

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



ITEM: 21.6
(ID # 27507)

MEETING DATE:
Tuesday, May 12, 2026

FROM : TREASURER-TAX COLLECTOR

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 219, Item 221. Last assessed to: Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II, each with an undivided one-third interest as tenants in common, District 4. [\$37,815-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Faithe M. Norrell, heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 656-201-004;
2. Approve the claim from Faithe M. Norrell POA for Sondra Norrell-Thomas, heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 656-201-004; and,
3. Authorize and direct the Auditor-Controller to issue a warrant to Faithe M. Norrell, heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II in the amount of \$18,907.62, and Faithe M. Norrell POA for Sondra Norrell-Thomas, heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II in the amount of \$18,907.62, 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.

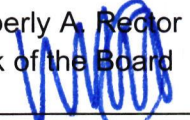
ACTION: Policy


Matthew Jennings, Treasurer-Tax Collector 4/29/2026

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez
Nays: None
Absent: None
Date: May 12, 2026
xc: Treasurer

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 37,815	\$ 0	\$ 37,815	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	No
			For Fiscal Year:	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 Faithe M. Norrell, heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II based on an Order Settling Final Account and for Distribution Under Will recorded on September 23, 1968, as Instrument No. 1968-91422, an Affidavit for Collection of Personal Property Under California Probate Codes 13100-13106 notarized September 4, 2025, for decedents Esther Morris Nash, Faith E. Morris Norrell, and Charles Satchell Morris Jr., and Certificates of Death for Esther Morris Nash, Faith Morris Norrell aka Faith Elizabeth Morris Norrell, and Charles S. Morris II aka Charles Satchell Morris Jr.
2. Claim from Faithe M. Norrell, POA for Sondra Norrell-Thomas heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II based on a copy of Durable General Power of Attorney notarized on July 22, 2009, an Order Settling Final Account and for Distribution Under Will recorded on September 23, 1968, as Instrument No. 1968-91422, an Affidavit for Collection of Personal Property Under California Probate Codes 13100-13106 notarized April 18, 2025, for decedents Esther Morris Nash, Faith Morris Norrell and Charles Satchell Morris, and Certificates of Death for Esther Morris Nash, Faith Morris Norrell aka Faith Elizabeth Morris Norrell and Charles S. Morris II aka Charles Satchell Morris Jr.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Faithe M. Norrell, heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II be awarded excess proceeds in the amount of

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

\$18,907.62, and Faithe M. Norrell POA for Sondra Norrell-Thomas, heir to the Estate of Esther Morris Nash, Faith Morris Norrell, and Charles S. Morris II be awarded excess proceeds in the amount of \$18,907.62. 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 heirs to the Estate of the last assessesees of the property.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Faithe

ATTACHMENT B. Claim Sondra


Cesar Bernal, PRINCIPAL MGMT ANALYST 5/4/2026


Aaron Gettis, Chief Deputy County Counsel 12/29/2025

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

RECEIVED

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC: 219 ITEM 221 Parcel Identification Number: 656201004

Owner: MORRIS, CHARLES S II & NASH, ESTHER MORRIS & NORRELL, FAITH MORRIS

Situs Address:

Date Sold: 05/02/2023

Date Deed to Purchaser Recorded: 06/20/2023

Final Date to Submit Claim: 06/20/2024

2024 MAR 14 AM 8:59

RIVERSIDE COUNTY
TREAS TAX COLLECTOR

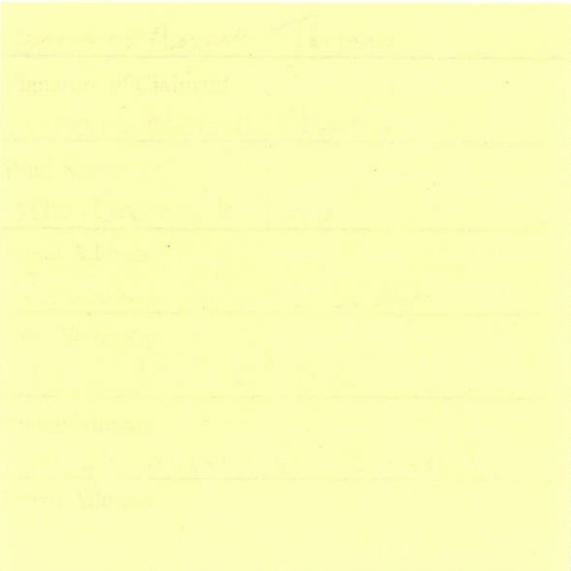
I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 37,815.24 from the sale of the above mentioned real property. I/We were the [] lienholder(s), [X] property owner(s) [please check one] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 656201004; recorded on 5-02-2023. 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 13th day of March, 2024 at Richmond, VA County, State



Faith Norrell POA

Signature of Claimant

Faith M. Norrell

Print Name

8110 Cavendish Lane

Street Address

Richmond VA 23227

City, State, Zip

804-350-0852

Phone Number

mickensiii@verizon.net

Email Address

91422

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

September 3, 1968

Order and Decree No. 60

Dept. 9 of the above entitled Court convened, the Honorable Margaret Alley, Judge Pro Tempore Presiding, and the following proceedings were had:

No. P- 528469

Estate of C. CLEMENT MAURICE, also known as CLARNECE CLEMENT MAURICE, and as CLARENCE C. MAURICE, Deceased.

ORDER SETTLING FINAL ACCOUNT AND FOR DISTRIBUTION UNDER WILL

Attorney(s) appearing for Petitioner(s): Fleming, Robbins and Sanchez.

The final account and report and petition for distribution herein of Joanne Pereira, as executrix of the estate of said deceased, coming on this day for hearing and settlement by the Court, all notices of said hearing having been given as required by law, the Court, after hearing the evidence, and finding that the property of said estate is separate property, and that the inheritance tax, and all personal property taxes due and payable by said estate have been paid, settles said account, approves said report and orders distribution of said estate as follows:

It is Ordered, Adjudged and Decreed by the Court that due notice to the creditors of said deceased has been given; that said executrix has/have in her possession belonging to said estate, after deducting the credits to which she is/are entitled, a balance of \$18,680.08, of which \$17,141.95 is in cash, and the remainder consists of the property hereinafter described, at the value of the appraisal, and said account and report is hereby approved, allowed and settled accordingly; that the sum of \$947.93 is hereby allowed said executrix as statutory commissions; that the sum of \$947.93 is hereby allowed said attorney(s) as statutory fees; and the further sum of \$50.00 is hereby allowed said attorney(s) for extraordinary services rendered said estate; and that in pursuance of and according to the provisions of the last will of said deceased, and by reason of Consents To Distribution on file herein, the residue of cash, and the property hereinafter described, and all other property belonging to said estate, whether described herein or not, be and hereby is distributed as follows:

To Ruth Morris Graham and Joanne Pereira, each, cash in the sum of \$500.00;

To Esther Morris Nash, Faith Morris Norrell and Charles S. Morris II, each, an undivided one-third interest as tenants in common, in and to the real property described as follows:

Lot 1541, Dos Palmas Tract Unit No. A, in the County of Riverside, State of California, as shown by map on file in Book 33, Page 45 of Maps, Records of said County, appraised at \$1,500.00;

Cert. No. 934 for 1 share of stock of Dos Palmas Water Company, appurtenant to said land;

To Ruth Morris Graham, Esther Morris Nash, Faith Morris Norrell, Charles S. Morris II and Mrs. Joanne Pereira, each, a one-fifth interest in and to all the rest, residue and remainder of said estate, consisting so far as the same is known of the following:

- Residue of cash;
- 50 shares Beacon Steel Corporation, appraised at \$28.13;
- 200 shares Herts-Lion International Corporation, appraised at \$10.00;
- 100 shares Imperial Vending Company, appraised at no value;

(1)

PROBATE ORDER AND DECREE

RECORDER'S MEMO: Legibility of writing. Typing or Printing UNSATISFACTORY in this document when received for Record.

91422

(Pg. 2 - 9/3/1968 - No. 60)
528469 - Estate of Maurice, Deceased.

500 shares Pioneer Electronics Corporation, appraised at no value;
50 shares Transit-Freeze Corporation, appraised at no value;
Clothing and personal effects.

THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST SEP 19 1968 19

WILLIAM G. SHARP County Clerk and Clerk of the Superior Court of the State of California, for the County of Los Angeles.

BY [Signature] DEPUTY

When recorded return to:

Fleming, Robbins & Sanchez
210 West Seventh Street
Los Angeles, California 90014

County Assessor:

Send tax bills to

Mrs. Esther Morris Nash
133 Park Place
Venice, California

280

FEE \$ 2.50 Recorder

[Signature]

At Request of
Recorder in Official Records
of Riverside County, California

30 Min. Paid 9 o'clock A.M.

RECEIVED FOR RECORD
SEP 23 1968

91422

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

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

The undersigned state(s) as follows:

1. (Decedent's Name) Esther Morris Nash died on (date) 12-16-1991, in County of San Diego, State of California [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
 - An inventory and appraisal of the real property included in the decedent's estate is attached.
 - There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:
PIN: 656201004
TC 219 Item 221
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Sondra Norrell-Thomas and Faithe M. Norrell
8. The affiant or declarant (check one):
 - Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 - Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: September 4, 2025

Faithe M. Norrell
Name:

Dated: _____

Jack A. Wong
Name:

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.

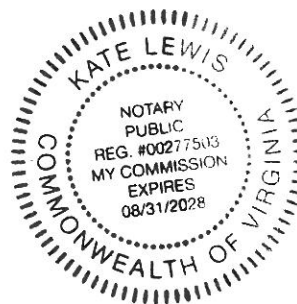
STATE OF CALIFORNIA
COUNTY OF MENDOCINO

On Sept. 4, 2025 before me, Kate Lewis, personally appeared Faith Morris Norreu, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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.

Kate Lewis (Seal)
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

91-198545

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

39137017244

STATE FILE NUMBER 1A NAME OF DECEDENT FIRST (GIVEN) ESTHER		1B MIDDLE MORRIS		1C LAST (FAMILY) NASH		2A DATE OF DEATH—MO. DAY, YR. DECEMBER 16, 1991		2B HOUR 2150		2C SEX F	
4 RACE CAUCASIAN		5 HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6 DATE OF BIRTH—MO. DAY, YR. JANUARY 18, 1903		7 AGE IN YEARS 88		8 UNDER 1 YEAR MONTHS		9 UNDER 24 HOURS DAYS HOURS MINUTES	
8 STATE OF BIRTH NY		9. CITIZEN OF WHAT COUNTRY USA		10A FULL NAME OF FATHER CHARLES S. MORRIS		10B. STATE OF BIRTH KY		11A. FULL MAIDEN NAME OF MOTHER SADIE E. WATERMAN		11B STATE OF BIRTH SC	
12. MILITARY SERVICE? 1R TO 1S <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]		14. MARITAL STATUS WIDOWED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) NONE		16. YEARS IN OCCUPATION 60		17. EDUCATION—YEARS COMPLETED 16	
10A. USUAL OCCUPATION HOMEMAKER		16B. USUAL KIND OF BUSINESS OR INDUSTRY OWN HOME		16C. USUAL EMPLOYER SELF-EMPLOYED		16D. YEARS IN OCCUPATION 60		17. EDUCATION—YEARS COMPLETED 16			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 945 NEWPORT STREET		18B. CITY OCEANSIDE		18C. ZIP CODE 92057		18D. COUNTY SAN DIEGO		18E. NUMBER OF YEARS IN THIS COUNTY 2		18F. STATE OR FOREIGN COUNTRY CALIFORNIA	
19A. PLACE OF DEATH RESIDENCE		19B. IF HOSPITAL, SPECIFY ONE (P, ER/OP, DOA) SAN DIEGO		19C. COUNTY SAN DIEGO		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT JOAN PEREIRA - DAUGHTER 945 NEWPORT STREET OCEANSIDE, CA 92057		21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) ALZHEIMERS DEMENTIA		22. WAS DEATH REPORTED TO CORONER? (FURNAL NUMBER) <input checked="" type="checkbox"/> YES 12-373 <input type="checkbox"/> NO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 945 NEWPORT STREET		19E. CITY OCEANSIDE		21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (B)		22. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (C) NONE		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Albrecht K. Schulz</i>		27C. CERTIFIER'S LICENSE NUMBER G57976		27D. DATE SIGNED 12/19/91	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 11/12/91		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS 23330 MOULTON PARKWAY, LAGUNA HILLS, CA 92653		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [REDACTED]		28B. DATE SIGNED [REDACTED]		29. MANNER OF DEATH—specify on list of codes which homicide pending investigation is not to be determined		30A. PLACE OF INJURY [REDACTED]	
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR [REDACTED]		31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [REDACTED]		34A. DISPOSITION(S) CR/SEA		34B. PLACE OF FINAL DISPOSITION, NAME AND ADDRESS SCATTER OFF THE COAST OF LONG BEACH, CA LOS ANGELES COUNTY	
34C. DATE MO. DAY, YEAR 12/28/91		34D. SIGNATURE OF EMBALMER NOT EMBALMED		34E. LICENSE NUMBER NONE		35A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PIERCE BROS. BELL BROADWAY MORT.		35B. LICENSE NO. FD 508		37. SIGNATURE OF LOCAL REGISTRAR <i>Ronald E. Cannon, M.D.</i>	
35C. REGISTRATION DATE DEC 24 1991		36. STATE REGISTRAR A. 8 B. X C. 2 D. E. F.		38. CENSUS TRACT [REDACTED]		39. STATE REGISTRAR A. 8 B. X C. 2 D. E. F.		40. CENSUS TRACT [REDACTED]			

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITECUTS, OR OTHER ALTERATIONS

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

DATE ISSUED

Dana Moore

MAY 20 2024

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

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

CACDPH--04



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

The undersigned state(s) as follows:

1. (Decedent's Name) Faith E. Morris Norrell died on (date) 02-07-1996, in County of Richmond, State of ~~California~~ Virginia (before April 1, 2022).
City
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
 - An inventory and appraisal of the real property included in the decedent's estate is attached.
 - There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:
PIN: 656201004
TC 219 Item 221
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Sandra Norrell-Thomas and Faith M. Norrell
8. The affiant or declarant (check one):
 - Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 - Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: September 4, 2025

Faith M. Norrell

Name:

Dated: _____

Jan Moran

Name:

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.

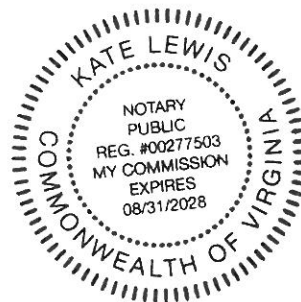
STATE OF CALIFORNIA
COUNTY OF MENDOCINO

On Sept. 4, 2025 before me, Kate Lewis, personally appeared Faith Morric Norrell, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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.

Kate Lewis (Seal)
Signature of Notary Public



**COMMONWEALTH OF VIRGINIA
CERTIFIED COPY OF DEATH RECORD**

**COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND**

COPY A

FOR DIVISION OF
VITAL RECORDS

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	STATE FILE NUMBER
1 FULL NAME OF DECEDENT (first) (middle) (last) Faith Elizabeth Morris Norrell		2 SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>
3 DATE OF DEATH (mo.) (day) (year) 2/7/96	4 AGE 79 years	5 DATE OF BIRTH (mo.) (day) (year) 2/15/16
7 NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) None		8 COUNTY OF DEATH (if independent city, leave blank)
9 CITY OR TOWN OF DEATH Richmond		10 STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 2614 The Terrace
11 STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		12 COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)
13 CITY OR TOWN OF RESIDENCE Richmond		14 STREET ADDRESS OR RT. NO. OF RESIDENCE 2614 The Terrace
15 NAME OF DECEDENT'S FATHER Charles S. Morris		16 MAIDEN NAME OF DECEDENT'S MOTHER SAdie Waterman
17 RACE OF DECEDENT Black	18 OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	19 EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5 +) 5
20 CITIZEN OF WHAT COUNTRY USA	21 BIRTHPLACE (state or country) Virignia	22 NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>
24 SOCIAL SECURITY NUMBER [REDACTED]	25 USUAL OR LAST OCCUPATION Retired Teacher	27 INFORMANT - OR SOURCE OF INFORMATION Faith N. Mickens
28 PART I. Enter the diseases, injuries, or complications that 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Colon Cancer DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) _____ DUE TO (OR AS A CONSEQUENCE OF): (C) _____ PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		INTERVAL BETWEEN ONSET AND DEATH 1 year
28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH
28e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	28f. INJURY OCCURRED while at work <input type="checkbox"/> or not while at work <input type="checkbox"/>	28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) _____
28. To the best of my knowledge, death occurred at _____ (a.m.) (p.m.) on the date and place and from the cause(s) stated.		28a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input type="checkbox"/>
ACTUAL SIGNATURE → Elizabeth Poplin MD		DATE SIGNED: _____
NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Elizabeth Poplin M. D.		ADDRESS OF ATTENDING PHYSICIAN MCV Hospital Richmond, VA
29. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Piverview Cemetery Richmond, VA	
31. (Signature of funeral director or person legally filing this certificate) [Signature]		NAME OF FUNERAL HOME AND ADDRESS Scott's Funeral Home Richmond, Virginia
32. (signature of registrar) [Signature]		DATE RECORD FILED: 2-21-96
RESERVED FOR REGISTRAR'S USE		

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in (space) or print legibly with ball point pen having black unloading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

THIS IS TO CERTIFY THAT THIS IS A TRUE AN CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE RICHMOND CITY DEPARTMENT OF HEALTH, RICHMOND

DATE ISSUED FEB 21 1996 VIRGINIA [Signature]
(SEAL) REGISTRAR OR DEPUTY

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE RICHMOND CITY DEPARTMENT OF HEALTH, CLEARLY AFFIXED.

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

The undersigned state(s) as follows:

1. (Decedent's Name) Charles Satchell Morris, Jr died on (date) 11-20-1999, in County of Orange, State of California [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
 - An inventory and appraisal of the real property included in the decedent's estate is attached.
 - There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:
PIN: 656201004
TC 219 Item 221
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Sondra Norrell-Thomas and Faith M. Norrell
8. The affiant or declarant (check one):
 - Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 - Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: September 4, 2025

Faith M. Norrell
Name:

Dated: _____

[Signature]
Name:

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 MENDOCINO

On Sept. 4, 2025 before me, Kate Lewis, personally appeared Faith Morris Norreu, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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.

Kate Lewis (Seal)
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER

CERTIFICATE OF DEATH

3 199930 014886

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK (ONLY IN ERASURES); WHITEOUTS OR ALTERATIONS YES () NO () (REV. 7/87)				LOCAL REGISTRATION NUMBER																					
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)																							
CHARLES		SATCHELL		MORRIS, JR.																							
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/DD/CCYY																					
06/11/1899		100		M		11/20/1999																					
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS																					
MA		[REDACTED]		[] YES [X] NO [] UNK		WIDOWED																					
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED																					
AFRICAN/AMERICAN		[] YES [] NO		[X] NO		20																					
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION																							
MINISTER		RELIGION		65																							
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)																											
3902 KATELLA AVENUE																											
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY																					
LOS ALAMITOS		ORANGE		90720		10																					
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP																									
CA		RUTH SIEGRIST - NIECE																									
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)																											
6401 MUKAI COURT HUNTINGTON BEACH, CA 92647																											
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)																							
-		-		-																							
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE																					
CHARLES		SATCHELL		MORRIS		KY																					
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE																					
SADIE		EUGENIA		WATERMAN		SC																					
39. DATE M/M/DD/CCYY																											
11/30/1999																											
40. PLACE OF FINAL DISPOSITION																											
INGLEWOOD PARK CEMETERY 720 E. FLORENCE AVE. INGLEWOOD, CA 90301																											
41. TYPE OF DISPOSITION:		42. SIGNATURE OF EMBALMER				43. LICENSE NO.																					
BU		NOT EMBALMED				-																					
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CCYY																					
PIERCE BROS. ANAHEIM MORTUARY		FD 1060		[Signature]		11/29/1999 MKC																					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY																					
ALAMITOS WEST CONV. HOSPITAL		[] IP [] ER/OP [] DOA		[] CONV. HOBS. [] RES. CARE [] OTHER		ORANGE																					
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)																							
3902 KATELLA AVENUE		LOS ALAMITOS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>108. TIME INTERVAL BETWEEN ONSET AND DEATH</td> <td>109. DEATH REPORTED TO CORONER</td> </tr> <tr> <td>MINUTES</td> <td>[X] YES [] NO</td> </tr> <tr> <td></td> <td>REFERRAL NUMBER</td> </tr> <tr> <td></td> <td>99-07470-GA</td> </tr> <tr> <td>109. BIOPSY PERFORMED</td> <td></td> </tr> <tr> <td>[] YES [X] NO</td> <td></td> </tr> <tr> <td>110. AUTOPSY PERFORMED</td> <td></td> </tr> <tr> <td>[] YES [X] NO</td> <td></td> </tr> <tr> <td>111. USED IN DETERMINING CAUSE</td> <td></td> </tr> <tr> <td>[] YES [] NO</td> <td></td> </tr> </table>				108. TIME INTERVAL BETWEEN ONSET AND DEATH	109. DEATH REPORTED TO CORONER	MINUTES	[X] YES [] NO		REFERRAL NUMBER		99-07470-GA	109. BIOPSY PERFORMED		[] YES [X] NO		110. AUTOPSY PERFORMED		[] YES [X] NO		111. USED IN DETERMINING CAUSE		[] YES [] NO	
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111. USED IN DETERMINING CAUSE																											
[] YES [] NO																											
IMMEDIATE CAUSE		(A) CARDIORESPIRATORY ARREST		DUE TO																							
DUE TO		(B) CONGESTIVE HEART FAILURE		WEEKS																							
DUE TO		(C) ISCHEMIC CARDIOMYOPATHY		YEARS																							
DUE TO		(D) ARTERIOSCLEROTIC HEART DISEASE		YEARS																							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107																											
HYPERTENSION																											
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.																											
4140 NO																											
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE [] DECEDENT LAST SEEN ALIVE M/M/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/CCYY																					
03/05/1998 10/30/1999		[Signature]		A33480		11/22/1999																					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH																									
HANIEFA M. MAZNAVI, MD 3891 KATELLA AVE. #101 LOS ALAMITOS, CA 90720		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>[] NATURAL</td> <td>[] SUICIDE</td> <td>[] HOMICIDE</td> </tr> <tr> <td>[] ACCIDENT</td> <td>[] PENDING INVESTIGATION</td> <td>[] COULD NOT BE DETERMINED</td> </tr> </table>						[] NATURAL	[] SUICIDE	[] HOMICIDE	[] ACCIDENT	[] PENDING INVESTIGATION	[] COULD NOT BE DETERMINED														
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[] ACCIDENT	[] PENDING INVESTIGATION	[] COULD NOT BE DETERMINED																									
120. INJURY AT WORK [] 121. INJURY DATE M/M/DD/CCYY 122. HOUR 123. PLACE OF INJURY																											
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)																											
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)																											
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER																							
[Signature]																											
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT																					
				1122																							

009150



* 001786920 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED

JAN 24 2024

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

Hugh Nguyen
HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

RECEIVED
2024 MAR 14 AM 8:59
RIVERSIDE COUNTY
TREAS TAX COLLECTOR

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC: 219 ITEM 221 Parcel Identification Number: 656201004

Owner: MORRIS, CHARLES S II & NASH, ESTHER MORRIS & NORRELL, FAITH MORRIS

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 \$ 37,815.24 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. 656201004; recorded on 5-02-2023. 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 1st day of March, 2024 at Richmond, VA County, State

Sondra Norrell-Thomas

Signature of Claimant

Sondra Norrell-Thomas

Print Name

8110 Cavendish Lane

Street Address

Richmond, VA 23227

City, State, Zip

804-350-0852

Phone Number

mickensiii@verizon.net

Email Address

Faith Norrell POA

Signature of Claimant

Faith M. Norrell

Print Name

8110 Cavendish Lane

Street Address

Richmond VA 23227

City, State, Zip

804-350-0852

Phone Number

mickensiii@Verizon.net

Email Address

Durable General Power of Attorney

The Durable General Power of Attorney is designed to authorize someone to act on your behalf. It becomes effective immediately upon being signed by you and empowers your attorney-in-fact to make financial decisions on your behalf, including the ability, among other things, to withdraw funds, sell assets, make tax-motivated gifts, and do any further estate planning that may be necessary. You may revoke it at any time and it automatically terminates at your death. This instrument is particularly important in the event it becomes appropriate to modify your estate plan in the future at a time when you are incapacitated and unable to act.

However, in order to take full advantage of your Durable General Power of Attorney, there are some further steps that we recommend you take:

1. Check with each financial institution where you have assets, e.g., your bank, credit union, stockbroker, mutual funds, IRA and 401k custodians, and any other retirement account custodians. Inquire as to whether there are any policies regarding Powers of Attorney that you should be aware of.

2. Sometimes these financial institutions have forms that you can fill out, such as an indemnity form, or even a Durable General Power of Attorney specific to that financial institution. It is highly recommended that you fill out their form in addition to the Power of Attorney that we have prepared for you. You may end up having several different Powers of Attorney.

3. Be aware that some financial institutions have policies regarding how recent a Durable General Power of Attorney must be in order to be accepted. You may have to update your Power of Attorney periodically in order to remain fully protected.

4. Always keep your copies of any forms or other correspondence that you receive from your financial institutions with your Trust portfolio.

DURABLE GENERAL POWER-OF-ATTORNEY

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THIS POWER OF ATTORNEY AUTHORIZES THE PERSON NAMED BELOW AS MY ATTORNEY-IN-FACT TO DO ONE OR MORE OF THE FOLLOWING: TO SELL, LEASE, GRANT, ENCUMBER, RELEASE OR OTHERWISE CONVEY ANY INTEREST IN MY REAL PROPERTY AND TO EXECUTE DEEDS AND ALL OTHER INSTRUMENTS ON MY BEHALF, UNLESS THIS POWER OF ATTORNEY IS OTHERWISE LIMITED HEREIN TO SPECIFIC REAL PROPERTY.

DURABLE GENERAL POWER OF ATTORNEY

I, **Sondra Norrell-Thomas**, Social Security Number [REDACTED] [REDACTED] make this Durable General Power of Attorney appointing **Faithe Norrell-Mickens** as my true and lawful Attorney-in-Fact. If **Faithe Norrell-Mickens** is unwilling or becomes unable to so serve, then I appoint **Johnny Mickens, III** as my true and lawful Attorney-in-Fact. If **Johnny Mickens, III** is unwilling or becomes unable to so serve, then I appoint **Gretchen B. Wharton** and **Delaia Brooks** as my true and lawful Co-Attorneys-in-Fact.

In the event Co-Attorneys-in-Fact have been appointed hereunder and any of such persons is/are unable or unwilling to serve, the other(s) shall serve as Attorney-in-Fact. Only in the event that all such persons are unable or unwilling to act shall the person(s) appointed as next Successor Attorney-in-Fact serve in such capacity.

ARTICLE I
DURABILITY

This power of attorney is effective upon execution and shall not terminate on my disability. My Attorney-in-Fact shall continue to be able to exercise any power or authority granted in this power of attorney, regardless of my subsequent disability, incapacity, or incompetence. This power of attorney shall terminate upon my death.

ARTICLE II
PURPOSE

My principal purpose in executing this Durable General Power of Attorney is to provide the fullest possible authority for my Attorney-in-Fact to act on my behalf and in my place and stead in the event that I become temporarily or permanently incapacitated, without the necessity of any proceeding to establish a guardianship or conservatorship for me and/or my property. However, this instrument is intended to be fully effective as of the date it is executed to authorize my Attorney-in-Fact to act immediately, and at any time, without having to establish that I am in any way incapacitated. It is also my purpose specifically to permit my Attorney-in-Fact to carry out estate planning on my behalf. I authorize my Attorney-in-Fact to substitute his judgment for mine and to take any action on my behalf as fully and effectively as I could do if acting personally. If for any reason a guardianship or conservatorship proceeding is instituted, I request that the Court appoint my Attorney-in-Fact to be my guardian and/or conservator and to permit him to exercise on my behalf all of the powers set forth herein.

ARTICLE III

POWERS OF MY ATTORNEY-IN-FACT

In addition to the powers set forth below, my Attorney-in-Fact may substitute his judgment for mine and perform any other acts of any nature whatsoever that in the opinion of my Attorney-in-Fact ought to be done to carry out the purposes of this Durable General Power of Attorney as fully and effectively as I could do if acting personally. The powers that may be exercised by my Attorney-in-Fact with respect to any right or claim of mine existing now or in the future, and to any property, real and personal, tangible and intangible, which I now own or in which I subsequently acquire an interest, include but are not limited to the following:

A. To Manage My Property.

1. **Financial Accounts.** To establish new financial accounts in my name and to make use of and terminate accounts of all kinds presently in my name, including, but not limited to, checking accounts, savings accounts, certificates of deposits, credit union accounts, money market accounts and any other similar accounts; and to make deposits to, write checks upon and/or withdraw funds or account balances now or hereafter outstanding to my credit or to the credit of my Attorney-in-Fact, whether or not the check or other instrument is drawn to the order of my Attorney-in-Fact;

2. **Securities.** To buy, re-invest, cash in,
surrender, hypothecate, borrow against, transfer,

give, sell, and/or otherwise dispose of any security, stock, bond, certificate of deposit, treasury bill or note, option, interest in a mutual fund, limited partnership interest or any other type of investment of whatever kind and nature without limitation, and to endorse any stock certificate and/or execute any other instrument or other writing, including stock powers, relating to any such disposition; and to close any account relating thereto and transfer the balance to any other account;

3. **Standard Of Living.** To do all acts appropriate for maintaining my standard of living; to continue or alter whatever provision has been made by me with respect to food, shelter, clothing, transportation, and other living expenses;

4. **Personal Property.** To obtain insurance for any or all items of personal property or effects which I may own now or in the future; to take possession of any such items; to store and safeguard or sell for such price and upon such terms, conditions and security, if any, such items as my Attorney-in-Fact shall deem appropriate; to otherwise dispose of any items of tangible personal property which my Attorney-in-Fact believes I may not need again (for example, if I move to an assisted living residence or a nursing home); to transfer custody and possession (but not title) for storage and safekeeping of any such items to the person, if any, whom I have named as the recipient of such property in my Will or in any trust of which I am

the TRUSTOR or in any memorandum which accompanies either such instrument;

5. **Promissory Note.** To sign, endorse, assign, collect on, compromise, hypothecate, release and reconvey any promissory note, check, draft or other instrument or commercial paper of any nature whatsoever, negotiable or non-negotiable, for deposit, discount, collection or otherwise;

6. **Real Property.** To purchase real property and/or take any action without limitation with respect to any interest in real property owned by me now and/or at any time in the future, including but not limited to the following powers:

a) To manage, subdivide, partition, sell, encumber, lease, abandon, give away and/or otherwise transfer any interest of mine, in whole or in part, specifically including but not limited to joint tenancies, co-tenancies, life estates, remainder interests, in any land, buildings, or other improvements or appurtenances to land, and any other real property (including mineral rights), to execute and cause to be recorded any and all deeds, deeds of trust, mortgages or release and/or any other writings necessary to effectuate any transaction relating to real property, and to add to or modify the descriptions of any property, real or personal, that I may now or hereafter own;

b) My Attorney-in-Fact shall have these powers with respect to any real property interest I may acquire after the date of execution of this instrument, including any interest in real property acquired by me or by my Attorney-in-Fact by purchase, devise, inheritance, gift and/or operation of law and specifically including the property used as my personal residence at any time and from time to time;

c) It is my intention to include within the meaning of the real property affected by this provision all fixtures attached to any of the above-described real property, all personal property used in connection therewith, and all policies of insurance on such real property;

7. Rental Real Property. To lease, sublease, and release; to eject, remove and relieve tenants or other persons from, and recover possession of, by all lawful means; to collect, sue for, receive and receipt for rents and profits and to conserve, invest or utilize any and all of such rents, profits and receipts for the purposes described in this paragraph; to do any act of management and conservation; to maintain, protect, repair, preserve, insure, build upon, demolish, alter or improve all or any part thereof; and to subdivide, develop, and to dedicate easements over in regard to any real property in which I may own or hereafter acquire or receive an interest;

8. **Hold Property.** To hold any of my property in the name of any TRUSTEE, custodian or nominee, including the name of my Attorney-in-Fact, without disclosing this relationship, provided that my Attorney-in-Fact will be responsible for the acts of any such TRUSTEE, custodian or nominee;

9. **Partition.** To partition and/or allot community or jointly owned property to create separate property for me;

10. **Charge Accounts.** To continue, to close or to use in order to make purchases for my benefit whatever charge accounts I have maintained; to authorize another person to use such accounts for purchases for my benefit; to pay items charged on such accounts by any person authorized to make such charges;

11. **Motor Vehicles.** To purchase, manage, obtain insurance for, sell, give, convey or otherwise dispose of any motor vehicle, to apply for a Certificate of Title upon, and to endorse and transfer title to any automobile, truck, van, pick-up, motorcycle, boat, airplane or other vehicle, and to represent in such transfer and/or assignment that the title to said vehicle is free and clear of all liens and encumbrances except those specifically set forth in any such instrument or other document relating thereto;

12. **Safe Deposit Boxes.** To establish and terminate contracts for safe deposit boxes in my name, and to

have access to any safe deposit box registered in my name, or to which I otherwise have access and to add to or remove the contents therefrom;

13. **Borrow and Lend.** To borrow and lend money on such terms, including, but not limited to, interest rates, security, and loan duration, as my Attorney-in-Fact deems advisable;

14. **Businesses.** To continue the operation of any business (including a ranch or farm) belonging to me or in which I have a substantial interest, for such time and in such manner as my Attorney-in-Fact shall deem appropriate, including but not limited to hiring and discharging my employees, paying my employees' salaries, and providing for employee benefits; employing legal, accounting, financial, and other consultants; continuing, modifying, terminating, renegotiating, and extending any contractual arrangements with any person, firm, association, corporation, or other entity whatsoever made by me or on my behalf; executing business tax returns and other government forms required to be filed by my business, paying all business related expenses, transacting all kinds of business for me in my name and on my behalf, contributing additional capital to the business, changing the name and/or the form of the business, incorporating the business, entering into such partnership agreements with other persons or entities as my Attorney-in-Fact shall deem appropriate, joining in any plan of reorganization, consolidation, or merger of such business, selling, liquidating, or

closing out such business at such time and upon such terms as my Attorney-in-Fact shall deem appropriate and representing me in establishing the value of any business under 'Buy-Out' or 'Buy-Sell' agreements to which I may be a party; to create, continue, or terminate retirement plans with respect to such business and to make contributions that may be required by such plans; to borrow and pledge business assets; to exercise any right, power, privilege, or option I may have or may claim under any contract of partnership whether as a general, special, or limited partner; to modify or terminate my interest upon such terms and conditions as my Attorney-in-Fact may deem appropriate; to enforce the terms of any such partnership agreement for my protection, whether by action, proceeding, or otherwise as my Attorney-in-Fact shall deem appropriate; and to defend, submit to arbitration, settle, or compromise any action or other legal proceeding to which I am a party because of my membership in such partnership; and

15. **Move Property.** To move any of my property to any place, whether or not within the United States.

B. To Represent My Interests.

1. **Legal Matters.** To initiate, prosecute, defend and/or generally represent my interests and/or those of my Attorney-in-Fact in the performance of his duties in or with respect to legal matters, controversies, cases and questions of any kind in any forum whatsoever without limitation, and to retain at

my expense the services of counsel with respect thereto and/or to pay, contest, or settle any claim by or against me or my Attorney-in-Fact in the performance of his duties; provided that nothing in this paragraph shall be construed as authorizing my Attorney-in-Fact to engage in the practice of law in violation of any statute relating thereto;

2. **Claim Benefits.** To prepare, execute, file and prosecute any claim I may have for any benefit or assistance, financial or otherwise, to which I am or claim to be entitled with respect to my employment by any individual, firm, partnership, corporation or government which is or was my employer, including but not limited to retirement, insurance, social security, and military or civil service benefits of any kind whatsoever;

3. **Liability Insurance.** To apply for and own any policies of insurance on any of my property, and against any liabilities or damages my Attorney-in-Fact deems advisable, to pay any premiums or other charges required to maintain such policies, and to exercise any incident of ownership over such policies, including, but not limited to, any right to change or cancel the policy or make any elections with respect to the policies;

4. **Business Interests.** To participate in the operation of any business or other enterprise, including voting stock, and to incorporate, dissolve, or otherwise change the form of such business;

5. **Entitlements.** To demand, arbitrate, settle, sue for, collect, receive, deposit, expend for my benefit, reinvest or make such other disposition of as my Attorney-in-Fact deems appropriate, all cash, rights to the payment of cash, property (real, personal, intangible and/or mixed), rights and/or benefits to which I am now or may in the future become entitled, regardless of the identity of the individual or public or private entity involved including, but not limited to, Social Security benefits, Civil Service Retirement benefits, Foreign Service Retirement Benefits, Department of Veterans Affairs benefits, and/or benefits payable as Supplemental Security Income (SSI), Medicaid, Medicare, and Social Security Disability Insurance (SSDI) (for the purposes of receiving Civil Service Retirement, Social Security or Department of Veterans Affairs benefits, my Attorney-in-Fact is herewith appointed my 'Representative Payee'); to utilize all lawful means and methods to recover such assets and/or rights, qualify me for such benefits and claim such benefits on my behalf, and to compromise claims and grant discharges in regard to the matters described herein; The authority herein granted shall include, but not be limited to, converting my assets into assets that do not disqualify me from receiving such benefits, or divesting me of such assets; In any divestment actions or asset conversions, I direct that my Attorney-in-Fact, to the extent reasonably possible, avoid disrupting the dispositive provisions of any estate plan of mine known to my Attorney-in-Fact, whether or

not such estate plan is embodied in a will, trust, non-probate property or otherwise; If it is necessary to disrupt such plan, then my Attorney-in-Fact is directed to use his best efforts to restore such plan as and when the opportunity to do so is available to my Attorney-in-Fact; If a transfer of cash by my Attorney-in-Fact is made to a pecuniary legatee under the provisions of my Will or any trust executed by me, my Attorney-in-Fact shall ensure that such transfer is deemed a satisfaction of such legacy;

6. **Representative Payee.** To serve as my representative payee under any government retirement or benefit programs;

7. **Medical, Disability and Long-Term Care Insurance.** To maintain, renew, and purchase such medical, disability and/or long-term care insurance as my Attorney-in-Fact shall deem necessary, file insurance claims, and collect the proceeds;

8. **Recreational Activities.** To provide opportunities for me to engage in physical therapy, recreational and sports activities, including travel, as my health permits; to provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself;

9. **Funeral Arrangements.** To make advance arrangements for my funeral and burial or cremation, including the purchase of a burial plot and marker

and/or disposition of my remains, and such other related arrangements as my Attorney-in-Fact shall deem appropriate;

10. **Hospitalization.** To arrange for my hospitalization, convalescent care, hospice, nursing home or home care and employ and discharge such medical personnel and geriatric care managers as my Attorney-in-Fact shall deem necessary for my physical, mental and emotional well-being;

11. **Professional Services.** To hire and pay from my funds for the services of professional advisors, physicians, dentists, accountants, attorneys and investment counselors;

12. **Domicile.** To establish a new residency or domicile for me, from time to time and at any time, within or without the state, and within or without the United States, for such purposes as my Attorney-in-Fact shall deem appropriate, including, but not limited to, any purpose for which this instrument was created;

13. **Obligation Of Support.** To support and/or continue to support any person(s), including my Attorney-in-Fact, whom I have undertaken to support or to whom I may owe an obligation of support, in the same manner and in accordance with the same standard of living as I may have provided in the past (adjusted if necessary by circumstances and inflation), including, but not limited to, the payment of real

property taxes, payments on loans secured by my residence, maintenance of my residence, food, clothing and shelter, medical, dental and psychiatric care, and education (including education in vocational and trade schools, training in music, stage, arts and sports, and special training provided at institutions of higher learning), and in providing for such education to pay for tuition, books and incidental charges made by the educational institutions, travel costs to and from such institutions, room and board, and a reasonable amount of spending money; This provision shall not be interpreted in a manner that would have the effect of creating a duty to provide support to any person nor as the basis for a claim for support by any person;

14. **Mail.** To open, read, respond to and redirect my mail; to represent me before the U.S. Postal Service in all matters relating to mail service; to establish, cancel, continue or initiate my membership in organizations and associations of all kinds; to take and give or deny custody of all of my important documents, including but not limited to my will, codicils, trust agreements, deeds, leases, life insurance policies, contracts and securities, and to disclose or refuse to disclose such documents; to obtain and release or deny information or records of all kinds relating to me, any interest of mine, or to any person for whom I am responsible;

15. **Disclaimers.** To make renunciations or disclaimers, including the power to disclaim or refuse

to accept an inheritance, other property interests, and life insurance proceeds, and to waive, release, disclaim or renounce property or an interest therein, or the right of succession therein, including a future interest, in whole or in part; In exercising this authority, my Attorney-in-Fact shall consider any reduction in the estate or inheritance tax that may be due on my death and the effect of the disclaimer upon the persons interested in my estate;

16. **Pets.** To house or provide for housing, support, and maintenance of any animals or other living creatures that I may own and to contract or pay the expenses of their proper veterinary care and treatment; and if the care and maintenance of such animals shall become unreasonably expensive, transfer such animals to some person or persons willing to care for and maintain them;

17. **Statutory Rights.** To claim any statutory rights that I may have in a spouse's estate or property as a result of such spouse's death, and to take any action necessary to perfect and claim these rights; and

18. **HIPAA Release Authority.** I intend for my Attorney-in-Fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records; This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 U.S.C. § 1320(d) (1996), and 45 C.F.R. §§ 160-164 (2001). I authorize:

Sondra Norrell-Thomas
Durable General Power of Attorney

a. any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services,

b. to give, disclose, and release to my Attorney-in-Fact, without restriction,

c. all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse;

The authority given my Attorney-in-Fact shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Attorney-in-Fact has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

C. To Conduct Financial, Tax and Estate Planning.

1. **Gifts.** To make gifts, grants and/or other transfers without consideration of my property,

including, but not limited to, cash, securities, life insurance policies and real property to my spouse and/or to any descendant of mine and to any charity or any individual, including my Attorney-in-Fact, or to any trust, in an amount not limited to that which may be excluded from gift tax by my Federal Gift Tax annual exclusion; my Attorney-in-Fact may make gifts for any purpose that my Attorney-in-Fact thinks is in my best interest, including, but not limited to, minimizing estate taxes and funding my community spouse resource allowance; to request that the TRUSTEE of any trust established by me distribute from the trust estate thereof amounts of principal and/or income to my Attorney-in-Fact for the purpose of making gifts to any relative of mine by blood, adoption or marriage; such gifts may be made outright, in trust or to any legal guardian or custodian under any applicable Uniform Transfers (or Gifts) to Minors Act (21), or may be effected by disbursing funds directly to a medical care provider or to a school, college or any other educational institution or provider in any amount, as my Attorney-in-Fact deems appropriate, even if he is the TRUSTEE, guardian or custodian; no action taken by my Attorney-in-Fact pursuant to this paragraph shall be considered self-dealing or a violation of fiduciary duty; provided, however, in no event may any gift be made from my assets to my Attorney-in-Fact except as is appropriate for the health, maintenance, support or education of my Attorney-in-Fact; my Attorney-in-Fact may not use any of my assets in a manner that would discharge the legal obligation of my Attorney-in-Fact

personally to support any person; the authority provided herein shall not be construed as a general power of appointment;

2. **Loans.** To make any low-interest or interest-free loans to any person to whom gifts may be made under the preceding paragraph, with such duration and security, or entirely without security, as my Attorney-in-Fact deems advisable;

3. **Trusts.** To establish and fund with all or any part of my property, real and personal, tangible and intangible, a living trust, revocable or irrevocable, and/or to take any action with respect to any existing trust created by me or on my behalf, including the right to transfer additional assets to any trust, to exercise on my behalf the power to amend any trust, to renounce and/or disclaim any benefit or interest in any trust, to relinquish any power given to me under any trust, and to make any decision whatsoever without limitation with respect to any trust, including requesting the TRUSTEE to distribute all or part of the assets of the trust as set forth in the trust instrument, and to provide, in the instrument establishing and governing said trust, for the disposition of trust assets upon my death so as to permit any property transferred to said trust to pass to my descendants or other beneficiaries upon my death without the necessity of a probate proceeding; no action taken by my Attorney-in-Fact pursuant to this paragraph shall be considered self-dealing or a violation of his fiduciary duty;

4. **Collect Income.** To withdraw and/or receive the income or principal of any trust over which I may have a right of receipt or withdrawal; to request and receive the income or principal of any trust with respect to which the TRUSTEE thereof has the discretionary power to make distribution to me or on my behalf, and to execute and deliver to such TRUSTEE a receipt and release or similar document for the income or principal so received; to exercise (in whole or in part), release or let lapse any power of appointment held by me, whether general or special, or any power of amendment or revocation under any trust (including any trust with respect to which I may exercise any such power only with the consent of another person, even if my Attorney-in-Fact is such other person), whether or not such power of appointment was created by me, subject however, to any restrictions upon such exercise imposed upon my Attorney-in-Fact and set forth in other provisions of this instrument;

5. **Life Insurance Policies.** To apply for and own, cash in, surrender, borrow against, purchase, maintain, collect, cancel and/or change the ownership of any insurance policy insuring my life and/or to designate and change the beneficiary of any such insurance policy and/or to exercise any incident of ownership over such policies; my Attorney-in-Fact is expressly authorized to assign ownership of any such policy(ies) to himself and/or to designate himself as beneficiary thereof; no such action shall be

considered self-dealing or a violation of fiduciary duty;

6. **Annuities.** To cash in, surrender, borrow against, purchase, maintain, collect, cancel or change the ownership of any annuity in which I have or acquire an interest and/or to designate and change the recipient and/or other beneficiary of any such annuity; to purchase an annuity providing income for me (and/or any member of my family); said annuity may provide for a remainder or for no remainder;

7. **Retirement Plans.** In connection with any retirement plan, pension plan, profit sharing plan, individual retirement accounts (IRA), §403(b) annuity or account, any Keogh, §401(k) or any other retirement plan or annuity, whether a qualified or a non-qualified plan, in which I am a participant or of which I am a beneficiary, however established (each of which, including IRAs, is hereinafter referred to as a 'plan'), my Attorney-in-Fact is authorized:

- a. To make contributions (including 'rollover' contributions) or cause contributions to be made to the plan with my funds or otherwise on my behalf;
- b. To convert a traditional IRA to a Roth IRA;
- c. To receive and endorse checks or other distributions to me from such plan, or to arrange for the direct deposit of the same in any account

in my name or in the name of a revocable trust established by me;

d. To elect a form of payment of benefits from such plan, to withdraw benefits from the plan, to make contributions to the plan, and/or make, exercise, waive, or consent to any and all elections and/or options that I may have regarding the contributions to, investments or administration of, or distribution or form of benefit under, the plan;

e. To designate one or more primary or contingent beneficiaries for any benefits payable under the plan on account of my death, and to change any such prior designation of beneficiary made by me, or by my Attorney-in-Fact;

8. **Tax Returns and Proceedings.** To represent me in all tax matters and proceedings before all offices and officers of the Internal Revenue Service and any other taxing authority, whether federal, state or local; To prepare, sign, and file federal, state or local income, gift, FICA, and other tax returns of all kinds (including, but not limited to, U.S. Forms 1040 and 709 and all related forms and schedules) with respect to any tax periods between 1990 and 2050, including without limitation requests for extensions relating to any such returns; To file claims for refunds, requests for extensions of time, ruling requests, petitions to Tax Court or other courts regarding tax matters, and any and all other tax-related documents,

including, without limitation, receipts, offers, waivers, consents (including consents and agreements under Internal Revenue Code Sections 2032A, 2057, 2513, and 2652(a)(2), or any successor sections), closing agreements, Form 2848 and any other power of attorney form required by the Internal Revenue Service or other taxing authority, with respect to any tax periods between 1990 and 2050; To pay taxes due, collect refunds, receive and negotiate checks in payment of any federal, state or local tax refund, post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service or other taxing authorities; To exercise any elections I may have under federal, state or local tax law; and

9. **Gift Splitting.** To consent on my behalf to any gift or other transfer by any means by my spouse of property, real or personal, and/or to ratify any such gift or transfer previously made, without regard to the recipient, time, place or circumstances of such transfer, specifically including any property in which I or my estate may or would otherwise have an interest under any statutes relating to the augmented estate of a decedent spouse, dower, curtesy or a spousal elective share.

D. To Consult With My Advisors.

In furtherance of the purposes of this Durable General Power of Attorney, my Attorney-in-Fact is authorized to consult with my attorneys, physicians, accountants,

financial advisors, and/or other professionals with respect to any issue regarding the management of my affairs, including my physical or mental capacity to manage my affairs. I request my advisors to cooperate with my Attorney-in-Fact, and to the extent necessary to effectuate this purpose, I hereby waive any and all privileges such as the attorney-client privilege, the patient-physician privilege and/or other similar protections of a confidential relationship. I hereby authorize all physicians, psychiatrists, psychologists, health care providers or counselors who have treated me, and all other providers of health care, including hospitals, to release to my Attorney-in-Fact all information or photocopies of any records that my Attorney-in-Fact may request. If I am incompetent or incapacitated at the time my Attorney-in-Fact shall request such information, all persons are authorized to treat any such request for information by my Attorney-in-Fact as the request of my legal representative and to honor such requests on that basis. I hereby waive all privileges that may be applicable to such information and records and to any communication pertaining to me and made in the course of any confidential relationship recognized by law. My Attorney-in-Fact may also disclose such information to such persons as my Attorney-in-Fact shall deem appropriate.

ARTICLE IV
MISCELLANEOUS

1. **Third Parties Held Harmless.** No persons shall be liable for relying upon this Durable General Power of Attorney. As an inducement to third parties to rely upon this Durable General Power of Attorney, I agree that any third party relying upon it without actual notice of its revocation or of my death, without regard to the length of time which may pass from the date of execution of this Durable General Power of Attorney until reliance on it by a third party is sought by my Attorney-in-Fact, shall be held harmless by me, my estate, heirs, successors and assigns, for any liability or loss suffered as a result of such reliance. The rights, powers, and authority of my Attorney-in-Fact to exercise any and all rights and powers herein granted shall remain in full force and effect until I specifically revoke, in writing, such rights, powers and authority and until I give written notice of such revocation to my said Attorney-in-Fact. No power or authority granted herein shall be affected by my disability, incapacity, adjudged incompetency or by lapse of time.

2. **Delegation.** I authorize my Attorney-in-Fact to appoint, by written instrument, from time to time, subagents and to delegate any or all of the powers granted to my Attorney-in-Fact to any such subagent. Provided that my Attorney-in-Fact uses reasonable care to select such subagent, establish the scope and terms of the delegation, and reviews such subagent's actions, my Attorney-in-Fact

will not be liable for the decisions or actions of such subagent.

3. **Successors.** I authorize my Attorney-in-Fact to appoint successor Attorneys-in-Fact under this instrument to serve in the order appointed. Such appointment shall be by written instrument that shall be acknowledged before a notary public, and attached to this Durable Power of Attorney with the signature of such appointee indicating acceptance.

4. **File Suit.** I further authorize my Attorney-in-Fact to institute any action in law or equity against any individual who, or organization which, in the absence of a notice of revocation, refuses to rely on this Durable General Power of Attorney and by reason of such refusal causes injury to me or to my estate, specifically including without limitation injury resulting from the imposition of estate taxes which would have been avoided if the actions of my Attorney-in-Fact had not been unreasonably impeded.

5. **Ratify Agents Acts.** I hereby ratify and confirm all actions which may be taken by my Attorney-in-Fact.

6. **Successor's Affidavit.** Any third party dealing with any person named as successor Attorney-in-Fact may rely upon as conclusively correct an affidavit of such successor Attorney-in-Fact that such person(s) named as prior Attorney-in-Fact is (are) no longer serving.

7. **Third Parties Free From Liability.** No person who acts in reliance upon any representations my Attorney-in-

Fact may make as to (a) the fact that my Attorney-in-Fact's powers are then in effect, (b) the scope of my Attorney-in-Fact's authority granted under this instrument, (c) my competency at the time this instrument is executed, (d) the fact that this instrument has not been revoked, or (e) the fact that my Attorney-in-Fact continues to serve as my Attorney-in-Fact, shall incur any liability to me, my estate, my heirs or assigns for permitting my Attorney-in-Fact to exercise any such authority, nor shall any person who deals with my Attorney-in-Fact be responsible to determine or insure the proper application of funds or property.

8. **Compensation.** My Attorney-in-Fact shall be entitled to reasonable compensation and to reimbursement for all reasonable costs and expenses actually incurred and paid by my Attorney-in-Fact on my behalf.

9. **Full Authorization.** The powers conferred on my Attorney-in-Fact by this instrument may be exercised by my Attorney-in-Fact alone, and my Attorney-in-Fact's signature or act under the authority granted in this instrument may be accepted by persons as fully authorized by me and with the same force and effect as if I were personally present and personally exercised the powers myself, and shall inure to the benefit of and bind me and my heirs, assigns, and executors.

10. **Nomination of Guardian.** To the extent that I am permitted by law to do so, I herewith nominate, constitute, and appoint my Attorney-in-Fact to serve without bond as my guardian or conservator, and/or in any similar

representative capacity, and if I am not permitted by law to so nominate, constitute, and appoint, then I request in the strongest possible terms that any court of competent jurisdiction that may receive and be asked to act upon a petition by any person to appoint a guardian, conservator, or similar representative for me, give the greatest possible weight to this request. The term 'Guardian' is meant to include the terms 'Committee,' 'Conservator' and similar fiduciaries. If the person or persons named herein to serve as my Attorney-in-Fact is unwilling or unable to serve without bond in such capacity in the order that I have named them in this instrument, and if I am not permitted by law to so nominate, constitute, and appoint, then I request in the strongest possible terms that any court of competent jurisdiction that may receive and be asked to act upon a petition by any person to appoint a guardian, conservator, or similar representative for me, give the greatest possible weight to this request. By executing this instrument, I have carefully and deliberately created the means and manner by which I desire that my person and property be cared for, managed, and protected in the event that I shall become unable to execute such responsibilities myself. Accordingly, it is my intention and my desire that I herewith express in the strongest possible terms, that no guardian or conservator be appointed for me so long as there is an Attorney-in-Fact named in this instrument who is willing and able to serve under this instrument. I request that any court of competent jurisdiction that receives and is asked to act upon a petition for the appointment of a guardian or conservator for me, give the greatest possible weight to my intentions as expressed herein.

11. **Attorney-in-Fact Free From Liability.** My Attorney-in-Fact and my Attorney-in-Fact's heirs, successors, and assigns are hereby released and forever discharged from any and all liability upon any claim or demand of any nature whatsoever by me or my heirs and assigns arising out of the acts or omissions of my Attorney-in-Fact, except for willful misconduct or gross negligence. My Attorney-in-Fact shall have no responsibility to make my property productive of income, to increase the value of my estate, or to diversify my investments. My Attorney-in-Fact shall have no liability for entering into transactions authorized by this instrument with my Attorney-in-Fact in his individual capacity as long as my Attorney-in-Fact believes in good faith that such transactions are in my best interests or the best interests of my estate and those persons interested in my estate. My Attorney-in-Fact shall not be bound by the provisions of the Uniform Prudent Investor Act or any other similar act or rule of law commonly characterized or referred to as a "prudent man" or "prudent investor" rule.

12. **Disclosure.** My Attorney-in-Fact is expressly instructed that no disclosure is to be made to any person or entity claiming to be one interested in my welfare, whether such person be a relative, friend, heir, beneficiary, governmental official or representative, or official or quasi-official agency, of any act of my Attorney-in-Fact, or concerning the status of my property and/or affairs, unless my Attorney-in-Fact in his or her sole discretion shall deem it appropriate to make such

disclosure. I specifically waive and declare to be inapplicable the provisions of any statute establishing or extending the right of any person or entity to any disclosure, accounting or information of any kind by or from my Attorney-in-Fact relating to my property and/or affairs, including without limitation the provisions of any applicable state law.

13. **Monitoring.** My Attorney-in-Fact shall be responsible for monitoring on a regular basis the state of my physical or mental competence to determine if any actions need be taken under this instrument.

14. **Severability.** If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

15. **Portability.** It is my intention that this Durable Power of Attorney and my Attorney-in-Fact's authority hereunder be given full faith and credit within any state or local jurisdiction in the United States and in any other country, defects in formality notwithstanding.

16. **Revocable.** This instrument may be amended or revoked by me, and my Attorney-in-Fact and any Successor Attorney-in-Fact may be removed by me at any time by the execution by me of a written instrument of revocation, amendment, or removal delivered to my Attorney-in-Fact and to all Successor Attorneys-in-Fact designated by me or

otherwise appointed in accordance herewith. If this instrument has been recorded in the public records, then the instrument of revocation, amendment, or removal shall be filed or recorded in the same public records. My Attorney-in-Fact and any Successor Attorney-in-Fact may resign by the execution of a written resignation delivered to me or, if I am incapacitated to any of the following manners:

- i. by delivery to any person with whom I am residing or who has the care and custody of me, or
- ii. by delivery from one acting Co- Attorney-in-Fact to another, or
- iii. by delivery from one acting Attorney-in-Fact to his or her immediate successor Attorney-in-Fact, or
- iv. in the case of a Successor Attorney-in-Fact, by delivery to my Attorney-in-Fact.

17. **Divorce.** If my spouse has been appointed my Attorney-in-Fact or Successor Attorney-in-Fact hereunder and subsequent to the execution of this instrument an action is filed to dissolve our marriage, then the filing of such action shall automatically remove my spouse as Attorney-in-Fact or Successor Attorney-in-Fact.

18. **Previous Powers Revoked.** This Durable General Power of Attorney revokes any Durable General Power of Attorney previously executed by me.

19. **Copies.** A notarized copy of this Durable General Power of Attorney, certified as a true and exact copy by a notary public who personally witnessed the copying thereof from the original, shall, for all purposes, be deemed an

original; my Attorney-in-Fact shall maintain a list, to be kept in the same location as the original, of each individual and/or institution holding such a certified true and exact copy; the original of this document shall at all times be available for inspection by any person receiving or relying on a certified true and exact copy.

20. **Gender.** Whenever the context of this Durable General Power of Attorney requires, each of the masculine, feminine and neuter includes the other two genders, and the singular number includes the plural, and vice versa.

91422

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

September 3, 1968

Order and Decree No. 60

Dept. 9 of the above entitled Court convened, the Honorable Margaret Alley, Judge Pro Tempore Presiding, and the following proceedings were had:

No. P- 528469

Estate of C. CLEMENT MAURICE, also known as CLARNECE CLEMENT MAURICE, and as CLARENCE C. MAURICE, Deceased.

ORDER SETTling FINAL ACCOUNT AND FOR DISTRIBUTION UNDER WILL

Attorney(s) appearing for Petitioner(s): Fleming, Robbins and Sanchez.

The final account and report and petition for distribution herein of Joanne Pereira, as executrix of the estate of said deceased, coming on this day for hearing and settlement by the Court, all notices of said hearing having been given as required by law, the Court, after hearing the evidence, and finding that the property of said estate is separate property, and that the inheritance tax, and all personal property taxes due and payable by said estate have been paid, settles said account, approves said report and orders distribution of said estate as follows:

It is Ordered, Adjudged and Decreed by the Court that due notice to the creditors of said deceased has been given; that said executrix has/have in her possession belonging to said estate, after deducting the credits to which she is/are entitled, a balance of \$18,680.08, of which \$17,141.95 is in cash, and the remainder consists of the property hereinafter described, at the value of the appraisal, and said account and report is hereby approved, allowed and settled accordingly; that the sum of \$947.93 is hereby allowed said executrix as statutory commissions; that the sum of \$947.93 is hereby allowed said attorney(s) as statutory fees; and the further sum of \$50.00 is hereby allowed said attorney(s) for extraordinary services rendered said estate; and that in pursuance of and according to the provisions of the last will of said deceased, and by reason of Consents To Distribution on file herein, the residue of cash, and the property hereinafter described, and all other property belonging to said estate, whether described herein or not, be and hereby is distributed as follows:

To Ruth Morris Graham and Joanne Pereira, each, cash in the sum of \$500.00;

To Esther Morris Nash, Faith Morris Norrell and Charles S. Morris II, each, an undivided one-third interest as tenants in common, in and to the real property described as follows:

Lot 1541, Dos Palmas Tract, Unit No. A, in the County of Riverside, State of California, as shown by map on file in Book 33, Page 45 of Maps, Records of said County, appraised at \$1,500.00;

Cert. No. 934 for 1 share of stock of Dos Palmas Water Company, appurtenant to said land;

To Ruth Morris Graham, Esther Morris Nash, Faith Morris Norrell, Charles S. Morris II and Mrs. Joanne Pereira, each, a one-fifth interest in and to all the rest, residue and remainder of said estate, consisting so far as the same is known of the following:

- Residue of cash;
- 50 shares Beacon Steel Corporation, appraised at \$28.13;
- 200 shares Herts-Lion International Corporation, appraised at \$10.00;
- 100 shares Imperial Vending Company, appraised at no value;

(1)

PROBATE ORDER AND DECREE

RECORDED'S MEMO: Legibility of writing
Typing or Printing UNSATISFACTORY
in this document when received for Record.

91422

(Pg. 2 - 9/3/1968 - No. 60)
528469 - Estate of Maurice, Deceased.

500 shares Pioneer Electronics Corporation, appraised at
no value;
50 shares Transit-Freeze Corporation, appraised at no
value;
Clothing and personal effects.

THE DOCUMENT TO WHICH THIS CERTIFICATE IS AT-
TACHED IS A FULL, TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST SEP 19 1968 19
WILLIAM G. SHARP County Clerk and Clerk of the Superior
Court of the State of California,
for the County of Los Angeles.
BY [Signature] DEPUTY

When recorded return to:
Fleming, Robbins & Sanchez
210 West Seventh Street
Los Angeles, California 90014

County Assessor:
Send tax bills to
Mrs. Esther Morris Nash
133 Park Place
Venice, California

880

RECEIVED FOR RECORD
SEP 23 1968
3rd flm. Post check 4
At Request of
Fleming, Robbins & Sanchez
Recorded in Official Records
of Riverside County, California
W.D. Balogh
REC 1250 Recorder

91422

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

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

The undersigned state(s) as follows:

1. (Decedent's Name) Esther Morris Nash died on (date) 12/16/1991, in County of San Diego, State of California [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
 - An inventory and appraisal of the real property included in the decedent's estate is attached.
 - There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:
PIN: 656201004 TC 219 Item 221
Sondra Norrell-Thomas
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Sondra Norrell-Thomas
8. The affiant or declarant (check one):
 - Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 - Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: 4/18/2025

Jaethy Wane POA for Sondra S. Norrell-Thomas
Name: _____

Dated: _____

Name: _____

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 MENDOCINO

On April 18, 2025 before me, Tiffany M. Serrano, personally appeared Faith M. Worrell, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

91-198545

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY.

39137017244

STATE FILE NUMBER 91-198545		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY.		LOCAL REGISTRATION DISTRICT AND COUNTY OF DEATH 39137017244	
1A NAME OF DECEDENT FIRST (GIVEN) ESTHER		1B MIDDLE MORRIS		1C LAST (FAMILY) NASH	
4 RACE CAUCASIAN		5 HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO., DAY, YR. JANUARY 18, 1903	
7 AGE IN YEARS 88		8 UNDER 1 YEAR MONTHS: 0 DAYS: 0		9 UNDER 24 HOURS HOURS: 0 MINUTES: 0	
8 STATE OF BIRTH NY		9. CITIZEN OF WHAT COUNTRY USA		10A FULL NAME OF FATHER CHARLES S. MORRIS	
10B. STATE OF BIRTH NY		10C. STATE OF BIRTH NY		11A. FULL MAIDEN NAME OF MOTHER SADIE E. WATERMAN	
11B. STATE OF BIRTH SC		12. MILITARY SERVICE? 19 0 TO 19 0 <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]	
14. MARITAL STATUS WIDOWED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) NONE		16. YEARS IN OCCUPATION 60	
17A. USUAL OCCUPATION HOMEMAKER		17B. USUAL KIND OF BUSINESS OR INDUSTRY OWN HOME		17C. USUAL EMPLOYER SELF-EMPLOYED	
17D. EDUCATION—YEARS COMPLETED 16		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 945 NEWPORT STREET		18B. CITY OCEANSIDE	
18C. COUNTY SAN DIEGO		18D. NUMBER OF YEARS IN THIS COUNTY 2		18E. STATE OR FOREIGN COUNTRY CALIFORNIA	
19A. USUAL RESIDENCE 945 NEWPORT STREET		19B. PLACE OF DEATH RESIDENCE		19C. COUNTY SAN DIEGO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 945 NEWPORT STREET		19E. CITY OCEANSIDE		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT JOAN PEREIRA - DAUGHTER 945 NEWPORT STREET OCEANSIDE, CA 92057	
21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) ALZHEIMERS DEMENTIA		22. TIME INTERVAL BETWEEN ONSET AND DEATH 2 YEARS		23. WAS DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 12-373	
24. WAS BIRTH PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO		27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Albrecht K. Schell</i>	
27B. CERTIFIER'S LICENSE NUMBER G57976		27C. DATE SIGNED 12/19/91		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS ALBRECHT GERHARD, M.D. 23330 MOULTON PARKWAY, LAGUNA HILLS, CA 92653	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 11/12/91		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 11/12/91		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>	
28B. DATE SIGNED		29. MANNER OF DEATH—specify one unless noted which requires pending investigation to result not to be determined.		30A. PLACE OF INJURY	
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. DISPOSITIONS CR/SEA		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS SCATTER OFF THE COAST OF LONG BEACH, CA LOS ANGELES COUNTY		34C. DATE MO., DAY, YEAR 12/28/91	
34D. SIGNATURE OF EMBALMER NOT EMBALMED		34E. LICENSE NUMBER NONE		35. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PIERCE BROS. BELL BROADWAY MORT.	
35B. LICENSE NO. FD 508		36. SIGNATURE OF LOCAL REGISTRAR <i>Ronald L. Cannon, M.D.</i>		36B. REGISTRATION DATE DEC 24 1991	
STATE REGISTRAR A. 8 B. <input checked="" type="checkbox"/> C. 2 D. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/>		CENSUS TRACT			

V2-11 (REV. 3-81)

MAKE NO ERASURES, WHITOUTS, OR OTHER ALTERATIONS

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

Dana E. Moore

DATE ISSUED
MAY 20 2024

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

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar.
CACDPH--04



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

The undersigned state(s) as follows:

1. (Decedent's Name) Faith Morris Norrell died on (date) 02/07/1996, in County of Richmond, VA, ~~State of California~~ [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
 - An inventory and appraisal of the real property included in the decedent's estate is attached.
 - There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:
PIN: 656 201004 TC 219 Item 221
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Sondra Norrell-Thomas
8. The affiant or declarant (check one):
 - Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 - Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: 4-18-2025

Judith Warrick POA for Sondra L Norrell-Thomas
Name: _____

Dated: _____

Name: _____

ACKNOWLEDGEMENT

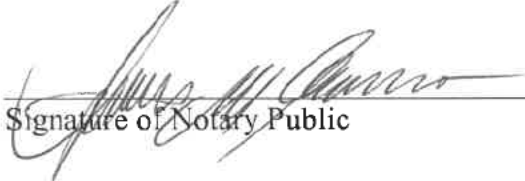
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF MENDOCINO

On April 18, 2025 before me, Tiffany M. Serrano, personally appeared Faith M. Norrell, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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



**COMMONWEALTH OF VIRGINIA
CERTIFIED COPY OF DEATH RECORD**

**COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND**

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	STATE FILE NUMBER
1. FULL NAME OF DECEDENT (first) (middle) (last) Faith Elizabeth Morris Norrell		2. SEX male female <input type="checkbox"/> <input checked="" type="checkbox"/>
3. DATE OF DEATH (mo.) (day) (year) 2/7/96	4. AGE 79 years	5. DATE OF BIRTH (mo.) (day) (year) 2/15/16
7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) None		8. COUNTY OF DEATH (if independent city, leave blank)
9. CITY OR TOWN OF DEATH Richmond		10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 2614 The Terrace
11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)
13. CITY OR TOWN OF RESIDENCE Richmond		14. STREET ADDRESS OR RT. NO. OF RESIDENCE 2614 The Terrace
15. NAME OF DECEDENT'S FATHER Charles S. Morris		16. MAIDEN NAME OF DECEDENT'S MOTHER SAdie Waterman
17. RACE OF DECEDENT Black	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 5
20. CITIZEN OF WHAT COUNTRY USA	21. BIRTHPLACE (state or country) Virignia	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Edinboro A. Norrell
24. SOCIAL SECURITY NUMBER [REDACTED]	25. USUAL OR LAST OCCUPATION Retired Teacher	27. INFORMANT - OR SOURCE OF INFORMATION Faith N. Mickens
28. PART I. Enter the diseases, injuries, or complications that 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) <u>Coron Cancer</u> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		INTERVAL BETWEEN ONSET AND DEATH 4 years
28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH
28e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
28h. (city or town) (county) (state)		28a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input type="checkbox"/>
ACTUAL SIGNATURE → Elizabeth Poplin MD		DATE SIGNED: _____
NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Elizabeth Poplin M. D.		ADDRESS OF ATTENDING PHYSICIAN MCV Hospital Richmond, VA
29. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Piverview Cemetery Richmond, VA
31. (Signature of funeral director or person legally filing this certificate) Scott's Funeral Home		NAME OF FUNERAL HOME AND ADDRESS: Richmond, Virginia
32. (signature of registrar) [Signature]		DATE RECORD FILED: 2-21-96

MARGIN RESERVED FOR BINDING

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having black unloading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

NOTE: if "Pending" must be indicated, so state in part 1 and notify registrar of final decision as soon as possible.

VS 2 1/89

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE RICHMOND CITY DEPARTMENT OF HEALTH, RICHMOND VIRGINIA

DATE ISSUED **FEB 21 1996** **[Signature]**
(SEAL) REGISTRAR OR DEPUTY

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE RICHMOND CITY DEPARTMENT OF HEALTH, CLEARLY AFFIXED.

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

The undersigned state(s) as follows:

1. (Decedent's Name) Charles Satchell Morris died on (date) 11/20/1999, in County of _____, State of California [before April 1, 2022].
2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.
3. (Check one):
 - No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$166,250.
5. (Check one):
 - An inventory and appraisal of the real property included in the decedent's estate is attached.
 - There is no real property in the estate.
6. The following property is to be paid, transferred, or delivered to the undersigned under the provisions of California Probate Code Section 13100:
PIN: 656 201004 TC 219 Item 221
7. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Sandra Norrell-Thomas
8. The affiant or declarant (check one):
 - Is/are the successor(s) of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.
 - Is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.
9. No other person has a superior right to the interest of the decedent in the described property.
10. The affiant or declarant requests that the described property be paid, delivered or transferred to the affiant or declarant.

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

Dated: 4/18/2025

Joetha Worell POA for Sandra L Norrell-Thomas
Name: _____

Dated: _____

Name: _____

ACKNOWLEDGEMENT

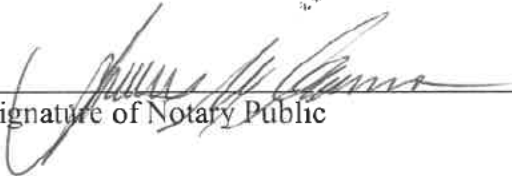
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF MENDOCINO

On April 18, 2025 before me, Tiffany M. Serrano, personally appeared Faith M. Norrell, 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/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person 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



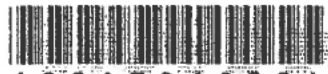
COUNTY OF ORANGE
 CLERK-RECORDER

CERTIFICATE OF DEATH

3 199930 014886

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY-NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) CHARLES		2. MIDDLE SATCHELL		3. LAST (FAMILY) MORRIS, JR.	
4. DATE OF BIRTH—M / D / C / Y 06/11/1899		5. AGE YRS. 100		6. SEX M	
7. DATE OF DEATH—M / D / C / Y 11/20/1999		8. HOURS 1835		9. HOUR	
10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS WIDOWED	
13. EDUCATION—YEARS COMPLETED 20		14. RACE AFRICAN/AMERICAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER SELF EMPLOYED		17. OCCUPATION MINISTER		18. YEARS IN OCCUPATION 65	
19. KIND OF BUSINESS RELIGION		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3902 KATELLA AVENUE		21. CITY LOS ALAMITOS	
22. COUNTY ORANGE		23. ZIP CODE 90720		24. YRS IN COUNTY 10	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP RUTH STEGRIST - NIECE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 640 MURAI COURT HUNTINGTON BEACH, CA 92647	
28. NAME OF SURVIVING SPOUSE—FIRST [REDACTED]		29. MIDDLE [REDACTED]		30. LAST (MAIDEN NAME) [REDACTED]	
31. NAME OF FATHER—FIRST CHARLES		32. MIDDLE SATCHELL		33. LAST MORRIS	
34. BIRTH STATE KY		35. NAME OF MOTHER—FIRST SADIE		36. MIDDLE EOGENIA	
37. LAST (MAIDEN) WATERMAN		38. BIRTH STATE SC		39. DATE M / D / C / Y 11/30/1999	
40. PLACE OF FINAL DISPOSITION INGLEWOOD PARK CEMETERY 720 E. FLORENCE AVE. INGLEWOOD, CA 90301		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER [Signature]	
43. LICENSE NO. FD 1060		44. SIGNATURE OF LOCAL REGISTRAR [Signature]		45. DATE M / D / C / Y 11/29/1999	
46. NAME OF FUNERAL DIRECTOR PIERCE-BROS ANAHEIM MORTUARY		47. TYPE OF DEATH ALAMITOS WEST CONV. HOSPITAL		48. COUNTY ORANGE	
49. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3902 KATELLA AVENUE		50. CITY LOS ALAMITOS		51. STATE OR FOREIGN COUNTRY CA	
52. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE—FOR A, B, C, AND D) (A) CARDIORESPIRATORY ARREST		53. TIME INTERVAL BETWEEN ONSET AND DEATH MINUTES		54. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
55. DUE TO (B) CONGESTIVE HEART FAILURE		56. WEEKS 99-07470-CA		57. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. DUE TO (C) ISCHEMIC CARDIOMYOPATHY		59. YEARS [REDACTED]		60. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. DUE TO (D) ARTERIOSCLEROTIC HEART DISEASE		62. YEARS [REDACTED]		63. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
64. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 07 HYPERTENSION		65. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 07 OR 11? IF YES, LIST TYPE OF OPERATION AND DATE. NO		66. PHYSICIAN'S CERTIFICATION 4140	
67. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED. 03/05/1998 10/30/1999		68. SIGNATURE AND TITLE OF CERTIFIER [Signature]		69. LICENSE NO. A33490	
70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP HANIEFA M. MAZNAVI, MD 3891 KATELLA AVE. #101 LOS ALAMITOS, CA 90720		71. DEATH AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		72. INJURY DATE M / D / C / Y [REDACTED]	
73. HOURS [REDACTED]		74. PLACE OF INJURY [REDACTED]		75. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [REDACTED]	
76. CORONER'S USE ONLY <input type="checkbox"/> MURDER <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		77. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) [REDACTED]		78. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]	
79. DATE M / D / C / Y [REDACTED]		80. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER [REDACTED]		81. STATE REGISTRAR [REDACTED]	

009150



* 001786920 * CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED: **JAN 24 2024**

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

Hugh Nguyen
 HUGH NGUYEN
 CLERK-RECORDER
 ORANGE COUNTY, CALIFORNIA

