

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



**ITEM: 21.7  
(ID # 27674)**

**MEETING DATE:**  
Tuesday, December 16, 2025

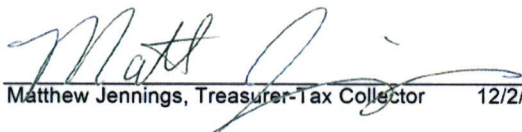
**FROM :** TREASURER-TAX COLLECTOR

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 219, Item 78. Last assessed to: David Shane and Mildred Shane, husband and wife, as joint tenants. District 3. [\$140,876-Fund 65595 Excess Proceeds from Tax Sale]

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

1. Approve the claim from Wendy J. Ashby, Esq., Administrator of the Estate of David Shane for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 365051017;
2. Deny the claim from Heirfinders Research Associates, LLC, Assignee for Rita Gondos for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 365051017;
3. Deny the claim from Heirfinders Research Associates, LLC, Assignee for Patricia Vignovic for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 365051017; and
4. Authorize and direct the Auditor-Controller to issue a warrant to Wendy J. Ashby, Esq., Administrator of the Estate of David Shane in the amount of \$140,876.42, 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 12/2/2025

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Washington, seconded by Supervisor Gutierrez and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Spiegel, Washington, Perez, and Gutierrez  
Nays: None  
Absent: Medina  
Date: December 16, 2025  
xc: Treasurer

Kimberly A. Rector  
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>	\$ 140,876	\$ 0	\$ 140,876	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.</b>			<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 three claims for excess proceeds:

1. Claim from Wendy J. Ashby, Esq., Administrator of the Estate of David Shane based on Letters of Administration filed September 20, 2012, a Grant Deed recorded December 31, 1991 as Instrument No. 1991-450718, an Affidavit Under California Probate Code Section 13101 notarized August 14, 2025, and Certificates of Death for David Shane and Midred L. Shane aka Mildred Shane.
2. Claim from Heirfinders Research Associates, LLC, Assignee for Rita Gondos based on an Assignment of Right to Claim Excess Proceeds notarized June 18, 2024, a Grant Deed recorded December 31, 1991 as Instrument No. 1991-450718, Declarations Under California Probate Code Section 13101 notarized June 13, 2024, and Certificates of Death for David Shane and Midred L. Shane aka Mildred Shane.
3. Claim from Heirfinders Research Associates, LLC, Assignee for Patricia Vignovic based on an Assignment of Right to Claim Excess Proceeds notarized June 7, 2024, a Grant Deed recorded December 31, 1991 as Instrument No. 1991-450718, Declarations Under California Probate Code Section 13101 notarized May 17, 2024, and Certificates of Death for David Shane and Midred L. Shane aka Mildred Shane.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Wendy J. Ashby, Esq., Administrator of the Estate of David Shane be awarded excess proceeds in the amount of \$140,876.42. The claims from Heirfinders Research Associates, LLC, Assignee for Rita Gondos and Heirfinders Research Associates, LLC, Assignee for Patricia Vignovic be denied since excess proceeds will be distributed to the

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

Administrator of the estate of the last assessee. 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 administrator of the estate of the last assessee of the property.

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

**ATTACHMENT A. Claim Ashby**

**ATTACHMENT B. Claim HeirRita**

**ATTACHMENT C. Claim HeirPatricia**

  
Cesar Bernal, PRINCIPAL MGMT ANALYST 12/4/2025

  
Aaron Gettis, Chief of Deputy County Counsel 10/29/2025

**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 78 Parcel Identification Number: 365051017

Owner: SHANE, DAVID & MILDRED

Situs Address: 32357 WILDOMAR RD LAKE ELSINORE 92530

Date Sold: 05/02/2023

Date Deed to Purchaser Recorded: 06/20/2023

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

RECEIVED  
2023 SEP -5 PM 4:06  
RIVERSIDE COUNTY  
TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 14,876.96 from the sale of the above mentioned real property. I/We were the [ ] lienholder(s), [] 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. Parcel No 365051017; recorded on 12/31/1991. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

See Attached Addendum "A"

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 21<sup>st</sup> day of August, 2023 at Bucks County, Pennsylvania  
County, State

[Signature]

Signature of Claimant

Wendy J. Ashby, Esq., Adm. of the

Print Name Estate of David Shane

314 W. Broad St., Suite 118

Street Address

Quakertown PA 18951

City, State, Zip

215-536-7606

Phone Number

wja@ashbylaw.net

Email Address

Signature of Claimant

Print Name

Street Address

City, State, Zip

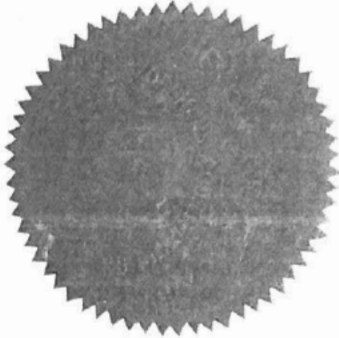
Phone Number

Email Address

Attorney: WENDY J. ASHBY, ESQUIRE  
246 WEST BROAD STREET  
SUITE 3  
QUAKERTOWN PA 18951

Intestacy

**Allegheny County, Pennsylvania  
Department of Court Records  
Wills/Orphans' Court Division  
Certificate of Grant of Letters**



No. 021205779

ESTATE OF DAVID SHANE

Social Security No. [REDACTED]

WHEREAS, DAVID SHANE, late of BETHEL PARK who died on the 2ND day of JULY, 2007, and

WHEREAS, the grant of letters is required for the administration of the estate.

THEREFORE, I, KATE BARKMAN, Director in and for the County of Allegheny, in the Commonwealth of Pennsylvania, have this day granted Letters of Administration to WENDY J. ASHBY who has duly qualified as administratrix of the estate of the above named decedent and has agreed to administer the estate according to law, all of which fully appears of record in my Office at Pittsburgh, Pennsylvania.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my Office the 20TH day SEPTEMBER of 2012.

DIRECTOR, DEPARTMENT OF COURT RECORDS  
WILLS/ORPHANS' COURT DIVISION

FEEES: LETTERS	\$50.00
CERTS (3)	30.00
RENUNCIATIONS (2)	20.00
JCP AND COMP FEES	81.00
TOTAL PAID	\$181.00

## DEPARTMENT OF COURT RECORDS, WILLS/ORPHANS' COURT DIVISION

COMMONWEALTH OF PENNSYLVANIA

ALLEGHENY COUNTY

SS: No. [REDACTED]

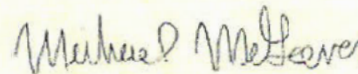
No. 021205779

I, Michael McGeever, Director of the Department of Court Records in and for the County of Allegheny in the Commonwealth of Pennsylvania, DO HEREBY CERTIFY that on the 20th day of September, 2012 LETTERS OF ADMINISTRATION on the Estate of DAVID SHANE, deceased, were granted to WENDY JAN ASHBY having first been qualified well and truly to administer the same. And, I further certify that no revocation of said Letters appears of record in my office.

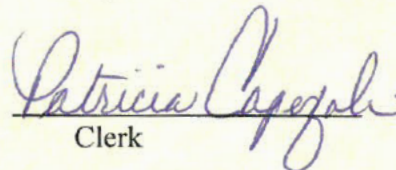
Date of Death 7/2/2007

Social Security No. [REDACTED]

Given under my hand and seal of office, at Pittsburgh  
this 15th day of August 2023



Director, Department of Court Records

  
Clerk

NOT VALID WITHOUT ORIGINAL SIGNATURE AND IMPRESSED SEAL



**AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION 13101  
(Small Estates Affidavit)**

The undersigned state(s) as follows:

The Estate of David Shane (name of decedent) died on July 2, 2007, in the County of Allegheny, State of Pennsylvania and:

1. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
  - a) No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - b) The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code §13050, does not exceed \$166,250.
4.  An Inventory and Appraisal of the real property in the decedent's estate is attached, or  
 There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code §13100 (attach additional sheets if necessary):  
Excess proceeds of property owned by decedent known as 32357 Wildomar Road, Lake Elsinore 92530, which was sold pursuant to Sheriff's sale on 5/2/2023, \$140,876.46, Parcel ID 365051017.
6. The successor(s) of the decedent, as defined in Probate Code §13006, is/are:  
Patricia S. Vignovic (deceased) and Rita Gondos, daughters.
7.  The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or  
 The undersigned is/are authorized under California Probate Code §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 requests 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 (attach additional sheets if necessary).

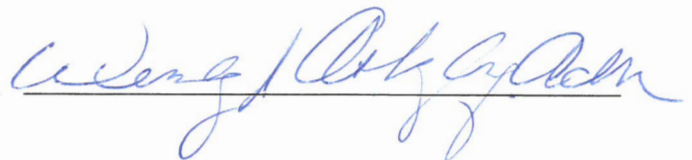
DATE

PRINTED NAME

SIGNATURE

8/14/2025

Wendy J. Ashby, Esquire

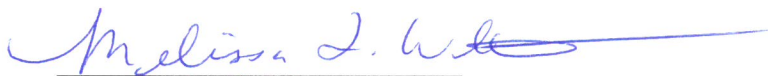


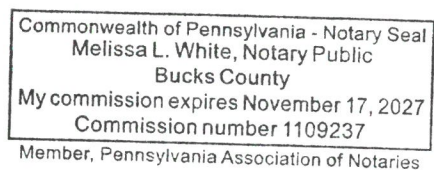
1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized.

COMMONWEALTH OF PENNSYLVANIA :  
: SS.  
COUNTY OF BUCKS :

On this, the 14<sup>th</sup> day of August, 2025, before me a notary public, the undersigned officer, personally appeared **WENDY J. ASHBY, ESQUIRE** known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same for the purposes therein contained, and desired the same might be recorded as such.

In Witness Whereof, I hereunto set my hand and official seal.

  
\_\_\_\_\_  
Notary Public



This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

**WARNING: It is illegal to duplicate this copy by photostat or photograph.**

Fee for this certificate, \$2.00



*Carolyn Neel*  
Local Registrar

3621989

No.

JUN 12 1996

Date

Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
CERTIFICATE OF DEATH

1. NAME OF DECEDENT (First, Middle, Last) <b>Mildred L. Shane</b>				2. SEX <b>Female</b>		3. SOCIAL SECURITY NUMBER [REDACTED]		4. DATE OF DEATH (Month, Day, Year) <b>June 10, 1996</b>	
5. AGE (Last Birthday) <b>77</b> Yrs.		6. UNDER 1 YEAR Months: Days: Hours: Minutes:		7. DATE OF BIRTH (Month, Day, Year) <b>Jan 25, 1919</b>		8. BIRTHPLACE (City and State or Foreign Country) <b>North Braddock PA</b>		9. PLACE OF DEATH (Check only one — see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
10. COUNTY OF DEATH <b>Westmoreland</b>		11. CITY, BORO, TWP. OF DEATH <b>Jeannette</b>		12. FACILITY NAME (If not institution, give street and number) <b>Jeannette District Memorial</b>		13. WAS DECEDENT OF HISPANIC ORIGIN? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Cuban, Mexican, Puerto Rican, etc.		14. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>	
15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, do not use retired.) <b>Homemaker</b>		16. KIND OF BUSINESS/INDUSTRY <b>Owned Home</b>		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (14 or 16+) <b>11</b>		19. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
20. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) <b>11699 Parkway Drive N. Huntingdon PA, 15642</b>		21. DECEDENT'S ACTUAL RESIDENCE (See instructions on other side)		17a. State <b>PA</b>		17b. <input checked="" type="checkbox"/> Yes, decedent lived in N. Huntingdon		17c. <input type="checkbox"/> No, decedent lived within actual limits of _____ city/town	
17b. County <b>Westmoreland</b>		17c. <input type="checkbox"/> No, decedent lived within actual limits of _____ city/town		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary (Unknown)</b>		19. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) <b>11699 Parkway Drive, N. Huntingdon PA 15642</b>		20. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place <b>Penn Lincoln Memorial Park N. Huntingdon PA</b>	
21. FATHER'S NAME (First, Middle, Last) <b>Michael Babella</b>		22. INFORMANT'S NAME (Type/Print) <b>David Shane</b>		23. METHOD OF DISPOSITION Donation <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		24. DATE OF DISPOSITION (Month, Day, Year) <b>Jun 12 1996</b>		25. NAME AND ADDRESS OF FACILITY <b>James W. Shirley Funeral Home 176 Clay Pike North Huntingdon, Pa</b>	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Thomas A. Ketch</i>		27. LICENSE NUMBER [REDACTED]		28. DATE SIGNED (Month, Day, Year) <b>6.10.96</b>		29. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		30. PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I <b>Anemia</b> <b>Urinary Tract Infection</b> <b>Propylthiouracil-induced Lupus</b> <b>OSTEOPOROSIS</b>	
31. COMPLETE ITEMS 23a-c ONLY WHEN CERTIFYING PHYSICIAN IS NOT AVAILABLE AT TIME OF DEATH TO CERTIFY CAUSE OF DEATH.		32. TIME OF DEATH <b>1:05 A M</b>		33. DATE PRONOUNCED DEAD (Month, Day, Year) <b>6.10.96</b>		34. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		35. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. <b>Coronary Arteriosclerotic Accident</b> <b>Chronic Lung Disease</b> <b>Aspiration Pneumonia</b> <b>Hyponatremia</b>	
36. IMMEDIATE CAUSE (Final disease or condition resulting in death) →		37. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>		38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY		40. INJURY AT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
39. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		41. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes <input type="checkbox"/> No <input type="checkbox"/>		42. DATE OF INJURY (Month, Day, Year)		43. TIME OF INJURY		44. DESCRIBE HOW INJURY OCCURRED.	
45. CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		46. *PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		47. *MEDICAL EXAMINER-CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		48. SIGNATURE AND TITLE OF CERTIFIER <b>George R. Hunt MD</b>		49. DATE SIGNED (Month, Day, Year) <b>6.10.96</b>	
50. REGISTRAR'S SIGNATURE AND NUMBER <i>Carolyn Neel</i> <b>165588</b>		51. DATE FILED (Month, Day, Year) <b>June 10, 1996</b>		52. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print <b>George R. Huntal Jeannette Pa 15644</b>		53. DATE FILED (Month, Day, Year) <b>June 10, 1996</b>		54. DATE FILED (Month, Day, Year) <b>June 10, 1996</b>	

# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 13707536

Certification Number

*Shirley J. Smida* 7/3/07  
Local Registrar Date Issued

H105-143 Rev. 01/06  
TYPEPRINT IN  
PERMANENT  
BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

## CERTIFICATE OF DEATH

STATE FILE NUMBER

02  
ALIAS USED  
DAVID SHANE

1 Name of Decedent (First, middle, last) <b>David Shane</b>				2 Sex <b>Male</b>		3 Social Security Number [REDACTED]		4 Date of Death (Month, day, year) <b>July 2, 2007</b>			
5 Age (Last birthday) <b>86</b>		6 Under 1 year Months: <b>0</b> Days: <b>0</b>		7 Date of Birth (Month, day, year) <b>Sept. 8, 1919</b>		8 Birthplace (City and state or foreign country) <b>Braddock, PA</b>		9a. Place of Death (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other - Specify			
9b. County of Death <b>Allegheny</b>		9c. City, Boro, Twp. of Death <b>Bethel Park</b>		9d. Facility Name (If not institution, give street and number) <b>Manor Care of Bethel Park</b>		9. Was Decedent of Hispanic Origin? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		10. Race American Indian, Black, White, etc. (Specify) <b>White</b>			
11. Decedent's Usual Occupation (Kind of work done during most of working life; do not state retired) Kind of Work: <b>labor/driver</b> Kind of Business/Industry: <b>George Delallo Co.</b>				12. Was Decedent ever in the US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+)		14. Marital Status: Married, Never married, Widowed, Divorced (Specify) <b>Widowed</b>			
16. Decedent's Mailing Address (Street, city/town, state, zip code) <b>331 Marshall Road Bethel Park, PA 15102</b>				17a. State <b>PA</b>		17b. County <b>Allegheny</b>		17c. <input type="checkbox"/> Yes, Decedent Lived in _____ Twp. 17d. <input checked="" type="checkbox"/> No, Decedent Lived within Actual Limits of <b>Bethel Park</b> City/Town			
18. Father's Name (First, middle, last) <b>Eleck Shane</b>				19. Mother's Name (First, middle, maiden surname) <b>Gussie Schwimmer</b>							
20a. Informant's Name (Type/print) <b>Patricia S. Vignovic</b>				20b. Informant's Mailing Address (Street, city/town, state, zip code) <b>331 Marshall Road, Bethel Park, PA 15102</b>							
21a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other - Specify		21b. Date of Disposition (Month, day, year) <b>July 7, 2007</b>		21c. Place of Disposition (Name of cemetery, crematory or other place) <b>Penn Lincoln Memorial Park</b>		21d. Location (City/town, state, zip code)					
22a. Signature of Funeral Service Licensee (or person acting as such) <i>David Henney</i>				22b. License Number [REDACTED]		22c. Name and Address of Facility <b>David J. Henney Funeral Home 6364 Library Road, South Park, PA 15129</b>					
23a. Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		23b. To the best of my knowledge, death occurred at the time, date, and place stated. (Signature and title)		23c. License Number		23d. Date Signed (Month, day, year)					
24. Time of Death <b>10:00 AM</b>		25. Date Pronounced Dead (Month, day, year) <b>July 2, 2007</b>		26. Was Case Referred to a Medical Examiner/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
CAUSE OF DEATH (See instructions and examples)											
27. Part I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Coronary Artery Disease</b> Due to (or as a consequence of) b. <b>Atherosclerosis</b> Due to (or as a consequence of) c. <b>Arteriosclerosis</b> Due to (or as a consequence of) d.						Approximate interval onset to death		Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I		28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Phrenetic <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30a. Was an Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		32a. Date of Injury (Month, day, year)		32b. Describe how Injury Occurred:	
32c. Time of Injury		32d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		32e. If Transportation Injury (Specify) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other - Specify:		32f. Location (Street, city/town, state)					
33a. Certifier (check only one) <input checked="" type="checkbox"/> Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> Medical examiner/coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.						33b. Signature and Title of Certifier <i>[Signature]</i>		33c. License Number [REDACTED]		33d. Date Signed (Month, day, year) <b>7/3/07</b>	
35. Registrar's Signature and District Number <i>Shirley J. Smida</i>				36. Date Filed (Month, day, year) <b>July 3, 2007</b>		34. Name and Address of Person Who Completed Cause of Death (Item 27) Type/print <b>BREASTON KO 1050 Bower Hill Rd, W 243</b>					

(See instructions and examples on reverse)  
(0107914)

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

RECEIVED

To: Matthew Jennings, Treasurer-Tax Collector

2024 JUN 20 PM 4: 08

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

TC: 219 ITEM 78 Parcel Identification Number: 365051017

Owner: SHANE, DAVID & MILDRED

Situs Address: 32357 WILDOMAR RD LAKE ELSINORE 92530

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 \$ 70,433.21 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. 1991-0450718 recorded on 12/31/1991. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Please see 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 7<sup>th</sup> day of June, 2024 at Los Angeles, CA  
County, State

Signature of Claimant  
Michgel Hancy, VP  
Heir Anders Research Associates LLC

Signature of Claimant

Print Name

Print Name

Street Address  
5042 Wilshire Blvd #622

Street Address

City, State, Zip  
Los Angeles, CA 90036

City, State, Zip

Phone Number  
323-937-2033

Phone Number

Email Address  
info@gotomyclaim.com

Email Address

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Heirfinders Research Associates LLC my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 365051017 sold at public auction on 4/27/2023-5/2/2023 I understand that the total of excess proceeds available for refund is \$ 140,876.42 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.

Rita Gondos
(Signature of Party of Interest/Assignor)

Rita Gondos
(Name Printed)

326 Gates Road
(Address)

Fallentimber, PA 16639
(City/State/Zip)

814-943-2390
(Area Code/Telephone Number)

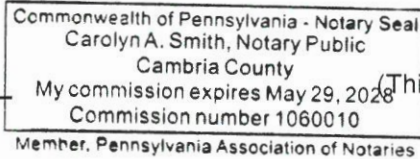
STATE OF CALIFORNIA )ss.
COUNTY OF Cambria )

On June 13, 2024, before me, Carolyn A. Smith, personally appeared Rita Gondos, 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.

Carolyn A. Smith
(Signature of Notary)



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

Michael Haney
(Signature of Assignee)

Michael Haney
(Name Printed)

5042 Wilshire Blvd Ste 622
(Address)

STATE OF CALIFORNIA )ss.
COUNTY OF )

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

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

WITNESS my hand and official seal.

(Signature of Notary)

See Attached
(This area for official seal)

## 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 June 18, 2024 before me, Luz Maria Catalan, Notary Public  
(insert name and title of the officer)

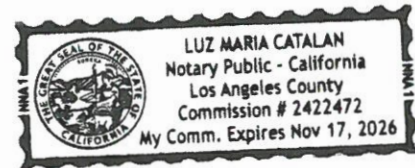
personally appeared Michael Haney  
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~  
subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in  
his/~~her/their~~ authorized capacity~~(ies)~~, and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

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

WITNESS my hand and official seal.

Signature

(Seal)



### Description of Attached document:

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

Document Date: June 18, 2024

ASSESSMENT NUMBER: 365051017

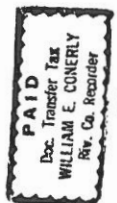
Orange Coast Title

RECORDING REQUESTED BY

450718

AND WHEN RECORDED MAIL TO

NAME DAVID SHANE  
ADDRESS MILDRED SHANE  
372 DALE ROAD  
CITY & STATE BETHEL PARK, PENNSYLVANIA 15102



RECEIVED FOR RECORDER AT 8:30 O'CLOCK A.M. At Request of ORANGE COAST TITLE

DEC 31 1991

Notary Seal: Linda F. Victoria, Notary Public, San Diego County, My Commission Expires May 19, 1995

MAIL TAX STATEMENTS TO

NAME SAME AS ABOVE  
ADDRESS  
CITY & STATE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$ 19.25  
 Computed on full value of property conveyed, or  
 Computed on full value less liens & encumbrances remaining thereon at time of sale.

The undersigned  
Signature of declarant or agent determining tax - firm name  
 Unincorporated area City of

### Grant Deed

PARCEL NO. 365-051-017-0

This form furnished by Orange Coast Title Company

R-109069-2

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
 ALAN S. BERRIER, EXECUTOR OF THE ESTATE OF DIANE K. STICKNEY  
 hereby GRANT(S) to  
 DAVID SHANE AND MILDRED SHANE, HUSBAND AND WIFE, AS JOINT TENANTS  
 the following described real property in the UNINCORPORATED AREA OF THE  
 county of RIVERSIDE, state of California: CALIFORNIA  
 LOT 21 OF LAS FALDAS TRACT, AS SHOWN BY MAP ON FILE IN BOOK 14, PAGES 16 AND 17  
 OF MAPS, RECORDS OF SAN DIEGO COUNTY, CALIFORNIA.

Dated FOURTH DAY OF DECEMBER, 1991  
 STATE OF CALIFORNIA  
 County of San Diego  
 On December 12, 1991 before me, the under-  
 signed, a Notary Public in and for said State, personally  
 appeared ALAN S. BERRIER

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

WITNESS my hand and official seal.  
 Signature Linda F. Victoria

Alan S. Berrier, executor  
 ALAN S. BERRIER, EXECUTOR

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL  
 LINDA F. VICTORIA  
 NOTARY PUBLIC-CALIFORNIA  
 SAN DIEGO COUNTY  
 MY COMMISSION EXPIRES  
 MAY 19, 1995

Title Order No. R-109069-2 Escrow No. 01-91-3279-D-DI

MAIL TAX STATEMENTS AS DIRECTED ABOVE



Estate of MILDRED SHANE

### PROBATE AFFIDAVIT

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

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

Name: Patricia Vignovic DOB: 9/7/1946 Relationship to me: Sister

Attach an additional sheet if more space is needed.

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

Name: David Shane: DOB: 9/8/1919 DOD: 7/2/2007 Relationship to me: Father

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_,

Rita Gondos

Rita Gondos

Signature of Declarant

Print Name of Declarant

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

STATE OF Ca  
COUNTY OF Cambria

On 6-13-24 before me, Carolyn A Smith,  
personally appeared Rita Gondos, 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.

Carolyn A Smith  
(Notary Signature)

Commonwealth of Pennsylvania - Notary Seal  
Carolyn A. Smith, Notary Public  
Cambria County  
My commission expires May 29, 2028  
Commission number 1060010 (Notary Seal)  
Member, Pennsylvania Association of Notaries

DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

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

- I am the successor in interest of DAVID SHANE, who died in the City of Bethel Park, County of Allegheny, State of Pennsylvania On 7/2/2007.
- At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- No proceeding is now being or has been conducted in California for administration of the Decedent's estate.  
The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the Declarant of the property described in this declaration.
- The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
- The property of Decedent which is to be paid, transferred or delivered to the Declarant under the provisions of California Probate Code Section 13100 is: Approximately \$140,876.42 in excess proceeds from tax sale of Riverside County, CA APN: 365051017
- The Declarant is the successor of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.  
The Declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to the Decedent's interest in the described property. The name(s) of the successor(s) of the Decedent is/are: \_\_\_\_\_
- No other person has a superior right to the interest of the decedent in the described property.
- The Declarant requests that the described property be paid, delivered, or transferred to the Declarant.
- The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

Rita Gondos \_\_\_\_\_  
Signature Name, Declarant

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

The State of Pennsylvania (circled), County of Cambria, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Carolyn A. Smith Executed on this 13 day of June, at 2024.

WITNESS MY HAND AND OFFICIAL SEAL  
Carolyn A. Smith  
Notary Public for the State of Pennsylvania

Commonwealth of Pennsylvania - Notary Seal  
Carolyn A. Smith, Notary Public  
Cambria County  
My commission expires May 29, 2028  
Commission number 1060010  
Member, Pennsylvania Association of Notaries

Estate of DAVID SHANE

### PROBATE AFFIDAVIT

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

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

\_\_\_\_\_  
Name: Patricia Vignovic DOB: 9/7/1946 Relationship to me: Sister  
\_\_\_\_\_

Attach an additional sheet if more space is needed.

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

\_\_\_\_\_  
Name: Mildred Shane DOB: 01/25/1919 DOD: 06/10/1996 Relationship to me: Mother  
\_\_\_\_\_

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 13 day of June, 2024 at

\_\_\_\_\_  
*Rita Gondos*

\_\_\_\_\_  
Rita Gondos

Signature of Declarant

Print Name of Declarant

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

STATE OF Ca  
COUNTY OF Cambria

On 6-13-24 before me, Carolyn A. Smith,  
personally appeared Rita Gondos, 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.

*Carolyn A. Smith*  
(Notary Signature)

Commonwealth of Pennsylvania - Notary Seal  
Carolyn A. Smith, Notary Public  
Cambria County  
My commission expires May 29, 2028  
Commission number 1060010  
Member, Pennsylvania Association of Notaries (Notary Seal)



This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

**WARNING: It is illegal to duplicate this copy by photostat or photograph.**

*Lisa A. Hasselbrook*

Lisa A. Hasselbrook  
State Registrar

June 8, 2023

Date

11454166

No.



H: 05, 140 Rev. 2021

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
CERTIFICATE OF DEATH

062305

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

65

NAME OF DECEDENT - Mildred Shane

ALL USES

NAME OF DECEDENT (Print, Middle, Last) <b>Mildred L. Shane</b>		SEX <b>Female</b>	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF DEATH (Month, Day, Year) <b>June 10, 1996</b>
AGE (Last birthday) <b>77</b> yrs	UNDER 1 YEAR Months: _____ Days: _____	UNDER 1 DAY Hours: _____ Minutes: _____	DATE OF BIRTH (Month, Day, Year) <b>Jan 25, 1919</b>	BIRTHPLACE (City and State or Foreign Country) <b>North Braddock PA</b>
CITY OF BIRTH <b>Westmoreland</b>	CITY, BORO, TWP. OF DEATH <b>Jeannette</b>	FACILITY NAME (If no location, give street and number) <b>Jeannette District Memorial</b>	HAS DECEDENT OF HISPANIC ORIGIN? <b>No</b>	RACE (American Indian, Black, White, etc.) <b>White</b>
DECEDENT'S USUAL OCCUPATION <b>Homemaker</b>	KIND OF BUSINESS/INDUSTRY <b>Owned Home</b>	HAS DECEDENT EVER IN U.S. ARMED FORCES? <b>No</b>	DECEDENT'S EDUCATION <b>High School Graduate</b>	MARITAL STATUS (Married, Never Married, Widowed, Separated, Divorced) <b>Married</b>
DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) <b>11699 Parkway Drive N. Huntingdon PA, 15642</b>		DECEDENT'S ACTUAL RESIDENCE (See instructions on other side) <b>176 State PA Westmoreland</b>	DATE DECEDENT DIED (Month, Day, Year) <b>June 10, 1996</b>	PLACE OF DEATH (Home, Hospital, Nursing Home, etc.) <b>N. Huntingdon</b>
FATHER'S NAME (Print, Middle, Last) <b>Michael Babella</b>	MOTHER'S NAME (Print, Middle, Last) <b>Mary (Unknown)</b>	INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) <b>11699 Parkway Drive, N. Huntingdon PA 15642</b>		
METHODOF DEPOSITION <b>Human</b>		DATE OF DEPOSITION (Month, Day, Year) <b>Jun 12 1996</b>	PLACE OF DEPOSITION (Name of Cemetery, Crematory, or Other Place) <b>Penn Lincoln Memorial Park</b>	LOCATION (City/Town, State, Zip Code) <b>N. Huntingdon PA</b>
DECEASED BY (Physician, Service Licensee or Person Acting as Such) <i>Thomas A. Keta MD</i>		NAME AND ADDRESS OF FACILITY (James W. Shirley Funeral Home) <b>176 Clay Pike North Huntingdon, Pa</b>	LICENSE NUMBER <b>MD044959E</b>	DATE SIGNED (Month, Day, Year) <b>6-10-96</b>
TIME OF DEATH <b>1:05 A.M.</b>		DATE PRONOUNCED DEAD (Month, Day, Year) <b>6-10-96</b>	HAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <b>No</b>	
IMMEDIATE CAUSE (Final disease or condition leading to death) <b>Cardiovascular Accident</b>		PART 2 - Other significant conditions contributing to death, or not resulting in the underlying cause given in PART 1 <b>Aneurism, Urinary Tract Infection, Prolapsed Disc, Lupus, Osteoporosis</b>		
MANNER OF DEATH (See instructions on other side) <b>Accident</b>		DATE OF INJURY (Month, Day, Year)	TIME OF INJURY	INJURY AT WORK? <b>No</b>
MANNER OF DEATH (See instructions on other side) <b>Accident</b>		PLACE OF INJURY (At home, farm, street, factory, office, building, etc.)	LOCATION (Street, City/Town, State)	
CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed 22) <b>George R. Keta MD</b>		SIGNATURE AND TITLE OF CERTIFIER <b>George R. Keta MD</b>		
PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) <b>George R. Keta MD</b>		DATE SIGNED (Month, Day, Year) <b>6-11-96</b>		
MEDICAL EXAMINER/CORONER (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the events and manner as stated.) <b>Jeannette Pa 15644</b>		COMPLETED CAUSE OF DEATH <b>Jeannette Pa 15644</b>		
REGISTRAR'S SIGNATURE AND NUMBER <i>Candace Neal</i> <b>6,5588</b>		DATE FILED (Month, Day, Year) <b>June 12, 1996</b>		

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 78 Parcel Identification Number: 365051017

Owner: SHANE, DAVID & MILDRED

Situs Address: 32357 WILDOMAR RD LAKE ELSINORE 92530

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 \$ 70,438.21 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. 1991-0456118; recorded on 12/21/1991. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Please see 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 7th day of June, 2024 at Los Angeles, CA County, State

[Handwritten Signature]

Signature of Claimant  
Michael Hancy, VP  
Helffinders Research Associates LLC

Print Name

5042 Wilshire Blvd #622

Street Address

Los Angeles, CA 90036

City, State, Zip

323-937-3033

Phone Number

info@gotomyclaim.com

Email Address

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

Email Address

RECEIVED

2024 JUN 20 PM 4:08

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Heirfinders Research Associates LLC my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 365051017 sold at public auction on 4/27/2023-5/2/2023. I understand that the total of excess proceeds available for refund is \$ 140,876.42 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.

Patricia Vignovic  
(Signature of Party of Interest/Assignor)

Patricia Vignovic  
(Name Printed)

4940 Brightwood Road Apt A109  
(Address)

Pennsylvania  
STATE OF CALIFORNIA F.B )ss.  
COUNTY OF Allegheny

Bethel Park, PA 15102  
(City/State/Zip)

410-916-0300  
(Area Code/Telephone Number)

On may 17, 2024, before me, Farhat Naz Baloch personally appeared Patricia Vignovic, 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)

Commonwealth of Pennsylvania - Notary Seal  
Farhat Naz Baloch, Notary Public  
Allegheny County (This area for official seal)  
My commission expires October 02, 2027  
Commission number 1358586

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)

Michael Haney  
(Name Printed)

5042 Wilshire Blvd Ste 622  
(Address)

Pennsylvania  
STATE OF CALIFORNIA F.B )ss.  
COUNTY OF Allegheny

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

See Attached

On may 17, 2024, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Haney, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]  
(Signature of Notary)

Commonwealth of Pennsylvania - Notary Seal  
Farhat Naz Baloch, Notary Public  
Allegheny County (This area for official seal)  
My commission expires October 02, 2027  
Commission number 1358586

## 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 June 7, 2024 before me, Luz Maria Catalan, Notary Public  
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.



Signature  (Seal)

### **Description of Attached document:**

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

Document Date: June 7, 2024

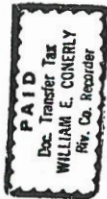
ASSESSMENT NUMBER: 365051017

Orange Coast Title

RECORDING REQUESTED BY

450718

AND WHEN RECORDED MAIL TO  
NAME DAVID SHANE  
ADDRESS MILDRED SHANE  
372 DALE ROAD  
CITY & STATE BETHEL PARK, PENNSYLVANIA 15102



RECEIVED FOR RECORD AT 2:30 O'CLOCK P.M. AT REQUEST OF ORANGE COAST TITLE CO.

DEC 31 1991

Notary Public in and for the State of California  
Linda F. Victoria  
My Commission Expires  
May 19, 1995

MAIL TAX STATEMENTS TO  
NAME SAME AS ABOVE  
ADDRESS  
CITY & STATE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$ 19.25  
 Computed on full value of property conveyed, or  
 Computed on full value less liens & encumbrances remaining thereon at time of sale.  
The undersign  
Signature of declarant or agent determining tax - firm name  
 Unincorporated area City of

Grant Deed

PARCEL NO. 365-051-017-0

This form furnished by Orange Coast Title Company

R-109069-2

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
ALAN S. BERRIER, EXECUTOR OF THE ESTATE OF DIANE K. STICKNEY

hereby GRANT(S) to  
DAVID SHANE AND MILDRED SHANE, HUSBAND AND WIFE, AS JOINT TENANTS

the following described real property in the UNINCORPORATED AREA OF THE  
county of RIVERSIDE, state of California: CALIFORNIA

LOT 21 OF LAS FALDAS TRACT, AS SHOWN BY MAP ON FILE IN BOOK 14, PAGES 16 AND 17  
OF MAPS, RECORDS OF SAN DIEGO COUNTY, CALIFORNIA.



Dated FOURTH DAY OF DECEMBER, 1991  
STATE OF CALIFORNIA  
County of SAN Diego  
On December 12, 1991 before me, the under-  
signed, a Notary Public in and for said State, personally  
appeared ALAN S. BERRIER

Alan S. Berrier, executor  
ALAN S. BERRIER, EXECUTOR

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

WITNESS my hand and official seal.

Signature Linda F. Victoria

FOR NOTARY SEAL OR STAMP



Title Order No. R-109069-2 Escrow No. 01-91-3279-D-DL

MAIL TAX STATEMENTS AS DIRECTED ABOVE

DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

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

- 1. I am the successor in interest of David Shane, who died in the City of Bethel Park, County of Allegheny, State of Pennsylvania on 7/2/2007.
- 2. At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- 3.  No proceeding is now being or has been conducted in California for administration of the Decedent's estate.  
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the Declarant of the property described in this declaration.
- 4. The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
- 5. The property of Decedent which is to be paid, transferred or delivered to the Declarant under the provisions of California Probate Code Section 13100 is: Approximately \$140,876.42 in excess proceeds from tax sale of Riverside County, CA APN: 365051017
- 6.  The Declarant is the successor of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.  
 The Declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to the Decedent's interest in the described property. The name(s) of the successor(s) of the Decedent is/are: \_\_\_\_\_
- 7. No other person has a superior right to the interest of the decedent in the described property.
- 8. The Declarant requests that the described property be paid, delivered, or transferred to the Declarant.
- 9. The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 17<sup>th</sup> day of May, 2024 at

Patricia Vignovic  
Signature

Patricia Vignovic  
Name, Declarant

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

F.B. Pennsylvania  
The State of California, County of Allegheny, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by patricia vignovic. Executed on this 17 day of May, 2024, at \_\_\_\_\_

WITNESS MY HAND AND OFFICIAL SEAL

[Signature]  
Notary Public for the State of California

Notary Seal

Commonwealth of Pennsylvania - Notary Seal  
Farhat Naz Baloch, Notary Public  
Allegheny County  
My commission expires October 02, 2027  
Commission number 1358586

Estate of DAVID SHANE

**PROBATE AFFIDAVIT**

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

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

Name: Rita Gondos DOB: 11/24/1955 Relationship to me: Sister

Attach an additional sheet if more space is needed.

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

Name: Mildred Shane DOB: 01/25/1919 DOD: 06/10/1996 Relationship to me: Mother

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 17<sup>th</sup> day of May, 2024 at

Patricia Vignovic

Signature of Declarant

Patricia Vignovic

Print Name of Declarant

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

STATE OF Pennsylvania

COUNTY OF Allegheny

On 05-17-2024 before me, Farhat Naz Baloch,  
personally appeared Patricia Vignovic, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]  
(Notary Signature)

Commonwealth of Pennsylvania - Notary Seal  
Farhat Naz Baloch, Notary Public  
Allegheny County  
My commission expires October 02, 2027  
Commission number 1358586

(Notary Seal)

DECLARATION UNDER CALIFORNIA PROBATE CODE SECTION 13101

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

- 1. I am the successor in interest of Mildred Shane, who died in the City of Jeannette, County of Westmoreland, State of Pennsylvania on 06/10/1996.
- 2. At least 40 days have elapsed since the death of the Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
- 3.  No proceeding is now being or has been conducted in California for administration of the Decedent's estate.  
 The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the Declarant of the property described in this declaration.
- 4. The current gross fair market value of the Decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
- 5. The property of Decedent which is to be paid, transferred or delivered to the Declarant under the provisions of California Probate Code Section 13100 is: Approximately \$140,876.42 in excess proceeds from tax sale of Riverside County, CA APN: 365051017
- 6.  The Declarant is the successor of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.  
 The Declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor or the Decedent (as defined in Section 13006 of the California Probate) with respect to the Decedent's interest in the described property. The name(s) of the successor(s) of the Decedent is/are: \_\_\_\_\_
- 7. No other person has a superior right to the interest of the decedent in the described property.
- 8. The Declarant requests that the described property be paid, delivered, or transferred to the Declarant.
- 9. The Declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 17 day of May, 2024 at

Pat Vignovic \_\_\_\_\_  
 Signature Name, Declarant

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

The State of Pennsylvania, County of Allegheny, to-wit: The foregoing affidavit or declaration was subscribed and sworn to, before me, by Patricia Vignovic Executed on this 17 day of May, 2024 at \_\_\_\_\_

WITNESS MY HAND AND OFFICIAL SEAL  
[Signature]  
 Notary Public for the State of California

Notary Seal

Commonwealth of Pennsylvania - Notary Seal  
 Farhat Naz Baloch, Notary Public  
 Allegheny County  
 My commission expires October 02, 2027  
 Commission number 1358586

Estate of MILDRED SHANE

### PROBATE AFFIDAVIT

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

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

Name: Rita Gondos DOB: 11/24/1955 Relationship to me: Sister

Attach an additional sheet if more space is needed.

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

Name: David Shane: DOB: 9/8/1919 DOD: 7/2/2007 Relationship to me: Father

The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 17 day of May, 2024 at

Patricia Vignovic

Patricia Vignovic

Signature of Declarant

Print Name of Declarant

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

STATE OF Pennsylvania  
COUNTY OF Allegheny

On 05-17-2024 before me, Farhat Naz Baloch,  
personally appeared Patricia Vignovic, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

[Signature]  
(Notary Signature)

Commonwealth of Pennsylvania - Notary Seal  
Farhat Naz Baloch, Notary Public  
Allegheny County  
My commission expires October 02, 2027  
Commission number 1358586

(Notary Seal)

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

**WARNING: It is illegal to duplicate this copy by photostat or photograph.**



*Audrey C. Marrocco*

Audrey C. Marrocco  
State Registrar

May 23, 2023

11245913

No.

Date

H105-143 Rev. 2/10E  
TYPE PRINT IN  
PERMANENT  
BLACK INK

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER

073620

1. Name of Decedent (First, middle, last) David Shane				2. Sex Male	3. Social Security Number [REDACTED]	4. Date of Death (Month, day, year) July 2, 2007
5. Age (Last birthday) 87	6. Under 1 year Months: 0 Days: 0	7. Under 1 day Hours: 0 Minutes: 0	8. Date of Birth (Month, day, year) Sept. 8, 1919	9. Birthplace (City and state or foreign country) Braddock, PA	10. Place of Death (List each city and state) <input type="checkbox"/> Hospital <input type="checkbox"/> EPO Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other - Specify	
11. County of Death Allegheny		12. City, Town, Twp. of Death Bethel Park		13. Facility Name (If not institution, give street and number) Manor Care of Bethel Park		14. Race, American Indian, Black, White, etc. (Specify) White
15. Decedent's Usual Occupation (Kind of work done during most of working life; do not state retired) labor/driver George Delallo Co.			16. Was Decedent ever in the US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. Decedent's Education (Specify only highest grade completed) High School	18. Marital Status: Married, Never married, Widowed, Divorced (Specify) widowed	19. Surviving Spouse (If wife, give maiden name)
20. Decedent's Mailing Address (Street, city/town, state, zip code) 331 Marshall Road Bethel Park, PA 15102			21. Decedent's Actual Residence (State, zip code) PA 15102		22. Did Decedent Live in a Township? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23. Decedent Lived within Actual Limits of Bethel Park	
24. Father's Name (First, middle, last) Eleck Shane			25. Mother's Name (First, middle, maiden surname) Gussie Schwimmer			
26. Informant's Name (Type/print) Patricia S. Vignovic			27. Informant's Mailing Address (Street, city/town, state, zip code) 331 Marshall Road, Bethel Park, PA 15102			
28. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other - Specify		29. Date of Disposition (Month, day, year) July 7, 2007		30. Place of Disposition (Name of cemetery, crematory or other place) Penn Lincoln Memorial Park		31. Location (City/town, state, zip code)
32. Signature of Funeral Service Licensor (or person acting as such) <i>Naomi Steunoy</i>		33. Name and Address of Facility David J. Henney Funeral Home 6364 Library Road, South Park, PA 15129		34. License Number		
35. Complete item 22a-c only when certifying physician is not certifying cause of death 22a. In the best of my knowledge, death occurred at the time, date and place stated. (Signature and title) <i>Naomi Steunoy</i>		36. Time of Death 10:00 AM		37. Date Pronounced Dead (Month, day, year) July 2, 2007		38. Was Case Reported to a Medical Examiner/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAUSE OF DEATH (See instructions and examples)						
27. Part I: Enter the <u>IMMEDIATE CAUSE</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. IMMEDIATE CAUSE (First disease or condition resulting in death) → <i>Coronary Artery Disease</i>			28. Approximate Interval from Death to Autopsy		29. Part II: Enter other <u>PRECEDING CONDITIONS</u> contributing to death, but not resulting in the underlying cause given in Part I.	
27. Part II: Enter the <u>UNDERLYING CAUSE</u> - disease or injury that initiated the events resulting in death. LAST. a. Due to (or as a consequence of) <i>Arteriosclerosis</i> b. Due to (or as a consequence of) c. Due to (or as a consequence of)			30. Do Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. If Present: <input type="checkbox"/> Not program within past year <input type="checkbox"/> Program at time of death <input type="checkbox"/> Not program, but program within 42 days of death <input type="checkbox"/> Not program, but program 43 days to 1 year before death <input type="checkbox"/> Unknown if program within the past year	
32. Was an Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		35. Date of Injury (Month, day, year)		36. Describe how injury occurred
37. Certifier (check only one) <input type="checkbox"/> Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 22) <input type="checkbox"/> Pronouncing and certifying physician (Physician both pronouncing death and certifying cause of death) <input type="checkbox"/> Medical examiner/coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		38. Time of Injury		39. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. If Transportation Injury (Specify) <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other - Specify
39. Signature and Title of Certifier <i>Naomi Steunoy</i>		40. License Number [REDACTED]		41. Date Signed (Month, day, year) 7/3/07		42. Place of Injury (Street, city/town, state) 1050 Bower Hill Rd, W1213
43. Registrar's Signature and District Number <i>Audrey C. Marrocco</i>		44. Date Filed (Month, day, year) July 3, 2007		45. Signature and Title of Registrar <i>Audrey C. Marrocco</i>		

5.13 per FO 10-29-07 R.C.

NAME OF DECEDENT, David Shane

(See instructions and examples on reverse)  
(0107914)

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Lisa A. Hasselbrook

Lisa A. Hasselbrook  
State Registrar

June 8, 2023



11454166

No.

Date

H105.143 Rev. 2017

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
CERTIFICATE OF DEATH

062305

TYPE PRINT  
OR  
PERMANENT  
BLACK INK

NAME OF DECEASED (Print, Middle, Last) <b>Mildred L. Shane</b>		SEX <b>Female</b>	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF DEATH (Month, Day, Year) <b>June 10, 1996</b>
AGE (Last birthday) <b>77</b> Yrs	UNDER 1 YEAR Months: <b>7</b> Days: <b>14</b> Hours: <b>14</b> Minutes: <b>00</b>	DATE OF BIRTH (Month, Day, Year) <b>Jan 25, 1919</b>	BIRTHPLACE (City and State or Foreign Country) <b>North Braddock PA</b>	PLACE OF DEATH (City, State, Zip Code) <b>Huntingdon PA</b>
COUNTY OF DEATH <b>Westmoreland</b>	CITY, BORO, TWP OF DEATH <b>Jeannette</b>	FACILITY NAME (If not institution, give street and no. number) <b>Jeannette District Memorial</b>	HAS DECEASED OF HIS/HER OWN? (Specify) <b>No</b>	RACE (American Indian, Black, White, etc. Specify) <b>White</b>
DECEASED'S USUAL OCCUPATION (Give area of work done during most of working life; do not use "retired") <b>Homemaker</b>	KIND OF BUSINESS/INDUSTRY <b>Owned Home</b>	HAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>	DECEASED'S EDUCATION (Specify with highest grade completed) <b>11</b>	MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>
DECEASED'S MARITAL ADDRESS (Street, City/Town, State, Zip Code) <b>11699 Parkway Drive N. Huntingdon PA, 15642</b>	DECEASED'S ACTUAL RESIDENCE (City/Town, State, Zip Code) <b>Westmoreland</b>	17a. State <b>PA</b>	17b. <input checked="" type="checkbox"/> Yes, decedent lived in <b>N. Huntingdon</b>	17c. <input checked="" type="checkbox"/> No, decedent lived with actual limits of <b>Westmoreland</b>
FATHER'S NAME (Print, Middle, Last) <b>Michael Babella</b>	MOTHER'S NAME (Print, Middle, Last Name) <b>Mary (Unknown)</b>	INFORMANT'S NAME (Print) <b>David Shane</b>		
INFORMANT'S MARITAL ADDRESS (Street, City/Town, State, Zip Code) <b>11699 Parkway Drive, N. Huntingdon PA 15642</b>		PLACE OF DEPOSITION - Name of Cemetery, Crematory, or Other Place <b>Penn Lincoln Memorial Park N. Huntingdon PA</b>		
METHOD OF DEPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		DATE OF DEPOSITION (Month, Day, Year) <b>Jun 12 1996</b>	NAME AND ADDRESS OF FACILITY (James W. Shirley Funeral Home) <b>176 Clay Pike North Huntingdon, Pa</b>	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Thomas A. Keith</i>		NAME AND ADDRESS OF FACILITY (James W. Shirley Funeral Home) <b>176 Clay Pike North Huntingdon, Pa</b>		
SIGNATURE OF PHYSICIAN (Print name, title, and address) <b>Thomas A Keith MD</b>		LICENSE NUMBER <b>MD044859E</b>	DATE SIGNED (Month, Day, Year) <b>6-10-96</b>	
TIME OF DEATH <b>1:05 A M</b>		DATE PRONOUNCED DEAD (Month, Day, Year) <b>6-10-96</b>	HAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART I: Enter the diseases, injuries or complications which caused the death. Do not write the mode of dying, such as cardiac or respiratory arrest, stroke or heart failure. List only one cause on each line. <b>Cardiovascular Accident</b>		PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. <b>America Urinary Tract Infection Prenatal Diabetic Lupus Osteoporosis</b>		
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiovascular Accident</b>		DUE TO OR AS A CONSEQUENCE OF: <b>Chronic Lung Disease Aspiration Pneumonia Hyponatremia</b>		
WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		DATE OF INJURY (Month, Day, Year) <b>2000</b>	TIME OF INJURY <b>2:00 P M</b>	INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CERTIFIER (Check only one) "CERTIFYING PHYSICIAN" (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		SIGNATURE AND TITLE OF CERTIFIER <b>George R. Hunter MD</b>		
"PRONOUNCING AND CERTIFYING PHYSICIAN" (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		LICENSE NUMBER [REDACTED]		
"MEDICAL EXAMINER/CORONER" On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		DATE SIGNED (Month, Day, Year) <b>6/11/96</b>		
REGISTRAR'S SIGNATURE AND NUMBER <i>Cynthia Keel</i>		NAME AND ADDRESS OF PHYSICIAN WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print <b>George R Hunter Jeannette Pa 15644</b>		
		DATE FILED (Month, Day, Year) <b>June 10, 1996</b>		

NAME OF DECEASED: Mildred Shane

ALIENS USED

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## BOARD RULES

### Requests to Address Board on "Agenda" Items:

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

### Requests to Address Board on items that are "NOT" on the Agenda:

Notwithstanding any other provisions of these rules, member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES. The Board may limit the public input on any item, based on the number of people requesting to speak and the business of the Board.

### Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, ensuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please ensure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo. **Speakers are prohibited from bringing signs, placards, or posters into the hearing room.**

### Individual Speaker Limits:

**Individual speakers are limited to a maximum of three (3) minutes.** The Board may limit the public input on any item, based on the number of people requesting to speak and the business of the Board. Please step up to the podium when the Chair calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chair adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

### Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chair's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the front bottom of the form.

### Addressing the Board & Acknowledgement by Chair:

The Chair will determine what order the speakers will address the Board and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the public and/or meeting participants. Such behavior, at the discretion of the Board Chair may result in removal from the Board Chambers by Sheriff Deputies.