

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



**ITEM: 21.3  
(ID # 27291)**

**MEETING DATE:**  
Tuesday, July 01, 2025

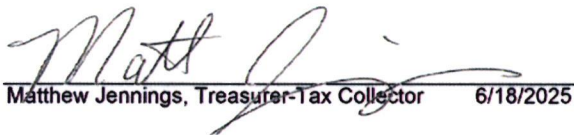
**FROM :** TREASURER-TAX COLLECTOR

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 219, Item 36. Last assessed to: Esther M. Grant and Thomas A. Shaw, mother and son, as joint tenants. District 5. [\$121,281-Fund 65595 Excess Proceeds from Tax Sale]

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

1. Approve the claim from Global Discoveries, Ltd., Assignee for Bruce Hitchman and Brett Hitchman, CLPF, Co-Administrators to the Estate of Thomas A. Shaw for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 309210006;
2. Deny the claim from Funds Recovery Co., Assignee for Esther Mae Grant for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 309210006; and
3. Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., Assignee for Bruce Hitchman and Brett Hitchman, CLPF, Co-Administrators to the Estate of Thomas A. Shaw in the amount of \$121,281.48 no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

**ACTION:Policy**

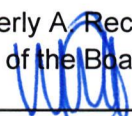
  
Matthew Jennings, Treasurer-Tax Collector 6/18/2025

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Spiegel, seconded by Supervisor Medina 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: July 1, 2025  
xc: TTC

Kimberly A. Pector  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 121,281	\$ 0	\$ 121,281	\$ 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>	25/26

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

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 02, 2023 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2023. 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 13, 2023 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Global Discoveries, Ltd., Assignee for Bruce Hitchman and Brett Hitchman, CLPF, Co-Administrators to the Estate of Thomas A. Shaw based on an Assignment of Right to Collect Excess Proceeds notarized May 30, 2024, a revised Assignment of Right to Collect Excess Proceeds notarized March 21, 2025, a Joint Tenancy Grant Deed recorded June 19, 1974 as Instrument No. 1974-75709, Letters of Administration filed January 18, 2024, and Certificates of Death for Thomas Augustus Shaw Jr. and Esther Marie Grant.
2. Claim from Funds Recovery Co., Assignee for Esther Mae Grant based on an Assignment of Right to Collect Property Tax Refund notarized September 22, 2023 and a Tax Deed to Purchaser of Tax-Defaulted Property recorded June 20, 2023 as Instrument No. 2023-0175642.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., Assignee for Bruce Hitchman and Brett Hitchman, CLPF, Co-Administrators to the Estate of Thomas A. Shaw be awarded excess proceeds in the amount of \$121,281.48. The claim from Funds Recovery Co., Assignee for Esther Mae Grant be denied since the claimant did not hold title and therefore was not a party of interest. 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 the estate of the last assessee of the property.

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Global

ATTACHMENT B. Claim Funds

*Cesar Bernal*  
Cesar Bernal, PRINCIPAL MGMT ANALYST 6/19/2025

*Aaron Gettis*  
Aaron Gettis, Chief of Deputy County Counsel 4/4/2025

RECEIVED

2023 SEP 13 PM 12:12

RIVERSIDE COUNTY  
DEAD-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: 219 ITEM 36 Parcel Identification Number: 309210006

Owner: GRANT, ESTHER M & SHAW, THOMAS A

Situs Address:

Date Sold: 05/02/2023

Date Deed to Purchaser Recorded: 06/20/2023

**Final Date to Submit Claim: 06/20/2024**

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 121,281.48 from the sale of the above mentioned real property. I/We were the [ ] lienholder(s), [x] property owner(s) [please check one] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2023-0175442 recorded on 6/20/2023. 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.**

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

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

Executed this 29 day of August, 2023 at Orange, CA  
County, State

Diana Castelan

Signature of Claimant

Diana Castelan

Print Name

3943 Irvine Blvd Suite 220

Street Address

Irvine, Ca 92602

City, State, Zip

(310)500-5389

Phone Number

Diana@fundsrecoveryco.com

Email Address

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

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

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

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

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

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

ASSIGNMENT OF RIGHT TO COLLECT PROPERTY TAX REFUND

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 the rightful claimant must be provided at the time this document is filed with the Treasurer-Tax Collector.

As the rightful claimant, I, the undersigned, do hereby assign to Funds Recovery Co my right to apply for and collect the property tax refund which you are holding and to which I am entitled. I understand that the total of the property tax refund available for is \$ 121,281.48 and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Esther Mae Grant  
(Signature of Rightful Claimant/Assignor)

Esther Mae Grant  
(Name Printed)

40322 Ariel Hope Way  
(Address)

STATE OF CALIFORNIA )ss.  
COUNTY OF Riverside )

Murrieta, Ca 92563  
(City/State/Zip)

(951)544-5448  
(Area Code/Telephone Number)

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

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

WITNESS my hand and official seal.

Lease Certificate Attached *AB*

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

(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the rightful claimant (assignor), 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 property tax refund available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

Diana Castelan  
(Signature of Assignee)

Diana Castelan  
(Name Printed)

141 Donati  
(Address)

STATE OF CALIFORNIA )ss.  
COUNTY OF Orange )

Irvine, Ca 92618  
(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 of Notary)

A-Hamid Amini  
Notary Public

(This area for official seal)

**CERTIFICATE ATTACHED**

# ACKNOWLEDGEMENT

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

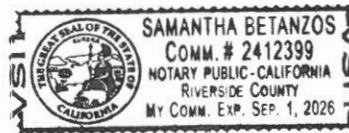
State of California  
County of Riverside

On August 25, 2023 before me, Samantha Betanzos, Notary Public,  
personally appeared Esther Mae Grant

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 [Handwritten Signature]

{SEAL}

-----OPTIONAL-----

Title or Type of Document: Assignment of Right to Collect Property

Document Date: Tax Refund Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

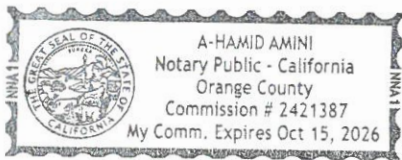
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of Orange }

On 09/22/2022 before me, A-Hamid Amini Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Diana Castelan  
Name(s) of Signer(s)

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 [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Assignment of Right to Collect Property Tax Fund

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____	Signer's Name: _____
<input type="checkbox"/> Corporate Officer – Title(s): _____	<input type="checkbox"/> Corporate Officer – Title(s): _____
<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian of Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian of Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer is Representing: _____	Signer is Representing: _____

REQUESTED BY AND MAIL TO:  
 MATTHEW JENNINGS  
 TREASURER – TAX COLLECTOR  
 4080 LEMON ST., 4<sup>th</sup> FL. MAIL STOP 1110  
 RIVERSIDE, CALIFORNIA 92501

MARTIN LOPEZ  
 27799 ELLIS AVE  
 ROMOLAND, CA 92585

**2023-0175642**

06/20/2023 10:52 AM Fee: \$ 27.00

Page 1 of 2

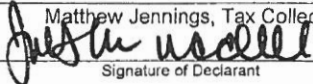
Recorded in Official Records  
 County of Riverside  
 Peter Aldana  
 Assessor-County Clerk-Recorder



149					R	A	Exam:	1032	
Page	DA	PCOR	MISC	Long	RFD	1st Pg	Adtl Pg	Cert	CC
2									
SIZE	NCOR	(SMF)	NCHG	T: 4.0			SMF FEE		

089-004 ROMOLAND ELEM

Doc. Trans. Tax – computed on full value of property conveyed \$ 139.70

Matthew Jennings, Tax Collector  
  
 Signature of Declarant

**TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY**

On which the legally levied taxes were a lien for Fiscal Year 2016-2017  
 And for nonpayment were duly declared to be in default 2017-309210006  
 Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and MARTIN LOPEZ, A MARRIED MAN AS HIS SOLE AND SEPARATE PROP ("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real property described herein which the SELLER sold to the PURCHASER at a public auction held on May 2, 2023 pursuant to a statutory power of sale in accordance with the provisions of Division 1, Part 6, Chapter 7, Revenue and Taxation Code, for the sum of \$126,800.00.

NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real property situated in said county, State of California, last assessed to GRANT ESTHER M & SHAW THOMAS A, described as follows:


Assessor's Parcel Number 309210006

(SEE PAGE 2 ENTITLED LEGAL DESCRIPTION)

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

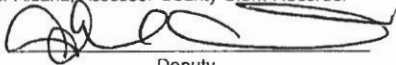
Executed on  
May 2, 2023

By   
 Matthew Jennings, Tax Collector

On June 8, 2023, before me, Peter Aldana, Assessor-County Clerk-Recorder, personally appeared Matthew Jennings, Treasurer and Tax Collector for Riverside County, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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.  
 Peter Aldana, Assessor-County Clerk-Recorder

By:  Seal  
 Deputy

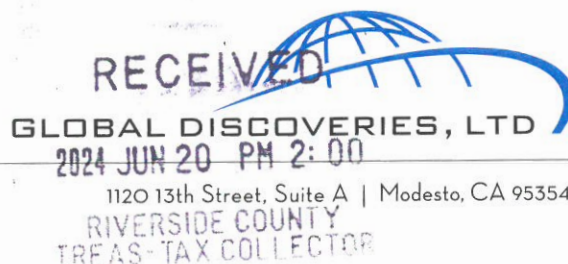


PAGE 2

309210006

LEGAL DESCRIPTION

LOT 562, NORTH 66 FEET, ROMOLA FARMS #6B, IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS PER MAP BOOK 14, PAGE 75, OF MAPS, RECORDS OF SAID COUNTY.



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

**CLAIM SUMMARY**

Date: June 17, 2024  
To: Riverside County Treasurer and Tax Collector  
Assessors Parcel Number: 309210006  
Last Assessee: GRANT ESTHER M SHAW THOMAS A  
Sale Date: 4/27/2023  
TC: TC 219  
Item Number: 36  
Deadline: 6/20/2024

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. Joint Tenancy Grant Deed granting interest to Esther M. Grant and Thomas A. Shaw, mother and son, as joint tenants as document number: 75709, recorded on 6/19/1974 in Riverside County, CA.
3. **Certified** Certificate of Death for Esther M. Grant
  - a. **Certified Vital Record to Follow**
4. **Certified** Certificate of Death for Thomas A. Shaw
  - a. **Certified Vital Record to Follow**
5. Letters of Administration appointing Bruce Hitchman and Brett Hitchman as Co-Administrators of the Estate of Thomas A. Shaw as case number: 20STPB00172, filed on 1/18/2024 in Los Angeles County, CA.
6. Affidavit signed by Bruce Hitchman and Brett Hitchman declaring their identity under penalty of perjury.
7. Assignment of Rights To Collect Excess Proceeds signed by Bruce Hitchman and Brett Hitchman, Co-Administrators of the Estate of Thomas A Shaw
8. Claim form(s) signed by Global Discoveries, Ltd.
9. Photo ID for Assignor: Bruce Alan Hitchman
10. Photo ID for Assignor: Brett Alan Hitchman

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

- One warrant in the amount of \$121,281.48 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.

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: 9589-0710-5270-0842-6611-76**



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 309210006 Tax Sale Number TC 219, Item 36 sold at public auction on 4/27/2023. I understand that the total of excess proceeds available for refund is \$ 121,281.48+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Bruce Hitchman  
(Signature of Party of Interest/Assignor)

05/24/2024  
(Date)

Bruce Hitchman & Brett Hitchman, CLPF, Co-Administrators to the Estate of Thomas A Shaw  
(Name Printed)

[Signature]  
(Signature of Party of Interest/Assignor)

05/24/2024  
(Date)

Tax ID/SS# [Redacted]

120 Tustin Ave, Ste C915  
(Address)

Newport Beach, CA, 92663  
(City/State/Zip)

(949) 200-9712  
(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 Orange

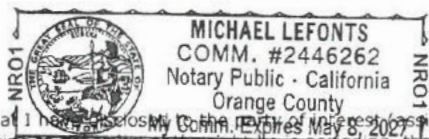
On 05/24/2024 before me, Michael Lefonts, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Bruce Hitchman and Brett Hitchman, 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 assignee (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, 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 Bverly, Managing Member of Global Discoveries Ltd.  
(Name Printed)

Tax ID/SS# [Redacted]

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 5/30/24 before me, Maria Mendoza, Notary Public, personally appeared  
(Date) (here insert name and title of the officer)

Jed Bverly, 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)

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 309210006 Tax Sale Number TC 219, Item 36 sold at public auction on 4/27/2023. I understand that the total of excess proceeds available for refund is \$ 121,281.48+/-, 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 have been informed that I can file a claim for the excess proceeds directly with the county at no cost. 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.

Bruce Hitchman, Co-Administrator 3/12/25
(Signature of Party of Interest/Assignor) (Date)
3/12/25
(Signature of Party of Interest/Assignor) (Date)

Bruce Hitchman & Brett Hitchman, CLPF, Co-Administrators
to the Estate of Thomas A Shaw
(Name Printed)

Tax ID/SS#

120 Tustin Ave, Ste C915
(Address)
Newport Beach, CA, 92663
(City/State/Zip)
(949) 200-9712
(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
County of

On before me, 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 of Notary Public (seal)

See Attached

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 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

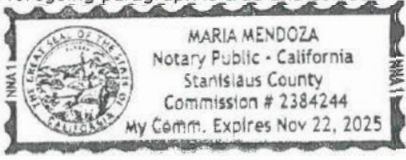
On 3/21/25 before me, Maria Mendoza, NOTARY PUBLIC
(Date) (here insert name and title of the officer)

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.

Maria Mendoza (seal)
Signature of Notary Public



# California All-Purpose Certificate of Acknowledgment

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

State of California }  
County of Orange } s.s.

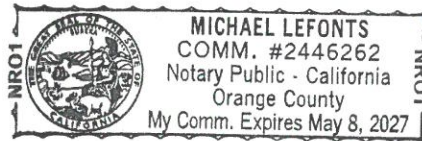
On 03/12/2025 before me, Michael Lefonts, Notary Public  
Name of Notary Public, Title

personally appeared Bruce Hitchman and Brett Hitchman  
Name of Signer (1)

Name of Signer (2)

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

Seal

## OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

### Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of \_\_\_\_\_

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_.

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-fact
- Corporate Officer(s) \_\_\_\_\_  
Title(s)

- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: \_\_\_\_\_

representing: \_\_\_\_\_  
Name(s) of Person(s) Entity(ies) Signer is Representing

### Additional Information

#### Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

- form(s) of identification
- credible witness(es)

Notarial event is detailed in notary journal on:

Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

Other

- Additional Signer
- Signer(s) Thumbprints(s)

\_\_\_\_\_

**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**

TC 219 Item 36 Parcel Identification Number: 309210006

Assessee: GRANT ESTHER M SHAW THOMAS A

Situs: VACANT

Date Sold: 4/27/2023

Date Deed to Purchaser Recorded: 6/20/2023

Final Date to Submit Claim: 6/20/2024

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$121,281.48 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. 1974-75709 recorded on 6/19/1974. 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 30<sup>th</sup> day of MAY, 2024 at MODESTO CA  
County, State

  
\_\_\_\_\_  
Signature of Claimant  
Tax ID # XXXXXXXXXX

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

Jed Byerly, Managing Member  
Global Discoveries Ltd.

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

1120 13th St. Suite A  
\_\_\_\_\_  
Street Address

Modesto, CA 95354  
\_\_\_\_\_  
City, State, Zip

(209) 593-3913  
\_\_\_\_\_  
Phone Number

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

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

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

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

SCO 8-21 (1-99)

75709

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name: Esther M. Grant  
Street Address: 4738 West 153rd Place  
City & State: Lawndale, California, 90260

RECEIVED FOR RECORD

JUN 19 1974

30 Min. Past 9 o'Clock A.M.  
At Request of

Granting  
Book 1192, Page 75709  
Registered in Office of  
Recorder, County, California

W.D. Balogh Recorder

FEES \$ 3

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name: SAME AS ABOVE.  
Street Address:  
City & State:

DOCUMENTARY TRANSFER TAX \$ none

SIGNED - Party or Agent Firm Name

TO 404 CA (11-66)

### Joint Tenancy Grant Deed

AFFIX \$ none

I. B. STAMPS IN SPACE ABOVE

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

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

ESTHER M. GRANT

hereby GRANT(S) to

ESTHER M. GRANT AND THOMAS A. SHAW, mother and son, AS JOINT TENANTS,  
the real property in the Romola Farms, Riverside County of Riverside State of California, described as:

Lot 562. North 66 feet. Romola Farms #6 B. as per Map Book 1192, Page 500, Records of Riverside County, California. Document 111872 November 3, 1969

Dated: June 5, 1974

x *Esther M. Grant*  
Esther M. Grant

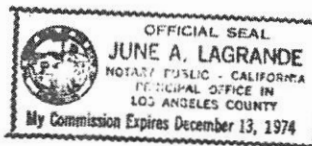
STATE OF CALIFORNIA }  
COUNTY OF Los Angeles } ss.

On June 5, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared ESTHER M. GRANT

known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same. WITNESS my hand and official seal.

Signature: *June A. LaGrande*

June A. LaGrande  
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow or Loan No. \_\_\_\_\_

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT W. D. BALOGH, COUNTY RECORDER

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <b>Scott P. Schomer, Esq.</b> <b>SCHOMER LAW GROUP, APC</b> <b>2155 Campus Drive, Suite 250</b> <b>El Segundo, CA 90245</b>	TELEPHONE AND FAX NOS.: <b>310-337-7696</b> <b>310-337-1277</b>	<b>FOR COURT USE ONLY</b> Electronically FILED by Superior Court of California, County of Los Angeles 1/18/2024 11:36 AM David W. Slayton, Executive Officer/Clerk of Court, By S. Saund, Deputy Clerk
ATTORNEY FOR (Name): <b>Bruce Hitchman and Brett Hitchman, co-Administrators</b> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b> STREET ADDRESS: <b>111 North Hill Street</b> MAILING ADDRESS: <b>111 North Hill Street</b> CITY AND ZIP CODE: <b>Los Angeles, CA 90012</b> BRANCH NAME: <b>Central - Stanley Mosk Courthouse</b>		Pursuant to Government Code 68150(g) any order signed or verified by computer shall have the same validity and legal force and effect as paper documents.
ESTATE OF (Name): <b>THOMAS A. SHAW, JR., AKA THOMAS AUGUSTUS SHAW, JR</b> DECEDENT		
<b>LETTERS</b> <input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED		CASE NUMBER: <b>20STPB00172</b>
<input checked="" type="checkbox"/> OF ADMINISTRATION <input checked="" type="checkbox"/> SPECIAL ADMINISTRATION		

**LETTERS**

- The last will of the decedent named above having been proved, the court appoints (name):
  - executor.
  - administrator with will annexed.
- The court appoints (name):  
**Bruce Hitchman and Brett Hitchman**
  - administrator of the decedent's estate.
  - special administrator of decedent's estate
    - with the special powers specified in the *Order for Probate*.
    - with the powers of a general administrator.
    - letters will expire on (date):
- The personal representative is authorized to administer the estate under the Independent Administration of Estates Act  **with full authority**  
 **with limited authority** (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
- The personal representative is not authorized to take possession of money or any other property without a specific court order.

**AFFIRMATION**

- PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
- INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
- INSTITUTIONAL FIDUCIARY (name):  

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.  
 (Name and title):
- Executed on (date): **1/16/2024**  
 at (place): **Newport Beach**, California.

DocuSigned by: **BRETT HITCHMAN** DocuSigned by: **Bruce Hitchman**  
 8ADB2233E99C43A... (SIGNATURE) 166A0C838AF94E0...

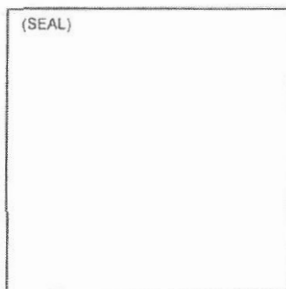
**CERTIFICATION**

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.



Date: **1/18/2024**  
 Clerk, by **David W. Slayton**  
  
 (DEPUTY)  
**S. Saund**



Date:  
 Clerk, by  
 \_\_\_\_\_  
 (DEPUTY)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

3052016123859

CERTIFICATE OF DEATH

3201662001651

Form with fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Signature of Dean C. Logan, Registrar-Recorder/County Clerk.

JUN 21 2024

Barcode and alphanumeric code: \*2000001010380\*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF DEATH

39219046570

STATE FILE NUMBER			STATE OF CALIFORNIA USE BLACK INK ONLY			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>F Esther</b>			1B. MIDDLE <b>Marie</b>		1C. LAST (FAMILY) <b>Grant</b>		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR <b>October 30, 1992 1500</b>		3. SEX <b>Female</b>				
4. RACE <b>White</b>			5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. <b>January 5, 1920</b>		7. AGE IN YEARS <b>72</b>		8. IF UNDER 1 YEAR MONTHS   DAYS <b>12</b>		9. IF UNDER 24 HOURS HOURS   MINUTES		
DECEDENT PERSONAL DATA	9. STATE OF BIRTH <b>CA.</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10A. FULL NAME OF FATHER <b>Earl Hall Littell</b>		10B. STATE OF BIRTH <b>Iowa</b>		11A. FULL MAIDEN NAME OF MOTHER <b>Carrie Mae Fitzackerly</b>		11B. STATE OF BIRTH <b>CA.</b>		
12. MILITARY SERVICE? <b>19__ TO 19__ <input checked="" type="checkbox"/> NONE</b>			13. SOCIAL SECURITY NO. <b>[REDACTED]</b>		14. MARITAL STATUS <b>Divorced</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>None</b>						
16A. USUAL OCCUPATION <b>Homemaker</b>			16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		16C. USUAL EMPLOYER <b>Self Employed</b>		16D. YEARS IN OCCUPATION <b>50</b>		17. EDUCATION—YEARS COMPLETED <b>12</b>				
USUAL RESIDENCE			18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>4738 W. 153rd. Pl.</b>			18B. CITY <b>Lawndale</b>		18C. ZIP CODE <b>90260</b>					
18D. COUNTY <b>Los Angeles</b>			18E. NUMBER OF YEARS IN THIS COUNTY <b>60</b>		18F. STATE OR FOREIGN COUNTRY <b>CA.</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ronald W. Grant - Son 4738 W. 153rd. Place Lawndale, CA. 90260</b>						
PLACE OF DEATH			19A. PLACE OF DEATH <b>Robert Kennedy Med Ctr</b>		19B. IF HOSPITAL, SPECIFY ONE IP, ER/OP, DOA <b>IP</b>		19C. COUNTY <b>Los Angeles</b>		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Cardiopulmonary Arrest</b>			22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH			13D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>4500 W. 116th St.</b>			19E. CITY <b>Hawthorne</b>		22. TIME INTERVAL BETWEEN ONSET AND DEATH <b>1 min.</b>		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
			DUE TO (B) <b>Diabetes</b>					24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
			DUE TO (C) <b>Hypertension</b>					24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
			25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>None</b>					25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>					
PHYSICIAN'S CERTIFICATION			I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27A. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>11-14-89</b>		27B. TYPE ATTENDING-PHYSICIAN'S NAME AND ADDRESS <b>Jack Rubin, M.D., 4644 Lincoln Blvd, M.D.R., CA. 90292</b>		27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>[Signature]</i>		27D. DATE SIGNED <b>11-3-92</b>		
CORONER'S USE ONLY			I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR
			32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
FUNERAL DIRECTOR AND LOCAL REGISTRAR			34A. DISPOSITION(S) <b>CR-SEA</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Off the coast of Marina Del Rey, CA. Los Angeles County</b>		34C. DATE MO. DAY, YEAR <b>11-11-92</b>		35A. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		35B. LICENSE NUMBER <b>None</b>		
STATE REGISTRAR			36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Armstrong Family Malloy-Mitten</b>		36B. LICENSE NO. <b>FD 380</b>		37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		38. REGISTRATION DATE <b>NOV 04 1992</b>		38. GENSUS TRACT		
			A.		B.		C.		D.		E.		F.

VS-11 (REV. 3-91) 1019

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-9-1-0366

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk



JUN 21 2024

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**AFFIDAVIT**

I/We, Bruce Hitchman and Brett Hitchman, do hereby declare:

1. We are over the age of 18 and residents of Newport Beach, CA. The facts set forth herein are true of our own personal knowledge. If called to testify as a witness in a judicial proceeding, we could, and would, testify truthfully and competently thereto.
2. Thomas A. Shaw is one and the same person who is listed on the Joint Tenancy Grant Deed as Document number: 75709, recorded on 6/19/1974 in Riverside County, CA.
3. We, Bruce Hitchman and Brett Hitchman, are California Licensed Professional Fiduciaries and are the Co-Administrators of the Estate of Thomas A. Shaw as case number: 20STPB00172.
4. Thomas A. Shaw is one and the same person as Thomas Augustus Shaw and Thomas Shaw.
5. Thomas A. Shaw is one and the same person as Thomas Augustus Shaw, Jr., Thomas A. Shaw, Jr. and Thomas Shaw, Jr.
6. We cannot provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills to reference the 4738 West 153<sup>rd</sup> Place, Lawdale, CA 90260 address; which is one and the same address that is on the above referenced Grant Deed.
7. We cannot provide any original or copies of Tax Bills, Title Insurance Policies, Utility Bills to reference the 5600 Orizaba Ave., Long Beach CA 90805 address; which is one and the same address that Riverside County recognizes as the tax mailing address.
8. We assigned the excess proceeds to Global Discoveries, Ltd., for Riverside County Assessors Parcel Number 309210006.

We declare under penalty of perjury that the foregoing is true and correct. Executed this 24 day of May, 2024, in Newport Beach, CA.

x Bruce Hitchman  
Bruce Hitchman, CLPF, Co-Administrator  
to the Estate of Thomas A Shaw

x Brett Hitchman  
Brett Hitchman, CLPF, Co-Administrator  
to the Estate of Thomas A Shaw

**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 Orange

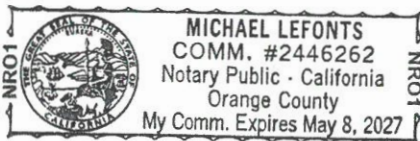
Subscribed and sworn to (or affirmed) before me on this

24 day of May, 2024, by  
Date Month Year

Bruce Hitchman and Brett Hitchman  
Name of Signer(s)

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)