

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



ITEM: 21.31  
(ID # 25131)

MEETING DATE:  
Tuesday, January 28, 2025

**FROM :** TREASURER-TAX COLLECTOR

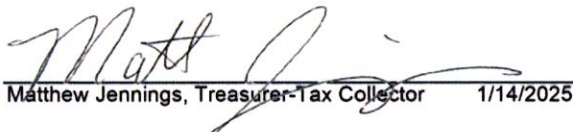
**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 218, Item 629. Last assessed to: James A. Beach and May A. Beach, husband and wife, as joint tenants. District 4. [\$27,411-Fund 65595 Excess Proceeds from Tax Sale]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from Heirfinders Research Associates, LLC, Assignee for Doris Elliott, heir to the Estate of May A. Beach, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 723134004;
2. Approve the claim from Asset Recovery, Inc, Assignee for Jocelyne M. Beach, heir to the Estate of May A. Beach, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 723134004;

Continued on Page 2

**ACTION:**Policy

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

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**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**

**RECOMMENDED MOTION:** That the Board of Supervisors:

3. Approve the claim from Asset Recovery, Inc, Assignee for Giovanna M. Beach, heir to the Estate of May A. Beach, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 723134004;
4. Authorize and direct the Auditor-Controller to issue a warrant to Heirfinders Research Associates, LLC, Assignee for Doris Elliott, heir to the Estate of May A. Beach in the amount of \$16,446.55, to Asset Recovery, Inc, Assignee for Jocelyne M. Beach, heir to the Estate of May A. Beach in the amount of \$5,482.18, and to Asset Recovery, Inc, Assignee for Giovanna M. Beach, heir to the Estate of May A. Beach in the amount of \$5,482.18, 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; and
5. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$5,482.18 to the County General Fund pursuant to Revenue and Taxation Code Section 4674.

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 27,411	\$ 0	\$ 27,411	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale.			<b>Budget Adjustment:</b>	NO
			<b>For Fiscal Year:</b>	24/25

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

**BACKGROUND:**

**Summary**

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

Revenue and Taxation Code Section 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and

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

Taxation Code Section 4676 (c). The Treasurer-Tax Collector's office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

1. Examined Parties of Interest Reports to notify all parties of interest attached to the parcel.
2. Researched all last assessees through the County's Property Tax System for any additional addresses.
3. Used Accurint (people finder) to notify any new addresses that may be listed for our last assessees.
4. Advertised in newspapers for three consecutive weeks in The Desert Sun, Palo Verde Valley Times, and The Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code Section 4676 (b).

According to Revenue and Taxation Code Section 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's Deed to the Purchaser, which was recorded on July 7, 2022.

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

1. Claim from Heirfinders Research Associates, LLC, Assignee for Doris Elliott, heir to the Estate of May A. Beach based on an Assignment of Right to Collect Excess Proceeds notarized September 16, 2022, a Corporation Grant Deed recorded October 3, 1963 as Instrument No. 1963-104114, a Declaration Under California Probate Code Section 13101 notarized August 25, 2022, a Probate Affidavit and a Probate Affidavit Attachment notarized August 25, 2022, and Certificates of Death for James A. Beach and May Agnes Beach.
2. Claim from Asset Recovery, Inc, Assignee for Jocelyne M. Beach, heir to the Estate of May A. Beach based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized March 31, 2023, a Corporation Grant Deed recorded October 3, 1963 as Instrument No. 1963-104114, an Affidavit for Collection of Personal Property notarized March 31, 2023, and Certificates of Death for James A. Beach and May Agnes Beach.
3. Claim from Asset Recovery, Inc, Assignee for Giovanna M. Beach, heir to the Estate of May A. Beach based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized August 23, 2022, a Corporation Grant Deed recorded October 3, 1963 as Instrument No. 1963-104114, an Affidavit for Collection of Personal Property notarized August 23, 2022, and Certificates of Death for James A. Beach and May Agnes Beach.

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

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Heirfinders Research Associates, LLC, Assignee for Doris Elliott, heir to the Estate of May A. Beach be awarded excess proceeds in the amount of \$16,446.55, Asset Recovery, Inc, Assignee for Jocelyne M. Beach, heir to the Estate of May A. Beach be awarded excess proceeds in the amount of \$5,482.18, and Asset Recovery, Inc, Assignee for Giovanna M. Beach, heir to the Estate of May A. Beach be awarded excess proceeds in the amount of \$5,482.18. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$5,482.18 will be transferred to the County General Fund. 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 to the Estate of last assessee of the property and transferred to the County General Fund.

**ATTACHMENTS (if any, in this order):**

**ATTACHMENT A. Claim Heirfinders**

**ATTACHMENT B. Claim AssetJ**

**ATTACHMENT C. Claim AssetG**

  
Cesar Bernal, PRINCIPAL MGMT ANALYST 1/15/2025

  
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 629 Parcel Identification Number: 723134004

Assessee: BEACH JAMES A; BEACH MAY A

Situs: Lot 319 MB 040/064 NORTH SHORE BEACH ESTATES 2 UNIT 2

Date Sold: April 26, 2022

Date Deed to Purchaser Recorded: July 7, 2022

Final Date to Submit Claim: July 7, 2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 16,446.54+/- 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.

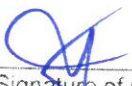
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Please see enclosed.

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 16<sup>th</sup> day of September, 2022 at Los Angeles County, State CA

  
Signature of Claimant  
Michael Haney, VP  
Heirfinders Research Associates  
Print Name

5042 Wilshire Blvd #622  
Street Address

Los Angeles, CA 90036  
City, State, Zip

323-937-3033  
Phone Number

info@gotomyclaim.com  
Email Address

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

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

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

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

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

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

See Attached

SCO 8-21 (1-99)

RECEIVED  
2022 OCT -4 AM 7:22  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. **PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.**

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Heirfinders Research Associates LLC my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 723134004 sold at public auction on 4/21-26/2022. I understand that the total of excess proceeds available for refund is \$ 32,893.09+/- and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Doris Elliott  
(Signature of Party of Interest/Assignor)

Doris Elliott  
(Name Printed)

418 Nimitz Avenue  
(Address)

STATE OF CALIFORNIA )ss.  
COUNTY OF \_\_\_\_\_)

Corcoran, CA 93212  
(City/State/Zip)

**See Attached**  
**Notary Certificate**

559-303-8076  
(Area Code/Telephone Number)

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary)

(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

Michael Haney  
(Signature of Assignee)

Michael Haney  
(Name Printed)

5042 Wilshire Blvd Ste 622  
(Address)

STATE OF CALIFORNIA )ss.  
COUNTY OF \_\_\_\_\_)

Los Angeles, CA 90036  
(City/State/Zip)

On \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Haney, 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.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary)

**See Attached**

(This area for official seal)



# ALL- PURPOSE CERTIFICATE OF 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 }

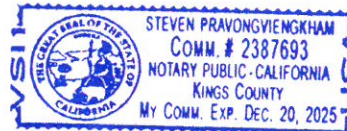
County of Kings }

On August 25, 2022 before me, Steven Pravongviengkham, Notary Public,  
(Here insert name and title of the officer)

personally appeared Doris Elliott,  
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]  
Notary Public Signature

(Notary Public Seal)

## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

#### Assignment of Right to Collect Excess

(Title or description of attached document)

#### Proceeds

(Title or description of attached document continued)

Number of Pages 1 Document Date No Date

### CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/~~they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

## 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 Los Angeles

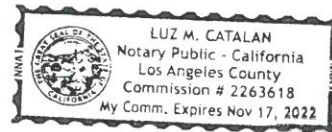
On September 16, 2022 before me, Luz M. Catalan, Notary Public  
(insert name and title of the officer)

personally appeared Michael Haney  
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)



### Description of Attached document:

Title or Type of Document: ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

Document Date: September 16, 2022

ASSESSMENT NUMBER: 723134004



104114 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Mr. James A. Beach  
2812 Moss Ave.  
Los Angeles 65, Calif.

RECEIVED FOR RECORD  
OCT 3 1963  
AT 9:00 O'CLOCK A.M.  
TITLE INS. & TRUST CO.  
RECORDED IN OFFICIAL RECORDS

BOOK 3501 PAGE 397

W. W. Beach

FEES \$ 20.00

BOOK 3501 PAGE 397

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Title Ins. Trust Company

AFFIX I.R.S. \$ 2.75 IN THIS SPACE

**Corporation Grant Deed**

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

2-20621-1-63

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

**SALTON SEA YACHT CLUB**, a California corporation

a corporation organized under the laws of the state of California

hereby GRANTS to  
**JAMES A. and MAY BEACH**, husband and wife, as joint tenants

the following described real property in the **Coachella Valley County Water District**  
 County of **RIVERSIDE**, State of California:

Lot 319, North Shore Beach Estates No. 2, Unit No. 2, as shown by map on file in Book 40, Pages 64 to 66 inclusive of Maps, in the office of the Recorder of Riverside County, California

SUBJECT TO: Covenants, conditions, restrictions, reservations, rights and rights of way and easements of record common in said tract. County Taxes for the Fiscal year of 1963-64. Deed of Trust filed concurrently herewith.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instrument to be executed by its Vice President and Assistant Secretary thereunto duly authorized.

Dated: **September 12, 1963**

STATE OF CALIFORNIA  
 COUNTY OF **RIVERSIDE** } ss.  
 On September 12, 1963 before me, the undersigned, a Notary Public in and for said State, personally appeared **R. L. Deman**, known to me to be the Vice President, and **L. L. Fuller**, known to me to be the Assistant Secretary of the Corporation that executed the within instrument, known to me to be the persons who executed the instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the within instrument pursuant to its bylaws or a resolution of its board of directors.

WITNESS my hand and official seal.

(Seal)  
 Signature **Marguerite E. Benoit**  
**MARGUERITE E. BENOIT**  
 Notary Public in and for said State

**SALTON SEA YACHT CLUB**,  
 a California Corporation

By R. L. Deman Vice President

By L. L. Fuller Assistant Secretary

Title Order No. \_\_\_\_\_

Escrow or Loan No. \_\_\_\_\_



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA

#### DEPARTMENT OF PUBLIC HEALTH

90-201494

#### CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

39019052625

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT James		1B. MIDDLE A.		1C. LAST (FAMILY) Beach		2A. DATE OF DEATH Dec. 2, 1990		2B. TIME 0030		2C. SEX Male	
4. RACE Caucasian		5. HISPANIC SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH Aug. 18, 1915		7. AGE IN YEARS 75		8. MONTHS 1		9. DAYS 13	
8. STATE OF BIRTH Texas		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Alex Beach		10B. STATE OF BIRTH Texas		11A. FULL MAIDEN NAME OF MOTHER Ada Chambes		11B. STATE OF BIRTH Texas	
12. MILITARY SERVICE 19 42 TO 19 43 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) May A. Holloway					
16A. USUAL OCCUPATION Forman		16B. USUAL KIND OF BUSINESS OR INDUSTRY Plastics		16C. USUAL EMPLOYER Burrough Company		16D. YEARS IN OCCUPATION 20		17. EDUCATION—YEARS COMPLETED 12			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2812 Moss Avenue		18B. CITY Los Angeles		18C. ZIP CODE 90065							
18D. COUNTY Los Angeles		18E. NUMBER OF YEARS IN THIS COUNTY 50		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT May A. Beach - Wife 2812 Moss Avenue Los Angeles, Ca, 90065					
19A. PLACE OF DEATH W. L.A. VA Med. Ctr.		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Los Angeles		19D. STREET ADDRESS Wilshire & Sawtelle Blvd.		19E. CITY Los Angeles			
21. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Peritonitis		4 Days		23. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS DISPOST PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Ischemic Colitis		4 Days									
DUE TO (C) Abdominal Aorta Aneurysm		Months									
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (LIST NOT RELATED TO CAUSE GIVEN IN 21) Ischemic Extremities Open Surgical Wound		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE Exploratory Laparotomy 10-01-1990									
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 09-07-90		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 12-02-1990		27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Edward Passaro, MD		27D. CERTIFIER'S LICENSE NUMBER G7995		27E. DATE SIGNED 12/5/90		27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Edward Passaro, MD, W. L.A. VA Med. Ctr., L.A., Ca.	
29. MANNER OF DEATH—Specify one: Natural, Homicide, Suicide, Pending Investigation or Could Not Be Determined		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL RESTATION Forest Lawn Hollywood, 6300 Forest Lawn Dr., Los Angeles, Ca.		34C. DATE MO, DAY, YEAR 12-05-1990		35A. SIGNATURE OF EMBALMER Robert C. Mats		35B. LICENSE DEC 05 1990		35C. ATE	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rachal's Mortuary		36B. LICENSE NO. FD 2		37. SIGNATURE OF LOCAL REGISTRAR Robert C. Mats		38. REG DEC 05 1990		39. CENSUS TRACT			
STATE REGISTRAR A. <input type="checkbox"/> B. <input checked="" type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/>											

VS-11 (REV. 1-90) 4410

MAKING NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

11-1-7101

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

Dana E. Moore

NOV 16 2022

DANA E. MOORE, MPH, CPH  
STATE REGISTRAR OF VITAL RECORDS

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

CACDPH--01



005597975

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA

#### DEPARTMENT OF PUBLIC HEALTH

3052012084416

#### CERTIFICATE OF DEATH

3201219019056

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>MAY</b>		3. LAST (Family) <b>BEACH</b>	
2. MIDDLE <b>AGNES</b>		4. DATE OF BIRTH mm/dd/yyyy <b>11/13/1911</b>	
5. AGE Yrs <b>100</b>		6. SEX <b>F</b>	
7. DATE OF DEATH mm/dd/yyyy <b>05/05/2012</b>		8. HOUR (24 Hour) <b>0920</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>TEXAS</b>		10. MARITAL STATUS/SROP (at time of death) <b>WIDOWED</b>	
11. EDUCATION - Highest Level/Grade (see worksheet on back) <b>12 ND</b>		12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MACHINE OPERATOR</b>		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PLASTIC MANUFACTURING</b>	
15. YEARS IN OCCUPATION <b>40</b>		16. DECEDENT'S RESIDENCE (Street and number, or location) <b>2814 MOSS AVENUE</b>	
17. CITY <b>LOS ANGELES</b>		18. COUNTY/PROVINCE <b>LOS ANGELES</b>	
19. ZIP CODE <b>90065</b>		20. YEARS IN COUNTY <b>70</b>	
21. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		22. INFORMANT'S NAME AND ADDRESS (Street and number, or location, state and zip) <b>DORIS LEE ELLIOTT, DAUGHTER 2814 MOSS AVENUE, LOS ANGELES, CA 90065</b>	
23. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>-</b>		24. MIDDLE <b>-</b>	
25. LAST (BIRTH NAME) <b>-</b>		26. NAME OF FATHER/PARENT - FIRST <b>MARSHALL</b>	
27. MIDDLE <b>ALLEN</b>		28. LAST <b>HOLLAWAY</b>	
29. BIRTH STATE <b>TEXAS</b>		30. NAME OF MOTHER/PARENT - FIRST <b>EMMA</b>	
31. MIDDLE <b>ALICE</b>		32. LAST (BIRTH NAME) <b>BURRIS</b>	
33. BIRTH STATE <b>TEXAS</b>		34. DISPOSITION DATE mm/dd/yyyy <b>05/08/2012</b>	
35. PLACE OF FINAL DISPOSITION <b>FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068</b>		36. TYPE OF DISPOSITIONS <b>BU</b>	
37. SIGNATURE OF EMBALMER <b>INGRID ALFARO</b>		38. LICENSE NUMBER <b>EMB9163</b>	
39. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEMR PRKS &amp; MTYS</b>		40. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>	
41. DATE mm/dd/yyyy <b>05/08/2012</b>		42. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
43. PLACE OF DEATH <b>BELLO VILLETIA HOME</b>		44. COUNTY <b>LOS ANGELES</b>	
45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>6319 ATOLL AVENUE</b>		46. CITY <b>VAN NUYS</b>	
47. CAUSE OF DEATH <b>(A) CARDIORESPIRATORY ARREST</b>		48. TIME ELAPSED BETWEEN ONSET AND DEATH <b>15 MINS</b>	
49. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(B) ACUTE MYOCARDIAL INFARCTION</b>		49. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
50. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(C) ATHEROSCLEROSIS</b>		50. HRS <b>-</b>	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		50. YRS <b>-</b>	
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		50. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <b>03/09/2012 05/05/2012</b>		54. SIGNATURE AND TITLE OF CERTIFIER <b>LIVIU A CHINDRIS M.D.</b>	
55. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>225 W BROADWAY # 100, GLENDALE, CA 91204</b>		56. LICENSE NUMBER <b>A45753</b>	
57. DATE mm/dd/yyyy <b>03/09/2012</b>		58. DATE mm/dd/yyyy <b>05/07/2012</b>	
59. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <b>03/09/2012 05/05/2012</b>		60. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
61. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		62. INJURY DATE mm/dd/yyyy <b>03/09/2012</b>	
63. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>-</b>		63. HOUR (24 Hour) <b>-</b>	
64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>-</b>		64. SIGNATURE OF CORONER / DEPUTY CORONER <b>-</b>	
65. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>-</b>		65. DATE mm/dd/yyyy <b>-</b>	
66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>-</b>		66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>-</b>	
67. STATE REGISTRAR <b>A B C D E</b>		67. FAX AUTH.# <b>-</b>	
68. CENSUS TRACT <b>-</b>		68. CENSUS TRACT <b>-</b>	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Dana E Moore*

DANA E MOORE MPH CPH  
STATE REGISTRAR OF VITAL RECORDS

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

CACDPH--01

OCT 20 2022



005580442

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





# DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

The undersigned Declarant, each for himself or herself and not for the others, hereby declares:

1. I am the successor in interest of MAY A BEACH, who died in the City of Van Nuys, County of Los Angeles, State of California, on 5/5/2012.
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 declaration.
3. ☒ 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 Declarant of the property described in this 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 one hundred fifty thousand dollars (\$150,000).
5. The property of Decedent which is to be paid, transferred or delivered to the Declarant under the provisions of California Probate Code Section 13100 is: Approximately \$32,893.09 +/- in excess proceeds from tax sale of  
Riverside County, CA APN: 723134004
6. ☒ The Declarant is the successor of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.  
☐ The Declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to the Decedent's interest in the described property. The name(s) of the successor(s) of the Decedent is/are: \_\_\_\_\_.
7. No other person has a superior right to the interest of the decedent in the described property.
8. The Declarant requests that the described property be paid, delivered, or transferred to the Declarant.
9. The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 25 day of Aug 2022 at Corcoran, Ca

Doris Elliott  
Signature

Doris Elliott  
Name, Declarant

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.

The State of California, County of \_\_\_\_\_, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by \_\_\_\_\_. Executed on this \_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_.

WITNESS MY HAND AND OFFICIAL SEAL

**See Attached**  
**Notary Certificate**

\_\_\_\_\_  
Notary Public for the State of California

\_\_\_\_\_  
Notary Seal



# JURAT

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

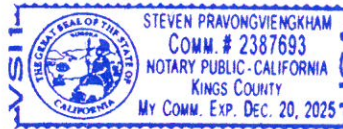
County of Kings

Subscribed and sworn to (or affirmed) before me on this 25 day of August,

2022 by Doris Elliott

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_ (Seal)



## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Declaration Under California Probate Code

(Title or description of attached document)

13101

(Title or description of attached document continued)

Number of Pages 1 Document Date 08/25/22

Additional information \_\_\_\_\_

## INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

Estate of MAY A BEACH

## PROBATE AFFIDAVIT

In addition to the small estate affidavit submitted pursuant to Probate Code § 13100, the following information is required by the Riverside County Tax Collector in support of a claim for excess proceeds.

1. Names, birth dates and relationships of all persons having an interest in the estate of the same priority as the declarant (e.g., brother, sister, etc.)

Please see attached.

Attach an additional sheet if more space is needed.

2. Names, birth dates, dates of death and relationships of all persons that would have had an interest in the estate of the same priority as the person on whom the declarant bases the declarant's claim:

Name: James A. Beach DOB: 08/18/1915 DOD: 12/2/1990 Relationship to me: Father

Name: William Wayne Beach DOB: 3/25/1946 DOD: 3/14/2020 Relationship to me: Brother

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 25 day of Aug 2022 at Corcoran Calif

Doris Elliott

Doris Elliott

Signature of Declarant

Print Name of Declarant

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.

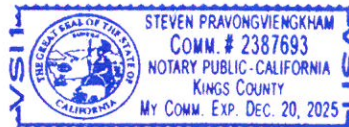
STATE OF California  
COUNTY OF Kings

On August 25, 2022 before me, Steven Pravongviengkham, Notary Public personally appeared Doris Elliott, 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.

(Notary Signature)



(Notary Seal)

Probate Affidavit Attachment

Estate of MAY A BEACH

Name:	Date of Birth:	Relationship to Me:
Jocelyne Marie Beach	07/21/1976	Niece
Shanon Leigh Beach Apostolec	10/1969	Niece
Giovanna Marie Beach	07/29/1978	Niece

By my signature below, this information is hereby included in the attached Probate Affidavit:

Signature: Doris Elliott Date: 8/25/22  
Doris Elliott



DECLARATION OF ONE AND THE SAME PERSON(S)

I, Doris Elliott, do hereby declare:

1. I am over the age of 18 and a resident of Kings County, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. I am one and the same person as Doris Lee Elliott as noted on my identification card.
3. I am one and the same person as Doris L. Elliott and Doris Beach, Doris Lee Beach, Doris L. Beach, Doris Purttman, Doris Lee Purttman, and Doris L. Purttman.
4. May Beach is one and the same person as May Agnes Beach and May A. Beach, Mae Beach, Mae Agnes Beach, Mae A. Beach, May Hollaway, May Agnes Hollaway, May A. Hollaway, Mae Hollaway, Mae Agnes Hollaway, Mae A. Hollaway, who is named in the Riverside County, CA County Deed whereby she acquired title to Riverside County, CA Assessor's Parcel Number 723134004.
5. May Beach is one and the the same person listed at the mailing address 2814 MOSS AVE, LOS ANGELES, CA 90065.
6. James Beach is one and the same person as James Alex Beach and James A. Beach who is named in the Riverside County, CA County Deed whereby he acquired title to Riverside County, CA Assessor's Parcel Number 723134004.
7. James Beach is one and the the same person listed at the mailing address 2814 MOSS AVE, LOS ANGELES, CA 90065.
8. I am one and the same person who assigned to Heirfinders Research Associates, LLC my share of the excess proceeds for Riverside County, CA Assessor's Parcel Number 723134004.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25 day of

Aug, 2022.

Doris Elliott  
Doris Elliott

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;

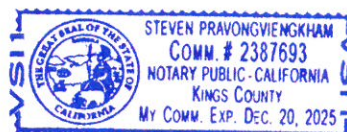
County of Kings

On August 25, 2022 before me, Steven Pravongviengkham, Notary Public, personally appeared Doris Elliott 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)  
(notary's signature)



(seal)

402758135



**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 629 Parcel Identification Number: 723134004

Assessee: BEACH, JAMES A & MAY A

Situs: Mecca CA 92254

Date Sold: April 26, 2022

Date Deed to Purchaser Recorded: July 7, 2022

**Final Date to Submit Claim:** July 7, 2023

RECEIVED  
2023 JUL -7 PM 3:18  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

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.

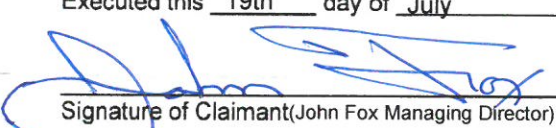
**NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.**

Assignment of Interest \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 19th day of July, 2022 at Denver, CO  
County, State

  
Signature of Claimant (John Fox Managing Director)

Asset Recovery Inc.

Print Name

910 16th St. Suite 624

Street Address

Denver, CO 80202

City, State, Zip

(303) 454-3707

Phone Number

JohnFox@assetrecoveryinc.com

Email Address

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

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

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

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

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

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

**TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR**

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS**  
**FROM SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Jocelyne M. Beach hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title, and interest to collect 100% of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on the 26<sup>th</sup> day of April 2022, and described as parcel number 723134004.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$33,751.00, and as a party of interest I am entitled to up to \$33,751.00.

Dated this 31<sup>st</sup> day of March, 2023.

[Signature]  
Signature (Jocelyne M. Beach)

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

STATE OF Arkansas

COUNTY OF Craighead

On March 31, 2023 before me, Tyna Meryman, personally appeared Jocelyne M. Beach, 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 he/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.

TYNA MERRYMAN  
Notary Public-Arkansas  
Craighead County  
Commission # 12712679  
My Commission Expires Dec 30, 2030

(Seal)

[Signature]  
Signature

**DECLARATION**

I, Assignor(s) Jocelyne M. Beach declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc. for Parcel Number 723134004 from the public auction of tax-defaulted property held on the 26th day of April 2022, in Riverside County, California

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 03/31/2023 Signature (Jocelyne M. Beach) [Signature]

Name (print) Jocelyne Beach Address 6009 Prairie Meadow CV

City/State/Zip Code Jonesboro, Arkansas 72404 Phone ( 689 ) 250-4770

104114 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Mr. James A. Beach  
2812 Moss Ave.  
Los Angeles 65, Calif.

RECEIVED FOR RECORD  
OCT 3 1963  
AT 9:00 O'CLOCK A.M.  
Request of  
TITLE INS. & TRUST CO.  
Recorded in Official Records

BOOK 3501 PAGE 397  
W. W. Beach  
FEE \$ 2.75

BOOK 3501 PAGE 397

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Title Insurance Trust Company

AFFIX I.R.S. \$ 2.75 IN THIS SPACE

**Corporation Grant Deed**

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

TO 406 C

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

SALTON SEA YACHT CLUB, a California corporation

a corporation organized under the laws of the state of California

hereby GRANTS to

JAMES A. and MAY BEACH, husband and wife, as joint tenants

the following described real property in the Coschella Valley County Water District

County of RIVERSIDE, State of California:

Lot 319, North Shore Beach Estates No. 2, Unit No. 2, as shown by map on file in Book 40, Pages 84 to 86 inclusive of Maps, in the office of the Recorder of Riverside County, California

SUBJECT TO: Covenants, conditions, restrictions, reservations, rights and rights of way and easements of record common in said tract. County Taxes for the Fiscal year of 1963-64. Deed of Trust filed concurrently herewith.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instrument to be executed by its Vice President and Assistant Secretary thereunto duly authorized.

Dated: September 12, 1963

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE } SS.

On September 12, 1963 before me, the undersigned, a Notary Public in and for said State, personally appeared

R. L. Deman, known to me to be the Vice President, and

L. L. Fuller, known to me to be the Assistant Secretary of the Corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the within Instrument pursuant to its bylaws or a resolution of its board of directors.

WITNESS my hand and official seal.

(Seal)

Signature *Marguerite E. Benoit*

Name (Typed) MARGUERITE E. BENOIT

Notary Public in and for said State

SALTON SEA YACHT CLUB,  
a California Corporation

By *R. L. Deman* Vice President

By *L. L. Fuller* Assistant Secretary

Title Order No. \_\_\_\_\_

Escrow or Loan No. \_\_\_\_\_



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA

#### DEPARTMENT OF PUBLIC HEALTH

90-201494

#### CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
INK BLACK INK ONLY

39019052625

1A. NAME OF DECEDENT James		11. MIDDLE A.	10. LAST (FAMILY) Beach	1A. DATE OF DEATH Dec. 2, 1990		0030	Male
4. RACE Caucasian		5. HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH Aug. 18, 1915	7. AGE IN YEARS 75	8. UNDER 1 YEAR MONTHS	9. UNDER 25 YEARS DAYS	10. UNDER 65 YEARS HOURS
8. STATE OF BIRTH Texas	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Alex Beach		10B. STATE OF BIRTH Texas	11A. FULL MAIDEN NAME OF MOTHER Ada Chambes		11B. STATE OF BIRTH Texas
12. MILITARY SERVICE? 19 42 TO 43 <input type="checkbox"/> NONE		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) May A. Holloway			
16A. USUAL OCCUPATION Forman		16B. USUAL KIND OF BUSINESS OR INDUSTRY Plastics		16C. USUAL EMPLOYER Borough Company		16D. YEARS IN OCCUPATION 20	17. EDUCATION—YEARS COMPLETED 12
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2812 Moss Avenue				18B. CITY Los Angeles		18C. ZIP CODE 90065	
18D. COUNTY Los Angeles		18E. NUMBER OF YEARS IN THIS COUNTY 50		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT May A. Beach - Wife 2812 Moss Avenue Los Angeles, Ca, 90065	
19A. PLACE OF DEATH W. L.A. VA Med. Ctr.		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Los Angeles		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Peritonitis (B) Ischemic Colitis (C) Abdominal Aorta Aneurysm	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Wilshire & Sawtelle Blvd.		19E. CITY Los Angeles		22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS DISPOSTY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Ischemic Extremities Open Surgical Wound		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Exploratory Laporatomy 10-01-1990	
27A. DECEDENT ATTENDED SINCE 09-07-90		27B. DECEDENT LAST SEEN ALIVE 12-02-1990		27C. CERTIFIER'S LICENSE NUMBER G7995		27D. DATE SIGNED 12/5/90	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Edward Passaro, MD. W. L.A. VA Med. Ctr., L.A., Ca.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Edward Passaro		28B. DATE SIGNED 12/5/90		29. MANNER OF DEATH—Specify one: Natural, Homicide, Suicide, Undetermined, pending investigation or could not be determined	
30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. DISPOSITION(S) Burial		34B. DATE 12-05-1990		35A. SIGNATURE OF EMBALMER Robert C. Moore		35B. LICENSE NUMBER 4586	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rachal's Mortuary		36B. LICENSE NO. FD 2		37. SIGNATURE OF LOCAL REGISTRAR Robert C. Moore		38. REGISTRATION DATE DEC 05 1990	
39. STATE REGISTRAR A X B C 2 D E F		40. CENSUS TRACT		41. MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS			

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Dana E. Moore*

DANA E. MOORE, MPH, CPH  
STATE REGISTRAR OF VITAL RECORDS

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

CACDPH--01



005676614

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA

#### DEPARTMENT OF PUBLIC HEALTH

3052012084416

#### CERTIFICATE OF DEATH

3201219019056

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>MAY</b>		3. LAST (Family) <b>BEACH</b>	
2. MIDDLE <b>AGNES</b>			
AKA, ALSO KNOWN AS - include full AKA, (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>11/13/1911</b>	
5. AGE Yrs. <b>100</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>TEXAS</b>		12. MARITAL STATUS/SDOP (at time of death) <b>WIDOWED</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH mm/dd/yyyy <b>05/05/2012</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>12 ND</b>		8. HOUR (24 Hour) <b>0920</b>	
14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MACHINE OPERATOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PLASTIC MANUFACTURING</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2814 MOSS AVENUE</b>		19. YEARS IN OCCUPATION <b>40</b>	
21. CITY <b>LOS ANGELES</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	
23. ZIP CODE <b>90065</b>		24. YEARS IN COUNTY <b>70</b>	
25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>DORIS LEE ELLIOTT, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, or post office box, or care of, or other address) <b>2814 MOSS AVENUE, LOS ANGELES, CA 90065</b>	
28. NAME OF SURVIVING SPOUSE/SDOP - FIRST <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
29. MIDDLE <b>-</b>			
31. NAME OF FATHER/PARENT - FIRST <b>MARSHALL</b>		33. LAST <b>HOLLAWAY</b>	
32. MIDDLE <b>ALLEN</b>		34. BIRTH STATE <b>TEXAS</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>EMMA</b>		37. LAST (BIRTH NAME) <b>BURRIS</b>	
36. MIDDLE <b>ALICE</b>		38. BIRTH STATE <b>TEXAS</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>05/08/2012</b>		40. PLACE OF FINAL DISPOSITION <b>FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068</b>	
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>INGRID ALFARO</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEMR PRKS &amp; MTYS</b>		44. LICENSE NUMBER <b>FD 904</b>	
		45. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>	
		46. LICENSE NUMBER <b>EMB9163</b>	
		47. DATE mm/dd/yyyy <b>05/08/2012</b>	
101. PLACE OF DEATH <b>BELLO VILLETIA HOME</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ED/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>6319 ATOLL AVENUE</b>	
106. CITY <b>VAN NUYS</b>			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIORESPIRATORY ARREST</b> <b>(B) ACUTE MYOCARDIAL INFARCTION</b> <b>(C) ATHEROSCLEROSIS</b>		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input type="checkbox"/>	
109. TIME INTERVAL BETWEEN DEATH AND REPORT <b>15 MINS</b>		110. AUTOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input type="checkbox"/>	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEASED PREVIOUSLY SINGLE <input type="checkbox"/> DECEASED LAST MARRIED <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER <b>LIVIU A. CHINDRIS M.D.</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>LIVIU A. CHINDRIS M.D. 225 W BROADWAY # 100, GLENDALE, CA 91204</b>		117. LICENSE NUMBER <b>A45753</b>	
118. DATE mm/dd/yyyy <b>03/09/2012</b>		119. DATE mm/dd/yyyy <b>05/05/2012</b>	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy <b>05/05/2012</b>		122. HOUR (24 Hour) <b>0920</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>2814 MOSS AVENUE</b>			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>Slipped on liquid spill in kitchen</b>			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>2814 MOSS AVENUE, LOS ANGELES, CA 90065</b>			
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>Dana E Moore</b>		127. DATE mm/dd/yyyy <b>05/08/2012</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>Dana E Moore MPH CPH</b>			
STATE REGISTRAR		CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Dana E Moore*  
DANA E MOORE MPH CPH  
STATE REGISTRAR OF VITAL RECORDS

OCT 20 2022

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

CACDPH - 01



005580442

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

The undersigned state(s) as follows:

1. May A. Beach died on the \_\_\_\_ day of \_\_\_\_\_, 2012-2013, in the County of Los Angeles, State of California.
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. ☒ No proceeding is now being or has been conducted in California for administration of the decedent's estate.

**OR**

- ☐ 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 one hundred fifty thousand dollars (\$150,000).
  5. ☐ 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 to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property having APN  
723134004 and located in Mecca CA 92254 valued at approximately  
\$33,751.00.


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

Doris Elliott (daughter of the decedent)  
Shanan Beach (granddaughter of the decedent)  
Giovanna M. Beach (grandchild of the decedent)  
Jocelyne M. Beach (grandchild of the decedent). The undersigned

- ☒ The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
- ☐ The affiant or declarant is 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.
8. No other person has a superior right to the interest of the decedent in the described property.
  9. 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: 3-31-23

Signed:   
Jocelyne M. Beach

## 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~~ <sup>Arkansas</sup>

County of Craighead

On March 31, 2023 before me, Tyna Merryman  
personally appeared Jocelyne Beach 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)

TYNA MERRYMAN  
Notary Public-Arkansas  
Craighead County  
Commission # 12712679  
My Commission Expires Dec 30, 2030



**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 629 Parcel Identification Number: 723134004

Assessee: BEACH, JAMES A & MAY A

Situs: Mecca CA 92254

Date Sold: April 26, 2022

Date Deed to Purchaser Recorded: July 7, 2022

**Final Date to Submit Claim:** July 7, 2023

RECEIVED  
2023 JUL - 7 PM 3:48  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

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.**

Assignment of Interest

\_\_\_\_\_

\_\_\_\_\_

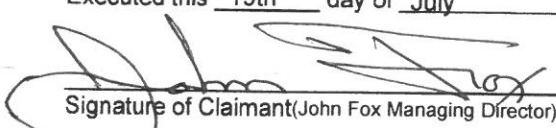
\_\_\_\_\_

\_\_\_\_\_

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 19th day of July, 2022 at Denver, CO  
County, State

  
Signature of Claimant(John Fox Managing Director)

Asset Recovery Inc.  
Print Name

910 16th St. Suite 624  
Street Address

Denver, CO 80202  
City, State, Zip

(303) 454-3707  
Phone Number

JohnFox@assetrecoveryinc.com  
Email Address

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

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

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

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

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

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

**TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR**

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS**  
**FROM SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Giovanna M. Beach hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title, and interest to collect 100% of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on the 26<sup>th</sup> day of April 2022, and described as parcel number 723134004.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$33,751.00, and as a party of interest I am entitled to up to \$33,751.00.

Dated this 23<sup>rd</sup> day of AUGUST, 2022.

[Signature]  
Signature (Giovanna M. Beach)

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

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TE

OF TEXAS

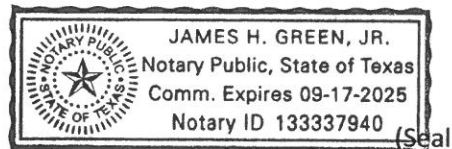
COUNTY OF EL PASO

On 23 AUGUST 2022 before me, JAMES H. GREEN, JR., personally appeared Giovanna M. Beach, 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 he/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]  
Signature



**DECLARATION**

I, Assignor(s) Giovanna M. Beach declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc. for Parcel Number 723134004 from the public auction of tax-defaulted property held on the 26th day of April 2022, in Riverside County, California

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 8/23/22 Signature (Giovanna M. Beach) [Signature]

Name (print) Giovanna Beach Address 12733 Tierra Roman Dr

City/State/Zip Code EL PASO TX 79938 Phone ( 323 ) 309-6010

104114 X

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Mr. James A. Beach  
2812 Moss Ave.  
Los Angeles 65, Calif.

RECEIVED FOR RECORD  
OCT 3 1963  
AT 900 O'CLOCK A.M.  
TITLE INS. & TRUST CO.  
Recorded in Official Records

BOOK 3501 PAGE 397

W. W. Beach

BOOK 3501 PAGE 397

FEES \$ 2.75

BOOK 3501 PAGE 397

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Title Insurance Trust Company

AFFIX I.R.S. \$ 2.75 IN THIS SPACE

**Corporation Grant Deed**

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

2-104114-1-1

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

SALTON SEA YACHT CLUB, a California corporation

a corporation organized under the laws of the state of California

hereby GRANTS to

JAMES A. and MAY BEACH, husband and wife, as joint tenants

the following described real property in the Coachella Valley County Water District

County of RIVERSIDE, State of California:

Lot 319, North Shore Beach Estates No. 2, Unit No. 2, as shown by map on file in Book 40, Pages 64 to 66 inclusive of Maps, in the office of the Recorder of Riverside County, California

SUBJECT TO: Covenants, conditions, restrictions, reservations, rights and rights of way and easements of record common in said tract. County Taxes for the Fiscal year of 1963-64. Deed of Trust filed concurrently herewith.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instrument to be executed by its Vice President and Assistant Secretary thereunto duly authorized.

Dated: September 12, 1963

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE } ss.  
On September 12, 1963 before me, the undersigned, a Notary Public in and for said State, personally appeared R. L. Doman, known to me to be the Vice President, and L. L. Fuller known to me to be Assistant Secretary of the Corporation that executed the within instrument, known to me to be the persons who executed the within instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the within instrument pursuant to its bylaws or a resolution of its board of directors.

SALTON SEA YACHT CLUB,  
a California Corporation

By R. L. Doman Vice President

By L. L. Fuller Assistant Secretary

WITNESS my hand and official seal.

(Seal) Marguerite E. Benoit

Signature MARGUERITE E. BENOIT

Name (Typed) MARGUERITE E. BENOIT

Notary Public in and for said State

Title Order No. \_\_\_\_\_

Escrow or Loan No. \_\_\_\_\_



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

90-201494

#### CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
LINE IN BLACK INK ONLY

39019052625

1A. NAME OF DECEDENT <b>James</b>		1B. MIDDLE <b>A.</b>		1C. LAST (FAMILY) <b>Beach</b>		2A. DATE OF DEATH <b>Dec. 2, 1990</b>		0030		Male	
4. RACE <b>Caucasian</b>		5. HISPANIC SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH <b>Aug. 18, 1915</b>		7. AGE IN YEARS <b>75</b>		8. MONTHS <b>7</b>		9. DAYS <b>23</b>	
8. STATE OF BIRTH <b>Texas</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10A. FULL NAME OF FATHER <b>Alex Beach</b>		10B. STATE OF BIRTH <b>Texas</b>		11A. FULL MAIDEN NAME OF MOTHER <b>Ada Chambes</b>		11B. STATE OF BIRTH <b>Texas</b>	
12. MILITARY SERVICE? <b>42-43</b> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS <b>Married</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>May A. Holloway</b>					
16A. USUAL OCCUPATION <b>Forman</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Plastics</b>		16C. USUAL EMPLOYER <b>Borough Company</b>		16D. YEARS IN OCCUPATION <b>20</b>		17. EDUCATION—YEARS COMPLETED <b>12</b>			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>2812 Moss Avenue</b>		18B. CITY <b>Los Angeles</b>		18C. ZIP CODE <b>90065</b>							
18D. COUNTY <b>Los Angeles</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>50</b>		18F. STATE OR FOREIGN COUNTRY <b>California</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>May A. Beach - Wife</b>					
19A. PLACE OF DEATH <b>W. L.A. VA Med. Ctr.</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OR, DOA <b>IP</b>		19C. COUNTY <b>Los Angeles</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>May A. Beach - Wife</b>					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>Wilshire &amp; Sawtelle Blvd.</b>		19E. CITY <b>Los Angeles</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS DISPOSTY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>(A) Peritonitis</b>		4 Days		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO <b>(B) Ischemic Colitis</b>		4 Days		24C. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24D. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO <b>(C) Abdominal Aorta Aneurysm</b>		Months		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Exploratory Laparotomy 10-01-1990</b>		27C. CERTIFIER'S LICENSE NUMBER <b>G7995</b>		27D. DATE SIGNED <b>12/5/90</b>			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>Ischemic Extremities Open Surgical Wound</b>		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>Edward Passaro, MD.</b>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Edward Passaro, MD. W. L.A. VA Med. Ctr., L.A., Ca.</b>		27F. SIGNATURE OF LOCAL REGISTRAR <b>Robert C. Nates</b>		27G. REGISTRATION DATE <b>DEC 05 1990</b>			
1. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>		28B. DATE SIGNED <b>[Date]</b>							
29. MANNER OF DEATH—Specify one: Natural, Homicide, Suicide, Homicide, pending investigation or could not be determined.		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
34A. DISPOSITION(S) <b>Burial</b>		34B. PLACE OF FINAL DISPOSITION, NAME AND ADDRESS <b>Forest Lawn Hollywood, 6300 Forest Lawn Dr., Los Angeles, Ca.</b>		34C. DATE MO, DAY, YEAR <b>12-05-1990</b>		35A. SIGNATURE OF EMBALMER <b>Warren Heston</b>		35B. LICENSE NUMBER <b>4586</b>			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rachal's Mortuary</b>		36B. LICENSE NO. <b>FD 2</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>Robert C. Nates</b>		38. REGISTRATION DATE <b>DEC 05 1990</b>		39. CENSUS TRACT			
STATE REGISTRAR <b>A</b>		<b>X</b>		<b>2</b>		<b>E</b>		<b>F</b>			

VS-11 (REV. 1-90) 4414

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-9-1-7101

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Dana E. Moore*

DANA E. MOORE, MPH, CPH  
STATE REGISTRAR OF VITAL RECORDS

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

CACDPH--DL



005676614

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3052012084416

#### CERTIFICATE OF DEATH

3201219019056

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>MAY</b>		3. LAST (Family) <b>BEACH</b>	
2. MIDDLE <b>AGNES</b>		4. DATE OF BIRTH mm/dd/yyyy <b>11/13/1911</b>	
5. AGE Yrs. <b>100</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>TEXAS</b>		12. MARITAL STATUS/SDP (x Time of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>12 ND</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/05/2012</b>	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) <b>0920</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MACHINE OPERATOR</b>		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2814 MOSS AVENUE</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PLASTIC MANUFACTURING</b>	
21. CITY <b>LOS ANGELES</b>		19. YEARS IN OCCUPATION <b>40</b>	
22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90065</b>	
24. YEARS IN COUNTY <b>70</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>DORIS LEE ELLIOTT, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, or P.O. box, or state and zip) <b>2814 MOSS AVENUE, LOS ANGELES, CA 90065</b>	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
29. MIDDLE <b>-</b>		31. NAME OF FATHER/PARENT - FIRST <b>MARSHALL</b>	
32. MIDDLE <b>ALLEN</b>		33. LAST <b>HOLLAWAY</b>	
34. BIRTH STATE <b>TEXAS</b>		35. NAME OF MOTHER/PARENT - FIRST <b>EMMA</b>	
36. MIDDLE <b>ALICE</b>		37. LAST (BIRTH NAME) <b>BURRIS</b>	
38. BIRTH STATE <b>TEXAS</b>		40. PLACE OF FINAL DISPOSITION <b>FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068</b>	
41. TYPE OF DISPOSITION <b>BU</b>		42. SIGNATURE OF EMBALMER <b>INGRID ALFARO</b>	
43. LICENSE NUMBER <b>EMB9163</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEM PRKS &amp; MTYS</b>	
45. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>		46. DATE mm/dd/yyyy <b>05/08/2012</b>	
101. PLACE OF DEATH <b>BELLO VILLETIA HOME</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> CVOP <input type="checkbox"/> DOA <input type="checkbox"/> hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> CVOP <input type="checkbox"/> DOA <input type="checkbox"/> hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other		104. CITY <b>VAN NUYS</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>6319 ATOLL AVENUE</b>		106. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. (A) <b>CARDIORESPIRATORY ARREST</b> (B) <b>ACUTE MYOCARDIAL INFARCTION</b> (C) <b>ATHEROSCLEROSIS</b> (D) <b>-</b> (E) <b>-</b> (F) <b>-</b> (G) <b>-</b> (H) <b>-</b> (I) <b>-</b> (J) <b>-</b> (K) <b>-</b> (L) <b>-</b> (M) <b>-</b> (N) <b>-</b> (O) <b>-</b> (P) <b>-</b> (Q) <b>-</b> (R) <b>-</b> (S) <b>-</b> (T) <b>-</b> (U) <b>-</b> (V) <b>-</b> (W) <b>-</b> (X) <b>-</b> (Y) <b>-</b> (Z) <b>-</b> (AA) <b>-</b> (AB) <b>-</b> (AC) <b>-</b> (AD) <b>-</b> (AE) <b>-</b> (AF) <b>-</b> (AG) <b>-</b> (AH) <b>-</b> (AI) <b>-</b> (AJ) <b>-</b> (AK) <b>-</b> (AL) <b>-</b> (AM) <b>-</b> (AN) <b>-</b> (AO) <b>-</b> (AP) <b>-</b> (AQ) <b>-</b> (AR) <b>-</b> (AS) <b>-</b> (AT) <b>-</b> (AU) <b>-</b> (AV) <b>-</b> (AW) <b>-</b> (AX) <b>-</b> (AY) <b>-</b> (AZ) <b>-</b> (BA) <b>-</b> (BB) <b>-</b> (BC) <b>-</b> (BD) <b>-</b> (BE) <b>-</b> (BF) <b>-</b> (BG) <b>-</b> (BH) <b>-</b> (BI) <b>-</b> (BJ) <b>-</b> (BK) <b>-</b> (BL) <b>-</b> (BM) <b>-</b> (BN) <b>-</b> (BO) <b>-</b> (BP) <b>-</b> (BQ) <b>-</b> (BR) <b>-</b> (BS) <b>-</b> (BT) <b>-</b> (BU) <b>-</b> (BV) <b>-</b> (BW) <b>-</b> (BX) <b>-</b> (BY) <b>-</b> (BZ) <b>-</b> (CA) <b>-</b> (CB) <b>-</b> (CC) <b>-</b> (CD) <b>-</b> (CE) <b>-</b> (CF) <b>-</b> (CG) <b>-</b> (CH) <b>-</b> (CI) <b>-</b> (CJ) <b>-</b> (CK) <b>-</b> (CL) <b>-</b> (CM) <b>-</b> (CN) <b>-</b> (CO) <b>-</b> (CP) <b>-</b> (CQ) <b>-</b> (CR) <b>-</b> (CS) <b>-</b> (CT) <b>-</b> (CU) <b>-</b> (CV) <b>-</b> (CW) <b>-</b> (CX) <b>-</b> (CY) <b>-</b> (CZ) <b>-</b> (DA) <b>-</b> (DB) <b>-</b> (DC) <b>-</b> (DD) <b>-</b> (DE) <b>-</b> (DF) <b>-</b> (DG) <b>-</b> (DH) <b>-</b> (DI) <b>-</b> (DJ) <b>-</b> (DK) <b>-</b> (DL) <b>-</b> (DM) <b>-</b> (DN) <b>-</b> (DO) <b>-</b> (DP) <b>-</b> (DQ) <b>-</b> (DR) <b>-</b> (DS) <b>-</b> (DT) <b>-</b> (DU) <b>-</b> (DV) <b>-</b> (DW) <b>-</b> (DX) <b>-</b> (DY) <b>-</b> (DZ) <b>-</b> (EA) <b>-</b> (EB) <b>-</b> (EC) <b>-</b> (ED) <b>-</b> (EE) <b>-</b> (EF) <b>-</b> (EG) <b>-</b> (EH) <b>-</b> (EI) <b>-</b> (EJ) <b>-</b> (EK) <b>-</b> (EL) <b>-</b> (EM) <b>-</b> (EN) <b>-</b> (EO) <b>-</b> (EP) <b>-</b> (EQ) <b>-</b> (ER) <b>-</b> (ES) <b>-</b> (ET) <b>-</b> (EU) <b>-</b> (EV) <b>-</b> (EW) <b>-</b> (EX) <b>-</b> (EY) <b>-</b> (EZ) <b>-</b> (FA) <b>-</b> (FB) <b>-</b> (FC) <b>-</b> (FD) <b>-</b> (FE) <b>-</b> (FF) <b>-</b> (FG) <b>-</b> (FH) <b>-</b> (FI) <b>-</b> (FJ) <b>-</b> (FK) <b>-</b> (FL) <b>-</b> (FM) <b>-</b> (FN) <b>-</b> (FO) <b>-</b> (FP) <b>-</b> (FQ) <b>-</b> (FR) <b>-</b> (FS) <b>-</b> (FT) <b>-</b> (FU) <b>-</b> (FV) <b>-</b> (FW) <b>-</b> (FX) <b>-</b> (FY) <b>-</b> (FZ) <b>-</b> (GA) <b>-</b> (GB) <b>-</b> (GC) <b>-</b> (GD) <b>-</b> (GE) <b>-</b> (GF) <b>-</b> (GG) <b>-</b> (GH) <b>-</b> (GI) <b>-</b> (GJ) <b>-</b> (GK) <b>-</b> (GL) <b>-</b> (GM) <b>-</b> (GN) <b>-</b> (GO) <b>-</b> (GP) <b>-</b> (GQ) <b>-</b> (GR) <b>-</b> (GS) <b>-</b> (GT) <b>-</b> (GU) <b>-</b> (GV) <b>-</b> (GW) <b>-</b> (GX) <b>-</b> (GY) <b>-</b> (GZ) <b>-</b> (HA) <b>-</b> (HB) <b>-</b> (HC) <b>-</b> (HD) <b>-</b> (HE) <b>-</b> (HF) <b>-</b> (HG) <b>-</b> (HH) <b>-</b> (HI) <b>-</b> (HJ) <b>-</b> (HK) <b>-</b> (HL) <b>-</b> (HM) <b>-</b> (HN) <b>-</b> (HO) <b>-</b> (HP) <b>-</b> (HQ) <b>-</b> (HR) <b>-</b> (HS) <b>-</b> (HT) <b>-</b> (HU) <b>-</b> (HV) <b>-</b> (HW) <b>-</b> (HX) <b>-</b> (HY) <b>-</b> (HZ) <b>-</b> (IA) <b>-</b> (IB) <b>-</b> (IC) <b>-</b> (ID) <b>-</b> (IE) <b>-</b> (IF) <b>-</b> (IG) <b>-</b> (IH) <b>-</b> (II) <b>-</b> (IJ) <b>-</b> (IK) <b>-</b> (IL) <b>-</b> (IM) <b>-</b> (IN) <b>-</b> (IO) <b>-</b> (IP) <b>-</b> (IQ) <b>-</b> (IR) <b>-</b> (IS) <b>-</b> (IT) <b>-</b> (IU) <b>-</b> (IV) <b>-</b> (IW) <b>-</b> (IX) <b>-</b> (IY) <b>-</b> (IZ) <b>-</b> (JA) <b>-</b> (JB) <b>-</b> (JC) <b>-</b> (JD) <b>-</b> (JE) <b>-</b> (JF) <b>-</b> (JG) <b>-</b> (JH) <b>-</b> (JI) <b>-</b> (JJ) <b>-</b> (JK) <b>-</b> (JL) <b>-</b> (JM) <b>-</b> (JN) <b>-</b> (JO) <b>-</b> (JP) <b>-</b> (JQ) <b>-</b> (JR) <b>-</b> (JS) <b>-</b> (JT) <b>-</b> (JU) <b>-</b> (JV) <b>-</b> (JW) <b>-</b> (JX) <b>-</b> (JY) <b>-</b> (JZ) <b>-</b> (KA) <b>-</b> (KB) <b>-</b> (KC) <b>-</b> (KD) <b>-</b> (KE) <b>-</b> (KF) <b>-</b> (KG) <b>-</b> (KH) <b>-</b> (KI) <b>-</b> (KJ) <b>-</b> (KL) <b>-</b> (KM) <b>-</b> (KN) <b>-</b> (KO) <b>-</b> (KP) <b>-</b> (KQ) <b>-</b> (KR) <b>-</b> (KS) <b>-</b> (KT) <b>-</b> (KU) <b>-</b> (KV) <b>-</b> (KW) <b>-</b> (KX) <b>-</b> (KY) <b>-</b> (KZ) <b>-</b> (LA) <b>-</b> (LB) <b>-</b> (LC) <b>-</b> (LD) <b>-</b> (LE) <b>-</b> (LF) <b>-</b> (LG) <b>-</b> (LH) <b>-</b> (LI) <b>-</b> (LJ) <b>-</b> (LK) <b>-</b> (LM) <b>-</b> (LN) <b>-</b> (LO) <b>-</b> (LP) <b>-</b> (LQ) <b>-</b> (LR) <b>-</b> (LS) <b>-</b> (LT) <b>-</b> (LU) <b>-</b> (LV) <b>-</b> (LW) <b>-</b> (LX) <b>-</b> (LY) <b>-</b> (LZ) <b>-</b> (MA) <b>-</b> (MB) <b>-</b> (MC) <b>-</b> (MD) <b>-</b> (ME) <b>-</b> (MF) <b>-</b> (MG) <b>-</b> (MH) <b>-</b> (MI) <b>-</b> (MJ) <b>-</b> (MK) <b>-</b> (ML) <b>-</b> (MN) <b>-</b> (MO) <b>-</b> (MP) <b>-</b> (MQ) <b>-</b> (MR) <b>-</b> (MS) <b>-</b> (MT) <b>-</b> (MU) <b>-</b> (MV) <b>-</b> (MW) <b>-</b> (MX) <b>-</b> (MY) <b>-</b> (MZ) <b>-</b> (NA) <b>-</b> (NB) <b>-</b> (NC) <b>-</b> (ND) <b>-</b> (NE) <b>-</b> (NF) <b>-</b> (NG) <b>-</b> (NH) <b>-</b> (NI) <b>-</b> (NJ) <b>-</b> (NK) <b>-</b> (NL) <b>-</b> (NM) <b>-</b> (NO) <b>-</b> (NP) <b>-</b> (NQ) <b>-</b> (NR) <b>-</b> (NS) <b>-</b> (NT) <b>-</b> (NU) <b>-</b> (NV) <b>-</b> (NW) <b>-</b> (NX) <b>-</b> (NY) <b>-</b> (NZ) <b>-</b> (OA) <b>-</b> (OB) <b>-</b> (OC) <b>-</b> (OD) <b>-</b> (OE) <b>-</b> (OF) <b>-</b> (OG) <b>-</b> (OH) <b>-</b> (OI) <b>-</b> (OJ) <b>-</b> (OK) <b>-</b> (OL) <b>-</b> (OM) <b>-</b> (ON) <b>-</b> (OO) <b>-</b> (OP) <b>-</b> (OQ) <b>-</b> (OR) <b>-</b> (OS) <b>-</b> (OT) <b>-</b> (OU) <b>-</b> (OV) <b>-</b> (OW) <b>-</b> (OX) <b>-</b> (OY) <b>-</b> (OZ) <b>-</b> (PA) <b>-</b> (PB) <b>-</b> (PC) <b>-</b> (PD) <b>-</b> (PE) <b>-</b> (PF) <b>-</b> (PG) <b>-</b> (PH) <b>-</b> (PI) <b>-</b> (PJ) <b>-</b> (PK) <b>-</b> (PL) <b>-</b> (PM) <b>-</b> (PN) <b>-</b> (PO) <b>-</b> (PP) <b>-</b> (PQ) <b>-</b> (PR) <b>-</b> (PS) <b>-</b> (PT) <b>-</b> (PU) <b>-</b> (PV) <b>-</b> (PW) <b>-</b> (PX) <b>-</b> (PY) <b>-</b> (PZ) <b>-</b> (QA) <b>-</b> (QB) <b>-</b> (QC) <b>-</b> (QD) <b>-</b> (QE) <b>-</b> (QF) <b>-</b> (QG) <b>-</b> (QH) <b>-</b> (QI) <b>-</b> (QJ) <b>-</b> (QK) <b>-</b> (QL) <b>-</b> (QM) <b>-</b> (QN) <b>-</b> (QO) <b>-</b> (QP) <b>-</b> (QQ) <b>-</b> (QR) <b>-</b> (QS) <b>-</b> (QT) <b>-</b> (QU) <b>-</b> (QV) <b>-</b> (QW) <b>-</b> (QX) <b>-</b> (QY) <b>-</b> (QZ) <b>-</b> (RA) <b>-</b> (RB) <b>-</b> (RC) <b>-</b> (RD) <b>-</b> (RE) <b>-</b> (RF) <b>-</b> (RG) <b>-</b> (RH) <b>-</b> (RI) <b>-</b> (RJ) <b>-</b> (RK) <b>-</b> (RL) <b>-</b> (RM) <b>-</b> (RN) <b>-</b> (RO) <b>-</b> (RP) <b>-</b> (RQ) <b>-</b> (RR) <b>-</b> (RS) <b>-</b> (RT) <b>-</b> (RU) <b>-</b> (RV) <b>-</b> (RW) <b>-</b> (RX) <b>-</b> (RY) <b>-</b> (RZ) <b>-</b> (SA) <b>-</b> (SB) <b>-</b> (SC) <b>-</b> (SD) <b>-</b> (SE) <b>-</b> (SF) <b>-</b> (SG) <b>-</b> (SH) <b>-</b> (SI) <b>-</b> (SJ) <b>-</b> (SK) <b>-</b> (SL) <b>-</b> (SM) <b>-</b> (SN) <b>-</b> (SO) <b>-</b> (SP) <b>-</b> (SQ) <b>-</b> (SR) <b>-</b> (SS) <b>-</b> (ST) <b>-</b> (SU) <b>-</b> (SV) <b>-</b> (SW) <b>-</b> (SX) <b>-</b> (SY) <b>-</b> (SZ) <b>-</b> (TA) <b>-</b> (TB) <b>-</b> (TC) <b>-</b> (TD) <b>-</b> (TE) <b>-</b> (TF) <b>-</b> (TG) <b>-</b> (TH) <b>-</b> (TI) <b>-</b> (TJ) <b>-</b> (TK) <b>-</b> (TL) <b>-</b> (TM) <b>-</b> (TN) <b>-</b> (TO) <b>-</b> (TP) <b>-</b> (TQ) <b>-</b> (TR) <b>-</b> (TS) <b>-</b> (TT) <b>-</b> (TU) <b>-</b> (TV) <b>-</b> (TW) <b>-</b> (TX) <b>-</b> (TY) <b>-</b> (TZ) <b>-</b> (UA) <b>-</b> (UB) <b>-</b> (UC) <b>-</b> (UD) <b>-</b> (UE) <b>-</b> (UF) <b>-</b> (UG) <b>-</b> (UH) <b>-</b> (UI) <b>-</b> (UJ) <b>-</b> (UK) <b>-</b> (UL) <b>-</b> (UM) <b>-</b> (UN) <b>-</b> (UO) <b>-</b> (UP) <b>-</b> (UQ) <b>-</b> (UR) <b>-</b> (US) <b>-</b> (UT) <b>-</b> (UU) <b>-</b> (UV) <b>-</b> (UW) <b>-</b> (UX) <b>-</b> (UY) <b>-</b> (UZ) <b>-</b> (VA) <b>-</b> (VB) <b>-</b> (VC) <b>-</b> (VD) <b>-</b> (VE) <b>-</b> (VF) <b>-</b> (VG) <b>-</b> (VH) <b>-</b> (VI) <b>-</b> (VJ) <b>-</b> (VK) <b>-</b> (VL) <b>-</b> (VM) <b>-</b> (VN) <b>-</b> (VO) <b>-</b> (VP) <b>-</b> (VQ) <b>-</b> (VR) <b>-</b> (VS) <b>-</b> (VT) <b>-</b> (VU) <b>-</b> (VV) <b>-</b> (VW) <b>-</b> (VX) <b>-</b> (VY) <b>-</b> (VZ) <b>-</b> (WA) <b>-</b> (WB) <b>-</b> (WC) <b>-</b> (WD) <b>-</b> (WE) <b>-</b> (WF) <b>-</b> (WG) <b>-</b> (WH) <b>-</b> (WI) <b>-</b> (WJ) <b>-</b> (WK) <b>-</b> (WL) <b>-</b> (WM) <b>-</b> (WN) <b>-</b> (WO) <b>-</b> (WP) <b>-</b> (WQ) <b>-</b> (WR) <b>-</b> (WS) <b>-</b> (WT) <b>-</b> (WU) <b>-</b> (WV) <b>-</b> (WW) <b>-</b> (WX) <b>-</b> (WY) <b>-</b> (WZ) <b>-</b> (XA) <b>-</b> (XB) <b>-</b> (XC) <b>-</b> (XD) <b>-</b> (XE) <b>-</b> (XF) <b>-</b> (XG) <b>-</b> (XH) <b>-</b> (XI) <b>-</b> (XJ) <b>-</b> (XK) <b>-</b> (XL) <b>-</b> (XM) <b>-</b> (XN) <b>-</b> (XO) <b>-</b> (XP) <b>-</b> (XQ) <b>-</b> (XR) <b>-</b> (XS) <b>-</b> (XT) <b>-</b> (XU) <b>-</b> (XV) <b>-</b> (XW) <b>-</b> (XX) <b>-</b> (XY) <b>-</b> (XZ) <b>-</b> (YA) <b>-</b> (YB) <b>-</b> (YC) <b>-</b> (YD) <b>-</b> (YE) <b>-</b> (YF) <b>-</b> (YG) <b>-</b> (YH) <b>-</b> (YI) <b>-</b> (YJ) <b>-</b> (YK) <b>-</b> (YL) <b>-</b> (YM) <b>-</b> (YN) <b>-</b> (YO) <b>-</b> (YP) <b>-</b> (YQ) <b>-</b> (YR) <b>-</b> (YS) <b>-</b> (YT) <b>-</b> (YU) <b>-</b> (YV) <b>-</b> (YW) <b>-</b> (YX) <b>-</b> (YY) <b>-</b> (YZ) <b>-</b> (ZA) <b>-</b> (ZB) <b>-</b> (ZC) <b>-</b> (ZD) <b>-</b> (ZE) <b>-</b> (ZF) <b>-</b> (ZG) <b>-</b> (ZH) <b>-</b> (ZI) <b>-</b> (ZJ) <b>-</b> (ZK) <b>-</b> (ZL) <b>-</b> (ZM) <b>-</b> (ZN) <b>-</b> (ZO) <b>-</b> (ZP) <b>-</b> (ZQ) <b>-</b> (ZR) <b>-</b> (ZS) <b>-</b> (ZT) <b>-</b> (ZU) <b>-</b> (ZV) <b>-</b> (ZW) <b>-</b> (ZX) <b>-</b> (ZY) <b>-</b> (ZZ) <b>-</b>			

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Dana E Moore*  
DANA E MOORE MPH CPH  
STATE REGISTRAR OF VITAL RECORDS

OCT 20 2022

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

CACDPH--01



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Affidavit for Collection of Personal Property**  
California Probate Code Section 13100

The undersigned state(s) as follows:

1. May A. Beach died on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the County of \_\_\_\_\_, State of California.
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. ☒ No proceeding is now being or has been conducted in California for administration of the decedent's estate.

**OR**

- ☐ 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 one hundred fifty thousand dollars (\$150,000).
  5. ☐ 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 to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property having APN  
723134004 and located in Mecca CA 92254 valued at approximately  
\$33,751.00.

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

Giovanna M. Beach (grandchild of the decedent)  
Jocelyne M. Beach (grandchild of the decedent).

8. The undersigned

☒ The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

☐ The affiant or declarant is 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: 8/13/12

Signed:   
Giovanna M. Beach

# 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~~ TEXAS

County of EL PASO

On 23 AUGUST 2022 before me, James H. Green, Jr.  
personally appeared GIOVANNA M. BEACH 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 James H. Green, Jr. (Seal)

