | | | | | | | | | | | |
| | 115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 167 OR 112? (If yes, list type of operation and date.) | | | | | | | | | E. PREGNANT | | | |
| No. | 114. I CERTIFY THAT TO THE BEST OF MY K AT THE HOUR, DATE, AND PLACE STATED FI | NOWLEDGE DEATH DOCUM | RED 115. SIGNATURE | AND TITLE OF C | CERTIFIER | | E@A | 116 LICENSE N | VES UMBER 11 | 7. DATE m | n/dd/ccyy | | |
| CERTIFICATION | Decedent Attended Since (A) mm/dd/coyy (B) | Decedurit Last Seen Alive men/dd/coyy | JOEL A | PENGSO | ON M.D. G72774 ANS NAME, MAILING ADDRESS, ZIP CODE JOEL A PENGSON M.D. | | | | | 8/06/20 | 20 | | |
| CERT | 07/21/2020 08 | VERTON | ON LANE, TEMECULA, CA 92591 | | | | | | | | | | |
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| 'S JSE | 124. DESCRIBE HOW INJURY OCCU | 134. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | | | | | | | | | |
| CORONER'S USE ON | 12a, LOCATION OF INJURY (Street and number, or location, and city, and zip) | | | | | | | | | | | | |
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| | > | | | | and the same of th | | The same | Z. // GET UTT CORON | | | | | |
| | | C | D E | | 21111 | | | FAX AUTH.# | | | US TRAC | | |

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 VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

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



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

002836548



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. Custa died on (date) 08/014/2020, in County of San Berardino, 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. | | | | | | | |
| (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 Rumbaun STella Rumbaun | | | | | | | |
| 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 Hay tumburu SEE ATTACHE | | | | | | | |
| Dated: 4-17-2624 * Stella Rumbany CERTIFICATE Name: Stella Rumbany | | | | | | | |
| | | | | | | | |

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.

| COUNTY OF MENDOCINO PIVES SE |
|---|
| On 4121201 before me, Lean Lox Notes Public, personally appeared Paymord Runson and Statistical 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 Notary Public - California Riverside County Commission # 2472407 My Comm. Expires Dec 15, 2027 |

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

| To: Matthew Jennings, Treasurer-Tax C | Collector | |
|---|---|--|
| Re: Claim for Excess Proceeds | | TREE TO |
| TC 217 ITEM 4045 Parcel I | Identification Number: 314200010 | APR - APR - APR - |
| Assessee: CUSTA LINDA M | | |
| Situs: 22738 REDWOOD DR PERRIS CA 9 | 92570 | EIVED S PH 2: |
| Date Sold: May 18, 2021 | | |
| Date Deed to Purchaser Recorded: July | 28, 2021 | |
| Final Date to Submit Claim: July 28, 202 | 22 | |
| from the sale of the above-mentioned r in one box] at the time of the sale of the $02(-0949369)$; recorded on 07 | n Code 4675, hereby claim excess proceeds in real property. (I) We were the lienholder(s) e property as is evidenced by Riverside County L LOL A copy of this document is a hed assignment of interest. (I) We have listed b claim submitted. | property owner(s) [check Recorder's Document No. ttached hereto (1) We are the |
| If the property is held in Joint Tenancy, | the tax sale process has severed this Joint Ten | ancy, and all Joint tenants will |
| | nt submits proof that he or she is entitled to t | |
| I/We affirm under penalty of perjury that | at the foregoing is true and correct. | |
| Executed this 22 Nd day of | Dec , 20 <u>21</u> at Solan county, State | 3,CA |
| Stellas | | |
| Signature of Claimant | Signature of Claimant | |
| Steve Custa | Drint Name | |
| Print Name | Print Name | |
| CARMEL FUNDING GROUP LLC PO BOX 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 , 2021. |
| Steve Custa Grantor's printed name Grantor's signature |
| Notarization |
| State of |
| I, the undersigned Notary Public in and for the State of California hereby certify that on the 22rd day of Occumber 2021, 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 |
| free and voluntary act and deed, for the uses and purposes therein mentioned. |

My commission expires ___

Order No. Escrow No. 2861

7 X 8

WHEN RECORDED MAIL TO:

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



SPACE ABOVE THIS LINE FOR RECORDER'S USE

3.00

MAIL TAX STATEMENTS TO:

Same as above

GRANT DEED

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

X 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 Chapter 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 | Kennett Jeon Ray |
|---|--|
| STATE OF CALIFORNIA COUNTY OF RIVEYSIDE | |
| On February 7, 1972 before me, the undersigned, a Notery Public in and for said State, personally appeared KENNETH LEON RAY | OFFICIAL SEAL D. PASCHALL |
| known to me to be the person | My Commission Evers November 12 1974 |
| (Sachall | (This year for official potential shell) |

MAIL TAX STATEMENTS AS DIRECTED ABOVE . .

1002 (10/69)

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

COUNTY OF SAN BERNARDIN SAN BERNARDINO, CALIFORNIA

| | STATE FILE NUM | (050 | us us | CERTIFIC STAI E BLACK INK ONLY / NO. | EATE OF D | EATH S OR ALTERATIONS | | | 2020360 | 0.0000000000000000000000000000000000000 | | |
|--------------------------------------|--|---------------------------|-------------------------|--|--|--------------------------|---------------------------|---|--|---|--------------------|--------------------|
| _ | 1. NAME OF DECEDENT- FIRST (CLINDA | | 2. MID0 | | S-11q(REV 3/06) | 3. LAS | ST (Family) | LOC | CAL REGISTRAT | TON NUME | IER | |
| DATA | AKA ALSO KNOWN AS - Include tu | II AKA (FIRST, MIDDLE, I | LAST) | | 4. DATE | OF BIRTH mm/dd/d | STA | IF UNDE | R ONE YEAR | IF UNDER | 24 HOURS | 6. SEX |
| SONAL | 9. BIRTH STATE/FOREIGN COUNTR | V | | | 05/1 | 3/1938 | 82 | Months | Days | Hours | Minutes | F |
| S PER: | CA | 10. SOCIAL SE | CURITY NUMBER | 11. EVER IN U.S. A | 7 | NEVER N | S/SRDP* (at Time of Death | | 04/2020 | n/dd/ccyy | 8. HOU | JR (24 Hours 20 |
| DECEDENT'S PERSONAL | 13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE | 14/15. WAS DECEDENT H | HISPANIC/LATINO(A)/SP | ANISH? (If yes, see wor | | 16. DECEDENT'S R | ACE - Up to 3 races i | may be is | led (see worksho | eet on back) | | |
| DEC | 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, erro OWN HOME | | | | | | | | loyment agency. | etc.) 19 | YEARS IN | N OOCUPATIO |
| L 4CE | 20. DECEDENT'S RESIDENCE (Street 1335 NORTH WAT | | 2000 | Carrage, conference of the contract of the con | No. | de la company | | | | | | |
| USUAL | SAN BERNARDING | | SAN BERN | | 23. ZIP 9240 | 2.5 | 24. YEARS IN COUN | VTY 25. | STATE/FOREIG | IN COUNTR | RY | 351 |
| INFOR- | 26. INFORMANT'S NAME, RELATION TAMMY STANLEY, | | | 1 | NFORMANT'S MA | INA LANE, | PERRIS, C | A 92 | mber, city or tow | m, slaté and | zip) | |
| z | 28. NAME OF SURVIVING SPOUSE/ | SRDP'-FIRST | 29. MIDDLE | A 2 -14 2 | 1000 | 30. LAST (BIRT | | N. JAR | 556 | | | |
| SRDP AND | 31. NAME OF FATHER/PARENT-FIR | ST . | 32. MIDDLE | 1 | 10000000000000000000000000000000000000 | 33. LAST | Charles and the second | | 7 | | 34. BIRTH | H STATE |
| SE/S | FRANK 35. NAME OF MOTHER/PARENT-FIR | oër . | - 36. MIDDLE | COI | JNI | CUSTA | | | 2 | | AZ | |
| SPOUS | DIANA | ₹ - W | SSKILL - | | 0.1 | STANLE | 140 | | 1 | | 38. BIRTH | STATE |
| PAR PAR | 39, DISPOSITION DATE mm/dd/ccyy 08/13/2020 | 3520 EAST | L DISPOSITION MC | NTECITO I | MEMORIA ET. COLT | L PARK ON, CA 92 | 324 | | 1 | | | |
| REGIST | 08/13/2020 3520 EAST WASHINGTON STREET, COLTON, CA 92324 41. TYPE OF DISPOSITION(S) BU 42. SIGNATURE OF EMBALMER NOT EMBAL MED | | | | | | | - | 43. LH | CENSE NU | MBER | |
| FUNERAL DIRECTOR/ LOCAL REGISTRAR | 4. NAME OF FUNERAL ESTABLISHMENT EVANS BROWN MORTUARY BU NOT EMBALMED 45. SIGNATURE OF FLOCAL REGISTRAN EVANS BROWN MORTUARY | | | | | | | 47. DATE mm/dd/ccyy | | | | |
| 2 - | 101. PLACE OF DEATH | JRTOART | West State. | FD839 | JC0901 - 306000 | HOSPITAL SPECIF | SON, MD, N | 700 | HAN HOSPITAL | | /13/20 | 20 |
| PLACE OF DEATH | LEGACY POST ACI | 0 190000 | NODECO OD LOCATION | 80 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1P ER/OP | | fospice | X Nursing Home/L | | Decedent's Home | Other |
| P. P. | The state of the s | | | | | | | - 25 | SAN BERNARDINO | | | |
| | 107. CAUSE OF DEATH Enter the chain of wivers, — diseases injuries, or complications — that directly causing death. DO NOT enter terminal events such as cardiac singer, resolvatory arrest, or ventricate translation, without showing the enougy. DO NOT ABBREVATE. IMMEDIATE CAUSE (Final disease or | | | | | | | ine Interval Betwee Onset and Death AT) | Ween 108. DEATH REPORTED TO CORONER? WES X NO | | | |
| | in death) (B) END (| STAGE COR | ONARY ART | FRY DISE | ASE. | | | | MINS | | PSY PERFO | ORMED? |
| ATH | conditions, if any. | | | ERT DIGE | OL. | - X | 4 (| 1 | MOS. | | YES | X NO |
| AUSE OF DEATH | UNDERLYING CAUSE (disease or | | | | | | NOW THE PROPERTY OF | " | CT) | | TOPSY PER YES | X NO |
| CAUSE | initiated the events (D) resulting in death) LAST | | 1 | 444 | | | | ţ | DT) | | IN DETERMIN | NING CAUSE? |
| | 112 OTHER SIGNIFICANT CONDITION NONE | NS CONTRIBUTING TO D | DEATH BUT NOT RESU | LTING IN THE UNDER | REYING CAUSE GIVI | EN IN 107 | | | | 1_ | | |
| | 113. WAS OPERATION PERFORMED F | OR ANY CONDITION IN | TEM 107 OR 112? (If y | es, list type of operati | on and date.) | | | | 1134 | | | IN LAST YEAR |
| s, NO | 114. I CENTIFY THAT TO THE BEST OF MY K AT THE HOUR, DATE, AND PLACE STATED F | NOWLEDGE DEATH OCCUR | RED 116. SIGNATURI | E AND TITLE OF CER | TIFIÉR | | | 116. | LICENSE NUM | | X NO | UNK n/did/ccyy |
| SICIA | Decedant Attanded Since (A) mm/dd/ccyy (B) | Decedent Last Seen Alive | ▶ JOEL A | PENGSON | M.D. | DOBESS ZIR CODE | | G | 372774 | | /06/20 | |
| _ | 07/21/2020 08/04/2020 30907 RIVERTON LANE, TEMECULA, CA 92591 | | | | | | | | | | | |
| | 119. I CERTIFY THAT IN MY OPINION DEATH MANNER OF DEATH Natural | Accident Horn | , DATE, AND PLACE STATE | Parking Investigation | Could not be determined | 120. INJURED | | | INJURY DATE | nvm/dd/ccyy | 122. HOL | JR (24 Hours) |
| ONLY | 123. PLACE OF INJURY (e.g., home, o | construction site, wooded | d area, etc.) | | | | | 1 | 8 1 9 | | | |
| S USE | 124. DESCRIBE HOW INJURY OCCUP | RRED (Events which resu | illed in injury) | | | | 2 2 2 2 3 | | | | | |
| CORONER'S USE ONLY | 125. LOCATION OF INJURY (Street an | d number, or location, an | nd city, and zip) | | | | | | | | | |
| - | 126. SIGNATURE OF CORONER / DEF | | 33.53/2 | lear 6 | (44) | Lana | , | | | | | |
| | > | J. / GONONER | | 127. DATE | mm/dd/ccyy | 128. TYPE NAME | , TITLE OF CORONER | A / DEPUT | Y CORONER | | 7/ | 1 = 1 |
| STAT | | С | D E | HANKA | | 1004624122* | | FAX | #.HTUA | | CENSU | US TRACT |
| | | | | | *01000 | 11004624122* | | | | | | |

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.



CASANBERDZ

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

| TI | ne undersigned state(s) as follows: |
|-----|--|
| 1. | Linda Custa died on 08/04/2020 at San Bernardino, Ca |
| 2. | (City and State) 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) |
| | |
| 5. | ☐ \$184,500 if the decedent died on or after April 1, 2022 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/\ | e declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |
| | 9-16-23 See Attached Form for |
| | Steve Custa Notary Certificate State |
| | (TYPE OR PRINT NAME OF PARTY MAKING DECLARATION) (SIGNATURE) |
| | (TYPE OR PRINT NAME OF PARTY MAKING DECLARATION) (SIGNATURE) |
| | Additional Signature(s) Attached |

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.

| validity of that document. | |
|---|--|
| State of California County of Salarro | |
| On _09/16/2013 before | e me, Long Aguyan , M (insert name and title of the officer) |
| personally appeared Steve. Cash | (insept name/ario title of the officer) |
| subscribed to the within instrument and achis/her/their authorized capacity(ies), and | tory evidence to be the person(s) whose name(s) is/are cknowledged to me that ne/she/they executed the same in that by his/her/their signature(s) on the instrument the ch the person(s) acted, executed the instrument. |
| I certify under PENALTY OF PERJURY un paragraph is true and correct. | nder the laws of the State of California that the foregoing |
| WITNESS my hand and official seal. | DANG NGUYEN NOTARY PUBLIC - CALIFORNIA COMMISSION # 2430015 SOLANO COUNTY My Comm. Exp. December 23, 2026 |
| Signature | (Seal) |

COUNTY OF SAN BERNARDINO SAN BERNARDINO, CALIFORNIA

| | | STATE FILE NUMBE | ER | | us | E BLACK INK | STATE OF CONLY / NO ERASUR | ALIFORNIA LES, WHITEOUT | S OR ALTERAT | ONS | | | 201536 | | | |
|---------------------|--|-------------------------------------|--|-----------------|--------------------|---|--|---------------------------------------|---|------------------------|--------------------------------|------------|-------------------------------------|--------------------|---------------------|-------------|
| | 1 NAME OF DEC | EDENT-FIRST (Give | en) | | 2 MIDE | | 10-114/1 | EA 3500) | 3 33 | 3. LAST CUS | | LOC | CAL REGISTR | ATION NUI | MBER | - |
| LDATA | AKA. ALSO KNOW | N AS - Include full A | KA (FIRST, MIDDLE, | LAST) | | | | | OF BIRTH II | | | IF UNDE | R ONE YEAR | IF UND | R 24 HOURS | 6. SE |
| DECEDENT'S PERSONAL | 9 BIRTH STATE/FO | DREIGN COUNTRY | 10. SOCIAL SE | CURITY NUM | uren 1 | 11 EVER | IN U.S. ARMED | | 2/1936 | ATIDIO | 78 | Months | Days | Hours | Minut | " М |
| 'S PEP | OR | | | | | YE | s X NO | UNK | MAR | RIED | RDP* (at Time of Death | 04/2 | OF DEATH 27/2015 | ; | 16 | OO 24 H |
| EDEN | 13. EDUCATION - Hig (see worksheef on 10 | hest Level/Degree 14/ back) | YES YES | HISPANICALAT | INO(A)/SP/ | ANISH? (Ny | es, see worksheel | | 16. DECEDE | NT'S RAC | E - Up to 3 races r | nay be lis | led (see works | heet on bac | :k) | |
| DEC | | ATION - Type of wor | k for most of life. DO | NOT USE RE | TIRED | 1 | 8 KIND OF BUS | INESS OR I | NDUSTRY (e. | g., grocery | store, road construc | tion, emp | loyment agen | cy. etc.) | 19. YEARS | IN OCCUP |
| + | | ESIDENCE (Street ar | nd number, or location | n) | g/a | Von Jakobino | ASPHAL | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 080 | - 20 | | | | | 50 | |
| RESIDENCE | 18550 DE | CKER ROA | AD . | (| 300000 | 0000000000 | resessores (res | 6460208020A | 15 a 15 15 15 15 15 15 15 15 15 15 15 15 15 | | 3833 | | | | | |
| | PERRIS | | | RIVE! | 8 X X | 200 | | 925 | | 2 | YEARS IN COUN | TY 25. | STATE/FORE | IGN COUN | FRY | |
| | | NAME, RELATIONS | | | de la | a surre | 27 INFO | LOCK | LING ADDR | SS (Street | and number, or rura CAVILLE | | | own, state a | nd zip) | |
| 7 | 28. NAME OF SUR | VIVING SPOUSE/SAI | | 25 | 9. MIDOLE | Verific Scriptivals Au | | \$04 \$.30 | S 37 5 | (BIRTH N | | - 10 M | | | | |
| - 31 | DIANA 31. NAME OF FATH | FR/PARENT-EIRST | | | MARIE | ANCIET. | | and the | 100 | ERS | NC | | > | | | |
| NE SESS | FRANK | * | | - | MIDDLE | C | W | 17 | CUS | | | |) | | TX | TH STATE |
| PAREN | 35 NAME OF MOTO | HER/PARENT-FIRST | 4 | 36 | . MIDDLE | S. Mary Co. | 0.8 | 4 | 100000000 | (BIRTH N | AME | | 1 | | Cost III-like or | H STATE |
| - | 39. DISPOSITION DA | TE mm/dd/ccyy | 40. PLACE OF FINA | L BISPOSITIO | PEF | RRIS | ALLEY | CEME | FERV | NLEY | 110 | | -{ | | NY | |
| SISTE | 04/30/2015 11. TYPE OF DISPO | 3 | 915 NORT | HPER | RIS B | LVU, I | PERRIS, | CA 92 | 571 | | 1000 | | 1 | 1.0. | | |
| | BU | | | | engle. | ▶ KIN | BERLY | JONES | | - 18 Mary | | | E | | MB88 | |
| 0 | VILLER-JO | RAL ESTABLISHMEN ONES MOR IRY | TUARY & | 1000 | | 45 LICEN FD15 | SE NUMBER | | diam did | 251925 | HUARE, M | AD | 500 | | 1/29/2 | 30.00 |
| - 11 | 101 PLACE OF DEA | m u | 3 300 | <i>y</i> | | | 24/06/03/25/2 24/06/03/25/2 | 102 IF | HOSPITAL. | SPECIFY C | NE 103 IF 0 | THER TH | IAN HOSPITA | L, SPECIFY | ONE | |
| 3 | 04 COUNTY | HOSPITAL | 105 FACILITY AD | ORESS OR LI | OCATION | WHERE FO | UND (Street and | 1001 | | ERVOP |] 00x | жрюе | Nursing Horne/ 06. CITY | тс | Decedent Home | or Or |
| | SAN BERN 07 CAUSE OF DEA | | 10841 WH | IITE OA | K AV | E | //// | 1 .000 | 15 s/4 | | A Part of | | RANCH | o cu | CAMO | NGA |
| I. | MEDIATE CAUSE | | Enter the chair of aven as cardiac arrest, respi RATORY FA | | r ventricular | r corholication v | ons that directs without showing it | v caused deal re enology. D | IN DO NOT e | oter termina EVIATE | ovents such | | ne Interval Between Onset and Death | en 108. DE | ATH PEPOPITE YES | OPEODOT O |
| 0 | inal disease or ondition resulting death) |) | - | | 0 | J. S. | Mark Comment | | | 19 | 11 30 60 | | ท VKS | | REFERRAL NEA | With: |
| I CO | equentially, list onditions, if any, | | STIVE HEA | | 300 No. | E and the said | | | | | 100 | | ID . | 109. BI | OPSY PERI | ORMED? |
| 8 8 | ading to cause n Line A Enter NDERLYING | CHRON | IC RENAL I | FAILUF | RE. | v 1666 | | * ,0% | 43 | 3.050 | 1 | 10 | 1OS | 110. AL | JTOPSY PE | |
| 2 8 | AUSE (disease or jury that itiated the events sulting in death) LA! | (D) | | 1 | /4 | A C | 100000 | 3000 | 10.00 | A John | | N ID | 10S | 111 USE | YES D IN DETERM | INING CAUSE |
| 3 | 12. OTHER SIGNIFIC | | CONTRIBUTING TO D | EATH BUT NO | T RESULT | TING IN THE | FINDED VINC | ALICE CHE | 18800 | \$ | | | | | YES | □ N |
| - [" | ONE | | | | 446 | \$ × | 1984 | \$ | N IN 107 | | | | | | | |
| N | O WAS OPERATION | N PERFORMED FOR | ANY CONDITION IN I | TEM 107 OR | 1127 (If yes | s, ket type o | operation and o | date.) | | | | | 113 | | PREGNANT | |
| N 11 | 4 I CHATTEY THAT TO | THE BEST CS MY KNOW | LEDGE DEATH OCCUPA | 115. SIG | SNATURE | AND TITLE | OF CERTIFIER | 9 | | - | EGS | 116. L | ICENSE NUN | YES 181:A 117 | DATE m | Vdd/ccyy |
| CERTIFICATION | Decedent Attended mrrv/dd/ocyy | | mm/dd/ccyy | PAM 118. TYP | IARIN PE ATTENC | I KON | CCHALA | LAI M. | D. | CODE | MARIN KO | A | 67705 | 04 | 1/28/20 | 015 |
| | 3/13/2015 | 04/26 | 6/2015 | | | | | E #402 | , MON | TCLA | MARIN KO IR, CA 91 | NCC 763 | HALAL | .AI M. | D. | |
| MA | NINER OF DEATH | | Acadeni Home | DATE AND PLA | CE STATED | Panding Investig | CALGES STATED | Could not be | 120 IN. | URED AT | | | NJURY DATE | mm/dd/ccy | 122 HO | JR (24 Hou |
| 12: | PLACE OF INJUR | RY (e.g., home, const | ruction site, wooded | area. etc) | | | 1000 | determined | 1 | | | | | | L | |
| 124 | DESCRIBE HOW | NJURY OCCURRED | (Events which result | ed in injury) | | | | | | | | | | / | | |
| 100 | | | | | | | | | | | | 1 | | | | |
| 124 | LOCATION OF IN. | JUHY (Street and nur | mber, or location, and | city, and zip) | | 12. 2 | in the second | 999 | 1 3/3 | Y | - 1/// 2 | | J 71 | | | |
| 126 | SIGNATURE OF C | OPONER / DEPUTY | CORONER | | 3 33 3 | 12 | 7 DATE mm/de | Уссуу | 128 TYPE I | NAME, TIT | E OF CORONER | DEPUTY | CORONER | | | |
| TATE | A | В | c | D | E | | 2141411 41171 11H1 4 H11 | 10111 20102 (01) *** | III 12 112 1111 1111 | 100 100 200 | III on ar | I EAV . | III - | | Lorus | in m |
| ISTRA | R | | 1 33 | | | | | *010001 | 00292620 | 2° | | - | UTH.# | | CENS | JS TRAC |

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.



CASANBERDZ

| CLAIN | FOR EXCESS PROCEEDS FROM THE SAL | E OF TAX-DEFAULTED PROPERTY |
|---------------------------|--|---|
| To: | Matthew Jennings, Treasurer-Tax Collecte | or RECEIVED |
| Re: | Claim for Excess Proceeds | **** *** *** *** *** |
| TC 21 | 7 ITEM 4045 Parcel Identification Number: | |
| Asses | see: CUSTA LINDA M | RIVERSIDE COUNTY TREAS-TAX GOLLECTOR |
| Situs: | 22738 REDWOOD DR PERRIS CA 92570 | |
| ate S | Sold: May 18, 2021 | |
| ate D | Deed to Purchaser Recorded: July 28, 2021 | |
| inal [| Date to Submit Claim: July 28, 2022 | |
| Record /We a nereto | roperty owner(s) [check in one box] at the tider's Document No; recorder the rightful claimants by virtue of the attacted each item of documentation supporting the claimants. | |
| OTE: | YOUR CLAIM WILL NOT BE CONSIDERED | UNLESS THE DOCUMENTATION IS ATTACHED. |
| Cert | Thicate of Death, Birth Cel | Hificate, California Driver's License |
| 100 | cial Security Cord. Luk | e is son of Tammy and Jimmy Star |
| Ta | mmy is niece of decea | ised, Linda Custa |
| cuk | 2 SS# is 662-31-6683. | e is son of Tammy and Jimmy Star sed, Linda Custa Geneological map of relationships |
| lave to claiman //We af | sign the claim unless the claimant submits put may only receive his or her respective portion firm under penalty of perjury that the foregoing ed this _26^h_ day of, | is true and correct. 20 22 at Riverside, California County, State |
| signatu | re of Claimant | Signature of Claimant |
| Lu A Print Na 184 | e Michael Stanley ame 143 Donna Lane Address | Print Name |
| Street A | Address | Street Address |
| City, St | rris, CA 92570 ate, Zip | City, State, Zip |
| | 1-490-3645 | |
| | Number | Phone Number |
| | | SCO 8-21 (1-99) |

| CLA <u>IM FOR EXCESS PROCEEDS FROM THE SALE OF TA</u> | X-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: 3142000 | |
| Assessee: CUSTA LINDA M | TREAS-TAX COLLECTOR |
| 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 from the sale of the above mentioned real property owner(s) [check in one box] at the time of the Recorder's Document No. ; recorded on I/We are the rightful claimants by virtue of the attached assembled to the submitted of the rightful claim submitted to the submitted of the submitted to the submitted to the submitted of the submitted to th | property. I/We were the lienholder(s), e sale of the property as is evidenced by Riverside County . A copy of this document is attached hereto. signment of interest. I/We have listed below and attached |
| NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLES | |
| certificate of Douth, Birth Certifical | te, CA Driver's Lianse, |
| Parriage Certificate, Social Security | Card, wife's Baptism Certificate |
| Jimmy is husband of Tammy as | well as being a relative as |
| demonstrated by Geneologica | almap of relationships |
| appended. | |
| If the property is held in Joint Tenancy, the tax sale process have to sign the claim unless the claimant submits proof that claimant may only receive his or her respective portion of the call. We affirm under penalty of perjury that the foregoing is true a | It he or she is entitled to the full amount of the claim, the laim. and correct. |
| Executed this 26th day of July , 2022 a | KIVErside, California |
| | odulity, oldico |
| Signature of Claimant Signature | ature of Claimant |
| | t Name |
| 18443 Donna Lane | |
| Street Address Stre | et Address |
| Perris, CA 92570 City, State, Zip City | , State, Zip |
| 951-544-2252 | , Oldie, Elp |
| | ne Number |

SCO 8-21 (1-99)

Appendum to ITem 10Raymond Rumbawa and STalla Rumbawa—
Jimmy STanley and Tammy STanlex—
will Cede Their Rightfull Claim To
To Luke Stanley— if There are no other
Claimnants, This is in Accordance To
The wishes of the Decedant, Linda M. Custa,
with Browne who was denied the right to
Make A will because she had Covid-19
and Forced to be in isolation.
To Resterate, if it is fossible For
Luke Stanley to be only Recipient of
This Estate, The The Above H Claimants
wish woll Resund Their Claim's

June Stanler SEE ATTACHED SEE ATTACHED CERTIFICATE among STanley CERTIFICATE among STanley

Raymond Rumbawa

Stella Rumbara

SEE ATTACHED CERTIFICATE

ACKNOWLEDGMENT

California All-Purpose 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 Fiverside)) ss. |
|--|
| On 4/12 wy before me, Lah wy Notary Public, personally appeared Raymond Rumbawa and Stalla Fumbawa |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose |
| names 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. |
| of which the personally deced, executed the man discussion |
| 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 Notary Public - California Riverside County Commission # 2472407 My Comm. Expires Dec 15, 2027 |
| |
| |

Attached Loose Certificate, Acknowledgment for document:

Adderdum to Item 10 - Handwriten

Order No.

HEN RECORDED MAIL TO:

inda M. Custa 13/98 Slover, Space 29 Fontana, California



MAIL TAX STATEMENTS TO:

Same as above

RANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, KENNETH LEON RAY, a married man who acquired title as Kenneth L. Ray

MINDA M. CUSTA, a single woman

the real property in the compact 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.

| STATE | OF CALIFORNIA |
|----------------|---|
| Rive | rside |
| | |
| ~ | February 7, 1972 |
| On | February 7, 1972 ne, the undersigned, a Natury Public in end for said |
| On before i | February 7, 1972 ne, the undersigned, a Natary Public in end for sale property expected KENNETH LEON RAY |
| On before (| Alexany Shibile in and for sair |
| State, p | Alexany Shibile in and for sair |

D. PASCHALL

MAIL TAX STATEMENTS AS DIRECTED ABOVE

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

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

| | The second second | STATE FILE NUMB | BER | USE BL | ACK HIK DALY / | CATE OF | OUTS OR ALTERNIONS | - W- | | 3202036 | | | |
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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 VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH,

of Michicerens

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



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





| CLAIN | FOR EXCESS PROCEEDS FROM THE SAL | E OF TAX-DEFAULTED PROPERTY |
|---------------------------|--|---|
| To: | Matthew Jennings, Treasurer-Tax Collecte | or RECEIVED |
| Re: | Claim for Excess Proceeds | **** *** *** *** *** |
| TC 21 | 7 ITEM 4045 Parcel Identification Number: | |
| Asses | see: CUSTA LINDA M | RIVERSIDE COUNTY TREAS-TAX GOLLECTOR |
| Situs: | 22738 REDWOOD DR PERRIS CA 92570 | |
| ate S | Sold: May 18, 2021 | |
| ate D | Deed to Purchaser Recorded: July 28, 2021 | |
| inal [| Date to Submit Claim: July 28, 2022 | |
| Record /We a nereto | roperty owner(s) [check in one box] at the tider's Document No; recorder the rightful claimants by virtue of the attacted each item of documentation supporting the claimants. | |
| OTE: | YOUR CLAIM WILL NOT BE CONSIDERED | UNLESS THE DOCUMENTATION IS ATTACHED. |
| Cert | Thicate of Death, Birth Cel | Hificate, California Driver's License |
| 100 | cial Security Cord. Luk | e is son of Tammy and Jimmy Star |
| Ta | mmy is niece of decea | ised, Linda Custa |
| cuk | 2 SS# is 662-31-6683. | e is son of Tammy and Jimmy Star sed, Linda Custa Geneological map of relationships |
| lave to claiman //We af | sign the claim unless the claimant submits put may only receive his or her respective portion firm under penalty of perjury that the foregoing ed this _26^h_ day of, | is true and correct. 20 22 at Riverside, California County, State |
| signatu | re of Claimant | Signature of Claimant |
| Lu A Print Na 184 | e Michael Stanley ame 143 Donna Lane Address | Print Name |
| Street A | Address | Street Address |
| City, St | rris, CA 92570 ate, Zip | City, State, Zip |
| | 1-490-3645 | |
| | Number | Phone Number |
| | | SCO 8-21 (1-99) |

Matthew Jennings, Treasurer-Tax Collector To: 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 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. 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 I 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 Signature of Claimant Signature of Claimant Print Name Street Address Perris, California 92570 City, State. Zip City, State, Zip 951-490-9904 Phone Number Phone Number SCO 8-21 (1-99)

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

Appendum to ITem 10Raymond Rumbawa and STalla Rumbawa—
Jimmy STanley and Tammy STanlex—
will Cede Their Rightfull Claim To
To Luke Stanley— if There are no other
Claimnants, This is in Accordance To
The wishes of the Decedant, Linda M. Custa,
with Browne who was denied the right to
Make A will because she had Covid-19
and Forced to be in isolation.
To Resterate, if it is fossible For
Luke Stanley to be only Recipient of
This Estate, The The Above H Claimants
wish woll Resund Their Claim's

June Stanler SEE ATTACHED SEE ATTACHED CERTIFICATE among STanley CERTIFICATE among STanley

Raymond Rumbawa

Stella Rumbara

SEE ATTACHED CERTIFICATE

ACKNOWLEDGMENT

California All-Purpose 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 Fiverside)) ss. |
|--|
| On 4/12 wy before me, Lah wy Notary Public, personally appeared Raymond Rumbawa and Stalla Fumbawa |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose |
| names 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. |
| of which the personally deced, executed the man discussion |
| 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 Notary Public - California Riverside County Commission # 2472407 My Comm. Expires Dec 15, 2027 |
| |
| |

Attached Loose Certificate, Acknowledgment for document:

Adderdum to Item 10 - Handwriten

Order No. Escrow No. 2861 Loan No.

7 386

WHEN RECORDED MAIL TO:

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



SPACE ABOVE THIS LINE FOR RECORDER'S US

3.00

MAIL TAX STATEMENTS TO:

Same as above

Signature of Decision or Agent determining test - Firm Name

GRANT DEED

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

MINDA M. CUSTA, a single woman

the real property in the Dispet 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.

| STATE OF CALIFORNI. | A I m. | |
|---|----------------------------|-----|
| Riverside | | |
| on February | 7 1972 | |
| | Motory Public in and for M | MI |
| | | |
| betters me, the undersig | KENNETH LEON RAY | w-m |
| State, personally appears | KENNETH LEON RAY | |
| State, personally appears | KENNETH LEON RAY | _ |
| State, personally appears | KENNETH LEON KAT | - |
| State, personally appears known to me to be the per | KENNETH LEON KAT | et |

Lennett Jean Ray

OFFICIAL SEAL
D. PASCHALL
MOTAT PRINCE CALFORNIA
FRANCISCO COLLETT
My Commission Excess November 12: 1974

This area for official notarial sas

1002 (10/69)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

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

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

| | | | | | CERTI | FICATE OF | DEATH | | 32020360 | 10119 | | | |
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| RESIDENCE | 1335 NOR | TH WATE | RMAN AVE | | | 100 | | | | | | | |
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| ¥ | 26. INFORMANTS | | MP | | To de dies | | | | | | | | |
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| New Y | SAN BERN | ARDINO | | TH WATER | | | w inceriors) | | 106 CITY | RNARDINO | | | |
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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 OHIKHUARE, M.D. COUNTY HEALTH OFFICER

REGISTRAR OF VITAL STATISTICS





| CLAIM FOR EXCESS PROCEEDS FROM THE | SALE OF TAX-DEFAULTED PROPERTY |
|---|---|
| To: Matthew Jennings, Treasurer-Tax Col | |
| Re: Claim for Excess Proceeds | The O has I V has he' |
| TC 217 ITEM 4045 Parcel Identification Num | 2022 JUL 27 AM 9: 30 |
| Assessee: CUSTA LINDA M | RIVERSIDE COUNTY FREAS-TAX COLLECTOR |
| Situs: 22738 REDWOOD DR PERRIS CA 92570 | |
| Date Sold: May 18, 2021 | |
| Date Deed to Purchaser Recorded: July 28, 202 | 1 |
| Final Date to Submit Claim: July 28, 2022 | |
| from the sale of the above me property owner(s) [check in one box] at the Recorder's Document No; recorder's Document No; recorder the rightful claimants by virtue of the hereto each item of documentation supporting the | |
| NOTE: YOUR CLAIM WILL NOT BE CONSIDE | RED UNLESS THE DOCUMENTATION IS ATTACHED. |
| Certificate of Death, Birth | Certificate, California Driver's License |
| Social Security Cord. Le | cke is son of Tammy and Jimmy Star |
| Tammy is niece of de | ceased, Linda Custa |
| Luke 55# is | ceased, Linda Custa Ceased, Linda Custa Ceased, Linda Custa |
| nave to sign the claim unless the claimant submelaimant may only receive his or her respective po I/We affirm under penalty of perjury that the foreg | |
| | 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 | and areas with |
| Phone Number | Phone Number |
| | SCO 8-21 (1-99) |

| | CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY | | | | | | | | | | |
|---|--|-------------|--|--|--|--|--|--|--|--|--|
| | o: Matthew Jennings, Treasurer-Tax Collector | | | | | | | | | | |
| | te: Claim for Excess Proceeds | U | | | | | | | | | |
| | O Z I / II LIVI 4043 FAICE I DEDINICADO I NUMBER 3147000 IU | ロ つ | | | | | | | | | |
| | on - | [] | | | | | | | | | |
| | itus: 22738 REDWOOD DR PERRIS CA 92570 | < | | | | | | | | | |
| | ate Sold: May 18, 2021 | 7 | | | | | | | | | |
| | ate Deed to Purchaser Recorded: July 28, 2021 | | | | | | | | | | |
| | inal Date to Submit Claim: July 28, 2022 | | | | | | | | | | |
| | Ne, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount 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 Couecorder's Document No; recorded on A copy of this document is attached here we are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached each item of documentation supporting the claim submitted. | unty eto | | | | | | | | | |
| | OTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED. | | | | | | | | | | |
| ` | ummy Marie Stanley: CA privers Licensie, Social Security Card, | | | | | | | | | | |
| | Birth Certificate, Coverfage Fax Document. From Legacy Conversent | toon | | | | | | | | | |
| | rella Marie Rumbawa: US Social Security Card, Baptism Document, | | | | | | | | | | |
| | Marriage License, Social Security For husband Ise Fred Rumbawa | | | | | | | | | | |
| | Linda Custa: Certificate of Death, Marriage Certificate | | | | | | | | | | |
| (| he property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants we to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the imant may only receive his or her respective portion of the claim. We affirm under penalty of perjury that the foregoing is true and correct. | vill ne | | | | | | | | | |
| | ecuted this 3rd day of January, 2022 at Riverside, California County, State | | | | | | | | | | |
| | Signature of Claimant | | | | | | | | | | |
| | Tammy Marie Stanley. Print Name | | | | | | | | | | |
| | Street Address | | | | | | | | | | |
| | Perris CA 92570 City, State, Zip | | | | | | | | | | |
| | 951-515-5480 Phone Number | | | | | | | | | | |
| | I HOLE MULLIDEL | | | | | | | | | | |

SCO 8-21 (1-99)

Appendum to ITem 10Raymond Rumbawa and STalla Rumbawa—
Jimmy STanley and Tammy STanlex—
will Cede Their Rightfull Claim To
To Luke Stanley— if There are no other
Claimnants, This is in Accordance To
The wishes of the Decedant, Linda M. Custa,
with Browne who was denied the right to
Make A will because she had Covid-19
and Forced to be in isolation.
To Resterate, if it is fossible For
Luke Stanley to be only Recipient of
This Estate, The The Above H Claimants
wish woll Resund Their Claim's

June Stanler SEE ATTACHED SEE ATTACHED CERTIFICATE among STanley CERTIFICATE among STanley

Raymond Rumbawa

Stella Rumbara

SEE ATTACHED CERTIFICATE

ACKNOWLEDGMENT

California All-Purpose 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 Fiverside)) ss. |
|--|
| On 4/12 wy before me, Lah wy Notary Public, personally appeared Raymond Rumbawa and Stalla Fumbawa |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose |
| names 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. |
| of which the personally deced, executed the man discussion |
| 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 Notary Public - California Riverside County Commission # 2472407 My Comm. Expires Dec 15, 2027 |
| |
| |

Attached Loose Certificate, Acknowledgment for document:

Adderdum to Item 10 - Handwriten

Order No. Escrow No. 2861

X

WHEN RECORDED MAIL TO:

inda M. Custa 13798 Slover, Space 2 Fontana, California

fate sat

MAIL TAX STATEMENTS TO:

Same as above

Signature of Decision or Agent determining text - Firm Name

GRANT DEED

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

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

ereby GRANT(S) to

MINDA M. CUSTA, a single woman

the real property in the Composit 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.

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Lennett Jean Ray

OFFICIAL SEAL
D. PASCHALL
MOTAVE PULLE CAUTORNIA
PROVIDE COUNTY
My Commission Events November 12 1974

(This area for official notarial an

1002 (19/

MAIL TAX STATEMENTS AS DIRECTED ABOVE

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

STATE OF CALDER ORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

| | A.W | STATE FILE NUMB | BER | - | - 155 | BLACK IN ONLY | FICATE | WHITCHIS (| X ATEMPOS | | | 3202036 | | | | | |
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| L DATE | NKA ALSO KNOWN AS - Include NJ AKA (FIRST), MIDDLE, LAST) | | | | | | A DATE OF BIRTH my/dd/ceyy is AGE YAL FUNDER CHEYELA PUNC | | | | | | R 24 HOUSE | - O SEX | | | |
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| . 5 | 20. DECEDIATES RESIDENCE SCHOOL AND FUNDAM, OF ENGLISHING 1335 NORTH WATERMAN AVENE | | | | | | | | | | | | | | | | |
| RESIDENCE | | | COUNTY/PROVINCE AN BERNARDINO | | | 92404 | | 7 | | 20. STATE/POREIGN COUNTRY CA | | | | | | | |
| MANT. | | 26. INFORMANT'S NAME, RELATIONSHIP TAMMY STANLEY, AUNT | | | | | 18443 | DONN | IA LANE | PERRIS, | CA 9 | 2570 | own, side a | (qis. for | | | |
| NOW W | 1,000,000,000,000,000 | MVNG SPOUSE/SF | | - 1 | N. MUDLE | | | | 30. LAST (8) | | | | - | | | | |
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| REAT INFORM | FRANK | | -10 | | 701 TEL | | | | CUSTA | A | | | | AZ | STATE | | |
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| LOCAL | BU 44. NAME OF PUNE | RAL ESTABLISHME | ENT | | | ▶ NOT E | | | E OF LOCAL P | EG/STRAR | | | - | ATE make | tirne | | |
| 9 | M. MANE OF RIVERAL ESTAUL EHMENT EVANS BROWN MORTUARY ■ ERIN GUSTAFSON, MD, MF | | | | | | | | MPH | 1 50 | | 3/13/20 | | | | | |
| 5 - | 101 PLACE OF BEATH 102 IF HOSPITAL SPECIFY ONE 103. IF OTHER THAN HOSPITAL SPECIFY ONE | | | | | | | | | | | Пон | | | | | |
| DEATH | 104 COUNTY 106 FACILITY ADDRESS ON LODATION WHERE POUND SIREd and rumber, or incident | | | | | | | | | 108 CITY | - | | | | | | |
| - | SAN BERNARDINO 1335 NORTH WATERMAN AVENUE 107. CAUSE OF DIATH Enter the channel weres devices, reports, and complete over the country reason distant 30 NOT when terminal early early | | | | | | | | | SAN BERNARDINO | | | | | | | |
| | INMEDIATE CAUSE Fine disease or condition meuting " in death) | RE | M NETOUR STEWING the stolegys. DO NOT ABBITESIATE. | | | | | MINS | $\exists \vdash$ | YES NOTERN WANT | X ×o | | | | | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | END S | CONARY | IARY ARTERY DISEASE | | | | | 904 66 | | (61) | 100.B | OPSY PERFO | XIND NO | | | |
| CAUSE OF DEATH | Sequential, ist CONSTONAL PROPERTY OF THE PROP | | | | | | | | 1,000 | | | MOS. | 110. A | JOPSY PER | | | |
| 8 | | | | | | | | | | | | (DT) | | VES D IN DETERMEN | X NO | | |
| 3 | resulting in death LAST | | | | M B (I MX) DEC N TAX (M TX I M DEC NA) | | | | | | | | YES | D NO | | | |
| - | 116 OTHER BIGHIRCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CRUSE DIRENDING? | | | | | | | | | | | | | | | | |
| 1 | 115 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (IF year test types of operation and cases) 115A 4 FEAUX. PRECURAT NUMBER OF STATES AND | | | | | | | | | | | | | | | | |
| * | THE I CERTIFY THAT TO | THE BEST OF WY HIND | DWLEDGE DE/THOCOL | 116 S | SIGNATURE | AND TITLE OF C | CETOINER | 2 171 | | | Ti | 16 LICENSE NU | | X NO | | | |
| S. | W INCHOME THE WITH THE ZIM FOLLIGHT INF CHINES RALED | | | | NICEL A DENOCONING | | | | | | | | | | | | |
| 1 1 | Decided Mended Size | | | | | | | | | SON M.C |). | | . 70 | | | | |
| 1 | 1118 (DESTRIPT THAT IS NO DOPNO) DEATH RODURED AT THE HOUR, DATE AND NACE STREED FROM THE CONSISSISSIST, DESCRIPTION OF THE HOUR DATE WORKS 121 | | | | | | | | | | 21 MJURY DATE | mental acy | 122 HOU | IR D4 Heurs | | | |
| . l | WANNER OF CEATH Natural Account Northiter Suitine Patricipation Challent VL3 NO UNX 173. FLAGE OF BULBEY (a.g., home, construction also, wooded with, slice) | | | | | | | | | | | | | | | | |
| SE ONLY | | | | | | | | | | | | | | | | | |
| Brs. | 124. DESCRIBE HOW INJURY OCCUPRED (Everile which resulted in righty) | | | | | | | | | | | | | | | | |
| CORONER'S USE | 129, LOCATION OF BLURY (Street and number, or location, and city, wind app | | | | | | | | | | | | | | | | |
| - | 126. SIGNATURE OF COROMER / DEPUTY CONOMER 127 DAVE ***** INSERTING OF COROMER / DEPUTY CONOMER | | | | | | | | | | | | | | | | |
| | E A | В | Ic | To. | 12 | tres | | DIM PROP | rim ma mara | C 200 CT 20 CO 20 CT 20 CT | -17 | AX AUTH # | | CEUP | S TRACT | | |
| STAT | | | | | | | | | | | | | | | | | |

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO

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DATE ISSUE

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.

Helchweren

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

AUG 1 9 2020



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

