

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



ITEM: 21.2  
(ID # 25132)

**MEETING DATE:**

Tuesday, March 18, 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 661. Last assessed to: K. R. Pinckney, a single man. District 4. [\$11,151-Fund 65595 Excess Proceeds from Tax Sale]

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

1. Approve the claim from the County of Riverside, Treasurer-Tax Collector for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 842041041;
2. Approve the claim from Marc L. Pinckney, heir to the Estate of K. R. Pinckney, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 842041041;
3. Approve the claim from Ninel Pinckney, Assignee for Elena Savenkova, heir to the Estate of K. R. Pinckney, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 842041041;
4. Approve the claim from Ninel Pinckney, Assignee for Mari Brill, heir to the Estate of K. R. Pinckney, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 842041041; and
5. Authorize and direct the Auditor-Controller to issue a warrant to the County of Riverside, Treasurer-Tax Collector in the amount of \$792.18, to Marc L. Pinckney, heir to the Estate of K. R. Pinckney in the amount of \$3,452.82, to Ninel Pinckney, Assignee for Elena Savenkova, heir to the Estate of K. R. Pinckney in the amount of \$3,452.81, and to Ninel Pinckney, Assignee for Mari Brill, heir to the Estate of K. R. Pinckney in the amount of \$3,452.81, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

**ACTION:**Policy

*Melissa Johnson*  
Melissa Johnson, Assistant Tax Collector 3/3/2025

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Gutierrez, seconded by Supervisor Spiegel 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: March 18, 2025  
xc: TTC

Kimberly A. Rector  
Clerk of the Board

By: *[Signature]*  
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 11,151	\$ 0	\$ 11,151	\$ 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>	<b>NO</b>
			<b>For Fiscal Year:</b>	<b>24/25</b>

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

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the April 26, 2022 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 7, 2022. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 19, 2022 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from the County of Riverside, Treasurer-Tax Collector based on a Certificate of Lien recorded January 29, 2013 as Instrument No. 2013-0046934 and extended by a Certificate of Lien recorded January 24, 2023 as Instrument No. 2023-0019435.
2. Claim from Marc L. Pinckney, heir to the Estate of K. R. Pinckney based on a Quitclaim Deed recorded May 2, 1995 as Instrument No. 1995-138454, an Affidavit for Collection of Personal Property notarized March 20, 2024, and a Certificate of Death for Kenneth Raymond Pinckney.
3. Claim from Ninel Pinckney, Assignee for Elena Savenkova, heir to the Estate of K. R. Pinckney based on an Assignment of Right to Collect Excess Proceeds notarized July 24, 2022, a Quitclaim Deed recorded May 2, 1995 as Instrument No. 1995-138454, an Affidavit for Collection of Personal Property notarized April 12, 2024, and Certificates of Death for Kenneth Raymond Pinckney and Elena Borisovna Savenkova AKA Elena Borisovna Pinckney.
4. Claim from Ninel Pinckney, Assignee for Mari Brill, heir to the Estate of K. R. Pinckney based on an Assignment of Right to Collect Excess Proceeds notarized July 26, 2022, a Quitclaim Deed recorded May 2, 1995 as Instrument No. 1995-138454, an Affidavit for Collection of Personal Property notarized April 13, 2024, and a Certificate of Death for Kenneth Raymond Pinckney.

**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 the County of Riverside, Treasurer-Tax Collector be awarded excess proceeds in the amount of \$792.18, Marc L. Pinckney, heir to the Estate of K. R. Pinckney be awarded excess proceeds in the amount of \$3,452.82, Ninel Pinckney, Assignee for Elena Savenkova, heir to the Estate of K. R. Pinckney be awarded excess proceeds in the amount of \$3,452.81, and Ninel Pinckney, Assignee for Mari Brill, heir to the Estate of K. R. Pinckney be awarded excess proceeds in the amount of \$3,452.81. 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 a lienholder and the heirs of the Estate of the last assessee of the property.

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

**ATTACHMENT A. Claim TTC**

**ATTACHMENT B. Claim Marc**

**ATTACHMENT C. Claim NineIE**

**ATTACHMENT D. Claim NineIM**

  
Cesar Bernal, PRINCIPAL MGMT ANALYST 3/3/2025

  
Aaron Gettis, Chief of Deputy County Counsel 6/25/2024



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 661 Parcel Identification Number: 842041041

Assessee: PINCKNEY, K R

Situs:

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 \$ 79218 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. See attached 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.

See attached

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

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

Executed this 29 day of June, 2023 at Riverside, CA  
County, State

Signature of Claimant

Print Name

Street Address

County Treasurer-Tax Collector

P.O. Box 12005

Riverside, California 92502-2205

Phone Number

Email Address

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

Email Address

RECEIVED  
2023 JUN 29 PM 5:25  
RIVERSIDE COUNTY  
TREASURER-TAX COLLECTOR



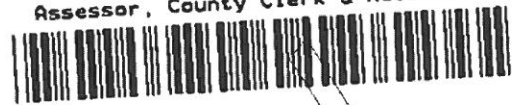
DON KENT  
TAX COLLECTOR  
County Administrative Center  
4080 Lemon St. - 4th Floor  
Riverside, California

Mailing Address  
P.O. Box 12005  
Riverside, CA 92502-2205

DOC # 2013-0046934  
01/29/2013 12:24P Fee:NC

Page 1 of 1  
Recorded in Official Records  
County of Riverside

Larry W. Ward  
Assessor, County Clerk & Recorder



(Space above this line for Recorder's use)

## CERTIFICATE OF LIEN

(Filed for Record Pursuant to Section 2191.3 et seq., Revenue and Taxation Code)

STATE OF CALIFORNIA )  
COUNTY OF RIVERSIDE ) §§

NO. **0247552**

I, Don Kent, Tax Collector of the County of Riverside, State of California, do hereby certify that there is on record in my office unpaid delinquent unsecured property taxes, which were duly assessed, computed and levied for the fiscal year 2002, in compliance with the provisions of Division 1, Part 5, of the Revenue and Taxation Code, in the amounts stated herein, together with penalties levied pursuant to sections 2921.5 and 2922 of the Revenue and Taxation Code.

The person(s) shown below is (are) liable to said County for the unpaid amounts set forth below plus any other penalties and charges which may accrue pursuant to law.

NAME AND ADDRESS	TAX RATE AREA	ASSESSMENT NUMBER	TAX	PENALTY
PINCKNEY K R P O BOX 5126 SANTA BARBARA CA 93150	003-035	000906695-7	\$104.80	\$10.48

From and after the time of filing this certificate of lien for record, the total amount required to be paid by the person or persons named constitutes a lien upon all personal property and real property now owned by said person or persons, or that may subsequently be acquired by them before the date on which this lien expires.

This lien has the force, effect and priority of a judgement lien for ten (10) years from the time of the recording of this instrument, unless sooner released or otherwise discharged.

This "CERTIFICATE OF LIEN" is herewith filed for record for the express purpose of extending that certain lien obtained under the original certificate recorded on 06/17/2003, Document #000002003439628 of Official Records of Riverside County, California.

Dated January 15, 2013.

DON KENT, Tax Collector

By Denise Gonzalez, Deputy

Recorded without acknowledgement pursuant to the provisions of Section 27282 of the Government Code.

MATTHEW JENNINGS  
TAX COLLECTOR

County Administrative Center  
4080 Lemon St. - 4th Floor  
Riverside, California  
Mailing Address  
P.O. Box 12005  
Riverside, CA 92502-2205

**2023-0019435**

01/24/2023 11:09 AM Fee: \$ 0.00

Page 1 of 1

Recorded in Official Records  
County of Riverside  
Peter Aldana  
Assessor-County Clerk-Recorder



8778

(Space above this line for Recorder's use)

### CERTIFICATE OF LIEN

(File for Record Pursuant to Section 2191.3 et seq., Revenue and Taxation Code)

STATE OF CALIFORNIA, §§  
COUNTY OF RIVERSIDE)

NO. 0247552

I, Matthew Jennings, Tax Collector of the County of Riverside, State of California, do hereby certify that there is on record in my office unpaid delinquent unsecured property taxes, which were duly assessed, computed and levied for the fiscal year 2001-2002, in compliance with the provisions of Division 1, Part 5, of the Revenue and Taxation Code, in the amounts stated herein, together with penalties levied pursuant to sections 2921.5 and 2922 of the Revenue and Taxation Code.

The person(s) shown below is (are) liable to said County for the unpaid amounts set forth below plus any other penalties and charges which may accrue pursuant to law.

NAME AND ADDRESS	TAX RATE AREA	PIN	TAX	PENALTY
PINCKNEY, K R P O BOX 5126 SANTA BARBARA, CA 93150	003-035	009721123	\$104.80	\$30.48

From and after the time of filing this certificate of lien for record, the total amount required to be paid by the person or persons named constitutes a lien upon all personal property and real property now owned by said person or persons, or that may subsequently be acquired by them before the date on which this lien expires.

This lien has the force, effect and priority of a judgment lien for ten (10) years from the time of the recording of this instrument, unless sooner released or otherwise discharged.

This "CERTIFICATE OF LIEN" is herewith filed for record for the express purpose of extending that certain lien obtained under the original certificate recorded on 6/17/2003, Document #000002003439628 of Official Records of Riverside County, California.

Dated 1/18/2023

Matthew Jennings, Tax Collector

Bill Information

009721123

Notes (74) Tax Info Refresh New Search List Close

Tax Bill Owner History Under Review (more)

PIN: 009721123 TAG: 003-035 BLYTHE  
 AIN: LAL1602 TAG Rate: 1.107200000000  
 Status: Inactive, 12/31/2017 12:00:18 TIF: 01-1182-RDV RDV PROJ 4-E. BLYTHE SB211  
 Geocode: 833310004 County: 33-Riverside  
 Rev acct: 00009721123 Case:  
 Tax sale: PMT pin:  
 Last transfer: 4/4/2006 12:00:06 AM ACH pin:

Current owner: RUIZ AURELIO [1 of 2]  
 Ownership type: Tenants in Common  
 Situs address: 3600 COLORADO RIVER RD UNIT 84  
 Description: Manu/Name CHAMPION Year 1986  
 Class: MH (LPT) in a Rental Park (MP)  
 Roll type: Manufactured Home  
 eBilling Registration: 0

Filter by

Year All Unpaid Bill type Collection Type Owner Of Record PINCKNEY K R - 837787 Go

Bill Detail

<input type="checkbox"/>	Year	Bill No	Bill Type	Collection Type	Net	Fee	Penalty	Interest/Disc	Am't Paid	Am't Due	Print	Print Stmt
<input type="checkbox"/>	2001	2002008371477-E@	Original	Unsecured	\$104.80	\$301.64	\$30.46	\$355.28	\$0.00	\$792.18		
				Total	\$104.80	\$301.64	\$30.46	\$355.28	\$0.00	\$792.18		

Allocations

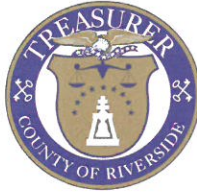
Allocate To	Charges	Paid	Expand All
Installment 1	\$457.52	\$0.00	\$457.52
Installment 2	\$334.66	\$0.00	\$334.66



MATTHEW JENNINGS  
*County of Riverside Treasurer - Tax Collector*

Giovane Pizano  
*Assistant Treasurer*

May 23, 2024



RECEIVED  
Melissa Johnson  
*Assistant Tax Collector*  
2024 MAY 23 PM 1:55  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

Re:

TC 218 Item 661

PIN: 842041041

Date of Sale: April 26, 2022

Last Assessed to: K R Pinckney  
Certificate of Lien: 2023-0019435

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. **The document(s) listed below may assist the Treasurer-Tax Collector in making the determination.**

  x   **Updated Statement of Monies Owed (up to date of tax sale)**

Please send in all original documents by **June 23, 2024** to: Riverside County Treasurer-Tax Collector, Attn: Excess Proceeds, P.O. Box 12005, Riverside, CA 92502-2205. If you should have any questions, please contact me at the number listed below.

Sincerely,

*Megan Montellano*

Accounting Technician I  
Tax Sale Operations/Excess Proceeds  
PH: (951) 955-3336/Fax: (951) 955-3990

Bill Information

009721123



Tax Bill Owner History Under Review (more)

PIN: 009721123  
AIN: LAL1602  
Status: Inactive, 12/31/2017 12:00:18 AM Reason: 833310004  
Geocode: 0009721123  
Rev acct: 4/4/2005 12:00:06 AM  
Tax sale:  
Last transfer:

TAG: 003-035 BLYTHE  
TAG Rate: 1.109210000000  
TIF: 01-1182-RDV RDV PROJ 4-E. BLYTHE SB211  
County: 33-Riverside  
Case:  
Pmt plan:  
ACH pin:

Current owner:  
Ownership type:  
Site address:  
Description:  
Class:  
Roll type:  
eBilling Registration:

RUIZ AURELIO [1 of 2]  
Tenants in Common  
3600 COLORADO RIVER RD UNIT 84  
ManuName CHAMPION Year 1986  
MH (LPT) in a Rental Park (MP)  
Manufactured Home  
0

Filter by

Year All Bill type Unpaid Collection Type Owner Of Record PINKNEY K R - 837787

Bill Detail

<input type="checkbox"/>	Year	Bill No	Bill Type	Collection Type	Net	Fee	Penalty	Interest/Disc	Amnt Paid	Amnt Due
<input type="checkbox"/>	2001	2002008371477-E@	Original	Unsecured	\$104.80	\$301.64	\$30.46	\$355.28	\$0.00	\$792.18
					\$104.80	\$301.64	\$30.46	\$355.28	\$0.00	\$792.18
				Total						

Allocations

Allocate To	Charges	Paid	Due
Installment 1	\$457.52	\$0.00	\$457.52
Installment 2	\$334.66	\$0.00	\$334.66

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 661 Parcel Identification Number: 842041041

Assessee: PINCKNEY, K R

Situs:

Date Sold: 04/26/2022

Date Deed to Purchaser Recorded: 07/07/2022

Final Date to Submit Claim: 07/07/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 11,150.62 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. 138454; recorded on May 2, 1995. 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.

1. Quit Claim Deed
2. Death Certificate K. R. Pinckney - Copy (Certified by Tax Collector)
3. Affidavit of Heirship - Orig Filed w/ Winkler County Tx Recorder
4. Birth Certificate - Marc L. Pinckney

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

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

Executed this 5<sup>th</sup> day of July, 2023 at San Diego, California  
County, State

[Signature]  
Signature of Claimant

1  
Sig

Marc L. Pinckney  
Print Name

Pr

12588 Carmel Creek Rd #28  
Street Address

Sti

San Diego, CA 92130  
City, State, Zip

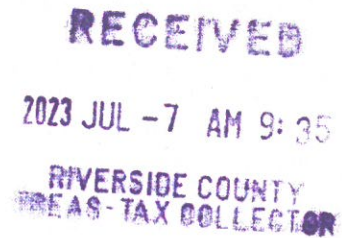
Cit

408-857-0880  
Phone Number

Ph

marcpinckney@hotmail.com  
Email Address

En





NO COR FILED

138454

RECEIVED FOR RECORD  
AT 8:00 O'CLOCK

RECORDING REQUESTED BY:

PALO VERDE IRRIGATION DISTRICT

AND WHEN RECORDED MAIL TO:

Palo Verde Irrigation District  
180 W. 14th Avenue  
Blythe, CA 92225PAID  
Doc. Transfer Tax  
FRANK K. JOHNSON  
Riv. Co. Recorder

MAY - 2 1995

Recorded in Office of the  
County Recorder, California

Recorder

Fees \$ 12

Space above this line for Recorder's Use  
Documentary Tax: \$16.50

## QUITCLAIM DEED

PALO VERDE IRRIGATION DISTRICT, hereinafter called "District", by virtue of the authority vested in it by the Palo Verde Irrigation District Act, having duly received a deed to the hereinafter described real property from the Collector of said District after nonpayment of taxes or water tolls or both and proceedings under said Act having been duly taken, for a valuable consideration, does hereby remise, release and forever quitclaim to K. R. PINCKNEY, a single man, all of said District's right, title and interest in the following described real property located in the County of Riverside, State of California, SBBSM:

Parcel 1: W 230' of S 66' of N 198' of NW4 SW4 of Sec 29 T6S R23E (APN 842-041-008);

Parcel 2: Por of SW4 SW4: Beg 132' S & 230' E of NW Cor Th S 66' Th E 100'; N 66'; W 100' to POB Sec 29 T6S R23E (APN 842-041-041)

Parcel 3: The S 1/2 NE 1/4 Sec 27 T7S R21E (APN 879-130-003)

Parcel 4: The W 1/2 SW 1/4 Sec 26 T7S R21E (APN 879-130-016)

SUBJECT, HOWEVER, to an easement in favor of the public for all public roads heretofore dedicated, acquired reserved or excepted for public use and also subject to any and all private easements and rights of way for roads, ditches or canals on, over, under or across the land hereby conveyed, existing for the purpose of ingress to and egress from other lands by means of said roads and for the purpose of conveying irrigating water to such other lands by means of said ditches and canals.

EXCEPTING AND RESERVING to said District, its successors and assigns:

(a) All riparian and other rights to the waters of the Colorado River pertaining or appurtenant to said lands; and

(b) All water on or in said lands and all rights thereto, together with the perpetual right, from time to time and as often as necessary, to enter and remove said water from said land and to convey the same therefrom for sale or use on other lands; and

(c) The perpetual and continuing right to use, operate, maintain, construct, reconstruct, enlarge, deepen, widen, repair and replace any and all such works and structures, including, without limiting the generality of the

MAIL TAX STATEMENT TO:

K. R. PINCKNEY  
P.O. BOX 5126  
SANTA BARBARA, CA 93150

136454

foregoing, the Palo Verde Lagoon Drain, irrigation and drainage canals, laterals, ditches, pipes, flumes, roads, bridges, levees, borrow pits, spoil banks, gates, headgates, telephone and power lines, as now are or heretofore have been built, constructed, used or maintained by said District on, over, under and across said land, for any of the purposes authorized by said Palo Verde Irrigation District Act, and the perpetual and continuing right to build, construct, reconstruct, enlarge, deepen, widen, repair, replace, maintain, use and operate one or more of such works or structures on, over, under and across said land as may be necessary or convenient for the accomplishment of any of the purposes of said Act. The rights herein excepted and reserved shall not be exhausted by the construction or location on or in said land of one of such works or structures, but said rights may be exercised from time to time as said District may find necessary or convenient.

IN WITNESS WHEREOF, said Palo Verde Irrigation District, has executed this Quitclaim Deed by its President and Secretary, as duly authorized by a motion of its Board of Trustees, this 18TH day of APRIL, 1995.

PALO VERDE IRRIGATION DISTRICT

BY: Virgil L. Jones  
PresidentBY: C. A. Belile, Jr.  
Secretary

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF RIVERSIDE )

On this 18th day of April, 1995 before me, CHAUVIN A. BELILE, JR. personally appeared Virgil L. Jones, known to me (or ~~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 signatures(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

Chauvin A. Belile, Jr.  
Notary Public in and for said County  
and State

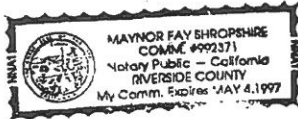


JR/QUITCLAIM

13845<sup>4</sup>

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF RIVERSIDE )

On this 19<sup>th</sup> day of April, 19 95 before me, MAYNOR  
FAY SHROPSHIRE appeared C. P. Belike, JR. known  
to me (or ~~produced 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

Maynor Fay Shropshire  
Notary Public in and for said County  
and State

JR/QUITLAIN



This must be in red to be a  
"CERTIFIED COPY"

I hereby certify the foregoing instrument to  
which this stamp has been affixed consisting  
of 3 pages to be a full, true and  
correct copy of the original on file and  
of record in my office.

*Peter Alatorre*

Assessor - County Clerk - Recorder

County of Riverside, State of California

Dated: **JUN 24 2022**



Certification must be in red to be a  
"CERTIFIED COPY"

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF SAN DIEGO

## CERTIFICATE OF DEATH

3200637011692

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
KENNETH		PINCKNEY	
2. MIDDLE		4. DATE OF BIRTH (mm/dd/yyyy)	
RAYMOND		07/21/1925	
5. AGE Yrs		6. SEX	
81		M	
7. DATE OF DEATH (mm/dd/yyyy)			
07/30/2006			
8. HOUR (24 Hours)			
0420			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA			
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - (Highest Level Degree) (Last worked at of Title)		14. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
MASTER'S		WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. YEARS IN OCCUPATION	
PROFESSIONAL ENGINEER		50	
17. DECEDENT'S RESIDENCE (Street and number or location)		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
2525 HIGHLAND AVE. #237		SPACE AND NUCLEAR ENGINEERING	
19. CITY		20. STATE/FOREIGN COUNTRY	
NATIONAL CITY		CA	
21. COUNTY/PROVINCE		22. ZIP CODE	
SAN DIEGO		91950	
23. YEARS IN COUNTY		24. YEARS IN COUNTRY	
6		6	
25. INFORMANTS USE AND ADDRESS (Street and number or rural route, city or town, state, ZIP)			
623 N. REDWOOD AVE., SAN JOSE, CA 95128			
26. INFORMANT'S NAME, RELATIONSHIP		27. NAME OF SURVIVING SPOUSE - FIRST	
MARC PINCKNEY, SON		ELENA	
28. NAME OF FATHER - FIRST		29. MIDDLE	
RAYMOND		SAVENKOVA	
30. NAME OF MOTHER - FIRST		31. LAST	
FRIEDA		PINCKNEY	
32. MIDDLE		33. BIRTH STATE	
WEBBER		IA	
34. BIRTH STATE		35. BIRTH STATE	
NJ		NJ	
36. DISPOSITION DATE (mm/dd/yyyy)		37. PLACE OF FINAL DISPOSITION	
08/03/2006		FORT ROSECRANS NATIONAL CEMETERY	
38. TYPE OF DISPOSITION(S)		39. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT		41. LICENSE NUMBER	
HUMPHREY MORTUARY		NANCY L. BOWEN, MD	
42. SIGNATURE OF LOCAL REGISTRAR		43. LICENSE NUMBER	
NANCY L. BOWEN, MD		08/03/2006	
44. PLACE OF DEATH		45. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SHARP MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
46. COUNTY		47. CITY	
SAN DIEGO		SAN DIEGO	
48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		49. DEATH REPORTED TO CORONER?	
7901 FROST STREET		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
50. CAUSE OF DEATH		51. DAYS	
IM UROSEPSIS		1 of 2	
52. IMMEDIATE CAUSE (Final release or condition resulting in death)		53. DAYS	
RENAL FAILURE		1 of 2	
54. UNDERLYING CAUSE (Sequence of events resulting in death) LAST		55. MONTHS	
METASTATIC BLADDER CANCER		1 of 2	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51		57. IF FEMALE, PREGNANT IN LAST YEAR?	
DEMENTIA, PARKINSONS DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. WAS OPERATION PERFORMED FOR ANY CONDITION BETWEEN 10/1/77 (if yes, type of operation and date)		59. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		61. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		D SCOTT UPTON M.D.	
62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		63. LICENSE NUMBER	
NGUYEN DINH NGUYEN M.D.		08/02/2006	
64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
8765 AERO DR # 130, SAN DIEGO, CA 92123		8765 AERO DR # 130, SAN DIEGO, CA 92123	
66. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		67. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
68. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		69. INJURY DATE (mm/dd/yyyy)	
70. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		71. HOUR (24 Hours)	
72. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		73. INJURY DATE (mm/dd/yyyy)	
74. SIGNATURE OF CORONER / DEPUTY CORONER		75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
76. DATE (mm/dd/yyyy)		77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
78. DATE (mm/dd/yyyy)		79. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
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414. DATE (mm/dd/yyyy)			

## CERTIFICATION OF VITAL RECORD

# AFFIDAVIT TO AMEND A RECORD

3 200637 011692

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

STATE FILE NUMBER

## PART 1 INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) KENNETH		2. MIDDLE RAYMOND		3. LAST (FAMILY) PINCKNEY	
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 07/30/2006	6. CITY OF OCCURRENCE SAN DIEGO		7. COUNTY OF OCCURRENCE SAN DIEGO	
ADDITIONAL INFORMATION TO LOCATE RECORD	6. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL RAYMOND PINCKNEY				9. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL FRIEDA WEBBER	

## PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

[illegible]

2 of 2

REASON FOR  
CORRECTION

13 MULTIPLE PLACE OF DISPOSITION

**AFFIDAVITS  
AND  
SIGNATURES**

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO  
PERSONS  
MUST SIGN  
THIS FORM

14. SIGNATURE OF FIRST PERSON

MORTUARY EMPLOYEE

08/03/2006

USE  
BLACK INK  
ONLY

19 SIGNATURE OF SECOND PERSON

FUNERAL DIRECTOR

08/03/2006

STATE/LOCAL  
REGISTRAR  
USE ONLY

24. SIGNATURE OF STATE OR LOCAL REGISTRAR

R

08 / 04 / 2006

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

VS 24(L) (REV. 1/05)



\* A 0 1 6 3 0 6 3 4 \*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

Nancy L Bowman MD

NANCY L BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

DATE ISSUED: August 4, 2006

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





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

The undersigned state(s) as follows:

1. (Decedent's Name) Kenneth R. Pinckney died on (date) July 30, 2006, in County of San Diego, State of California [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
  - ☒ No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
  - ☐ An inventory and appraisal of the real property included in the decedent's estate is attached.
  - ☒ There is no real property in the estate. The only real property has been sold at tax sale by the Riverside County Tax Assessor.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:  
(1) Funds held by the State of California as unclaimed property and (2) excess proceeds held by the Riverside County Assessor after tax sale of real property (APN: 842041008 and 842041041)
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:  
Marc Pinckney (son), Mari Brill (daughter), and Elena Savenkova
8. The affiant or declarant (check one):
  - ☒ Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
  - ☐ Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

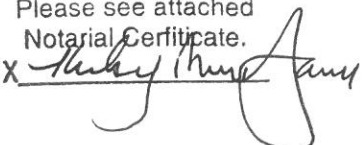
The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: March 20, 2024

  
Name: Marc L. Pinckney

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

X 

# CALIFORNIA ALL-PURPOSE CERTIFICATE ACKNOWLEDGEMENT

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

State of: California }  
County of: San Diego }

On March 20<sup>th</sup>, 2024, before me, Kelsy Rose Damro Notary Public, personally appeared Marc L. Pinckney 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 State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

SIGNATURE

Kelsy Rose Damro

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

## Description of attached document

Title or type of document: Affidavit For collection of personal property

Document Date: 03/20/2024

Number of Pages: 1

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 661 Parcel Identification Number: 842041041

Assessee: PINCKNEY, K R

Situs:

Date Sold: 04/26/2022

Date Deed to Purchaser Recorded: 07/07/2022

Final Date to Submit Claim: 07/07/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 11,150.62 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. 138454; recorded on May 2, 1995. 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.

1. Quit Claim Deed
2. Death Certificate K. R. Pinckney - Copy (Certified by Tax Collector)
3. Affidavit of Heirship - Orig Filed w/ Winkler County TX Records
4. Birth Certificate - Marc L. Pinckney

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

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

Executed this 5<sup>th</sup> day of July, 2023 at San Diego, California  
County, State

M A D I

Ninel Pinckney  
Signature of Claimant

Ninel Pinckney  
Print Name

21#28 12588 Carmel Creek Rd #28  
Street Address

30 San Diego, CA 92130  
City, State, Zip

858-539-9045  
Phone Number

al. com ninelpinckney@gmail.com  
Email Address

**ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS**

PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR INSTRUCTIONS

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Ninel Pinckney my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of Assessor's Parcel No. 842041008, Sale No. 4846, sold at public auction on May 18, 2021. I understand that the total amount of excess proceeds available for refund is \$11,506.84 and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THE EXCESS PROCEEDS. I HAVE A RIGHT TO FILE A CLAIM FOR THIS REFUND ON MY OWN BEHALF WITHOUT AN ASSIGNMENT. 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.

Elena B. Savenkova

Print Name

345 Pomona Ct

Mailing Address (Non U.S. Postal System Box No. is Not Acceptable)

Goleta, CA 93117

City, State and Zip Code

( )

Area Code and Daytime Phone Number

Social Security Number

Driver License No. N/A

State

Expiration Date

Signature of Party of Interest (REQUIRES NOTARIZATION)

State of California )

SANTA )County of BARBAM )

If acting on behalf of a business entity, I am duly authorized to act in its behalf pursuant to my title as indicated below:

Title

Name of Business Entity or Partnership

Partnership or Corporate Tax I.D. Number

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.

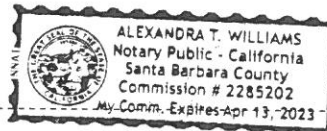
On July 24, 2022 before me, ALEXANDRA T. WILLIAMS, Notary Public, personally appeared ELENA B. SAVENKOVA

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

**DISCLOSURE**

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/she is assigning, that I have disclosed to him/her the full amount of excess proceeds available, and that I HAVE ADVISED ASSIGNOR OF THE RIGHT TO FILE A CLAIM ON HIS/HER OWN BEHALF WITHOUT ASSIGNING THAT RIGHT.

Signature of Assignee (REQUIRES NOTARIZATION)

Father of Assignee

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 )

SANTA )County of BARBAM )Marc L. Pinckney

Print Name

12588 Carmel Creek Rd #28

Mailing Address (Non U.S. Postal System Box No. is Not Acceptable)

San Diego, CA 92130

City, State and Zip Code

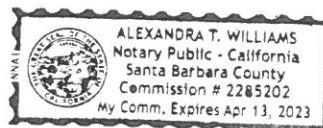
On July 24, 2022 before me, ALEXANDRA T. WILLIAMS, Notary Public, personally appeared MARC L. PINCKNEY

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





NO COR FILED

138454

RECEIVED FOR RECORD  
AT 8:00 O'CLOCK

RECORDING REQUESTED BY:

PALO VERDE IRRIGATION DISTRICT

AND WHEN RECORDED MAIL TO:

Palo Verde Irrigation District  
180 W. 14th Avenue  
Blythe, CA 92225PAID  
Doc. Transfer Tax  
FRANK K. JOHNSON  
Riv. Co. Recorder

MAY - 2 1995

Recorded in Official Records  
of Riverside County, California

Recorder

Fees \$

12

Space above this line for Recorder's Use  
Documentary Tax: \$16.50

## QUITCLAIM DEED

PALO VERDE IRRIGATION DISTRICT, hereinafter called "District", by virtue of the authority vested in it by the Palo Verde Irrigation District Act, having duly received a deed to the hereinafter described real property from the Collector of said District after nonpayment of taxes or water tolls or both and proceedings under said Act having been duly taken, for a valuable consideration, does hereby remise, release and forever quitclaim to K. R. PINCKNEY, a single man, all of said District's right, title and interest in the following described real property located in the County of Riverside, State of California, SBB&M:

Parcel 1: W 230' of S 66' of N 198' of NW4 SW4 SW4 of Sec 29 T6S R23E (APN 842-041-008);

Parcel 2: Por of SW4 SW4; Beg 132' S & 230' E of NW Cor Th S 66' Th E 100'; N 66'; W 100' to POB Sec 29 T6S R23E (APN 842-041-041)

Parcel 3: The S 1/2 NE 1/4 Sec 27 T7S R21E (APN 879-130-003)

Parcel 4: The W 1/2 SW 1/4 Sec 26 T7S R21E (APN 879-130-016)

SUBJECT, HOWEVER, to an easement in favor of the public for all public roads heretofore dedicated, acquired reserved or excepted for public use and also subject to any and all private easements and rights of way for roads, ditches or canals on, over, under or across the land hereby conveyed, existing for the purpose of ingress to and egress from other lands by means of said roads and for the purpose of conveying irrigating water to such other lands by means of said ditches and canals.

EXCEPTING AND RESERVING to said District, its successors and assigns:

- (a) All riparian and other rights to the waters of the Colorado River pertaining or appurtenant to said lands; and
- (b) All water on or in said lands and all rights thereto, together with the perpetual right, from time to time and as often as necessary, to enter and remove said water from said land and to convey the same therefrom for sale or use on other lands; and
- (c) The perpetual and continuing right to use, operate, maintain, construct, reconstruct, enlarge, deepen, widen, repair and replace any and all such works and structures, including, without limiting the generality of the

MAIL TAX STATEMENT TO:

K. R. PINCKNEY  
P.O. BOX 5126  
SANTA BARBARA, CA 93150

138454

foregoing, the Palo Verde Lagoon Drain, irrigation and drainage canals, laterals, ditches, pipes, flumes, roads, bridges, levees, borrow pits, spoil banks, gates, headgates, telephone and power lines, as now are or heretofore have been built, constructed, used or maintained by said District on, over, under and across said land, for any of the purposes authorized by said Palo Verde Irrigation District Act, and the perpetual and continuing right to build, construct, reconstruct, enlarge, deepen, widen, repair, replace, maintain, use and operate one or more of such works or structures on, over, under and across said land as may be necessary or convenient for the accomplishment of any of the purposes of said Act. The rights herein excepted and reserved shall not be exhausted by the construction or location on or in said land of one of such works or structures, but said rights may be exercised from time to time as said District may find necessary or convenient.

IN WITNESS WHEREOF, said Palo Verde Irrigation District, has executed this Quitclaim Deed by its President and Secretary, as duly authorized by a motion of its Board of Trustees, this 18TH day of APRIL, 1995.

PALO VERDE IRRIGATION DISTRICT

BY: Virgil L. Jones  
PresidentBY: C. A. Belile, Jr.  
Secretary

STATE OF CALIFORNIA )

COUNTY OF RIVERSIDE )

ss.

On this 18th day of April, 1995 before me, CHAUVIN A. BELILE, JR. personally appeared Virgil L. Jones, known to me (or 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 signatures(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

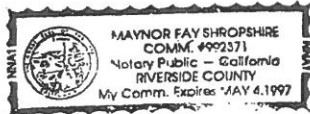
Chauvin A. Belile, Jr.  
Notary Public in and for said County  
and State

JR/QUITCLAIM

138454

STATE OF CALIFORNIA )  
COUNTY OF RIVERSIDE ) ss.

On this 19th day of April, 19 95 before me, MAYNOR  
FAY SHROPSHIRE appeared C.A. BELLE JR., known  
to me (or ~~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

Maynor Fay Shropshire  
Notary Public in and for said County  
and State

JR/QUITCLAIM

This must be in red to be a  
"CERTIFIED COPY"

I hereby certify the foregoing instrument to  
which this stamp has been affixed consisting  
of 3 pages to be a full, true and  
correct copy of the original on file and  
of record in my office.

*Peter Alatorre*

Assessor - County Clerk - Recorder

County of Riverside, State of California

Dated: **JUN 24 2022**



Certification must be in red to be a  
"CERTIFIED COPY"



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY  
SANTA BARBARA, CALIFORNIA

4 200042 002029

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A. NAME OF GROOM - FIRST (GIVEN) KENNETH		2. DATE OF BIRTH - MONTH, DAY, YEAR 07/21/1925	
1B. MIDDLE RAYMOND		3. DATE OF BIRTH - MONTH, DAY, YEAR 07/20/1960	
1C. LAST (FAMILY) PINCKNEY		4. STATE OF BIRTH CA	
3A. RESIDENCE - STREET AND NUMBER 2266 WHITNEY AVE		3B. CITY SUMMERLAND	
3C. ZIP CODE 93067-0000		3D. COUNTY - OUTSIDE CALIFORNIA, ENTER STATE SANTA BARBARA	
5. MAILING ADDRESS - IF DIFFERENT ---		6. NUMBER OF PREVIOUS MARRIAGES 1	
7A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		7B. DATE - MONTH, DAY, YEAR 10/07/1999	
8A. USUAL OCCUPATION RETIRED ENGINEER		8B. USUAL KIND OF BUSINESS OR INDUSTRY CONSULTANT	
9. EDUCATION - YEARS COMPLETED 14		10A. FULL NAME OF FATHER RAYMOND L. PINCKNEY	
10B. STATE OF BIRTH IA		11A. FULL MAIDEN NAME OF MOTHER FREDIA WEBER	
11B. STATE OF BIRTH NJ		12A. NAME OF BRIDE - FIRST (GIVEN) YELENA	
12B. MIDDLE BORISOVNA		12C. CURRENT LAST (FAMILY) SAVENKOVA	
12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C) ---		13. DATE OF BIRTH - MONTH, DAY, YEAR 02/02/1944	
14A. RESIDENCE - STREET AND NUMBER 2266 WHITNEY AVE		14B. CITY SUMMERLAND	
14C. ZIP CODE 93067-0000		14D. COUNTY SANTA BARBARA	
15. STATE OF BIRTH RUSSIA		16. MAILING ADDRESS - IF DIFFERENT ---	
17. NUMBER OF PREVIOUS MARRIAGES 1		18A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	
18B. DATE - MONTH, DAY, YEAR 10/07/1999		19A. USUAL OCCUPATION MATH TEACHER	
19B. USUAL KIND OF BUSINESS OR INDUSTRY EDUCATION		20. EDUCATION - YEARS COMPLETED 14	
21A. FULL NAME OF FATHER BORIS SAVENKOV		21B. STATE OF BIRTH RUSSIA	
22A. FULL MAIDEN NAME OF MOTHER LUDMILA EJIMOVA		22B. STATE OF BIRTH RUSSIA	
AFFIDAVIT WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.			
23. SIGNATURE OF GROOM <i>Kenneth R. Pinckney</i>		24. SIGNATURE OF BRIDE <i>Elena</i>	
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.			
25A. ISSUE DATE MONTH, DAY, YEAR 09/15/2000		25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR 12/14/2000	
25C. LICENSE NUMBER 2000REG4287		25D. COUNTY OF ISSUE SANTA BARBARA	
25E. NAME OF COUNTY CLERK KENNETH A. PETTIT		25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE) <i>Gloria Aranson</i>	
26A. SIGNATURE OF WITNESS <i>Roman</i>		26B. ADDRESS - STREET AND NUMBER 90 LA VENTA DR	
26C. CITY, STATE AND ZIP CODE SANTA BARBARA CA 93105		26D. SIGNATURE OF WITNESS <i>Gloria Aranson</i>	
26E. ADDRESS - STREET AND NUMBER 1429 Las Positas Pl		26F. CITY, STATE AND ZIP CODE Santa Barbara 93105	
27. ADDRESS - STREET AND NUMBER			
27C. CITY, STATE AND ZIP CODE			
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE ON <u>10</u> - <u>3</u> - <u>00</u> YEAR AT <u>Santa Barbara</u> <u>Santa Barbara</u> <u>CALIFORNIA</u> CITY OR TOWN COUNTY			
28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA		29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>Gloria Aranson</i>	
29B. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT) Gloria Aranson		29C. OFFICIAL TITLE Minister	
29D. MAILING ADDRESS 1429 Las Positas Pl		29E. ZIP CODE 93105	
30A. SIGNATURE OF LOCAL REGISTRAR KENNETH A. PETTIT CO. CLERK-RECORDER		30B. SIGNATURE OF DEPUTY (IF APPLICABLE) <i>Kathy Miller</i>	
30C. DATE ACCEPTED FOR REGISTRATION 10/05/2000		31. DATE ACCEPTED FOR REGISTRATION	

S279624

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA BARBARA } SS

DATE ISSUED 10/05/2000

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK-RECORDER.

KENNETH A. PETTIT  
COUNTY CLERK-RECORDER  
SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk-Recorder.

## COUNTY OF SAN DIEGO

## CERTIFICATE OF DEATH

3200637011692

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
KENNETH		PINCKNEY	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
RAYMOND		07/21/1925	
5. AGE Yrs		6. SEX	
81		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
07/30/2006		0420	
9. BIRTH STATE/FOREIGN COUNTRY		10. EVER IN U.S. ARMED FORCES?	
CA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
11. EDUCATION - Highest grade completed (see worksheet on back)		12. MARITAL STATUS (at time of death)	
MASTER'S		MARRIED	
13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
PROFESSIONAL ENGINEER		SPACE AND NUCLEAR ENGINEERING	
17. DECEDENT'S RESIDENCE (Street and number or location)		18. YEARS IN OCCUPATION	
2525 HIGHLAND AVE. #237		50	
19. CITY		20. COUNTY/PROVINCE	
NATIONAL CITY		SAN DIEGO	
21. ZIP CODE		22. YEARS IN COUNTY	
91950		6	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
CA		MARC PINCKNEY, SON	
25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		26. NAME OF SURVIVING SPOUSE - FIRST	
623 N. REDWOOD AVE., SAN JOSE, CA 95128		ELENA	
27. NAME OF FATHER - FIRST		28. MIDDLE	
RAYMOND		SAVENKOVA	
29. NAME OF MOTHER - FIRST		30. LAST	
FRIEDA		PINCKNEY	
31. MIDDLE		32. LAST (Maiden)	
WEBBER		33. BIRTH STATE	
34. BIRTH STATE		35. BIRTH STATE	
NJ		NJ	
36. DISPOSITION DATE mm/dd/yyyy		37. PLACE OF FINAL DISPOSITION	
08/03/2006		FORT ROSECRANS NATIONAL CEMETERY	
38. TYPE OF DISPOSITION		39. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT		41. SIGNATURE OF LOCAL REGISTRAR	
HUMPHREY MORTUARY		NANCY L BOWEN, MD	
42. PLACE OF DEATH		43. LICENSE NUMBER	
SHARP MEMORIAL HOSPITAL		08/03/2006	
44. COUNTY		45. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAN DIEGO		<input checked="" type="checkbox"/> P <input type="checkbox"/> ERIC <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	
46. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		47. IF OTHER THAN HOSPITAL, SPECIFY ONE	
7901 FROST STREET		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
48. CAUSE OF DEATH		49. DEATH REPORTED TO CORONER?	
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.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) UROSEPSIS		100. DAYS	
(B) RENAL FAILURE		101. DAYS	
(C) METASTATIC BLADDER CANCER		102. MONTHS	
103. USED IN DETERMINING CAUSE?		104. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
105. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		106. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
107. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		108. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
109. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. IF FEMALE, PREGNANT IN LAST YEAR?	
DEMENTIA, PARKINSONS DISEASE		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date)		116. SIGNATURE AND TITLE OF CERTIFIER	
NO		D SCOTT UPTON M.D.	
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
Decedent Attended Since Decedent Last Seen Alive		NGUYEN DINH NGUYEN M.D.	
07/21/2006 07/29/2006		8765 AERO DR # 130, SAN DIEGO, CA 92123	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. HOUR (24 hours)	
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		124. SIGNATURE OF CORONER / DEPUTY CORONER	
125. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
126. STATE REGISTRAR		126. FAX AUTH. #	
A B C D E		CENSUS TRACT	



\*A01630508\*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: August 4, 2006

Nancy L Bowen MD  
NANCY L BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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





## CERTIFICATION OF VITAL RECORD

# AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

DEATHS AFTER 1-1994

3 200637 011692



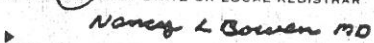
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) KENNETH		2. MIDDLE RAYMOND		3. LAST (FAMILY) PINCKNEY	
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 07/30/2006	6. CITY OF OCCURRENCE SAN DIEGO		7. COUNTY OF OCCURRENCE SAN DIEGO	
ADDITIONAL INFORMATION TO LOCATE RECORD	8. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL RAYMOND PINCKNEY			9. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL FRIEDA WEBBER		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER			11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD		12. INFORMATION AS IT SHOULD APPEAR	
LIST ONE ITEM PER LINE	40		FORT ROSECRANS NATIONAL CEMETERY SAN DIEGO, CA 92106		1/2 FORT ROSECRANS NATIONAL CEMETERY SAN DIEGO, CA 92106	
					1/2 AT SEA OFF THE COAST OF SAN DIEGO COUNTY	
	41		CR/BU		CR/BU CR/SEA	
					2 of 2	
REASON FOR CORRECTION			13. MULTIPLE PLACE OF DISPOSITION			
AFFIDAVITS AND SIGNATURES			We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.			
TWO PERSONS MUST SIGN THIS FORM			14. SIGNATURE OF FIRST PERSON 		15. TITLE/RELATIONSHIP TO PERSON IN PART I MORTUARY EMPLOYEE	
17. AGE ADULT			18. ADDRESS (STREET, CITY, STATE, ZIP) 753 BROADWAY CHULA VISTA, CA 91910		16. DATE SIGNED—MM/DD/CCYY 08/03/2006	
19. SIGNATURE OF SECOND PERSON 			20. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR		21. DATE SIGNED—MM/DD/CCYY 08/03/2006	
22. AGE ADULT			23. ADDRESS (STREET, CITY, STATE, ZIP) 753 BROADWAY CHULA VISTA, CA 91910			
STATE/LOCAL REGISTRAR USE ONLY			24. SIGNATURE OF STATE OR LOCAL REGISTRAR 		25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 08/04/2006	

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

VS 24(L) (REV. 1/05)



\* A 0 1 6 3 0 6 3 2 \*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: August 4, 2006

Nancy L Bowen MD  
NANCY L BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

3052022214594		3202242002468	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ELENA		2. MIDDLE BORISOVNA	
3. LAST (Family) SAVENKOVA		4. DATE OF BIRTH mm/dd/yyyy 02/02/1944	
5. AGE Yrs 78		6. SEX F	
7. TIME OF DEATH mm/dd/yyyy 09/13/2022		8. HOUR (24 Hours) 1536	
9. BIRTH STATE/FOREIGN COUNTRY RUSSIA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (Pre- or Post-Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 race/ethnicity be listed (see worksheet on back) CAUCASIAN		16. DECEDENT'S RACE - Up to 3 race/ethnicity be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, restaurant, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 55		20. DECEDENT'S RESIDENCE (Street and number, or location) 435 POMONA COURT	
21. CITY GOLETA		22. COUNTY/PROVINCE SANTA BARBARA	
23. ZIP CODE 93117		24. DECEASED IN COUNTY CA	
25. STATE OF BIRTH/COUNTRY RUSSIA		26. INFORMANT'S NAME, RELATIONSHIP DMITRI V. SAVENKOV, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2728 CLINTON TERRACE, SANTA BARBARA, CA 93105		28. NAME OF SURVIVING SPOUSE/SP - FIRST BORIS	
29. MIDDLE KONSTANTINOVICH		30. LAST (BIRTH NAME) SAVENKOV	
31. NAME OF FATHER/PARENT - FIRST LYUDMILLA		32. MIDDLE ANDREYEVNA	
33. LAST (BIRTH NAME) UNKNOWN		34. BIRTH STATE UKRAINE	
35. NAME OF MOTHER/PARENT - FIRST LYUDMILLA		36. MIDDLE ANDREYEVNA	
37. LAST (BIRTH NAME) UNKNOWN		38. BIRTH STATE RUSSIA	
39. DISPOSITION DATE mm/dd/yyyy 09/21/2022		40. PLACE OF FINAL DISPOSITION RES. DMITRI V. SAVENKOV 2728 CLINTON TERRACE, SANTA BARBARA, CA 93105	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF FUNERAL HOME [REDACTED]	
43. LICENSE NUMBER FD2226		44. NAME OF FUNERAL ESTABLISHMENT COAST CITIES CREMATIONS	
45. DATE mm/dd/yyyy 09/16/2022		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy 09/16/2022		48. DATE mm/dd/yyyy 09/16/2022	
49. PLACE OF DEATH RESIDENCE		50. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SN <input type="checkbox"/> LOA <input type="checkbox"/> Hospice	
51. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LIC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		52. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LIC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
53. COUNTY SANTA BARBARA		54. FACILITY ADDRESS (Street and number, or location) 435 POMONA COURT	
55. CITY GOLETA		56. CITY GOLETA	
57. CAUSE OF DEATH Enter the chain of events, diseases, injuries, or complications - the direct (caused) death. Do not include events such as cardiac arrest, respiratory arrest, or vascular rupture without showing the etiology. DO NOT ASSASSINATE. (A) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (B) [REDACTED] (C) [REDACTED] (D) [REDACTED] (E) [REDACTED] (F) [REDACTED] (G) [REDACTED] (H) [REDACTED] (I) [REDACTED] (J) [REDACTED] (K) [REDACTED] (L) [REDACTED] (M) [REDACTED] (N) [REDACTED] (O) [REDACTED] (P) [REDACTED] (Q) [REDACTED] (R) [REDACTED] (S) [REDACTED] (T) [REDACTED] (U) [REDACTED] (V) [REDACTED] (W) [REDACTED] (X) [REDACTED] (Y) [REDACTED] (Z) [REDACTED] (AA) [REDACTED] (AB) [REDACTED] (AC) [REDACTED] (AD) [REDACTED] (AE) [REDACTED] (AF) [REDACTED] (AG) [REDACTED] (AH) [REDACTED] (AI) [REDACTED] (AJ) [REDACTED] (AK) [REDACTED] (AL) [REDACTED] (AM) [REDACTED] (AN) [REDACTED] (AO) [REDACTED] (AP) [REDACTED] (AQ) [REDACTED] (AR) [REDACTED] (AS) [REDACTED] (AT) [REDACTED] (AU) [REDACTED] (AV) [REDACTED] (AW) [REDACTED] (AX) [REDACTED] (AY) [REDACTED] (AZ) [REDACTED] (BA) [REDACTED] (BB) [REDACTED] (BC) [REDACTED] (BD) [REDACTED] (BE) [REDACTED] (BF) [REDACTED] (BG) [REDACTED] (BH) [REDACTED] (BI) [REDACTED] (BJ) [REDACTED] (BK) [REDACTED] (BL) [REDACTED] (BM) [REDACTED] (BN) [REDACTED] (BO) [REDACTED] (BP) [REDACTED] (BQ) [REDACTED] (BR) [REDACTED] (BS) [REDACTED] (BT) [REDACTED] (BU) [REDACTED] (BV) [REDACTED] (BW) [REDACTED] (BX) [REDACTED] (BY) [REDACTED] (BZ) [REDACTED] (CA) [REDACTED] (CB) [REDACTED] (CC) [REDACTED] (CD) [REDACTED] (CE) [REDACTED] (CF) [REDACTED] (CG) [REDACTED] (CH) [REDACTED] (CI) [REDACTED] (CJ) [REDACTED] (CK) [REDACTED] (CL) [REDACTED] (CM) [REDACTED] (CN) [REDACTED] (CO) [REDACTED] (CP) [REDACTED] (CQ) [REDACTED] (CR) [REDACTED] (CS) [REDACTED] (CT) [REDACTED] (CU) [REDACTED] (CV) [REDACTED] (CW) [REDACTED] (CX) [REDACTED] (CY) [REDACTED] (CZ) [REDACTED] (DA) [REDACTED] (DB) [REDACTED] (DC) [REDACTED] (DD) [REDACTED] (DE) [REDACTED] (DF) [REDACTED] (DG) [REDACTED] (DH) [REDACTED] (DI) [REDACTED] (DJ) [REDACTED] (DK) [REDACTED] (DL) [REDACTED] (DM) [REDACTED] (DN) [REDACTED] (DO) [REDACTED] (DP) [REDACTED] (DQ) [REDACTED] (DR) [REDACTED] (DS) [REDACTED] (DT) [REDACTED] (DU) [REDACTED] (DV) [REDACTED] (DW) [REDACTED] (DX) [REDACTED] (DY) [REDACTED] (DZ) [REDACTED] (EA) [REDACTED] (EB) [REDACTED] (EC) [REDACTED] (ED) [REDACTED] (EE) [REDACTED] (EF) [REDACTED] (EG) [REDACTED] (EH) [REDACTED] (EI) [REDACTED] (EJ) [REDACTED] (EK) [REDACTED] (EL) [REDACTED] (EM) [REDACTED] (EN) [REDACTED] (EO) [REDACTED] (EP) [REDACTED] (EQ) [REDACTED] (ER) [REDACTED] (ES) [REDACTED] (ET) [REDACTED] (EU) [REDACTED] (EV) [REDACTED] (EW) [REDACTED] (EX) [REDACTED] (EY) [REDACTED] (EZ) [REDACTED] (FA) [REDACTED] (FB) [REDACTED] (FC) [REDACTED] (FD) [REDACTED] (FE) [REDACTED] (FF) [REDACTED] (FG) [REDACTED] (FH) [REDACTED] (FI) [REDACTED] (FJ) [REDACTED] (FK) [REDACTED] (FL) [REDACTED] (FM) [REDACTED] (FN) [REDACTED] (FO) [REDACTED] (FP) [REDACTED] (FQ) [REDACTED] (FR) [REDACTED] (FS) [REDACTED] (FT) [REDACTED] (FU) [REDACTED] (FV) [REDACTED] (FW) [REDACTED] (FX) [REDACTED] (FY) [REDACTED] (FZ) [REDACTED] (GA) [REDACTED] (GB) [REDACTED] (GC) [REDACTED] (GD) [REDACTED] (GE) [REDACTED] (GF) [REDACTED] (GG) [REDACTED] (GH) [REDACTED] (GI) [REDACTED] (GJ) [REDACTED] (GK) [REDACTED] (GL) [REDACTED] (GM) [REDACTED] (GN) [REDACTED] (GO) [REDACTED] (GP) [REDACTED] (GQ) [REDACTED] (GR) [REDACTED] (GS) [REDACTED] (GT) [REDACTED] (GU) [REDACTED] (GV) [REDACTED] (GW) [REDACTED] (GX) [REDACTED] (GY) [REDACTED] (GZ) [REDACTED] (HA) [REDACTED] (HB) [REDACTED] (HC) [REDACTED] (HD) [REDACTED] (HE) [REDACTED] (HF) [REDACTED] (HG) [REDACTED] (HH) [REDACTED] (HI) [REDACTED] (HJ) [REDACTED] (HK) [REDACTED] (HL) [REDACTED] (HM) [REDACTED] (HN) [REDACTED] (HO) [REDACTED] (HP) [REDACTED] (HQ) [REDACTED] (HR) [REDACTED] (HS) [REDACTED] (HT) [REDACTED] (HU) [REDACTED] (HV) [REDACTED] (HW) [REDACTED] (HX) [REDACTED] (HY) [REDACTED] (HZ) [REDACTED] (IA) [REDACTED] (IB) [REDACTED] (IC) [REDACTED] (ID) [REDACTED] (IE) [REDACTED] (IF) [REDACTED] (IG) [REDACTED] (IH) [REDACTED] (II) [REDACTED] (IJ) [REDACTED] (IK) [REDACTED] (IL) [REDACTED] (IM) [REDACTED] (IN) [REDACTED] (IO) [REDACTED] (IP) [REDACTED] (IQ) [REDACTED] (IR) [REDACTED] (IS) [REDACTED] (IT) [REDACTED] (IU) [REDACTED] (IV) [REDACTED] (IW) [REDACTED] (IX) [REDACTED] (IY) [REDACTED] (IZ) [REDACTED] (JA) [REDACTED] (JB) [REDACTED] (JC) [REDACTED] (JD) [REDACTED] (JE) [REDACTED] (JF) [REDACTED] (JG) [REDACTED] (JH) [REDACTED] (JI) [REDACTED] (JJ) [REDACTED] (JK) [REDACTED] (JL) [REDACTED] (JM) [REDACTED] (JN) [REDACTED] (JO) [REDACTED] (JP) [REDACTED] (JQ) [REDACTED] (JR) [REDACTED] (JS) [REDACTED] (JT) [REDACTED] (JU) [REDACTED] (JV) [REDACTED] (JW) [REDACTED] (JX) [REDACTED] (JY) [REDACTED] (JZ) [REDACTED] (KA) [REDACTED] (KB) [REDACTED] (KC) [REDACTED] (KD) [REDACTED] (KE) [REDACTED] (KF) [REDACTED] (KG) [REDACTED] (KH) [REDACTED] (KI) [REDACTED] (KJ) [REDACTED] (KK) [REDACTED] (KL) [REDACTED] (KM) [REDACTED] (KN) [REDACTED] (KO) [REDACTED] (KP) [REDACTED] (KQ) [REDACTED] (KR) [REDACTED] (KS) [REDACTED] (KT) [REDACTED] (KU) [REDACTED] (KV) [REDACTED] (KW) [REDACTED] (KX) [REDACTED] (KY) [REDACTED] (KZ) [REDACTED] (LA) [REDACTED] (LB) [REDACTED] (LC) [REDACTED] (LD) [REDACTED] (LE) [REDACTED] (LF) [REDACTED] (LG) [REDACTED] (LH) [REDACTED] (LI) [REDACTED] (LJ) [REDACTED] (LK) [REDACTED] (LL) [REDACTED] (LM) [REDACTED] (LN) [REDACTED] (LO) [REDACTED] (LP) [REDACTED] (LQ) [REDACTED] (LR) [REDACTED] (LS) [REDACTED] (LT) [REDACTED] (LU) [REDACTED] (LV) [REDACTED] (LW) [REDACTED] (LX) [REDACTED] (LY) [REDACTED] (LZ) [REDACTED] (MA) [REDACTED] (MB) [REDACTED] (MC) [REDACTED] (MD) [REDACTED] (ME) [REDACTED] (MF) [REDACTED] (MG) [REDACTED] (MH) [REDACTED] (MI) [REDACTED] (MJ) [REDACTED] (MK) [REDACTED] (ML) [REDACTED] (MN) [REDACTED] (MO) [REDACTED] (MP) [REDACTED] (MQ) [REDACTED] (MR) [REDACTED] (MS) [REDACTED] (MT) [REDACTED] (MU) [REDACTED] (MV) [REDACTED] (MW) [REDACTED] (MX) [REDACTED] (MY) [REDACTED] (MZ) [REDACTED] (NA) [REDACTED] (NB) [REDACTED] (NC) [REDACTED] (ND) [REDACTED] (NE) [REDACTED] (NF) [REDACTED] (NG) [REDACTED] (NH) [REDACTED] (NI) [REDACTED] (NJ) [REDACTED] (NK) [REDACTED] (NL) [REDACTED] (NM) [REDACTED] (NN) [REDACTED] (NO) [REDACTED] (NP) [REDACTED] (NQ) [REDACTED] (NR) [REDACTED] (NS) [REDACTED] (NT) [REDACTED] (NU) [REDACTED] (NV) [REDACTED] (NW) [REDACTED] (NX) [REDACTED] (NY) [REDACTED] (NZ) [REDACTED] (OA) [REDACTED] (OB) [REDACTED] (OC) [REDACTED] (OD) [REDACTED] (OE) [REDACTED] (OF) [REDACTED] (OG) [REDACTED] (OH) [REDACTED] (OI) [REDACTED] (OJ) [REDACTED] (OK) [REDACTED] (OL) [REDACTED] (OM) [REDACTED] (ON) [REDACTED] (OO) [REDACTED] (OP) [REDACTED] (OQ) [REDACTED] (OR) [REDACTED] (OS) [REDACTED] (OT) [REDACTED] (OU) [REDACTED] (OV) [REDACTED] (OW) [REDACTED] (OX) [REDACTED] (OY) [REDACTED] (OZ) [REDACTED] (PA) [REDACTED] (PB) [REDACTED] (PC) [REDACTED] (PD) [REDACTED] (PE) [REDACTED] (PF) [REDACTED] (PG) [REDACTED] (PH) [REDACTED] (PI) [REDACTED] (PJ) [REDACTED] (PK) [REDACTED] (PL) [REDACTED] (PM) [REDACTED] (PN) [REDACTED] (PO) [REDACTED] (PP) [REDACTED] (PQ) [REDACTED] (PR) [REDACTED] (PS) [REDACTED] (PT) 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[REDACTED] (SE) [REDACTED] (SF) [REDACTED] (SG) [REDACTED] (SH) [REDACTED] (SI) [REDACTED] (SJ) [REDACTED] (SK) [REDACTED] (SL) [REDACTED] (SM) [REDACTED] (SN) [REDACTED] (SO) [REDACTED] (SP) [REDACTED] (SQ) [REDACTED] (SR) [REDACTED] (SS) [REDACTED] (ST) [REDACTED] (SU) [REDACTED] (SV) [REDACTED] (SW) [REDACTED] (SX) [REDACTED] (SY) [REDACTED] (SZ) [REDACTED] (TA) [REDACTED] (TB) [REDACTED] (TC) [REDACTED] (TD) [REDACTED] (TE) [REDACTED] (TF) [REDACTED] (TG) [REDACTED] (TH) [REDACTED] (TI) [REDACTED] (TJ) [REDACTED] (TK) [REDACTED] (TL) [REDACTED] (TM) [REDACTED] (TN) [REDACTED] (TO) [REDACTED] (TP) [REDACTED] (TQ) [REDACTED] (TR) [REDACTED] (TS) [REDACTED] (TT) [REDACTED] (TU) [REDACTED] (TV) [REDACTED] (TW) [REDACTED] (TX) [REDACTED] (TY) [REDACTED] (TZ) [REDACTED] (UA) [REDACTED] (UB) [REDACTED] (UC) [REDACTED] (UD) [REDACTED] (UE) [REDACTED] (UF) [REDACTED] (UG) [REDACTED] (UH) [REDACTED] (UI) [REDACTED] (UJ) [REDACTED] (UK) [REDACTED] (UL) [REDACTED] (UM) [REDACTED] (UN) 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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA BARBARA

SS MAR 28 2024

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR.

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk, Recorder and Assessor.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



\* 000522912 \*

JOSEPH E. HOLLAND  
COUNTY CLERK, RECORDER and ASSESSOR  
SANTA BARBARA, CALIFORNIA



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

The undersigned state(s) as follows:

1. (Decedent's Name) Elena B. Savenkova died on (date) Sept. 19, 2022, in County of Santa Barbara, State of California [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
  - ☒ No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - ☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
  - ☐ An inventory and appraisal of the real property included in the decedent's estate is attached.
  - ☒ There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:  
None. The interest in the real property (APN: 842041008 and 842041041)  
was transferred to Ninel Pinckney by written assignment by Elena Savenkova  
prior to her death.
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:  
Dimitri V. Savenkov
8. The affiant or declarant (check one):
  - ☐ Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
  - ☐ Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: April 12, 2024

  
Name: Ninel Pinckney

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

## 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.

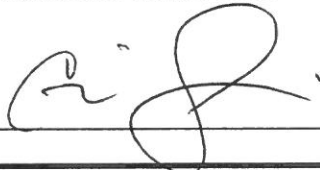
State of California  
County of San Diego

On April 13, 2024 before me, Ciara Tiumalu, Notary Public  
(insert name and title of the officer)

personally appeared Ninel Pinckney,  
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)



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 661 Parcel Identification Number: 842041041

Assessee: PINCKNEY, K R

Situs:

Date Sold: 04/26/2022

Date Deed to Purchaser Recorded: 07/07/2022

Final Date to Submit Claim: 07/07/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 11,150.62 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. 138454; recorded on May 2, 1995. 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.

1. Quit Claim Deed
2. Death Certificate K. R. Pinckney - Copy (Certified by Tax Collector)
3. Affidavit of Heirship - Orig Filed w/ Winkler County TX Recorder
4. Birth Certificate - Marc L. Pinckney

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

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

Executed this 5<sup>th</sup> day of July, 2023 at San Diego, California  
County, State

Ninel Pinckney  
Signature of Claimant

Ninel Pinckney  
Print Name

21#28 12588 Carmel Creek Rd #28  
Street Address

30 San Diego, CA 92130  
City, State, Zip

858-539-9045  
Phone Number

al. ninelpinckney@gmail.com  
Email Address

**ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS**

I, Mari Brill (nee Mari Pinckney), the undersigned and Assignor herein, am the daughter of Kenneth Raymond Pinckney (also known as K.R. Pinckney). Kenneth Raymond Pinckney, deceased, passed away on or about July 30, 2006. To the extent I am an heir of the estate of Kenneth Raymond Pinckney, deceased, I hereby assign to **Ninel S. Pinckney** (Kenneth Raymond Pinckney's granddaughter and the daughter of my brother Marc Pinckney) my right to apply for and collect the excess proceeds from the tax sale of real property owned by Kenneth Raymond Pinckney in Riverside County, California, including but not limited to the tax sale of properties with Assessor Parcel Numbers: 842041008 which was sold on May 18, 2021 and 842041041 which was sold in 2022.

I further state as follows:

I have been fully advised of my right and I am giving up my right to file a claim for excess proceeds for the real properties described above.

DATED this the 26 day of July, 2022 .

*Mari Brill*

---

Mari Brill

**-See attached notarial certificate-**



## 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 San Diego

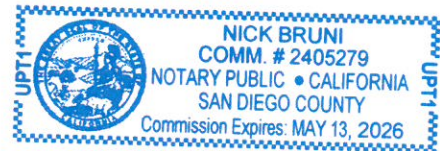
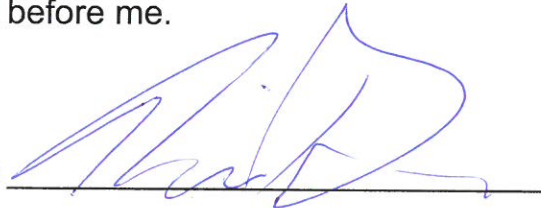
Subscribed and sworn to (or affirmed) before me on

this 26 day of July, 20 22,

by Mari L Brill

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

Signature



(Seal)

NO COR FILED

138454

RECEIVED FOR RECORD  
AT 8:00 O'CLOCK

RECORDING REQUESTED BY:

PALO VERDE IRRIGATION DISTRICT

AND WHEN RECORDED MAIL TO:

Palo Verde Irrigation District  
180 W. 14th Avenue  
Blythe, CA 92225

PAID  
Doc. Transfer Tax  
FRANK K. JOHNSON  
Riv. Co. Recorder

MAY - 2 1995

Recorded in Official Records  
of Riverside County, California

Recorder

Fees \$

12

Space above this line for Recorder's Use  
Documentary Tax: \$16.50

QUITCLAIM DEED

PALO VERDE IRRIGATION DISTRICT, hereinafter called "District", by virtue of the authority vested in it by the Palo Verde Irrigation District Act, having duly received a deed to the hereinafter described real property from the Collector of said District after nonpayment of taxes or water tolls or both and proceedings under said Act having been duly taken, for a valuable consideration, does hereby remise, release and forever quitclaim to K. R. PINCKNEY, a single man, all of said District's right, title and interest in the following described real property located in the County of Riverside, State of California, SBB&M:

Parcel 1: W 230' of S 66' of N 198' of NW4 SW4 SW4 of Sec 29 T6S R23E (APN 842-041-008);

Parcel 2: For of SW4 SW4; Beg 132' S & 230' E of NW Cor Th S 66' Th E 100'; N 66'; W 100' to POB Sec 29 T6S R23E (APN 842-041-041)

Parcel 3: The S 1/2 NE 1/4 Sec 27 T7S R21E (APN 879-130-003)

Parcel 4: The W 1/2 SW 1/4 Sec 26 T7S R21E (APN 879-130-016)

SUBJECT, HOWEVER, to an easement in favor of the public for all public roads heretofore dedicated, acquired reserved or excepted for public use and also subject to any and all private easements and rights of way for roads, ditches or canals on, over, under or across the land hereby conveyed, existing for the purpose of ingress to and egress from other lands by means of said roads and for the purpose of conveying irrigating water to such other lands by means of said ditches and canals.

EXCEPTING AND RESERVING to said District, its successors and assigns:

- (a) All riparian and other rights to the waters of the Colorado River pertaining or appurtenant to said lands; and
- (b) All water on or in said lands and all rights thereto, together with the perpetual right, from time to time and as often as necessary, to enter and remove said water from said land and to convey the same therefrom for sale or use on other lands; and
- (c) The perpetual and continuing right to use, operate, maintain, construct, reconstruct, enlarge, deepen, widen, repair and replace any and all such works and structures, including, without limiting the generality of the

MAIL TAX STATEMENT TO:

K. R. PINCKNEY  
P.O. BOX 5126  
SANTA BARBARA, CA 93150

138454

foregoing, the Palo Verde Lagoon Drain, irrigation and drainage canals, laterals, ditches, pipes, flumes, roads, bridges, levees, borrow pits, spoil banks, gates, headgates, telephone and power lines, as now are or heretofore have been built, constructed, used or maintained by said District on, over, under and across said land, for any of the purposes authorized by said Palo Verde Irrigation District Act, and the perpetual and continuing right to build, construct, reconstruct, enlarge, deepen, widen, repair, replace, maintain, use and operate one or more of such works or structures on, over, under and across said land as may be necessary or convenient for the accomplishment of any of the purposes of said Act. The rights herein excepted and reserved shall not be exhausted by the construction or location on or in said land of one of such works or structures, but said rights may be exercised from time to time as said District may find necessary or convenient.

IN WITNESS WHEREOF, said Palo Verde Irrigation District, has executed this Quitclaim Deed by its President and Secretary, as duly authorized by a motion of its Board of Trustees, this 18TH day of APRIL, 1995.

PALO VERDE IRRIGATION DISTRICT

BY: Virgil L. Jones  
President

BY: C. A. Belile Jr.  
Secretary

STATE OF CALIFORNIA )  
COUNTY OF RIVERSIDE ) ss.

On this 18th day of April, 1995 before me, CHAUVIN A. BELILE, JR. personally appeared Virgil L. Jones, known to me ~~(or 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 signatures(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

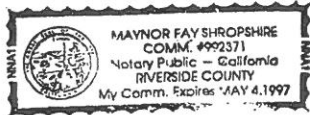
Chauvin A. Belile Jr.  
Notary Public in and for said County  
and State

JR/QUITCLAIM

13845<sup>4</sup>

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF RIVERSIDE )

On this 19<sup>th</sup> day of April, 19 95 before me, MAYNOR  
FAY SHROPSHIRE appeared L.A. BELIE JR., known  
to me (or 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 signatures(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

Maynor Fay Shropshire  
Notary Public in and for said County  
and State

JR/QUITCLAIM

This must be in red to be a  
"CERTIFIED COPY"

I hereby certify the foregoing instrument to  
which this stamp has been affixed consisting  
of 3 pages to be a full, true and  
correct copy of the original on file and  
of record in my office.

*Peter Alatorre*

Assessor - County Clerk - Recorder

County of Riverside, State of California

Dated: **JUN 24 2022**



Certification must be in red to be a  
"CERTIFIED COPY"



# CERTIFICATION OF VITAL RECORD

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS.13 (REV. 1/84)

3200637011692

[illegible]

\* A01630508 \*

DATE ISSUED: August 4, 2006

NANCY L BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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



## COUNTY OF SAN DIEGO

## AFFIDAVIT TO AMEND A RECORD

3 200637 011692

STATE FILE NUMBER

DEATHS AFTER 1-1994


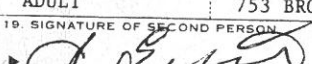
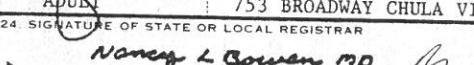
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

## PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) KENNETH		2. MIDDLE RAYMOND	3. LAST (FAMILY) PINCKNEY
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 07/30/2006	6. CITY OF OCCURRENCE SAN DIEGO	7. COUNTY OF OCCURRENCE SAN DIEGO
ADDITIONAL INFORMATION TO LOCATE RECORD	8. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL RAYMOND PINCKNEY		9. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL FRIEDA WEBBER	

## PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
40	FORT ROSECRANS NATIONAL CEMETERY SAN DIEGO, CA 92106	1/2 FORT ROSECRANS NATIONAL CEMETERY SAN DIEGO, CA 92106
41	CR/BU	1/2 AT SEA OFF THE COAST OF SAN DIEGO COUNTY CR/BU CR/SEA
2 of 2		
13. REASON FOR CORRECTION	MULTIPLE PLACE OF DISPOSITION	
AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.	
TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON 	15. TITLE/RELATIONSHIP TO PERSON IN PART I MORTUARY EMPLOYEE
USE BLACK INK ONLY	16. DATE SIGNED—MM/DD/CCYY 08/03/2006	
	17. AGE ADULT	18. ADDRESS (STREET, CITY, STATE, ZIP) 753 BROADWAY CHULA VISTA, CA 91910
	19. SIGNATURE OF SECOND PERSON 	20. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	21. DATE SIGNED—MM/DD/CCYY 08/03/2006	
STATE/LOCAL REGISTRAR USE ONLY	22. AGE ADULT	23. ADDRESS (STREET, CITY, STATE, ZIP) 753 BROADWAY CHULA VISTA, CA 91910
	24. SIGNATURE OF STATE OR LOCAL REGISTRAR 	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 08/04/2006

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

VS 24(1) (REV 1/05)



\*A01630632\*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: August 4, 2006

Nancy L. Bowen MD  
NANCY L. BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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



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

The undersigned state(s) as follows:

1. (Decedent's Name) Kenneth R. Pinckney died on (date) July 30, 2006, in  
County of San Diego, State of California [before April 1, 2022].

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. (Check one):

- ☒ No proceeding is now being or has been conducted in California for administration of the decedent's estate.  
☐ The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.

5. (Check one):

- ☐ An inventory and appraisal of the real property included in the decedent's estate is attached.  
☒ There is no real property in the estate. The only real property has been sold at tax sale  
by the Riverside County Tax Assessor.

6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:

(1) Funds held by the State of California as unclaimed property and (2)  
excess proceeds held by the Riverside County Assessor after tax sale of  
real property (APN: 842041008 and 842041041)

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

Marc Pinckney (son), Mari Brill (daughter), and Elena Savenkova

8. The affiant or declarant (check one):

- ☒ Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.  
☐ Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

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

10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: April 12, 2024

Mari Brill  
Name: Mari Brill

Dated: 4-13-2024

Name: \_\_\_\_\_



## 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 San Diego

On April 13, 2024 before me, Ciara Tiumalu, Notary Public  
(insert name and title of the officer)

personally appeared Mari Brill,  
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)

