

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



**ITEM: 21.15
(ID # 24934)**

MEETING DATE:
Tuesday, January 28, 2025

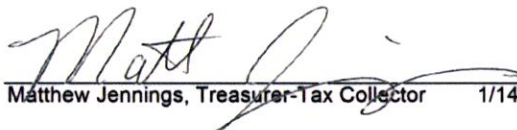
FROM : TREASURER-TAX COLLECTOR

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 218, Item 609. Last assessed to: Kenneth R. Johnson and Ilene K. Johnson, Trustees of the Kenneth and Ilene Johnson 2013 Trust, Dated 9/15/2013. District 4. [\$74,097-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Donald M. Collins, Successor Trustee of the Kenneth and Ilene Johnson 2013 Trust, Dated 9/15/2013, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 680283008; and
2. Authorize and direct the Auditor-Controller to issue a warrant to Donald M. Collins, Successor Trustee of the Kenneth and Ilene Johnson 2013 Trust, Dated 9/15/2013 in the amount of \$74,096.53 no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.


ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 1/14/2025

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: Medina, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: January 28, 2025
xc: Tax Collector

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 74,097	\$ 0	\$ 74,097	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	NO
			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 April 26, 2022 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 7, 2022. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 19, 2022 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 one claim for excess proceeds:

1. Claim from Donald M. Collins, Successor Trustee of the Kenneth and Ilene Johnson 2013 Trust, Dated 9/15/2013 based on a Trust Transfer Deed recorded September 30, 2013 as Instrument No. 2013-0470325, a First Amendment to the Trust Agreement for Kenneth and Ilene Johnson 2013 Trust notarized September 12, 2014, and Certificates of Death of Kenneth Richard Johnson and Ilene Kunesh Johnson.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Donald M. Collins, Successor Trustee of the Kenneth and Ilene Johnson 2013 Trust, Dated 9/15/2013 be awarded excess proceeds in the amount of \$74,096.53. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Residents and Businesses

Excess proceeds will be released to the Successor Trustee of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Collins


Cesar Bernal, PRINCIPAL MGMT ANALYST 1/14/2025


Aaron Gettis, Chief of Deputy County Counsel 6/4/2024

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

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 218 ITEM 609 Parcel Identification Number: 680283008

Assessee: JOHNSON, KENNETH R TRUSTEE & ILENE K TRUSTEE

Situs:

Date Sold: April 26, 2022

Date Deed to Purchaser Recorded: July 7, 2022

Final Date to Submit Claim: July 7, 2023

RECEIVED
2023 MAY 29 PM 1:53
RIVERSIDE COUNTY
TREASURER-TAX COLLECTION

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 74,096.53 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. 2013-0470325 recorded on 9/30/2013. 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.

- KENNETH JOHNSON DEATH CERTIFICATE
- ILENE JOHNSON DEATH CERTIFICATE
- KENNETH AND ILENE JOHNSON TRUST GRANT DEED 2013-0470325 9/30/2013
- DONALD M COLLINS, SUCCESSION TRUSTEE DOCUMENT
- TRUST BANK ACCOUNT DEPOSIT SLIP - BILL PAYMENT OF TRUST OWNED LAKE ORION 4E PROPERTY 4

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 5th day of MAY, 2023 at SAN DIEGO COUNTY, CALIFORNIA
County, State

Donald M Collins, TTE
Signature of Claimant

DONALD M. COLLINS, TTE
Print Name

4466 DEL MAR AVE
Street Address

SAN DIEGO, CA 92107
City, State, Zip

(619) 300-2946
Phone Number

400dmc@gmail.com
Email Address

Donald M Collins
Signature of Claimant

DONALD M COLLINS, TTE
Print Name

4466 DEL MAR AVE
Street Address

SAN DIEGO, CA 92107
City, State, Zip

(619) 300-2946
Phone Number

400dmc@gmail.com
Email Address

DOC # 2013-0470325

09/30/2013 01:44P Fee: 15.00

Page 1 of 1

Recorded in Official Records

County of Riverside

Larry U. Ward

Assessor, County Clerk & Recorder

RECORDING REQUESTED BY
Williamson & Gentilini
Attorneys At Law
AND WHEN RECORDED MAIL TO
Kenneth & Ilene Johnson
10391 Brookhurst St.
Anaheim, CA 92804

APN: 680-283-008



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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
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SPACE ABOVE

TRUST TRANSFER DEED

(Excluded from Reappraisal Under Proposition 13, i.e. Calif Const Art 13A §1 et seq.)

1600

M
069

The undersigned Grantor(s) declare(s) under penalty of perjury under the laws of the State of California that the following is true and correct:

This conveyance is a Trust Transfer under Section 62 of the California Revenue and Taxation Code. By this Trust Transfer Deed, the Grantor(s) transfer his/her/their interest in the property described below to or from Grantor's revocable inter vivos trust. There is no consideration given for this transfer. "This conveyance transfers the grantor's interest into or out of his or her revocable living trust, R & T 11930." Documentary transfer tax is \$ NONE. (0)

GRANTOR(S): Kenneth R. Johnson

hereby GRANTS to

GRANTEE(S): Kenneth R. Johnson and Ilene K. Johnson, Trustees of the Kenneth and Ilene Johnson 2013 Trust,
Dated 09/15/2013, 2013

The following described property in the County of Riverside, State of California,

LOT # 192 OF PALM VIEW ESTATES AS PER MAP ON FILE IN BOOK 30, PAGES 17 AND 18 OF MAPS IN THE
OFFICE OF THE COUNTY RECORDER OF SAID RIVERSIDE COUNTY, CALIFORNIA.

Dated: August 22, 2013

Kenneth R. Johnson
Kenneth R. Johnson

STATE OF CALIFORNIA)
COUNTY OF ORANGE)

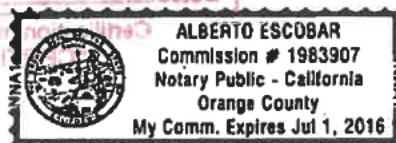
On 09/15/13, 2013, before me, ALBERTO ESCOBAR, Notary Public,
Personally appeared Kenneth R. Johnson, who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
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

Alberto Escobar



MAIL TAX STATEMENTS TO: SAME AS ABOVE

(seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

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

3052014164425

CERTIFICATE OF DEATH

3201490012777

1. NAME OF DECEDENT - FIRST (Given) KENNETH		2. MIDDLE RICHARD		3. LAST (Family) JOHNSON		LOCAL REGISTRATION NUMBER 3201490012777	
4. DATE OF BIRTH mm/dd/yyyy 06/11/1930		5. AGE Yrs. 84		6. SEX M		7. PLACE OF BIRTH (City, State, Country) CA	
8. BIRTH STATE/FOREIGN COUNTRY CA		9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/SDP (at Time of Death) MARRIED		11. DATE OF DEATH mm/dd/yyyy 08/31/2014	
12. EDUCATION - Highest Level (degree) MASTERS		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. DECEDENT'S RACE - Up to 9 codes may be listed (see worksheet on back) WHITE		15. HOURS (24 Hour) 2300	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REAL ESTATE BROKER		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		18. YEARS IN OCCUPATION 20			
19. DECEDENT'S RESIDENCE (Street and number, or location) 641 S BEACH BLVD		20. CITY ANAHEIM		21. COUNTY/PROVINCE ORANGE		22. ZIP CODE 92804	
23. YEARS IN COUNTY 20		24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP SUZANNE INGRAM, NIECE		26. INFORMANT'S MAILING ADDRESS (Street and number, or real estate number, city or town, state and zip) 10110 THORPE CT, ALTA LOMA, CA 91737	
27. NAME OF SURVIVING SPOUSE/PARTNER ILENE		28. MIDDLE LORETTA		29. LAST (FIRTH NAME) KUNESH		30. BIRTH STATE IA	
31. NAME OF FATHER/PARENT - FIRST DONALD		32. MIDDLE ENIS		33. LAST JOHNSON		34. BIRTH STATE IA	
35. NAME OF MOTHER/PARENT - FIRST MARTHA		36. MIDDLE EDNA		37. LAST (BIRTH NAME) KADOCH		38. BIRTH STATE IA	
39. DEPOSITION DATE mm/dd/yyyy 09/10/2014		40. PLACE OF FINAL DEPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518		41. TYPE OF DEPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT FAMILY MORTUARY		44. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		45. LICENSE NUMBER 50		46. DATE mm/dd/yyyy 09/09/2014	
47. PLACE OF DEATH ANAHEIM CROWN PLAZA - HOSPICE		48. CITY ANAHEIM		49. COUNTY ORANGE		50. STATE CA	
51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 641 SOUTH BEACH BLVD.		52. CITY ANAHEIM		53. COUNTY ORANGE		54. STATE CA	
55. CAUSE OF DEATH IMMEDIATE CAUSE - BLADDER CANCER		56. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) BLADDER CANCER		57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 56 NONE		58. SIGNATURE AND TITLE OF CERTIFIER NGUYEN DUC DANG M.D.	
59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NGUYEN DUC DANG M.D. 1211 W LA PALMA AVE # 207, ANAHEIM, CA 92803		60. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Indeterminate		61. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		62. INJURY DATE mm/dd/yyyy 08/25/2014	
63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		64. DESCRIBE (If any) INJURY OCCURRED (describe which occurred in injury)		65. LOCATION OF INJURY (Street and number, or location, city, and zip)		66. SIGNATURE OF CORONER / DEPUTY CORONER	
67. DATE mm/dd/yyyy		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		69. DATE mm/dd/yyyy		70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
71. STATE REGISTRAR		72. DATE mm/dd/yyyy		73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		74. DATE mm/dd/yyyy	

CERTIFIED COPY OF VITAL RECORDS

* 003508690 *

STATE OF CALIFORNIA } SS
COUNTY OF ORANGE

DATE ISSUED

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

SEP 2 0 2014
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

FINCO (Rev) 03/02

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3201737010375

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ILENE		3. LAST (Family) JOHNSON	
2. MIDDLE KUMSSH		4. DATE OF BIRTH mm/dd/yyyy 01/31/1931	
5. AGE Yrs. 86		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY MI		8. HOUR (24-hour) 0100	
9. BIRTH STATE/FOREIGN COUNTRY MI		10. DATE OF DEATH mm/dd/yyyy 06/15/2017	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at time of death) WIDOWED	
13. EDUCATION - Highest Level Degree (see worksheet on back) MASTER'S		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HIGH SCHOOL EDUCATION	
17. DECEDENT'S RESIDENCE (Street and number, or location) 3530 WILSHIRE TERRACE		18. YEARS IN OCCUPATION 32	
21. CITY SAN DIEGO		22. COUNTY/PROVINCE SAN DIEGO	
23. ZIP CODE 92104		24. YEARS IN COUNTY 86	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DONALD COLLINS, DPOA	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3530 WILSHIRE TERRACE, SAN DIEGO, CA 92104		28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JOSEPH		32. MIDDLE -	
33. LAST KUMSSH		34. BIRTH STATE CZECH REP	
35. NAME OF MOTHER/PARENT - FIRST ANNA		36. MIDDLE -	
37. LAST (BIRTH NAME) CASTLE		38. BIRTH STATE MI	
39. DISPOSITION DATE mm/dd/yyyy 06/19/2017		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT BALBOA CREMATION SERVICE	
45. SIGNATURE OF LOCAL REGISTRAR WILMA J WOOTEEN, MD MPH		46. DATE mm/dd/yyyy 06/19/2017	
101. PLACE OF DEATH LA MESA HEALTHCARE CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3780 MASSACHUSETTS AVE		104. CITY LA MESA	
105. 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 ARREST (B) SEPSIS (C) GROUP A STREP BACTEREMIA		106. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SEC WW17-02686 (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DEMENTIA, DYSPHAGIA, PARKINSON'S DISEASE		108. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date) NONE		110. SIGNATURE AND TITLE OF CERTIFIER JO ANN LEE STEWART M.D.	
111. 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 Alive (A) mm/dd/yyyy 05/26/2017 (B) mm/dd/yyyy 06/12/2017		112. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JO ANN LEE STEWART M.D. 10666 N TORREY PINES RD, LA JOLLA, CA 92037	
113. 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		114. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		116. INJURY DATE mm/dd/yyyy	
117. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		118. HOUR (24-hour)	
119. LOCATION OF INJURY (Street and number, or local or, and city, and zip)		119. SIGNATURE OF CORONER / DEPUTY CORONER	
120. DATE mm/dd/yyyy		120. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT		CENSUS TRACT	

1 of 2

CASANDIEDJ

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

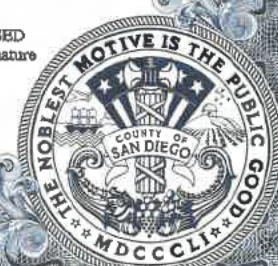
Wilma J. Wooteen, M.D.

DATE ISSUED: 6/30/2017 WILMA J. WOOTEEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego



A003187836

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052017124128

STATE FILE NUMBER

1.1

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201737010375

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST ILENE		1B. MIDDLE KUMSSH		1C. LAST JOHNSON	
	2. SEX F	3. DATE OF EVENT—MM/DD/CCYY 06/15/2017		4. CITY OF EVENT LA MESA		5. COUNTY OF EVENT SAN DIEGO
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD JOSEPH - KUMSSH			7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD ANNA - CASTLE		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
	2	KUMSSH	KUNESH
	33	KUMSSH	KUNESH

REASON FOR CORRECTION	11. TO CORRECT RECORD
--------------------------	-----------------------

AFFIDAVITS AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	12A. SIGNATURE OF FIRST PERSON ZARHINA FUENTES	12B. PRINTED NAME ZARHINA FUENTES	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL COORDINATOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4658 30TH ST, SAN DIEGO, CA 92116		12E. DATE SIGNED—MM/DD/CCYY 06/26/2017
	13A. SIGNATURE OF SECOND PERSON RANDY BELLAMY	13B. PRINTED NAME RANDY BELLAMY	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4658 30TH ST., SAN DIEGO, CA 92116		13E. DATE SIGNED—MM/DD/CCYY 06/27/2017
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		15. DATE ACCEPTED FOR REGISTRATION 06/27/2017

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24e (REV. 1/08)

1.1

County of San Diego—Health & Human Services Agency—3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

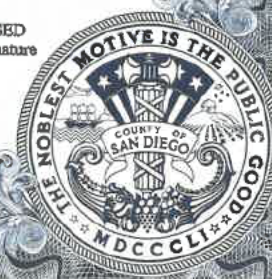
Wilma J. Wooten M.D.

DATE ISSUED: 6/30/2017 WILMA J. WOOTEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego



A003187837

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**FIRST AMENDMENT TO THE TRUST AGREEMENT FOR THE KENNETH AND
ILENE JOHNSON 2013 TRUST**

I, Ilene K. Johnson am the surviving spouse of Kenneth R. Johnson and the surviving Settlor and Trustee of the Kenneth and Ilene Johnson 2013 Trust (the "Survivor's Trust") created under the Trust Agreement for the Kenneth and Ilene Johnson 2013 Trust, dated September 15, 2013. After my husband's death, all of our property remained in the Trust and continues to be administered under the terms of the Trust.

Under Article 2 of the Trust Agreement, I reserved the right to amend, modify, or revoke any provision of the Trust Agreement, or withdraw assets held under the Trust Agreement, in whole or in part, by a written instrument signed by me and delivered to the Trustees. Under Section 2.8 of the Trust Agreement, as surviving Settlor I have the right to amend the provisions of the Trust, in whole or in part. I hereby exercise those rights, execute this First Amendment to the Trust Agreement, and, as Trustee, accept delivery of this Amendment. The Trust Agreement is hereby amended as set forth below.

AMENDMENT

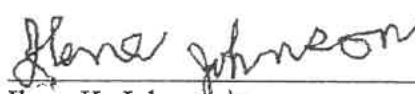
I hereby amend Section 12.3(b) of the Trust Agreement in its entirety to read as follows:

Named Successor Trustees. If both of us become unable or unwilling to serve as Trustees, I appoint Donald M. Collins to serve as Trustee of each of the trusts established under this Trust Agreement. If Donald M. Collins should fail or become unable or unwilling to serve as Trustee, I appoint Anna B Collins and Sherwin Stanley Collins, individually and in the order named, to serve as Trustee of each of the trusts created under this Trust Agreement.

RATIFICATION

Except as amended above, the Trust Agreement is hereby ratified and confirmed.

I have approved and executed this First Amendment to the Trust Agreement on September 12, 2014, at Long Beach, California.



Ilene K. Johnson
As Settlor and as Trustee

STATE OF CALIFORNIA)

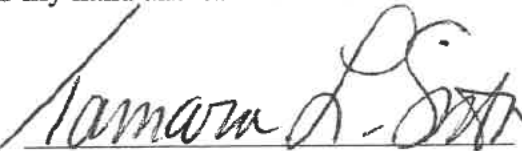
COUNTY OF LOS ANGELES)

On September 12, 2014, before me, Tamara L. Smith, Notary Public, personally appeared Ilene K. Johnson, 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

 (Seal)

