

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



ITEM: 21.3  
(ID # 25273)

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 489. Last assessed to: Kathleen M. Martinez, a single woman. District 5. [\$124,735-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Idea Law Group, LLC, as Agent for Franklin Credit Management Corporation, Attorney in Fact for Wilmington Savings Fund Society, FSB, not in its individual capacity but solely as Certificate Trustee of Bosco Credit II Trust Series 2010-1 for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 549221008;
2. Approve the claim from Global Discoveries, Ltd., Assignee for Susan Marie Burke, as Attorney in Fact for Linda Forgit, who is heir to the Estate of Kathleen M. Martinez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 549221008;
3. Approve the claim from Global Discoveries, Ltd., Assignee for Dawn Ursula Forgit, as heir to the Estate of Kathleen M. Martinez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 549221008;

Continued on page 2

ACTION:Policy

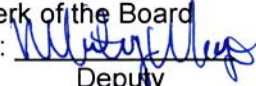
  
Melissa Johnson, Assistant Tax Collector 3/3/2025

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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:   
Deputy

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

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

4. Approve the claim from Global Discoveries, Ltd., Assignee for Justin Holdsworth, as heir to the Estate of Kathleen M. Martinez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 549221008;
5. Approve the claim from Global Discoveries, Ltd., Assignee for George Henry Garceau, as heir to the Estate of Kathleen M. Martinez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 549221008;
6. Approve the claim from Global Discoveries, Ltd., Assignee for Susan Marie Burke, as heir to the Estate of Kathleen M. Martinez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 549221008;
7. Approve the claim from Global Discoveries, Ltd., Assignee for Karen Frances Miller, as heir to the Estate of Kathleen M. Martinez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 549221008;
8. Authorize and direct the Auditor-Controller to issue a warrant to Idea Law Group, LLC, as Agent for Franklin Credit Management Corporation, Attorney in Fact for Wilmington Savings Fund Society, FSB, not in its individual capacity but solely as Certificate Trustee of Bosco Credit II Trust Series 2010-1 in the amount of \$30,135.89, to Global Discoveries, Ltd., Assignee for Susan Marie Burke, as Attorney in Fact for Linda Forgit, who is heir to the Estate of Kathleen M. Martinez in the amount of \$22,703.75, to Global Discoveries, Ltd., Assignee for Dawn Ursula Forgit, as heir to the Estate of Kathleen M. Martinez in the amount of \$22,703.74, to Global Discoveries, Ltd., Assignee for Justin Holdsworth, as heir to the Estate of Kathleen M. Martinez in the amount of \$22,703.75, to Global Discoveries, Ltd., Assignee for George Henry Garceau, as heir to the Estate of Kathleen M. Martinez in the amount of \$11,351.88, to Global Discoveries, Ltd., Assignee for Susan Marie Burke, as heir to the Estate of Kathleen M. Martinez in the amount of \$7,567.91, and to Global Discoveries, Ltd., Assignee for Karen Frances Miller, as heir to the Estate of Kathleen M. Martinez in the amount of \$7,567.91, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675; and
9. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$18,919.78 to the County General Fund pursuant to Revenue and Taxation Code Section 4674.

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<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>	\$ 124,735	\$ 0	\$ 124,735	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Fund 65595 Excess Proceeds from Tax Sale.			<b>Budget Adjustment:</b>	NO
			<b>For Fiscal Year:</b>	24/25

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

**BACKGROUND:**

**Summary**

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

Revenue and Taxation Code Section 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code Section 4676 (c). The Treasurer-Tax Collector's office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

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

According to Revenue and Taxation Code Section 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the



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expiration of the one year following the recordation of the Tax Collector's Deed to the Purchaser, which was recorded on July 7, 2022.

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

1. Claim from Idea Law Group, LLC, as Agent for Franklin Credit Management Corporation, Attorney in Fact for Wilmington Savings Fund Society, FSB, not in its individual capacity but solely as Certificate Trustee of Bosco Credit II Trust Series 2010-1 based on an Authorization for Agent to Collect Excess Proceeds notarized March 18, 2024, and an Assignment of Deed of Trust recorded February 11, 2009 as Instrument No. 2009-0064677.
2. Claim from Global Discoveries, Ltd., Assignee for Susan Marie Burke, as Attorney in Fact for Linda Forgit, who is heir to the Estate of Kathleen M. Martinez based on a Specific Power of Attorney notarized June 24, 2023, an Assignment of Right to Collect Excess Proceeds notarized July 7, 2023, a Grant Deed recorded November 18, 1999 as Instrument No. 1999-508412, an Affidavit for Collection of Personal Property notarized June 24, 2023, and a Certificate of Death for Kathleen Marie Martinez.
3. Claim from Global Discoveries, Ltd., Assignee for Dawn Ursula Forgit, as heir to the Estate of Kathleen M. Martinez based on an Assignment of Right to Collect Excess Proceeds notarized July 7, 2023, a Grant Deed recorded November 18, 1999 as Instrument No. 1999-508412, an Affidavit for Collection of Personal Property notarized June 21, 2023, and a Certificate of Death for Kathleen Marie Martinez.
4. Claim from Global Discoveries, Ltd., Assignee for Justin Holdsworth, as heir to the Estate of Kathleen M. Martinez based on an Assignment of Right to Collect Excess Proceeds notarized July 7, 2023, a Grant Deed recorded November 18, 1999 as Instrument No. 1999-508412, an Affidavit for Collection of Personal Property notarized July 3, 2023, and a Certificate of Death for Kathleen Marie Martinez.
5. Claim from Global Discoveries, Ltd., Assignee for George Henry Garceau, as heir to the Estate of Kathleen M. Martinez based on an Assignment of Right to Collect Excess Proceeds notarized July 7, 2023, a Grant Deed recorded November 18, 1999 as Instrument No. 1999-508412, an Affidavit for Collection of Personal Property notarized June 21, 2023, and a Certificate of Death for Kathleen Marie Martinez.
6. Claim from Global Discoveries, Ltd., Assignee for Susan Marie Burke, as heir to the Estate of Kathleen M. Martinez based on an Assignment of Right to Collect Excess Proceeds notarized July 7, 2023, a Grant Deed recorded November 18, 1999 as Instrument No. 1999-508412, an Affidavit for Collection of Personal Property notarized June 21, 2023, and a Certificate of Death for Kathleen Marie Martinez.
7. Claim from Global Discoveries, Ltd., Assignee for Karen Frances Miller, as heir to the Estate of Kathleen M. Martinez based on an Assignment of Right to Collect Excess Proceeds notarized July 7, 2023, a Grant Deed recorded November 18, 1999 as Instrument No. 1999-508412, an Affidavit for Collection of Personal Property notarized June 23, 2023, and a Certificate of Death for Kathleen Marie Martinez.



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Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Idea Law Group, LLC, as Agent for Franklin Credit Management Corporation, Attorney in Fact for Wilmington Savings Fund Society, FSB, not in its individual capacity but solely as Certificate Trustee of Bosco Credit II Trust Series 2010-1 be awarded excess proceeds in the amount of \$30,135.89, to Global Discoveries, Ltd., Assignee for Susan Marie Burke, as Attorney in Fact for Linda Forgit, who is heir to the Estate of Kathleen M. Martinez be awarded excess proceeds in the amount of \$22,703.75, to Global Discoveries, Ltd., Assignee for Dawn Ursula Forgit, as heir to the Estate of Kathleen M. Martinez in the amount of \$22,703.74, to Global Discoveries, Ltd., Assignee for Justin Holdsworth, as heir to the Estate of Kathleen M. Martinez be awarded excess proceeds in the amount of \$22,703.75, to Global Discoveries, Ltd., Assignee for George Henry Garceau, as heir to the Estate of Kathleen M. Martinez be awarded excess proceeds in the amount of \$11,351.88, to Global Discoveries, Ltd., Assignee for Susan Marie Burke, as heir to the Estate of Kathleen M. Martinez be awarded excess proceeds in the amount of \$7,567.91, and to Global Discoveries, Ltd., Assignee for Karen Frances Miller, as heir to the Estate of Kathleen M. Martinez be awarded excess proceeds in the amount of \$7,567.91. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$18,919.78 will be transferred to the County General Fund. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

**Impact on Residents and Businesses**

Excess proceeds will be released to a lienholder, the heirs of the Estate of the last assessee of the property, and transferred to the County General Fund.

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

**ATTACHMENT A. Claim Franklin**

**ATTACHMENT B. Claim GlobalL**

**ATTACHMENT C. Claim GlobalD**

**ATTACHMENT D. Claim GlobalJ**

**ATTACHMENT E. Claim GlobalG**

**ATTACHMENT F. Claim GlobalS**

**ATTACHMENT G. Claim GlobalK**

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
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*Cesar Bernal*  
Cesar Bernal, PRINCIPAL MGMT ANALYST 3/3/2025

*Aaron Gettis*  
Aaron Gettis, Chief of Deputy County Counsel 2/24/2025

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 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ, KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544

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 \$ 30,135.89 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. 2001-414389; recorded on 8/28/01. 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.**

Assign rec 5/13/04 Doc # 2004-0356299 Capital One, F.S.B to Sherman Acquisition

Assign rec 8/4/05 Doc #2005-00631009 Sherman to Franklin Credit Management Corp.

Assign rec 2/11/09 Doc #2009-0064677 Franklin Credit to Deutsche Bank National

(\*\* please see attached for additional documents \*\*)

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 26 day of August, 2022 at Hudson, New Jersey  
County, State

Signature of Claimant

Glenn Murphy

Print Name

101 Hudson St, 24th floor

Street Address

Jersey City, NJ 07302

City, State, Zip

201-604-4407

Phone Number

foreclosure@franklincredit.com

Email Address

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

Email Address

RECEIVED  
2022 SEP -6 AM 7:12  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR



# AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make IDEA Law Group LLC my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 549221008 sold at public auction on 04/26/2022. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 160,940.77 and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

[Signature]  
(Signature of Party of Interest)

Glenn Murphy

(Name Printed)

101 Hudson St. 24th Fl.

(Address)

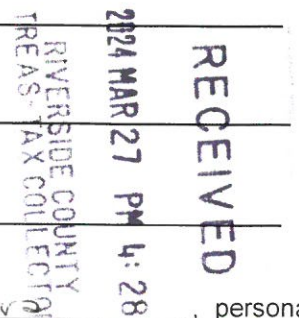
Jersey City, NJ 07302

(City/State/Zip)

201-604-4407

(Area Code/Telephone Number)

STATE OF NEW JERSEY )ss.  
COUNTY OF HUDSON )

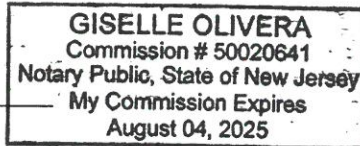


On March 14, 2024, before me, Giselle Olivera, personally appeared Glenn Murphy, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]  
(Signature of Notary)



(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

[Signature] 3-18-24  
(Signature of Agent)

Yvette Ylagan for IDEA Law Group LLC  
(Name Printed)

1691 E. 4th St., Suite 124  
(Address)

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

Santa Ana, CA 92701  
(City/State/Zip)

On \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]  
(Signature of Notary)

SEE NEXT PAGE for California  
Acknowledgment SR (WP) 3/18/2024

(This area for official seal)

## ACKNOWLEDGMENT

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

State of California

County of Los Angeles )

On MARCH 18, 2024 before me, SuAnne Ramirez Notary Public  
(insert name and title of the officer)

personally appeared YVETTE YLAGAN  
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.

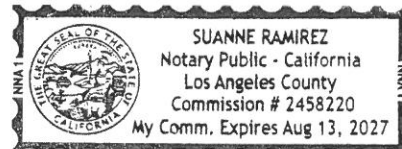
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

SuAnne Ramirez

(Seal)



Recording Requested By:  
**Franklin Credit Management Corp.**  
Prepared By: **Debora C. Cox**  
450 E. Boundary St.  
Chapin, SC 29036  
888-603-9011  
When recorded mail to:  
**FA Document Solutions**  
450 E. Boundary St  
Chapin, SC 29036



CaseNbr: 6574691  
Ref Number: 16551512  
Property Address:  
24845 Howard Dr  
Hemet, CA 92544-1901  
CA0-ADT 1/30/2009

DOC # 2009-0064677  
02/11/2009 08:00A Fee:11.00  
Page 1 of 1  
Recorded in Official Records  
County of Riverside  
Larry W. Ward  
Assessor, County Clerk & Recorder



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### ASSIGNMENT OF DEED OF TRUST

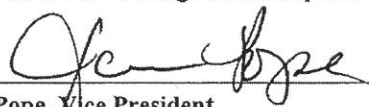
For Value Received, the undersigned holder of a Deed of Trust (herein "Assignor") whose address is 101 Hudson Street 25th Floor Jersey City, NJ 07302 does hereby grant, sell, assign, transfer and convey unto Deutsche Bank National Trust Company, as Trustee for Franklin Credit Trust Series I whose address is 1761 East St. Andrews Place, Santa Ana, CA 92705 all beneficial interest under that certain Deed of Trust described below together with the note(s) and obligations therein described and the money due and to become due thereon with interest and all rights accrued or to accrue under said Deed of Trust.

Original Lender: **CAPITAL ONE, FSB**  
Original Borrower(s): **KATHI M MARTINEZ AKA KATHLEEN M MARTINEZ**  
Original Trustee: **OLD REPUBLIC TITLE INSURANCE CO.**  
Date of Deed of Trust: **8/20/2001**  
Original Loan Amount: **\$10,000.00**

Recorded in Riverside County, CA on: 8/28/2001, book N/A, page N/A and instrument number 2001-414389

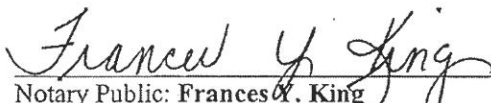
IN WITNESS WHEREOF, the undersigned has caused this Assignment of Deed of Trust to be executed on 1/30/2009

Franklin Credit Management Corporation

By:   
Jana Pope, Vice President

State of SC, County of Lexington

The foregoing instrument was acknowledged before me 1/30/2009 by Jana Pope, Vice President of Franklin Credit Management Corporation on behalf of the corporation.

  
Notary Public: Frances Y. King  
My Commission Expires: 6/21/2010

**FRANCES Y. KING**  
Notary Public  
State of South Carolina  
My Commission Expires June 21, 2010



**WFG National-Default Services**

Requested and Prepared by:  
The Wolf Firm, A Law Corporation

When Recorded Mail To:  
**Wilmington Savings Fund Society, FSB,**  
**not in its individual capacity but solely as**  
**Certificate Trustee of Bosco Credit II Trust**  
**Series 2010-1**  
c/o Franklin Credit Management Corporation  
101 Hudson Street, 25th Floor  
Jersey City, New Jersey 07302

TWF No: 806-3376

APN# 549-221-008

SPACE ABOVE THIS LINE FOR RECORDER'S USE

\*\*This document was electronically submitted  
to the County of Riverside for recording\*\*  
Received by: NORMA #248

**ASSIGNMENT OF DEED OF TRUST**

For Value Received, the undersigned corporation hereby grants, assigns, and transfers to: **Wilmington Savings Fund Society, FSB, not in its individual capacity but solely as Certificate Trustee of Bosco Credit II Trust Series 2010-1** all interest under that certain Deed of Trust dated: **August 20, 2001**, executed by **KATHI M MARTINEZ AKA KATHLEEN M MARTINEZ**, as Trustor(s), to **OLD REPUBLIC TITLE INSURANCE CO.**, as Trustee, and recorded on **August 28, 2001** as Instrument No **2001-414389** of Official Records, in the office of the County Recorder of **Riverside County, California**, secured by said Deed of Trust and also all rights accrued or to accrue under said Deed of Trust.

Dated: May 11, 2021

**Deutsche Bank National Trust Company, as**  
**Trustee for Franklin Credit Trust Series I**  
**by Franklin Credit Management Corporation**  
**as attorney-in-fact**

STATE of New Jersey  
COUNTY of Hudson

Full Name: David BehlerTitle: Vice President of Loss Mitigation & Collections

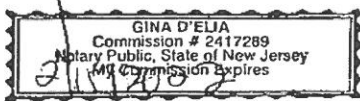
Before me, Gina D'Elia, the undersigned officer, on this, the 11 day of May, 2021, personally appeared David Behler, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the 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 New Jersey that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Gina D'Elia

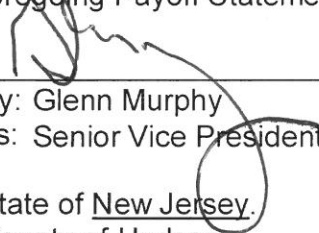
Notary Public



Declaration

I Glenn Murphy, am an officer of Franklin Credit Management Corporation, Attorney in Fact for Wilmington Saving Fund Society, FSB, not in its individual capacity but solely as Certificate Trustee of Bosco Credit II Trust Series 2010-1. Copies of the Deed of Trust, Assignments and the power of attorney are attached to the claim for surplus funds.

I declare under penalty of perjury that the original amount of the lien was \$10,000.00, which was reduced by total payments of \$919.57 to \$9,080.43 with interest owing of \$17,710.84, together with fees and costs totaling \$3,344.62 for a **total payoff owing as of the tax sale on April 26, 2022 in the amount of \$30,135.89**, as set forth in the foregoing Payoff Statement.

  
By: Glenn Murphy  
Its: Senior Vice President and Chief Operating Officer

State of New Jersey  
County of Hudson

On 8/26/2022 before me, Randy S Londono, **Notary Public**, Personally appeared, Glenn Murphy 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 New Jersey that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)  
**Notary Public**



MATTHEW JENNINGS  
County of Riverside Treasurer - Tax Collector

Giovane Pizano  
Assistant Treasurer  
February 7, 2024



Melissa Johnson  
Assistant Tax Collector

Franklin Credit Management  
C/O Glenn Murphy  
101 Hudson St, 24<sup>th</sup> Floor  
Jersey City, NJ 07302

Re: PIN: 549221008  
TC 218 Item 489  
Date of Sale: April 26, 2022

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.**

☐ Copy of a trust/will  
☐ Notarized Statement of different/misspelled  
☐ Original Notarized Authorization for Agent  
☐ Notarized Assignments of Right to Collect Excess Proceeds  
☐ Certified Death Certificates  
☐ Copy of Marriage Certificate for  
☐ Original Note/Payment Book

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

☐ Articles of Incorporation (if applicable Statement by Domestic Stock)  
☐ Court Order Appointing Administrator  
☐ Deed (Quitclaim/Grant etc...)  
☐ Other:

Please send in all **original** documents by **March 7, 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 Montellan*

Accounting Technician I  
Tax Sale Operations/Excess Proceeds  
PH: (951) 955-3336/Fax: (951) 955-3337

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Franklin Credit Management  
C/O Glenn Murphy  
101 Hudson St, 24th Floor  
Jersey City, NJ 07302



9590 9402 7411 2055 4044 74

**2. Article Number (Transfer from service label)**

7003 3110 0005 4935 9167

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

**B. Received by (Printed Name)**

**D. Is delivery address different from item label? If YES, enter delivery address below**

**3. Service Type**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> |
| <input type="checkbox"/> Insured Mail                                  | <input type="checkbox"/> |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | <input type="checkbox"/> |



**\*\*Amended to add notary\*\***

RECEIVED

2024 MAR 18 PM 3:28

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

**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 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ, KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544

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 \$ 30,135.89 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. 2001-414389; recorded on 8/28/01. 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.**

Assign rec 5/13/04 Doc # 2004-0356299 Capital One, F.S.B to Sherman Acquisition

Assign rec 8/4/05 Doc #2005-00631009 Sherman to Franklin Credit Management Corp.

Assign rec 2/11/09 Doc #2009-0064677 Franklin Credit to Deutsche Bank National

(\*\* please see attached for additional documents \*\*)

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 14th day of March, 2024 at Jersey City, NJ

Signature of Claimant

Glenn Murphy

Print Name

101 Hudson St. 24th Fl. Jersey City, NJ

Street Address

Jersey City, NJ 07302

City, State, Zip

201-604-4407

Phone Number

foreclosure@franklincredit.com

Email Address

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

Email Address

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

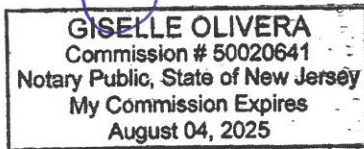
State of New Jersey  
County of Hudson

On 3/14/2024 before me, Giselle Olivera, Notary Public, Personally appeared Glenn Murphy 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 NJ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE [Signature] (SEAL)  
NOTARY PUBLIC



**CLAIM SUMMARY**

Date: July 7, 2023  
To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 549221008  
Last Assessee: MARTINEZ KATHLEEN M  
Sale Date: 4/21/2022  
TC: TC 218  
Item Number: 489  
Deadline: 7/7/2023

RECEIVED  
2023 JUL - 7 AM 10:12  
RIVERSIDE COUNTY  
TREASURER & TAX COLLECTOR

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. **Explanation of Events**
2. Grant Deed granting interest to Kathleen M. Martinez, a single woman as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. **Certified** Certificate of Death for Kathleen Marie Martinez
  - a. The **24845 Howard Dr., Hemet, CA 92544** address listed as residence is one and the same address listed on the above referenced Grant Deed.
  - b. **James Martinez is listed as "father" and Sandra Forgit is listed as "mother" Forgit is Sandra's maiden name**
4. Probate Affidavit(s) signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke, attorney in fact for Linda Forgit
5. Birth Certificate for George Henry Garceau
  - a. **Virginia Forgit is listed as "mother"**
6. Birth Certificate for Dawn Ursula Forgit
  - a. **George Roger Forgit is listed as "father"**
7. Birth Certificate for Linda Forgit
  - a. **George Forgit is listed as "father" and Cecelia Lamothe is listed as "mother". These are one and the same parents that are listed on Sandra Forgit's birth certificate**
8. Birth Certificate for Justin Holdsworth
  - a. **Jane Forgit is listed as "mother"**
9. Birth Certificate for Karen Francis Forgit
  - a. **Francis Forgit is listed as "father"**
10. Marriage Certificate for Karen Forgit to reference her maiden name to her current name as Karen Miller.
11. Birth Certificate for Susan Marie Forgit
  - a. **Francis Forgit is listed as "father"**
12. Marriage Certificate for Susan Forgit to reference her maiden name to her current name as Susan Burke.



13. Specific Power of Attorney whereas **Linda Forgit appoints Susan Burke as her Attorney in Fact**
14. Affidavit(s) Declaring Identity for: George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit
15. Assignment of Rights To Collect Excess Proceeds signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit as heir to the Estate of Kathleen M. Martinez.
16. Claim form(s) signed by Global Discoveries, Ltd.
17. Photo ID(s) for Assignor(s): George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Linda Forgit

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$119,712.17 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to [jed@gd-ltd.com](mailto:jed@gd-ltd.com).

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

**Certified Tracking Number: 7022-2410-0002-4727-1841**

### SPECIFIC POWER OF ATTORNEY

The undersigned, Linda Forgit, hereby appoints Susan Marie Burke located at 16704 Stallion Pl Riverside, CA 92504, as their Attorney-in-Fact ("hereafter referred to as AGENT") and hereby revokes any previous power-of-attorney executed for the purposes specified herein.

AGENT shall have full power and authority to act on the undersigned's behalf but only to the extent permitted by this Special Power of Attorney. AGENT'S powers shall include the power to:

1. Sign and submit all documents, forms, applications, legal documents, affidavits, etc. necessary to claim, collect and/or assign the excess proceeds/surplus funds in the amount of approximately \$28,730.92 +-, that resulted from property(ies) that sold at the Riverside County, State of California, public auction of tax-defaulted/deeded property, held on 4/21/2022 and described as Assessor's Parcel Number(s) 549221008, Situs Address: 24845 HOWARD DR HEMET CA 92544-1901
2. AGENT shall have full power and authority to do whatever is legally necessary to collect and/or assign the \$28,730.92+- in excess proceeds/surplus funds,
3. Make applications for certified copies of vital records for the undersigned or their relatives but only to the extent necessary to support the claim(s),
4. Hire and retain legal counsel in order to place a claim to the subject funds,

The undersigned grants to AGENT the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as the undersigned could do if personally present and acting. AGENT shall not be liable for any loss that results from a judgment error that was made in good faith. However, AGENT shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. AGENT shall provide an accounting for all funds handled and all acts performed as AGENT if requested by the undersigned. The undersigned acknowledge that they have been advised of the right to file a claim for the excess proceeds/surplus funds on their own behalf.

This Power of Attorney shall become effective immediately. This Power of Attorney shall continue effective until AGENT has successfully collected the subject excess proceeds/surplus funds. This Power of Attorney may be revoked by the undersigned at any time by providing written notice to AGENT.

Dated this 24 day of June 2023

Signature: \_\_\_\_\_

Linda Forgit  
25262 Wanda Ln  
Hemet, CA 92544

### CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Riverside

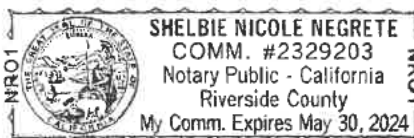
On 6/24/23 before me, Shelbie Nicole Negrete, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Linda Forgit, 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.

Shelbie Nicole Negrete (seal)  
Signature of Notary Public



# ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 549221008 Tax Sale Number TC 218, Item 489 sold at public auction on 4/21/2022. I understand that the total of excess proceeds available for refund is \$ 143,654.61+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE 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.

Susan Marie Burke 6/24/2023  
(Signature of Party of Interest/Assignor) (Date)

Susan Marie Burke as Attorney in Fact for Linda Forgit who is heir to the Estate of Kathleen M Martinez  
(Name Printed)

Tax ID/SS# \_\_\_\_\_

16704 Stallion Pl  
(Address)

Riverside, CA 92504  
(City/State/Zip)

951-315-6745  
(Area Code/Telephone Number)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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State of California

County of Riverside

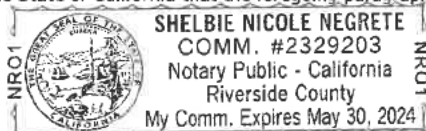
On 6/24/23 before me, Shelbie Nicole Negrete, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Susan Marie Burke, 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)  
Signature of Notary Public



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

[Signature]  
(Signature of Assignee)

Jed Byerly, Managing Member of Global Discoveries Ltd.  
(Name Printed)

Tax ID/SS# \_\_\_\_\_

P.O. Box 1748  
(Address)

Modesto, CA 95353-1748  
(City/State/Zip)

Phone: (209) 593-3913

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Stanislaus

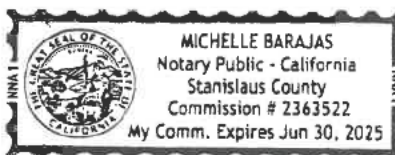
On 7-7-2023 before me, Michelle Barajas, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Byerly, 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)  
Signature of Notary Public  
117-174 (3/85) (Ret-Perm)



**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY**  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

**To: Jon Christensen, Treasurer-Tax Collector**

**Re: Claim for Excess Proceeds**

TC218 Item 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544-1901

Date Sold: 4/21/2022

Date Deed to Purchaser Recorded: 7/7/2022

Final Date to Submit Claim: 7/7/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$119,712.17 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. 1999-508412 recorded on 11/18/1999. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

**Please Refer to Claim Summary and Supporting Documents Enclosed**

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

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

Executed this 7<sup>th</sup> day of July, 2023 at Stanislaus, CA  
County, State

Signature of Claimant  
Tax ID

Signature of Claimant

Jed Byerly, Managing Member  
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A  
Street Address

Street Address

Modesto, CA 95354  
City, State, Zip

City, State, Zip

(209) 593-3913  
Phone Number

Phone Number

SCO 8-21 (1-99)

GD Number: 44834-402045



RECORDING REQUESTED BY  
**ORANGE COAST TITLE COMPANY**

AND WHEN RECORDED MAIL THIS DEED AND TAX STATEMENTS TO:

NAME **KATHLEEN M. MARTINEZ**  
 ADDRESS **24845 HOWARD DR.**  
 CITY & STATE **HEMET, CA 92544**

Title Order No. **R181575-2**  
 Escrow No. **13449-G**  
 Assessor's Parcel No. **549-221-008**  
 Date **November 12, 1999**

TRA: 071121

**DOC # 1999-508412**

11/15/1999 04:00A Fee: \$6.00

Page 1 of 1 Doc 7 Tax Paid

Recorded in Official Records

County of Riverside

Gary L. Oras

Assessor, County Clerk & Recorder



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**GRANT DEED**

The undersigned declares that the documentary transfer tax is \$45.65 and is computed on the full value of the interest or property conveyed. The property is located in an unincorporated area..

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **HERMAN GRADY PARKER and GWENDOLYN A. PARKER, husband and wife as joint tenants** do hereby GRANT to

**KATHLEEN M. MARTINEZ, a single woman**

the following described real property in the County of RIVERSIDE, State of California:

LOT 8 OF TRACT 4460-1, AS SHOWN BY MAP ON FILE IN BOOK 74, PAGES 42 THROUGH 45, INCLUSIVE, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

*Herman Grady Parker*  
 HERMAN GRADY PARKER

*Gwendolyn A. Parker*  
 GWENDOLYN A. PARKER

STATE OF CALIFORNIA,  
 COUNTY OF

*Riverside*

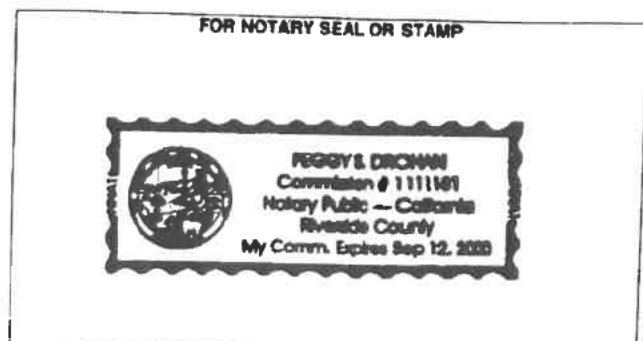
} ss

on **11-15-99** before me, a Notary Public in and for said State, personally appeared **HERMAN GRADY PARKER and GWENDOLYN A. PARKER**, personally known to me, he proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity on behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Signature *Peggy S. Dohan*

MAIL TAX STATEMENTS AS DIRECTED ABOVE



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014187405

## CERTIFICATE OF DEATH

3201433010901

STATE FILE NUMBER

STATE OF CALIFORNIA  
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV. 2/08)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) <b>KATHLEEN</b>		2. MIDDLE <b>MARIE</b>		3. LAST (Family) <b>MARTINEZ</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>11/08/1961</b>		5. AGE Yrs <b>52</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/ROF (at Time of Death) <b>NEVER MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/29/2014</b>		8. HOUR (24 Hours) <b>1105</b>	
13. EDUCATION - Highest Level Degree (best worksheet or back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACCOUNTANT</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>		19. YEARS IN OCCUPATION <b>15</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>24845 HOWARD DR.</b>					
21. CITY <b>Hemet</b>		22. COUNTY <b>RIVERSIDE</b>		23. ZIP CODE <b>92544</b>	
24. STATE/FOREIGN COUNTRY <b>CA</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>GEORGE DERBY, D.P.O.A.</b>					
27. ADDRESS (Street and number, or location, city or town, state and zip) <b>24845 HOWARD DR., Hemet, CA 92544</b>					
28. NAME OF EMPLOYER, SHOWING ROF - PERM <b>[REDACTED]</b>		29. MIDDLE <b>[REDACTED]</b>		30. LAST (BIRTH NAME) <b>FORER</b>	
31. NAME OF FATHER/MOTHER - FIRST <b>JAMES</b>		32. MIDDLE <b>RICHARD</b>		33. LAST (BIRTH NAME) <b>MARTINEZ</b>	
34. NAME OF MOTHER/FATHER - FIRST <b>SANDRA</b>		35. MIDDLE <b>UNK</b>		36. LAST (BIRTH NAME) <b>FORER</b>	
37. DATE OF BIRTH mm/dd/yyyy <b>10/14/2014</b>		38. PLACE OF BIRTH (City and state) <b>24845 HOWARD DR., Hemet, CA 92544</b>		39. DATE OF BIRTH mm/dd/yyyy <b>10/14/2014</b>	
40. TYPE OF DEATH (e.g., natural, homicide) <b>CR/RES</b>		41. SIGNATURE OF EMPLOYER <b>[REDACTED]</b>		42. LICENSE NUMBER <b>[REDACTED]</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>INLAND MEMORIAL HARFORD CHAPEL</b>		44. LICENSE NUMBER <b>FD 282</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>[REDACTED]</b>	
46. DATE mm/dd/yyyy <b>10/14/2014</b>		47. DATE mm/dd/yyyy <b>10/14/2014</b>			
101. PLACE OF DEATH <b>HEMET VALLEY MEDICAL CENTER</b>					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. CITY <b>HEMET</b>					
104. COUNTY <b>RIVERSIDE</b>					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1117 E DEVONSHIRE AVE</b>					
106. CITY <b>HEMET</b>					
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) <b>RESPIRATORY FAILURE</b> (B) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> (C) <b>DIABETES, CORONARY ARTERY DISEASE, PARKINSONS</b> (D) <b>NO</b>					
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) <b>3 DAYS</b> (C) <b>2014-09051</b>					
109. BODYS PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <b>YRS</b> (C) <b>110. AUTOPSY PERFORMED?</b> (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <b>111. USED IN DETERMINING CAUSE?</b> (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES, CORONARY ARTERY DISEASE, PARKINSONS</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <b>07/15/1999</b> Decedent Last Seen Alive: <b>08/19/2014</b>					
115. SIGNATURE AND TITLE OF CERTIFIER <b>[REDACTED]</b>					
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>DONALD MURRAY CASSADAY M.D.</b>					
117. LICENSE NUMBER <b>C36950</b>					
118. DATE mm/dd/yyyy <b>10/14/2014</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy <b>121. INJURY DATE mm/dd/yyyy</b>					
122. HOUR (24 Hours) <b>123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)</b>					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>[REDACTED]</b>					
127. DATE mm/dd/yyyy <b>128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER</b>					
129. STATE REGISTRAR <b>A B C D E</b>					
130. FAX AUTH. <b>010001002753254</b>					
131. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

JUN 15 2023

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



035225263

*Peter Alderson*  
 PETER ALDARON  
 ASSESSOR-COUNTY CLERK-RECORDER  
 RIVERSIDE COUNTY, CALIFORNIA



CARIVERS02

# AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Kathleen Marie Martinez died on 09/29/2014 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
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 \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$143,654.61 +-, generated from Assessor's Parcel Number(s) 549221008, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/21/2022.

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

Dawn Ursula Forgit, Linda Forgit, George Garceau, Justin Holdsworth, Karen Miller, Susan Burke, the Estate of Paul Thomas Forgit and the Estate of Claudia O'Donnell

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

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

8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

6-24-2023  
 (DATE)

Attorney in Fact  
 Susan Marie Burke  
 Printed Name

Susan Marie Burke  
 signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(Attach Additional Sheet if Necessary)



**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

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 Riverside

On 6/24/23 before me, Shelbie Nicole Negrete, Notary public, personally appeared  
(Date) Susan Marie Burke (here insert name and title of the officer)

, 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)  
Signature of Notary Public





**AFFIDAVIT**

I, Susan Marie Burke, do hereby declare:

1. I am over the age of 18 and a resident of Riverside, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Kathleen M. Martinez is one and the same person who is listed on the Grant Deed as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. Kathleen M. Martinez died on 09/29/2014. She is one and the same person who is listed on her Certificate of Death as Kathleen Marie Martinez as State File Number: 3052014187405 Local Registration Number: 3201433010901.
4. Linda Forgit is an Aunt to Kathleen Marie Martinez..
5. Linda Forgit is one and the same person as Linda Cecelia Forgit
6. I, Susan Marie Burke am the Attorney in Fact for Linda Forgit.
7. Linda Forgit does not have, nor can she provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the 24845 HOWARD DR HEMET CA 92544-1901 address; which is one and the same address that is on the above referenced Grant Deed. Linda Forgit has never reported to this address as it belonged to her cousin, Kathleen.
8. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 549221008.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 24 day of June 2023, in Hemet, California  
Susan Marie Burke  
Susan Marie Burke

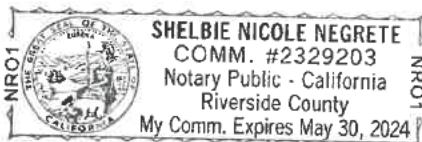
**JURAT**

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 Riverside

Subscribed and sworn to (or affirmed) before me on this

24 day of June, 2023, by  
Date Month Year  
Susan Marie Burke  
Name of Signer



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

Signature [Signature]  
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 44834-402008



Ph: 209-593-3900 or 800-370-0372 | Fx: 209-549-9299 | Info@gd-ltd.com

1120 13th Street, Suite A | Modesto, CA 95354

**CLAIM SUMMARY**

Date: July 7, 2023  
To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 549221008  
Last Assessee: MARTINEZ KATHLEEN M  
Sale Date: 4/21/2022  
TC: TC 218  
Item Number: 489  
Deadline: 7/7/2023

RECEIVED  
2023 JUL - 7 AM 10:12  
RIVERSIDE COUNTY  
TREASURER & TAX COLLECTOR

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. **Explanation of Events**
2. Grant Deed granting interest to Kathleen M. Martinez, a single woman as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. **Certified** Certificate of Death for Kathleen Marie Martinez
  - a. The **24845 Howard Dr., Hemet, CA 92544** address listed as residence is one and the same address listed on the above referenced Grant Deed.
  - b. **James Martinez is listed as "father" and Sandra Forgit is listed as "mother" Forgit is Sandra's maiden name**
4. Probate Affidavit(s) signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke, attorney in fact for Linda Forgit
5. Birth Certificate for George Henry Garceau
  - a. **Virginia Forgit is listed as "mother"**
6. Birth Certificate for Dawn Ursula Forgit
  - a. **George Roger Forgit is listed as "father"**
7. Birth Certificate for Linda Forgit
  - a. **George Forgit is listed as "father" and Cecelia Lamothe is listed as "mother". These are one and the same parents that are listed on Sandra Forgit's birth certificate**
8. Birth Certificate for Justin Holdsworth
  - a. **Jane Forgit is listed as "mother"**
9. Birth Certificate for Karen Francis Forgit
  - a. **Francis Forgit is listed as "father"**
10. Marriage Certificate for Karen Forgit to reference her maiden name to her current name as Karen Miller.
11. Birth Certificate for Susan Marie Forgit
  - a. **Francis Forgit is listed as "father"**
12. Marriage Certificate for Susan Forgit to reference her maiden name to her current name as Susan Burke.

13. Specific Power of Attorney whereas **Linda Forgit appoints Susan Burke as her Attorney in Fact**
14. Affidavit(s) Declaring Identity for: George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit
15. Assignment of Rights To Collect Excess Proceeds signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit as heir to the Estate of Kathleen M. Martinez.
16. Claim form(s) signed by Global Discoveries, Ltd.
17. Photo ID(s) for Assignor(s): George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Linda Forgit

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$119,712.17 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to [jed@gd-ltd.com](mailto:jed@gd-ltd.com).

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

**Certified Tracking Number: 7022-2410-0002-4727-1841**

# ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 549221008 Tax Sale Number TC 218, Item 489 sold at public auction on 4/21/2022. I understand that the total of excess proceeds available for refund is \$ 143,654.61+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE 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.

Dawn U. Forgit  
(Signature)

6-21-23  
(Date)

Dawn Ursula Forgit as heir to the Estate of Kathleen M Martinez  
(Name Printed)

Tax ID/SS#

265 Steffen St  
(Address)

Sierra Vista, AZ, 85635  
(City/State/Zip)

480-399-7526  
(Area Code/Telephone Number)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Arizona

County of Cochise

On 06/21/2023 before me, Piah Aunquoe, personally appeared  
(Date) (here insert name and title of the officer)

Dawn Ursula Forgit, 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 of Notary Public

(seal)



**OFFICIAL SEAL**  
**PIAH AUNQUOE**  
Notary Public - State of Arizona  
COCHISE COUNTY  
MY COMM # 648615  
EXPIRES: MAY 23, 2027

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

Jed Byerly  
(Signature of Assignee)

Jed Byerly, Managing Member of Global Discoveries Ltd.  
(Name Printed)

Tax ID/SS#

P.O. Box 1748

(Address)

Modesto, CA 95353-1748

(City/State/Zip)

Phone: (209) 593-3913

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Stanislaus

On 7-7-2023 before me, Michelle BARAJAS, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Byerly, 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 of Notary Public

(seal)

117-174 (3/85) (Ret-Perm)





**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY**  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

**To: Jon Christensen, Treasurer-Tax Collector**

**Re: Claim for Excess Proceeds**

TC218 Item 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544-1901

Date Sold: 4/21/2022

Date Deed to Purchaser Recorded: 7/7/2022

Final Date to Submit Claim: 7/7/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$119,712.17 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. 1999-508412 recorded on 11/18/1999. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

**Please Refer to Claim Summary and Supporting Documents Enclosed**

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

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

Executed this 7<sup>th</sup> day of July, 2023 at Stanislaus, CA  
County, State

[Signature]  
Signature of Claimant  
Tax ID #

[Signature]  
Signature of Claimant

Jed Byerly, Managing Member  
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A  
Street Address

Street Address

Modesto, CA 95354  
City, State, Zip

City, State, Zip

(209) 593-3913  
Phone Number

Phone Number

SCO 8-21 (1-99)

GD Number: 44834-402045

AND WHEN RECORDED MAIL THIS DEED AND TAX STATEMENTS TO:

Title Order No. R181575-2  
Escrow No. 13449-G  
Assessor's Parcel No. 549-221-008  
Date November 12, 1999

TRA: 071121

11/15/1999 03:00A For:0.00

Page 1 of 1 Dec 7 Tax Paid  
Recorded in Official Records

County of Riverside

**Gary L. Orso**

Resener, County Clerk & Recorder



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The undersigned declares that the documentary transfer tax is \$45.65 and is computed on the full value of the interest or property conveyed. The property is located in an unincorporated area..

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
**HERMAN GRADY PARKER and GWENDOLYN A. PARKER, husband and wife as joint tenants**  
do hereby GRANT to

KATHLEEN M. MARTINEZ, a single woman

the following described real property in the County of RIVERSIDE, State of California:

LOT 8 OF TRACT 4460-1, AS SHOWN BY MAP ON FILE IN BOOK 74, PAGES 42 THROUGH 45, INCLUSIVE, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

HERMAN GRADY PARKER

GWENDOLYN A. PARKER

STATE OF CALIFORNIA,  
COUNTY OF

Riverside

} ss

On 11-15-99, before me, a Notary Public in and for said State, personally appeared HUBBARD PAWLEY PARKER and MINNIE L. A. PARKER, personally known to me, and proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity on behalf of which the persons acted, executed the instrument.

WITH MY OWN AND OFFICIAL SEAL

**Signature**

MAIL TAX STATEMENTS AS DIRECTED ABOVE

SSSI 27DA REV 7 94



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014187405

## CERTIFICATE OF DEATH

3201433010901

STATE FILE NUMBER

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-100REV 2/00

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) <b>KATHLEEN</b>		2. MIDDLE <b>MARIE</b>		3. LAST (Family) <b>MARTINEZ</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>11/08/1961</b>					
5. AGE Yrs: <b>52</b> Mths: <b>0</b> Days: <b>0</b> Hours: <b>0</b> Minutes: <b>0</b> Seconds: <b>0</b>					
6. SEX <b>F</b>					
8. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SIDOP* (at Time of Death) <b>NEVER MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/29/2014</b>		8. HOUR (24 Hours) <b>1105</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACCOUNTANT</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>		19. YEARS IN OCCUPATION <b>15</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>24845 HOWARD DR</b>					
21. CITY <b>HEMET</b>					
22. ZIP CODE <b>92554</b>					
23. NEAREST COUNTY <b>CA</b>					
24. STATE/FOREIGN COUNTRY <b>CA</b>					
25. INFORMANT'S NAME, RELATIONSHIP <b>GEORGE DERBY, D.P.O.A.</b>					
26. ADDRESS (Street and number, or location, city or town, state and zip) <b>24845 HOWARD DR, HEMET, CA 92554</b>					
27. NAME OF SURVIVING SPOUSE/SIDOP* (First) <b>JAMES</b>					
28. MIDDLE <b>EICHARDT</b>					
29. LAST (BIRTH NAME) <b>MARTINEZ</b>					
30. BIRTH STATE <b>CA</b>					
31. NAME OF MOTHER/PARENT - FIRST <b>SANDRA</b>					
32. MIDDLE <b>UNK</b>					
33. LAST (BIRTH NAME) <b>FOREST</b>					
34. BIRTH STATE <b>WA</b>					
35. DEPOSITION DATE mm/dd/yyyy <b>10/14/2014</b>					
36. PLACE OF FINAL DISPOSITION <b>24845 HOWARD DR, HEMET, CA 92554</b>					
37. TYPE OF DISPOSITION <b>CR/RES</b>					
38. NAME OF FUNERAL ESTABLISHMENT <b>INLAND MEMORIAL HARFORD CHAPEL</b>					
39. LICENSE NUMBER <b>FD 282</b>					
40. SIGNATURE OF LOGAL REGISTRAR <b>[REDACTED]</b>					
41. DATE mm/dd/yyyy <b>10/14/2014</b>					
101. PLACE OF DEATH <b>HEMET VALLEY MEDICAL CENTER</b>					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY <b>RIVERSIDE</b>					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1117 E DEVONSHIRE AVE</b>					
106. CITY <b>HEMET</b>					
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. <b>RESPIRATORY FAILURE</b> <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES, CORONARY ARTERY DISEASE, PARKINSON'S</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <b>07/15/1999</b> Decedent Last Seen Alive: <b>08/19/2014</b>					
115. SIGNATURE AND TITLE OF CERTIFIER <b>[REDACTED]</b>					
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>DONALD MURRAY CASSADAY M.D.</b>					
117. LICENSE NUMBER <b>C36950</b>					
118. DATE mm/dd/yyyy <b>10/14/2014</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>[REDACTED]</b>					
127. DATE mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					
FAX AUTH.#					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

JUN 15 2023

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARIVERS02



# AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Kathleen Marie Martinez died on 09/29/2014 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
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 \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$143,654.61+/-, generated from Assessor's Parcel Number(s) 549221008, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/21/2022.

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

Dawn Ursula Forgit, Linda Forgit, George Garceau, Justin Holdsworth, Karen Miller, Susan Burke, the Estate of Paul Thomas Forgit and the Estate of Claudia O'Donnell

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

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

8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

6-21-23

(DATE)

Dawn Ursula Forgit

Printed Name

*Dawn Ursula Forgit*

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(Attach Additional Sheet if Necessary)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Arizona

County of Cochise

On 06/21/2023 before me, Piah Aunquoe, personally appeared  
(Date) (here insert name and title of the officer)

Dawn Ursula Forgit, 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 of Notary Public

(seal)



**OFFICIAL SEAL**  
**PIAH AUNQUOE**  
Notary Public - State of Arizona  
COCHISE COUNTY  
MY COMM# 648615  
EXPIRES: MAY 23, 2027

## AFFIDAVIT

I, Dawn Ursula Forgit, do hereby declare:

1. I am over the age of 18 and a resident of Sierra Vista, AZ. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Kathleen M. Martinez is one and the same person who is listed on the Grant Deed as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. Kathleen M. Martinez died on 09/29/2014. She is one and the same person who is listed on her Certificate of Death as Kathleen Marie Martinez as State File Number: 3052014187405 Local Registration Number: 3201433010901.
4. I, Dawn Ursula Forgit am a first cousin to Kathleen Marie Martinez.
5. I do not have, nor can I provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the 24845 HOWARD DR HEMET CA 92544-1901 address; which is one and the same address that is on the above referenced Grant Deed. I have never reported to this address as it belonged to my cousin, Kathleen.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 549221008.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21 day of June, 2023, in Sierra Vista Az.

x Dawn Ursula Forgit  
Dawn Ursula Forgit

## 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 Arizona

County of Cochise

Subscribed and sworn to (or affirmed) before me on this

21 day of June, 20 23, by  
Date Month Year

Dawn Ursula Forgit  
Name of Signer

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

Signature

Signature of Notary Public



**OFFICIAL SEAL**  
**PIA H. AUNQUOE**  
Notary Public - State of Arizona  
COCHISE COUNTY  
MY COMM# 648615  
EXPIRES: MAY 23, 2027

(Place Notary Seal Above)

GD Number: 44834-402045

**CLAIM SUMMARY**

Date: July 7, 2023  
To: Riverside County Treasurer and Tax Collector  
Assessors Parcel Number: 549221008  
Last Assessee: MARTINEZ KATHLEEN M  
Sale Date: 4/21/2022  
TC: TC 218  
Item Number: 489  
Deadline: 7/7/2023

RECEIVED  
2023 JUL -7 AM 10:12  
RIVERSIDE COUNTY  
TREASURER & TAX COLLECTOR

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. **Explanation of Events**
2. Grant Deed granting interest to Kathleen M. Martinez, a single woman as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. **Certified** Certificate of Death for Kathleen Marie Martinez
  - a. The **24845 Howard Dr., Hemet, CA 92544** address listed as residence is one and the same address listed on the above referenced Grant Deed.
  - b. **James Martinez** is listed as "father" and **Sandra Forgit** is listed as "mother" Forgit is Sandra's maiden name
4. Probate Affidavit(s) signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke, attorney in fact for Linda Forgit
5. Birth Certificate for George Henry Garceau
  - a. **Virginia Forgit is listed as "mother"**
6. Birth Certificate for Dawn Ursula Forgit
  - a. **George Roger Forgit is listed as "father"**
7. Birth Certificate for Linda Forgit
  - a. **George Forgit is listed as "father" and Cecelia Lamothe is listed as "mother". These are one and the same parents that are listed on Sandra Forgit's birth certificate**
8. Birth Certificate for Justin Holdsworth
  - a. **Jane Forgit is listed as "mother"**
9. Birth Certificate for Karen Francis Forgit
  - a. **Francis Forgit is listed as "father"**
10. Marriage Certificate for Karen Forgit to reference her maiden name to her current name as Karen Miller.
11. Birth Certificate for Susan Marie Forgit
  - a. **Francis Forgit is listed as "father"**
12. Marriage Certificate for Susan Forgit to reference her maiden name to her current name as Susan Burke.



13. Specific Power of Attorney whereas **Linda Forgit appoints Susan Burke as her Attorney in Fact**
14. Affidavit(s) Declaring Identity for: George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit
15. Assignment of Rights To Collect Excess Proceeds signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit as heir to the Estate of Kathleen M. Martinez.
16. Claim form(s) signed by Global Discoveries, Ltd.
17. Photo ID(s) for Assignor(s): George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Linda Forgit

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$119,712.17 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to [jed@gd-ltd.com](mailto:jed@gd-ltd.com).

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

**Certified Tracking Number: 7022-2410-0002-4727-1841**

# ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 549221008 Tax Sale Number TC 218 Item 489 sold at public auction on 4/21/2022. I understand that the total of excess proceeds available for refund is \$ 143,654.61+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE 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.

(Signature of Party of Interest/Assignor)

7-3-2023  
(Date)

Justin Holdsworth as heir to the Estate of Kathleen M Martinez  
(Name Printed)

Tax ID/SS#

2023 N New River Dr  
(Address)

Surf City, NC 28445  
(City/State/Zip)

310292-4127  
(Area Code/Telephone Number)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 North Carolina

County of Onslow

On July 3rd 2023 before me, Allan M. Frazelle, Jr. Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Justin Holdsworth, 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.

Allan M. Frazelle, Jr. (seal)  
Signature of Notary Public

ALLAN M. FRAZELLE, JR.  
Notary Public - North Carolina  
Pender County  
My Commission Expires May 24, 2027

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

Justin Holdsworth  
(Signature of Assignee)

Jed Byerly, Managing Member of Global Discoveries Ltd.  
(Name Printed)

Tax ID/SS#

P.O. Box 1748  
(Address)

Modesto, CA 95353-1748  
(City/State/Zip)

Phone: (209) 593-3913

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Stanislaus

On 7-7-2023 before me, Michelle Barajas, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Byerly, 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.

Michelle Barajas (seal)  
Signature of Notary Public  
117-174 (3/85) (Ret-Perm)

MICHELLE BARAJAS  
Notary Public - California  
Stanislaus County  
Commission # 2363522  
My Comm. Expires Jun 30, 2025

**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY**  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

**To: Jon Christensen, Treasurer-Tax Collector**

**Re: Claim for Excess Proceeds**

TC218 Item 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544-1901

Date Sold: 4/21/2022

Date Deed to Purchaser Recorded: 7/7/2022

Final Date to Submit Claim: 7/7/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$119,712.17 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. 1999-508412 recorded on 11/18/1999. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

**Please Refer to Claim Summary and Supporting Documents Enclosed**

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

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

Executed this 7<sup>th</sup> day of July, 2023 at Stanislaus, CA  
County, State

[Signature]  
Signature of Claimant  
Tax ID #

[Signature]  
Signature of Claimant

Jed Byerly, Managing Member  
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A  
Street Address

Street Address

Modesto, CA 95354  
City, State, Zip

City, State, Zip

(209) 593-3913  
Phone Number

Phone Number

SCO 8-21 (1-99)

GD Number: 44834-402045

AND WHEN RECORDED MAIL THIS DEED AND TAX STATEMENTS TO:

Title Order No. R181575-2  
Escrow No. 13449-G  
Assessor's Parcel No. 549-221-008  
Date November 12, 1999

TRA: 071121

11/18/1999 09:00A Exp: 11.00

Page 1 of 1 Doc T Tax Paid

Recorded in Official Records

County of Riverside

Gary L. Oran

Assessor, County Clerk &amp; Recorder



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The undersigned declares that the documentary transfer tax is \$45.65 and is computed on the full value of the interest or property conveyed. The property is located in an unincorporated area..

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
**HERMAN GRADY PARKER and GWENDOLYN A. PARKER, husband and wife as joint tenants**  
do hereby GRANT to

KATHLEEN M. MARTINEZ, a single woman

the following described real property in the County of RIVERSIDE, State of California:

LOT 8 OF TRACT 4460-1, AS SHOWN BY MAP ON FILE IN BOOK 74, PAGES 42 THROUGH 45, INCLUSIVE, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

HERMAN GRADY PARKER

GWENDOLYN A. PARKER

STATE OF CALIFORNIA,  
COUNTY OF

Riverside

On 11-15-99 before me, a Notary Public in and for said State, personally appeared HERMAN FRANK PARKER and GENEVIEVE A. PARKER, personally known to me, I provided to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity on behalf of which the persons acted, executed the instrument.

WITNESSES: \_\_\_\_\_ and \_\_\_\_\_ official seal \_\_\_\_\_

Signature \_\_\_\_\_

MAIL TAX STATEMENTS AS DIRECTED ABOVE

SSSI 270A REV 794



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014187405

## CERTIFICATE OF DEATH

3201433010901

STATE FILE NUMBER 3052014187405		LOCAL REGISTRATION NUMBER 3201433010901	
1. NAME OF DECEDENT - FIRST (Given) KATHLEEN		2. MIDDLE MARIE	
3. LAST (Family) MARTINEZ		AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	
4. DATE OF BIRTH mm/dd/yyyy 11/08/1961		5. AGE Yrs. 52	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 09/29/2014	
8. BIRTH STATE/FOREIGN COUNTRY CA		9. SOCIAL SECURITY NUMBER	
10. EDUCATION - Highest Level Degree (See worksheet on back) BACHELOR		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (ROP) (at Time of Death) NEVER MARRIED		13. DECEASED RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
14. USUAL OCCUPATION - Type of work for most of the DO NOT USE RETIRED ACCOUNTANT		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT	
16. YEARS IN OCCUPATION 15		17. DECEASED'S RESIDENCE (Street and number, or location) 24845 HOWARD DR	
18. CITY HEMET		19. COUNTY/PROVINCE RIVERSIDE	
20. ZIP CODE 92544		21. STATE/FOREIGN COUNTRY CA	
22. INFORMANT'S NAME, RELATIONSHIP GEORGE DERBY, D.P.O.A.		23. INFORMANT'S MAIN HOME ADDRESS (Street and number, city or town, state and zip) 24845 HOWARD DR, HEMET, CA 92544	
24. NAME OF BURIAL SITE (Buried, cremated, etc.) CR/RES		25. TYPE OF BURIAL SITE (Buried, cremated, etc.) CR/RES	
26. NAME OF FUNERAL ESTABLISHMENT INLAND MEMORIAL HARFORD CHAPEL		27. LICENSE NUMBER FD 282	
28. DATE OF DEATH 10/14/2014		29. SIGNATURE OF LOCAL REGISTRAR [Signature]	
30. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER		31. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA	
32. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 E DEVONSHIRE AVE		33. CITY HEMET	
34. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		35. TIME INTERVAL Between Onset and Death 3 DAYS	
36. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		37. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
38. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES, CORONARY ARTERY DISEASE, PARKINSON'S		39. 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41. 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
42. 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		43. 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
44. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 07/15/1999 Decedent Last Seen Alive: 08/19/2014		45. 115. SIGNATURE AND TITLE OF CERTIFIER DONALD MURRAY CASSADAY M.D.	
46. 116. TYPE ATTEMPTED PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 2390 E FLORIDA AVE STE 205, HEMET, CA 92544		47. 117. DATE mm/dd/yyyy 10/14/2014	
48. 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		49. 119. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
50. 120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		51. 121. INJURY DATE mm/dd/yyyy	
52. 122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		53. 122. HOUR (24 Hours)	
54. 123. LOCATION OF INJURY (Street and number, or location, and city, and zip)		55. 126. SIGNATURE OF CORONER / DEPUTY CORONER	
56. 127. DATE mm/dd/yyyy		57. 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
58. STATE REGISTRAR A B C D E		59. FAX AUTH.#	
60. CENSUS TRACT		61. BARCODE *010001002753254*	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

JUN 15 2023

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

035225263

PETER ALDANA  
ASSESSOR-COUNTY CLERK-RECORDER  
RIVERSIDE COUNTY, CALIFORNIA

CARIVERS02

# AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Kathleen Marie Martinez died on 09/29/2014 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
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 \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$143,654.61 +-, generated from Assessor's Parcel Number(s) 549221008, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/21/2022.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:  
Dawn Ursula Forgit, Linda Forgit, George Garceau, Justin Holdsworth, Karen Miller, Susan Burke, the Estate of Paul Thomas Forgit and the Estate of Claudia O'Donnell
7. The undersigned (please check which box(s) applies):  
☒ Is successor(s) of the decedent to the decedent's interest in the described property, or  
☐ Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;
8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

July 3rd 2023  
[DATE]

Justin Holdsworth

Printed Name

signature

[DATE]

Printed Name

signature

[DATE]

Printed Name

signature

[DATE]

Printed Name

signature

[DATE]

Printed Name

signature

(Attach Additional Sheet if Necessary)

# **CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

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 North Carolina

County of Onslow

On July 3<sup>rd</sup> 2023 before me, Allan M. Frazelle Jr. Notary Public, personally appeared

(Date)

(here insert name and title of the officer)

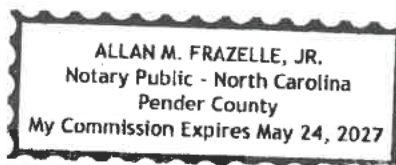
Justin Holdsworth, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument 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.

Allan M. Frazelle Jr. (seal)  
Signature of Notary Public

Allan M. Frazelle, Jr.



### AFFIDAVIT

I, Justin Holdsworth, do hereby declare:

1. I am over the age of 18 and a resident of Surf City, NC. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Kathleen M. Martinez is one and the same person who is listed on the Grant Deed as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. Kathleen M. Martinez died on 09/29/2014. She is one and the same person who is listed on her Certificate of Death as Kathleen Marie Martinez as State File Number: 3052014187405 Local Registration Number: 3201433010901.
4. I, Justin Holdsworth am a first cousin to Kathleen Marie Martinez.
5. I, Justin Holdsworth am one and the same person as Justin Michael Holdsworth and Justin M. Holdsworth.
6. I do not have, nor can I provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the 24845 HOWARD DR HEMET CA 92544-1901 address; which is one and the same address that is on the above referenced Grant Deed. I have never reported to this address as it belonged to my cousin, Kathleen.
7. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 549221008.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 3rd day of July, 2023, in Holy Ridge, North Carolina

X [Signature]  
Justin Holdsworth as heir to the Estate of Kathleen M Martinez

### 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 North Carolina

County of Onslow

Subscribed and sworn to (or affirmed) before me on this

3rd day of July, 2023, by  
Date Month Year

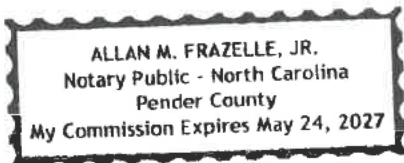
Justin Holdsworth  
Name of Signer

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

Signature

Signature of Notary Public

Allan M. Frazelle Jr.



(Place Notary Seal Above)

GD Number: 44834-402048



**CLAIM SUMMARY**

Date: July 7, 2023

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 549221008

Last Assessee: MARTINEZ KATHLEEN M

Sale Date: 4/21/2022

TC: TC 218

Item Number: 489

Deadline: 7/7/2023



Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. **Explanation of Events**
2. Grant Deed granting interest to Kathleen M. Martinez, a single woman as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. **Certified** Certificate of Death for Kathleen Marie Martinez
  - a. The **24845 Howard Dr., Hemet, CA 92544** address listed as residence is one and the same address listed on the above referenced Grant Deed.
  - b. **James Martinez is listed as "father" and Sandra Forgit is listed as "mother" Forgit is Sandra's maiden name**
4. Probate Affidavit(s) signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke, attorney in fact for Linda Forgit
5. Birth Certificate for George Henry Garceau
  - a. **Virginia Forgit is listed as "mother"**
6. Birth Certificate for Dawn Ursula Forgit
  - a. **George Roger Forgit is listed as "father"**
7. Birth Certificate for Linda Forgit
  - a. **George Forgit is listed as "father" and Cecelia Lamothe is listed as "mother". These are one and the same parents that are listed on Sandra Forgit's birth certificate**
8. Birth Certificate for Justin Holdsworth
  - a. **Jane Forgit is listed as "mother"**
9. Birth Certificate for Karen Francis Forgit
  - a. **Francis Forgit is listed as "father"**
10. Marriage Certificate for Karen Forgit to reference her maiden name to her current name as Karen Miller.
11. Birth Certificate for Susan Marie Forgit
  - a. **Francis Forgit is listed as "father"**
12. Marriage Certificate for Susan Forgit to reference her maiden name to her current name as Susan Burke.



13. Specific Power of Attorney whereas **Linda Forgit appoints Susan Burke as her Attorney in Fact**
14. Affidavit(s) Declaring Identity for: George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit
15. Assignment of Rights To Collect Excess Proceeds signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit as heir to the Estate of Kathleen M. Martinez.
16. Claim form(s) signed by Global Discoveries, Ltd.
17. Photo ID(s) for Assignor(s): George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Linda Forgit

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$119,712.17 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to [jed@gd-ltd.com](mailto:jed@gd-ltd.com).

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

**Certified Tracking Number: 7022-2410-0002-4727-1841**

# ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 549221008 Tax Sale Number TC 218, Item 489 sold at public auction on 4/21/2022. I understand that the total of excess proceeds available for refund is \$ 143,654.61+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE 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.

George Garceau 4/21/2023  
(Signature of Party of Interest/Assignor) (Date)

Tax ID/SS# \_\_\_\_\_

George Henry Garceau as heir to the Estate of Kathleen M Martinez  
(Name Printed)

1331 W Dry Creek Rd  
(Address)

Littleton, CO, 80120  
(City/State/Zip)

303-730-6279  
(Area Code/Telephone Number)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Colorado

County of Arapahoe

On 06/21/2023 before me, Alex Farmer, personally appeared  
(Date) (here insert name and title of the officer)

George Henry Garceau, 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.

Alex Farmer (seal)  
Signature of Notary Public

**ALEX FARMER**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
**NOTARY ID 20224008974**  
**MY COMMISSION EXPIRES 03/04/2026**

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

Jed Byerly  
(Signature of Assignee)

Jed Byerly, Managing Member of Global Discoveries Ltd.  
(Name Printed)

Tax ID/SS# \_\_\_\_\_

P.O. Box 1748  
(Address)

Modesto, CA 95353-1748  
(City/State/Zip)

Phone: (209) 593-3913

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State of California

County of Stanislaus

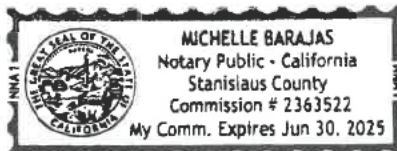
On 7-7-2023 before me, Michelle Barajas, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Byerly, 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.

Michelle Barajas (seal)  
Signature of Notary Public



117-174 (3/85) (Ret-Perm)

**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY**  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

**To: Jon Christensen, Treasurer-Tax Collector**

**Re: Claim for Excess Proceeds**

TC218 Item 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544-1901

Date Sold: 4/21/2022

Date Deed to Purchaser Recorded: 7/7/2022

Final Date to Submit Claim: 7/7/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$119,712.17 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. 1999-508412 recorded on 11/18/1999. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.


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

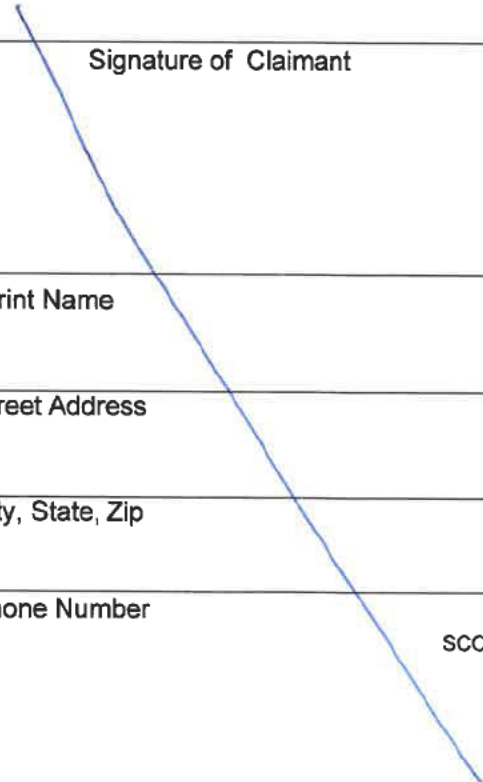
**Please Refer to Claim Summary and Supporting Documents Enclosed**

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

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

Executed this 7<sup>th</sup> day of July, 2023 at Stanislaus, CA  
County, State

  
Signature of Claimant  
Tax ID#

  
Signature of Claimant

Jed Byerly, Managing Member  
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A  
Street Address

Street Address

Modesto, CA 95354  
City, State, Zip

City, State, Zip

(209) 593-3913  
Phone Number

Phone Number

SCO 8-21 (1-99)

GD Number: 44834-402045



RECORDING REQUESTED BY  
**ORANGE COAST TITLE COMPANY**

AND WHEN RECORDED MAIL THIS DEED AND TAX STATEMENTS TO:

NAME **KATHLEEN M. MARTINEZ**  
ADDRESS **24845 HOWARD DR.**  
CITY & STATE **HEMET, CA 92544**

Title Order No. **R181575-2**  
Escrow No. **13449-G**  
Assessor's Parcel No. **549-221-008**  
Date **November 12, 1999**

TRA: 071121

**DOC N 1999-508412**

11/18/1999 08:00A Fee: \$6.00

Page 1 of 1 Doc T Tax Paid

Recorded in Official Records

County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



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**GRANT DEED**

The undersigned declares that the documentary transfer tax is \$45.65 and is computed on the full value of the interest or property conveyed. The property is located in an unincorporated area.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **HERMAN GRADY PARKER and GWENDOLYN A. PARKER, husband and wife as joint tenants** do hereby GRANT to

**KATHLEEN M. MARTINEZ, a single woman**

the following described real property in the County of RIVERSIDE, State of California:

LOT 8 OF TRACT 4460-1, AS SHOWN BY MAP ON FILE IN BOOK 74, PAGES 42 THROUGH 45, INCLUSIVE, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

2-6-01020

*Herman Grady Parker*  
HERMAN GRADY PARKER

*Gwendolyn A. Parker*  
GWENDOLYN A. PARKER

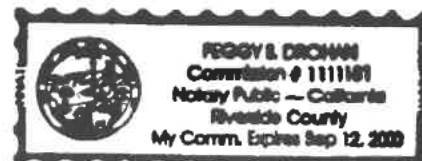
STATE OF CALIFORNIA  
COUNTY OF **Riverside**

} ss

on **11-15-99** before me, a Notary Public in and for said State, personally appeared **HERMAN GRADY PARKER and GWENDOLYN A. PARKER**, personally known to me, do proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity on behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

FOR NOTARY SEAL OR STAMP



Signature *Peggy S. Dohan*

MAIL TAX STATEMENTS AS DIRECTED ABOVE

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014187405

## CERTIFICATE OF DEATH

3201433010901

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) KATHLEEN		3. LAST (Family) MARTINEZ	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/08/1961	
5. AGE Yrs. 52		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		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/SPOUSE (in Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14. DATE OF DEATH mm/dd/yyyy 09/29/2014	
15. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED ACCOUNTANT		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL RESIDENCE (Street and number, or location) 24845 HOWARD DR.		18. YEARS IN OCCUPATION 15	
20. DECEDENT'S RESIDENCE (Street and number, or location) 24845 HOWARD DR.		21. CITY HEMET	
22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92544	
24. YEARS IN COUNTY 4		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP GEORGE DERBY, D.P.O.A.		27. INFORMANT'S MAILING ADDRESS (do not include apartment or P.O. box, city or town, state and zip) 24845 HOWARD DR, HEMET, CA 92544	
28. NAME OF SPouse (if Spouse) - FIRST JAMES		29. MIDDLE RICHARD	
30. LAST (BIRTH NAME) MARTINEZ		31. BIRTH STATE CA	
32. NAME OF MOTHER (if Mother) - FIRST SANDRA		33. MIDDLE UNIK	
34. LAST (BIRTH NAME) FORGH		35. BIRTH STATE MA	
36. DATE OF BIRTH mm/dd/yyyy 10/14/2011		37. PLACE OF BIRTH (City, State, and Country) 24845 HOWARD DR, HEMET, CA 92544	
38. TYPE OF DEATH (see worksheet on back) CR/RES		39. SIGNATURE OF EMBALMER [REDACTED]	
40. NAME OF FUNERAL ESTABLISHMENT INLAND MEMORIAL HARFORD CHAPEL		41. LICENSE NUMBER FD 282	
42. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		43. DATE mm/dd/yyyy 10/14/2014	
101. PLACE OF DEATH HEMET VALLEY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY RIVERSIDE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 E DEVONSHIRE AVE		106. CITY HEMET	
107. CAUSE OF DEATH Enter the chain of events --- disease, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE (B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (C) UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES, CORONARY ARTERY DISEASE, PARKINSON'S		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Time Interval Between Onset and Death 3 DAYS (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER C36950	
117. DATE mm/dd/yyyy 10/14/2014		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DONALD MURRAY CASSADAY M.D. 2390 E FLORIDA AVE STE 205, HEMET, CA 92544	
119. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (A) mm/dd/yyyy 07/15/1999 (B) mm/dd/yyyy 08/19/2014		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy [REDACTED]		122. HOUR (24 Hours) [REDACTED]	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]		126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]	
127. DATE mm/dd/yyyy [REDACTED]		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
STATE REGISTRAR A B C D E		FAX AUTH.# [REDACTED]	
CENSUS TRACT [REDACTED]		[REDACTED]	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

JUN 15 2023

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CARTIVERS02



# AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Kathleen Marie Martinez died on 09/29/2014 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
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 \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$143,654.61 +-, generated from Assessor's Parcel Number(s) 549221008, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/21/2022.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:  
Dawn Ursula Forgit, Linda Forgit, George Garceau, Justin Holdsworth, Karen Miller, Susan Burke, the Estate of Paul Thomas Forgit and the Estate of Claudia O'Donnell
7. The undersigned (please check which box(s) applies):  
☒ Is successor(s) of the decedent to the decedent's interest in the described property, or  
☐ Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;
8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

4/21/2023  
(DATE)

George Henry Garceau

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(Attach Additional Sheet if Necessary)

# **CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

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 COLORADO

County of ARAPAHOE

On 06/21/2023 before me, Alex Farmer personally appeared  
(Date) (here insert name and title of the officer)

George Henry Garcean, 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.

Alex Farmer (seal)  
Signature of Notary Public

**ALEX FARMER  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20224008974  
MY COMMISSION EXPIRES 03/04/2026**



## AFFIDAVIT

I, George Henry Garceau, do hereby declare:

1. I am over the age of 18 and a resident of Littleton, CO. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Kathleen M. Martinez is one and the same person who is listed on the Grant Deed as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. Kathleen M. Martinez died on 09/29/2014. She is one and the same person who is listed on her Certificate of Death as Kathleen Marie Martinez as State File Number: 3052014187405 Local Registration Number: 3201433010901.
4. I, George Henry Garceau am a first cousin to Kathleen Marie Martinez.
5. I do not have, nor can I provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the 24845 HOWARD DR HEMET CA 92544-1901 address; which is one and the same address that is on the above referenced Grant Deed. I have never reported to this address as it belonged to my cousin, Kathleen.
6. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 549221008.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21 day of June 2023, in Arapahoe County.

x

George Henry Garceau  
George Henry Garceau

## JURAT

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State of Colorado

County of Arapahoe

Subscribed and sworn to (or affirmed) before me on this

21 day of June, 2023, by  
Date Month Year  
George Henry Garceau,  
Name of Signer

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

Signature

Alex Farmer  
Signature of Notary Public

(Place Notary Seal Above)

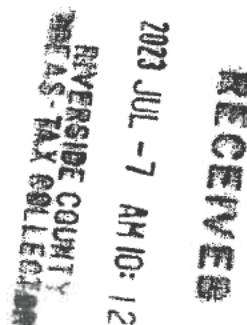
GD Number: 44834-402055

**ALEX FARMER**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
**NOTARY ID 20224008974**  
**MY COMMISSION EXPIRES 03/04/2026**

**CLAIM SUMMARY**

Date: July 7, 2023  
To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 549221008  
Last Assessee: MARTINEZ KATHLEEN M  
Sale Date: 4/21/2022  
TC: TC 218  
Item Number: 489  
Deadline: 7/7/2023



Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

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- One warrant in the amount of \$119,712.17 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to [jed@gd-ltd.com](mailto:jed@gd-ltd.com).

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

**Certified Tracking Number: 7022-2410-0002-4727-1841**

# ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 549221008 Tax Sale Number TC 218, Item 489 sold at public auction on 4/21/2022. I understand that the total of excess proceeds available for refund is \$ 143,654.61+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAUABLE 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.

Susan M. Burke  
(Signature)

6-21-2023  
(Date)

Susan Marie Burke as heir to the Estate of Kathleen M. Martinez  
(Name Printed)

Tax ID/SS \_\_\_\_\_

16704 Stallion Pl  
(Address)

Riverside, CA, 92504  
(City/State/Zip)

951-315-6743  
(Area Code/Telephone Number)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 RIVERSIDE

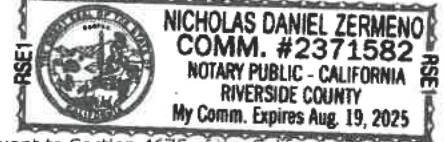
On JUNE 21, 2023 before me, NICHOLAS DANIEL ZERMENO, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

SUSAN MARIE BURKE, 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.

Nicholas Daniel Zermeno (seal)  
Signature of Notary Public



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

Jed Beyerly  
(Signature of Assignee)

Jed Beyerly, Managing Member of Global Discoveries Ltd.  
(Name Printed)

Tax ID/SS# \_\_\_\_\_

P.O. Box 1748  
(Address)

Modesto, CA 95353-1748  
(City/State/Zip)

Phone: (209) 593-3913

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Stanislaus

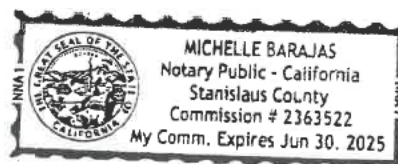
On 7-7-2023 before me, Michelle Barajas, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Beyerly, 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.

Michelle Barajas (seal)  
Signature of Notary Public  
117-174 (3/85) (Ret-Perm)





**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY**  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

**To: Jon Christensen, Treasurer-Tax Collector**

**Re: Claim for Excess Proceeds**

TC218 Item 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544-1901

Date Sold: 4/21/2022

Date Deed to Purchaser Recorded: 7/7/2022

Final Date to Submit Claim: 7/7/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$119,712.17 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. 1999-508412 recorded on 11/18/1999. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

**Please Refer to Claim Summary and Supporting Documents Enclosed**

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

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

Executed this 7<sup>th</sup> day of July, 2023 at Stanislaus, CA  
County, State

[Signature]  
Signature of Claimant  
Tax ID #

[Signature]  
Signature of Claimant

Jed Byerly, Managing Member  
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A  
Street Address

Street Address

Modesto, CA 95354  
City, State, Zip

City, State, Zip

(209) 593-3913  
Phone Number

Phone Number

SCO 8-21 (1-99)

GD Number: 44834-402045

RECORDING REQUESTED BY  
**ORANGE COAST TITLE COMPANY**

AND WHEN RECORDED MAIL THIS DEED AND TAX STATEMENTS TO:

NAME **KATHLEEN M. MARTINEZ**  
ADDRESS **24845 HOWARD DR.**  
CITY & STATE **HEMET, CA 92544**

Title Order No. **R181575-2**  
Escrow No. **13449-G**  
Assessor's Parcel No. **549-221-008**  
Date **November 12, 1999**

TRA: 071121

**DOC # 1889-508412**

11/18/1999 08:00A Fee:8.00

Page 1 of 1 Doc 1 Tax Paid

Recorded in Official Records

County of Riverside

Gary L. Orse

Assessor, County Clerk & Recorder



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**GRANT DEED**

The undersigned declares that the documentary transfer tax is \$45.65 and is computed on the full value of the interest or property conveyed. The property is located in an unincorporated area..

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **HERMAN GRADY PARKER and GWENDOLYN A. PARKER, husband and wife as joint tenants** do hereby GRANT to

**KATHLEEN M. MARTINEZ, a single woman**

the following described real property in the County of RIVERSIDE, State of California:

LOT 8 OF TRACT 4460-1, AS SHOWN BY MAP ON FILE IN BOOK 74, PAGES 42 THROUGH 45, INCLUSIVE, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

2-C, C1020

*Herman Grady Parker*  
HERMAN GRADY PARKER

*X Gwendolyn A Parker*  
GWENDOLYN A. PARKER

STATE OF CALIFORNIA  
COUNTY OF

*Riverside*

}}ss

on **11-15-99** before me, a Notary Public in and for said State, personally appeared **HERMAN GRADY PARKER and GWENDOLYN A. PARKER**, personally known to me, he proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument the persons, or the entity on behalf of which the persons acted, executed the instrument.

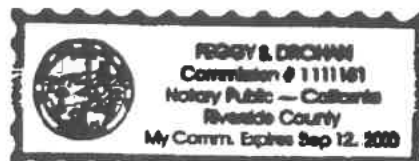
WITNESS my hand and official seal.

Signature

*Peggy S. Diohan*

MAIL TAX STATEMENTS AS DIRECTED ABOVE

FOR NOTARY SEAL OR STAMP



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014187405

## CERTIFICATE OF DEATH

3201433010901

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>KATHLEEN</b>		3. LAST (Family) <b>MARTINEZ</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>11/08/1961</b>	
2. MIDDLE <b>MARIE</b>		5. AGE Yrs <b>52</b>	
6. SEX <b>F</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/29/2014</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/RDP (at Time of Death) <b>NEVER MARRIED</b>	
13. EDUCATION - Highest Level (Degrees) <b>BACHELOR</b>		16. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACCOUNTANT</b>		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>	
19. YEARS IN OCCUPATION <b>15</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>24845 HOWARD DR</b>	
21. CITY <b>HEMET</b>		22. COUNTY/ZIP CODE <b>RIVERSIDE 92544</b>	
23. INFORMANT'S NAME, RELATIONSHIP <b>GEORGE DERBY, D.P.O.A.</b>		24. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state and zip) <b>24845 HOWARD DR, HEMET, CA 92544</b>	
25. NAME OF SPOUSE/PARENT - FIRST <b>JAMES</b>		26. LAST (BIRTH NAME) <b>MARTINEZ</b>	
27. NAME OF MOTHER/PARENT - FIRST <b>SANDRA</b>		28. LAST (BIRTH NAME) <b>FORCH</b>	
29. DEPORTATION DATE mm/dd/yyyy <b>10/14/2011</b>		30. PLACE OF FINAL DISPOSITION <b>GEORGE DERBY 24845 HOWARD DR, HEMET, CA 92544</b>	
41. TYPE OF DISPOSITION (S) <b>CR/RES</b>		42. SIGNATURE OF LOCAL REGISTRAR <b>[REDACTED]</b>	
43. LICENSE NUMBER <b>FD 282</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>INLAND MEMORIAL HARFORD CHAPEL</b>	
45. LICENSE NUMBER <b>FD 282</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>[REDACTED]</b>	
47. DATE mm/dd/yyyy <b>10/14/2014</b>		48. DATE mm/dd/yyyy <b>10/14/2014</b>	
101. PLACE OF DEATH <b>HEMET VALLEY MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EPOF <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1117 E DEVONSHIRE AVE</b>	
106. CITY <b>HEMET</b>		107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure without showing the etiology. DO NOT ABBREVIATE. <b>(A) RESPIRATORY FAILURE</b> <b>(B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> <b>(C) DIABETES, CORONARY ARTERY DISEASE, PARKINSON'S</b>	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. BODILY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <b>07/15/1999</b> Decedent Last Seen Alive: <b>08/19/2014</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>[REDACTED]</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>DONALD MURRAY CASSADAY M.D. 2390 E FLORIDA AVE STE 205, HEMET, CA 92544</b>		117. LICENSE NUMBER <b>C36950</b>	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/yyyy <b>08/19/2014</b>		121. INJURY DATE mm/dd/yyyy <b>08/19/2014</b>	
122. HOUR (24 Hours) <b>1105</b>		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>[REDACTED]</b>	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>[REDACTED]</b>		125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>[REDACTED]</b>	
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>[REDACTED]</b>		127. DATE mm/dd/yyyy <b>10/14/2014</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>[REDACTED]</b>		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>[REDACTED]</b>	
STATE REGISTRAR <b>A B C D E</b>		FAX AUTH.# <b>010001002753254</b>	
CENSUS TRACT <b>035225263</b>		CENSUS TRACT <b>035225263</b>	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

JUN 15 2023

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



035225263

 PETER ALDANA  
 ASSESSOR-COUNTY CLERK-RECORDER  
 RIVERSIDE COUNTY, CALIFORNIA


CARIVERS02

# AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Kathleen Marie Martinez died on 09/29/2014 in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
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 \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$143,654.61 +-, generated from Assessor's Parcel Number(s) 549221008, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/21/2022.

6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:  
Dawn Ursula Forgit, Linda Forgit, George Garceau, Justin Holdsworth, Karen Miller, Susan Burke, the Estate of Paul Thomas Forgit and the Estate of Claudia O'Donnell
7. The undersigned (please check which box(s) applies):  
☒ Is successor(s) of the decedent to the decedent's interest in the described property, or  
☐ Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;
8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

06-21-2023  
(DATE)

Susan Marie Burke

Printed Name

*Susan Marie Burke*  
signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(DATE)

Printed Name

signature

(Attach Additional Sheet if Necessary)



# **CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

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 RIVERSIDE

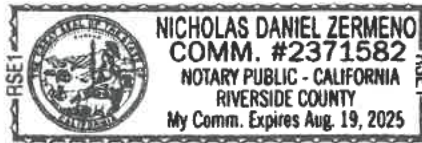
On JUNE 21<sup>ST</sup>, 2023 before me, NICHOLAS DANIEL ZERMENO, NOTARY PUBLIC, personally appeared

SUSAN MARIE BURKE (Date) (here insert name and title of the officer), 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.

Nicholas Daniel Zermeno (seal)  
Signature of Notary Public



## AFFIDAVIT

I, Susan Marie Burke, do hereby declare:

1. I am over the age of 18 and a resident of Riverside County, CA. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Kathleen M. Martinez is one and the same person who is listed on the Grant Deed as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. Kathleen M. Martinez died on 09/29/2014. She is one and the same person who is listed on her Certificate of Death as Kathleen Marie Martinez as State File Number: 3052014187405 Local Registration Number: 3201433010901.
4. I, Susan Marie Burke am a first cousin to Kathleen Marie Martinez.
5. I, Susan Marie Burke am one and the same person as Susan Marie Forgit.
6. I do not have, nor can I provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the 24845 HOWARD DR HEMET CA 92544-1901 address; which is one and the same address that is on the above referenced Grant Deed. I have never reported to this address as it belonged to my cousin, Kathleen.
7. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 549221008.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21<sup>st</sup> day of June 2023, in Riverside County

Susan Marie Burke  
Susan Marie Burke

## 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 RIVERSIDE

Subscribed and sworn to (or affirmed) before me on this

21<sup>st</sup> day of JUNE, 20 23, by  
Date Month Year  
SUSAN MARIE BURKE  
Name of Signer

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

Signature [Signature]  
Signature of Notary Public

(Place Notary Seal Above)

GD Number: 44834-402026

**CLAIM SUMMARY**

Date: July 7, 2023  
To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 549221008  
Last Assessee: MARTINEZ KATHLEEN M  
Sale Date: 4/21/2022  
TC: TC 218  
Item Number: 489  
Deadline: 7/7/2023

RECEIVED  
2023 JUL -7 AM 10:12  
RIVERSIDE COUNTY  
TAS - TAX COLLECTION

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

The following proof of claim(s) for excess proceeds and documents are attached:

1. **Explanation of Events**
2. Grant Deed granting interest to Kathleen M. Martinez, a single woman as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. **Certified** Certificate of Death for Kathleen Marie Martinez
  - a. The **24845 Howard Dr., Hemet, CA 92544** address listed as residence is one and the same address listed on the above referenced Grant Deed.
  - b. **James Martinez is listed as "father" and Sandra Forgit is listed as "mother" Forgit is Sandra's maiden name**
4. Probate Affidavit(s) signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke, attorney in fact for Linda Forgit
5. Birth Certificate for George Henry Garceau
  - a. **Virginia Forgit is listed as "mother"**
6. Birth Certificate for Dawn Ursula Forgit
  - a. **George Roger Forgit is listed as "father"**
7. Birth Certificate for Linda Forgit
  - a. **George Forgit is listed as "father" and Cecelia Lamothe is listed as "mother". These are one and the same parents that are listed on Sandra Forgit's birth certificate**
8. Birth Certificate for Justin Holdsworth
  - a. **Jane Forgit is listed as "mother"**
9. Birth Certificate for Karen Francis Forgit
  - a. **Francis Forgit is listed as "father"**
10. Marriage Certificate for Karen Forgit to reference her maiden name to her current name as Karen Miller.
11. Birth Certificate for Susan Marie Forgit
  - a. **Francis Forgit is listed as "father"**
12. Marriage Certificate for Susan Forgit to reference her maiden name to her current name as Susan Burke.

13. Specific Power of Attorney whereas **Linda Forgit appoints Susan Burke as her Attorney in Fact**
14. Affidavit(s) Declaring Identity for: George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit
15. Assignment of Rights To Collect Excess Proceeds signed by George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Susan Burke as Attorney in Fact for Linda Forgit as heir to the Estate of Kathleen M. Martinez.
16. Claim form(s) signed by Global Discoveries, Ltd.
17. Photo ID(s) for Assignor(s): George Garceau, Dawn Forgit, Karen Miller, Susan Burke, Justin Holdsworth & Linda Forgit

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$119,712.17 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries Ltd. and mailed to P.O. Box 1748, Modesto, CA 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Managing Member, at (209) 593-3913, or e-mail to [jed@gd-ltd.com](mailto:jed@gd-ltd.com).

The Client(s) and the staff of Global Discoveries, Ltd., thank you in advance for your timely review and approval of the attached claim(s).

**Certified Tracking Number: 7022-2410-0002-4727-1841**



# ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Global Discoveries Ltd. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 549221008 Tax Sale Number TC 218, Item 489 sold at public auction on 4/21/2022. I understand that the total of excess proceeds available for refund is \$ 143,654.61+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VAULABLE 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.

Karen F Miller  
(Signature of Party of Interest/Assignor)

6/23/2023  
(Date)

Karen Frances Miller as heir to the Estate of Kathleen M Martinez  
(Name Printed)

Tax ID/SS# 1

342 Upland Ave  
(Address)

Spring Hill, FL 34606  
(City/State/Zip)

508-981-1235  
(Area Code/Telephone Number)

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Florida

County of Pasco

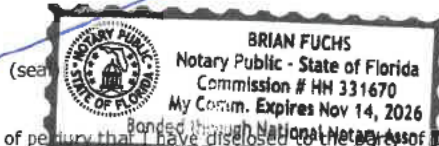
On 6/23/23 before me, Karen Frances Miller, personally appeared  
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

[Signature]  
(Signature of Notary Public)



See Attached

I, the undersigned, certify under penalty of perjury that I have disclosed to the person(s) 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 I am assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

[Signature]  
(Signature of Assignee)

Jed Byerly, Managing Member of Global Discoveries Ltd.  
(Name Printed)

Tax ID/SS# 1

P.O. Box 1748  
(Address)

Modesto, CA 95353-1748  
(City/State/Zip)

Phone: (209) 593-3913

## CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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 Stanislaus

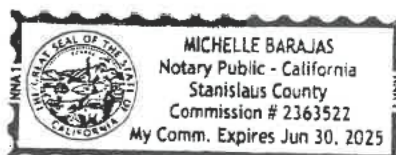
On 7-7-2023 before me, Michelle Barajas, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

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

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

WITNESS my hand and official seal.

[Signature]  
(Signature of Notary Public)  
117-174 (3/85) (Ret-Perm)

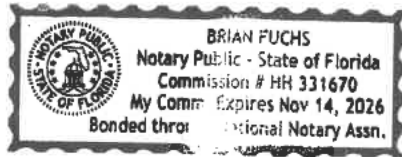


FLORIDA NOTARY ACKNOWLEDGEMENT  
(INDIVIDUAL)

STATE OF FLORIDA  
COUNTY OF pasco

The foregoing instrument was acknowledged before me by means of ☒ physical presence ☐  
online notarization, this 23 day of June, 2023, by Karen frances Miller  
(Name of Person Acknowledging).

(Seal)

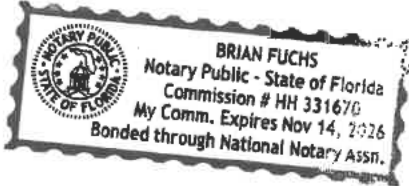


A handwritten signature of Brian Fuchs in black ink.

Signature of Notary Public

Brian Fuchs

Print, Type or Stamp Name of Notary



Personally Known: \_\_\_\_\_  
OR Produced Identification: ☒  
Type of Identification Produced: FLDL

**CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY**  
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

**To: Jon Christensen, Treasurer-Tax Collector**

**Re: Claim for Excess Proceeds**

TC218 Item 489 Parcel Identification Number: 549221008

Assessee: MARTINEZ KATHLEEN M

Situs: 24845 HOWARD DR HEMET CA 92544-1901

Date Sold: 4/21/2022

Date Deed to Purchaser Recorded: 7/7/2022

Final Date to Submit Claim: 7/7/2023

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$119,712.17 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. 1999-508412 recorded on 11/18/1999. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

**Please Refer to Claim Summary and Supporting Documents Enclosed**

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

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

Executed this 7<sup>th</sup> day of July, 2023 at Stanislaus, CA  
County, State

[Signature]  
Signature of Claimant  
Tax ID #

[Signature]  
Signature of Claimant

Jed Byerly, Managing Member  
Global Discoveries Ltd.

Print Name

Print Name

1120 13th St. Suite A  
Street Address

Street Address

Modesto, CA 95354  
City, State, Zip

City, State, Zip

(209) 593-3913  
Phone Number

Phone Number

SCO 8-21 (1-99)

GD Number: 44834-402045

RECORDING REQUESTED BY  
**ORANGE COAST TITLE COMPANY**

AND WHEN RECORDED MAIL THIS DEED AND TAX STATEMENTS TO:

NAME **KATHLEEN M. MARTINEZ**  
ADDRESS **24845 HOWARD DR.**  
CITY & STATE **HEMET, CA 92544**

Title Order No. **R181575-2**  
Escrow No. **13449-G**  
Assessor's Parcel No. **549-221-008**  
Date **November 12, 1999**

TRA: 071121

**DOC # 1999-508412**

11/18/1999 08:00A Fee:8.00  
Page 1 of 1 Doc T Tax Paid  
Recorded in Official Records  
County of Riverside

Gary L. Oras  
Assessor, County Clerk & Recorder



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**GRANT DEED**

The undersigned declares that the documentary transfer tax is \$45.65 and is computed on the full value of the interest or property conveyed. The property is located in an unincorporated area..

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **HERMAN GRADY PARKER and GWENDOLYN A. PARKER, husband and wife as joint tenants** do hereby GRANT to

**KATHLEEN M. MARTINEZ, a single woman**

the following described real property in the County of RIVERSIDE, State of California:

LOT 8 OF TRACT 4460-1, AS SHOWN BY MAP ON FILE IN BOOK 74, PAGES 42 THROUGH 45, INCLUSIVE, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

*Herman Grady Parker*  
HERMAN GRADY PARKER

*Gwendolyn A. Parker*  
GWENDOLYN A. PARKER

STATE OF CALIFORNIA  
COUNTY OF

*Riverside*

} ss

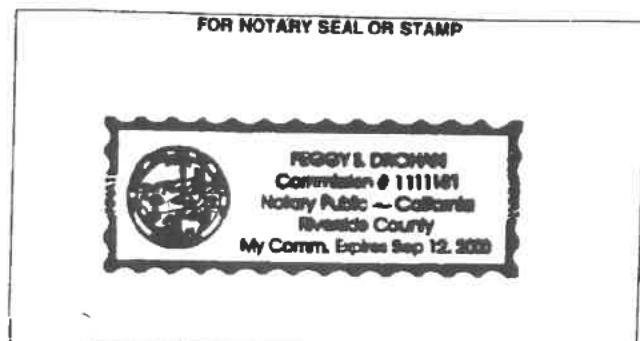
On **11-15-99** before me, a Notary Public in and for said State, personally appeared **HERMAN GRADY PARKER and GWENDOLYN A. PARKER**, personally known to me, (he proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity on behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature

*Peggy L. Dohan*

MAIL TAX STATEMENTS AS DIRECTED ABOVE





## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014187405

## CERTIFICATE OF DEATH

3201433010901

STATE FILE NUMBER

STATE OF CALIFORNIA  
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV. 2/08)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) <b>KATHLEEN</b>		2. MIDDLE <b>MARIE</b>		3. LAST (Family) <b>MARTINEZ</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>11/08/1961</b>		5. AGE Yrs <b>52</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/ROF (at Time of Death) <b>NEVER MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/29/2014</b>		8. HOUR (24 Hours) <b>1105</b>	
13. EDUCATION - Highest Level Degree (best worksheet or back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACCOUNTANT</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>		19. YEARS IN OCCUPATION <b>15</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>24845 HOWARD DR.</b>					
21. CITY <b>Hemet</b>		22. COUNTY <b>RIVERSIDE</b>		23. ZIP CODE <b>92544</b>	
24. STATE/FOREIGN COUNTRY <b>CA</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>GEORGE DERBY, D.P.O.A.</b>					
27. ADDRESS (Street and number, or location, city or town, state and zip) <b>24845 HOWARD DR., Hemet, CA 92544</b>					
28. NAME OF EMPLOYER, SHOWING ROF - PERM <b>[REDACTED]</b>		29. MIDDLE <b>[REDACTED]</b>		30. LAST (BIRTH NAME) <b>[REDACTED]</b>	
31. NAME OF FATHER/MOTHER - FIRST <b>JAMES</b>		32. MIDDLE <b>RICHARD</b>		33. LAST <b>MARTINEZ</b>	
34. NAME OF MOTHER/FATHER - FIRST <b>SANDRA</b>		35. MIDDLE <b>[REDACTED]</b>		36. LAST (BIRTH NAME) <b>[REDACTED]</b>	
37. DATE OF BIRTH mm/dd/yyyy <b>10/14/2014</b>		38. PLACE OF BIRTH (City and state) <b>24845 HOWARD DR., Hemet, CA 92544</b>		39. DATE OF BIRTH mm/dd/yyyy <b>10/14/2014</b>	
40. TYPE OF DEATH (e.g., natural, homicide) <b>CR/RES</b>		41. SIGNATURE OF EMPLOYER <b>[REDACTED]</b>		42. LICENSE NUMBER <b>[REDACTED]</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>INLAND MEMORIAL HARFORD CHAPEL</b>		44. LICENSE NUMBER <b>FD 282</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>[REDACTED]</b>	
46. DATE mm/dd/yyyy <b>10/14/2014</b>		47. DATE mm/dd/yyyy <b>10/14/2014</b>			
101. PLACE OF DEATH <b>HEMET VALLEY MEDICAL CENTER</b>					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. CITY <b>HEMET</b>					
104. COUNTY <b>RIVERSIDE</b>					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1117 E DEVONSHIRE AVE</b>					
106. CITY <b>HEMET</b>					
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) <b>RESPIRATORY FAILURE</b> (B) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> (C) <b>DIABETES, CORONARY ARTERY DISEASE, PARKINSONS</b> (D) <b>NO</b>					
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) <b>3 DAYS</b> (C) <b>2014-09051</b>					
109. BODYS PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <b>YRS</b> (C) <b>110. AUTOPSY PERFORMED?</b> (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <b>111. USED IN DETERMINING CAUSE?</b> (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES, CORONARY ARTERY DISEASE, PARKINSONS</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <b>07/15/1999</b> Decedent Last Seen Alive: <b>08/19/2014</b>					
115. SIGNATURE AND TITLE OF CERTIFIER <b>[REDACTED]</b>					
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>DONALD MURRAY CASSADAY M.D.</b>					
117. LICENSE NUMBER <b>C36950</b>					
118. DATE mm/dd/yyyy <b>10/14/2014</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy <b>121. INJURY DATE mm/dd/yyyy</b>					
122. HOUR (24 Hours) <b>123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)</b>					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>[REDACTED]</b>					
127. DATE mm/dd/yyyy <b>128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER</b>					
129. STATE REGISTRAR <b>A B C D E</b>					
130. FAX AUTH. <b>010001002753254</b>					
131. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

JUN 15 2023

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



*Peter Alderson*  
 PETER ALDARON  
 ASSESSOR-COUNTY CLERK-RECORDER  
 RIVERSIDE COUNTY, CALIFORNIA



CARIVERS02

# AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. **Kathleen Marie Martinez** died on 09/29/2014 in the County of **Riverside**, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
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 \$166,250.00.
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$143,654.61 +-, generated from Assessor's Parcel Number(s) 549221008, sold at the Riverside County, California, public auction of tax-defaulted property held on 4/21/2022.

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

**Dawn Ursula Forgit, Linda Forgit, George Garceau, Justin Holdsworth, Karen Miller, Susan Burke, the Estate of Paul Thomas Forgit and the Estate of Claudia O'Donnell**

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

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

8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

6/23/2023  
 (DATE)

**Karen Frances Miller**  
 Printed Name

Karen F Miller  
 signature

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 signature

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 signature

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 signature

\_\_\_\_\_  
 (DATE)  
 (Attach Additional Sheet if Necessary)

# **CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

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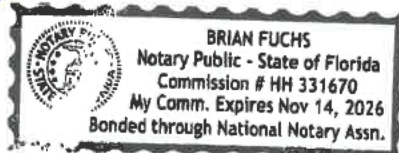
State of Florida  
 County of Polk  
 On 6/23/23 before me, Karen Frances Miller, personally appeared  
 (Date) (here insert name and title of the officer)

\_\_\_\_\_, 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)  
 Signature of Notary Public



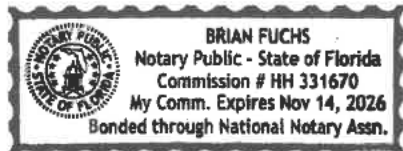
*See Attached*


**FLORIDA NOTARY ACKNOWLEDGEMENT  
(INDIVIDUAL)**

STATE OF FLORIDA  
COUNTY OF FASCO

The foregoing instrument was acknowledged before me by means of ☒ physical presence ☐  
online notarization, this 23 day of 6, 2023 by Karen frances miller  
(Name of Person Acknowledging).

(Seal)



  
Signature of Notary Public  
Brian Fuchs  
Print, Type or Stamp Name of Notary

Personally Known: ☐  
OR Produced Identification: ☒  
Type of Identification Produced: F2DL



### AFFIDAVIT

I, Karen Frances Miller, do hereby declare:

1. I am over the age of 18 and a resident of Spring Hill, FL. The facts set forth herein are true of my own personal knowledge. If called to testify as a witness in a judicial proceeding, I could, and would, testify truthfully and competently thereto.
2. Kathleen M. Martinez is one and the same person who is listed on the Grant Deed as Document Number: 1999-508412, recorded on 11/18/1999 in Riverside County, CA.
3. Kathleen M. Martinez died on 09/29/2014. She is one and the same person who is listed on her Certificate of Death as Kathleen Marie Martinez as State File Number: 3052014187405 Local Registration Number: 3201433010901.
4. I, Karen Frances Miller am a first cousin to Kathleen Marie Martinez
5. I, Karen Frances Miller am one and the same person as Karen Frances Forgit.
6. I do not have, nor can I provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills or other supporting documentation to reference the 24845 HOWARD DR HEMET CA 92544-1901 address; which is one and the same address that is on the above referenced Grant Deed. I have never reported to this address as it belonged to my cousin, Kathleen.
7. I assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 549221008.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 23 day of 6, 2023, in \_\_\_\_\_.

x Karen Frances Miller  
Karen Miller as heir to the Estate of Kathleen M Martinez

### 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 Florida  
County of Pasco

Subscribed and sworn to (or affirmed) before me on this

23 day of 6, 2023, by  
Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Karen Frances Miller  
Name of Signer

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

Signature \_\_\_\_\_

Signature of Notary Public

(Place Notary Seal Above)

GD Number: 44834-402050