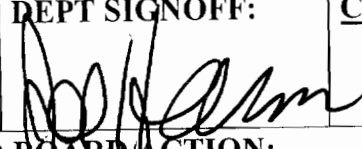


**EL DORADO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL
MEETING OF FEBRUARY 24, 2009**

AGENDA TITLE: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY DATED NOVEMBER 03, 2006

DEPARTMENT: AUDITOR-CONTROLLER	DEPT SIGNOFF:	CAO USE ONLY
CONTACT: SALLY ZUTTER/JOY SHAW		
DATE: 01/27/2009 PHONE: 621-5470		

DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:

On November 03, 2006, a Sale of Tax Defaulted Property was conducted by the Treasurer-Tax Collector's office. Parties of interest, as defined by Revenue & Taxation (R&T) Code §4675, were notified that the property identified as APN 041-783-09-100 was sold for \$35,120.86 more than the amount required to satisfy delinquent taxes & costs of the sale. Valid claim(s) have been filed for the excess proceeds due to the sale of the property. The Auditor-Controller's office has reviewed the claim(s) and supporting documents and is of the opinion that the claimant(s) are entitled to the proceeds pursuant to R&T Code §4675. The Auditor-Controller recommends that the Board of Supervisors authorize the Auditor-Controller to notify all valid claimants of the Board's action(s) and disburse excess proceeds as determined by the Board.

<u>Claimant</u>	<u>Type</u>	<u>Recommended Distribution</u>
Global Discoveries, Ltd. for Eva Nyari	Assignee of Lienholder of Record	11,706.95
Global Discoveries, Ltd. for Gerald Nyari	Assignee of Lienholder of Record	11,706.95
Global Discoveries, Ltd. for Eva Nyari	Assignee of Heir of Lienholder of Record	5,853.48
Global Discoveries, Ltd. for Gerald Nyari	Assignee of Heir of Lienholder of Record	5,853.48
John N. King	Owner of Record	-0-
Unclaimed	R&T Code §4674	-0-

CAO RECOMMENDATIONS:

Financial impact? () Yes () No	Funding Source: () Gen Fund () Other
	Other: _____

<p>BUDGET SUMMARY:</p> <p>Total Est. Cost _____</p> <p>Funding</p> <p>Budgeted _____</p> <p>New Funding _____</p> <p>Savings _____</p> <p>Other _____</p> <p>Total Funding _____</p> <p>Change in Net County Cost _____</p>	<p>CAO Office Use Only:</p> <p>4/5's Vote Required. () Yes () No</p> <p>Change in Policy () Yes () No</p> <p>New Personnel () Yes () No</p> <p>CONCURRENCES:</p> <p>Risk Management _____</p> <p>County Counsel _____</p> <p>Other _____</p>
--	--

Explain

BOARD ACTIONS:

<p>Vote: Unanimous _____ Or _____</p> <p>Ayes: _____</p> <p>Noes: _____</p> <p>Abstentions: _____</p> <p>Absent: _____</p>	<p>I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors.</p> <p>Date: _____</p> <p>Attest: Suzanne Allen de Sanchez, Board of Supervisors Clerk</p> <p>By: _____</p>
---	--



County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
Phone: (530) 621-5487 Fax: (530) 295-2535

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

January 27, 2009

El Dorado County Board of Supervisors
330 Fair Lane
Placerville, CA 95667

Honorable Board Members:

Title:

Excess Proceeds from the Sale of Tax Defaulted Property dated November 03, 2006

Recommendation:

The Auditor-Controller recommends that the Board of Supervisors authorize the Auditor-Controller to disburse excess proceeds for APN 041-783-09-100 pursuant to the attached information.

Reason for Recommendation:

The recommendation is based on §4675 of the Revenue and Taxation Code.

Fiscal Impact:

No net impact.

Action To Be Taken Following Approval:

The Auditor-Controller will disburse funds as directed.

Yours very truly,


Joe Harn
Auditor-Controller

enclosures
JH/js



County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
(530) 621-5487

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

January 26, 2009

Global Discoveries, Ltd.
Jed Byerly, Chief Operating Officer
P.O. Box 1748
Modesto, CA 95353

Re: Excess Proceeds Claim from the Sale of Tax Defaulted Property of November 03, 2006
APN: 041-783-09-100 Default No: 070351 Excess Proc. Available: \$35,120.86

Please be advised that the Auditor-Controller will present to the Board of Supervisors only valid original claims for excess proceeds meeting the requirements of Revenue and Taxation (R&T) Code §4675 or other applicable authority. The Auditor-Controller will present all valid claims with a recommendation for distribution to a duly noticed Board of Supervisor's public hearing.

The Auditor-Controller will notify all claimants submitting valid claims of the scheduled public hearing at least 20 calendar days in advance. The notice will include the recommended distribution and copies of any other valid claims for the same property. Parties with valid claims are not required to attend the public hearing; however, you may do so if you wish. Any interested person(s) may attend the public hearing.

NOTICE OF HEARING

The El Dorado County Board of Supervisors will hold a public hearing on **February 24, 2009, beginning at 9:00 o'clock a.m.**, regarding the determination of distribution of the excess proceeds from the Sale of Tax Defaulted Property dated **November 03, 2006**. The hearing will be held at the Board of Supervisors chambers located in Building A, 330 Fair Lane, Placerville, California, 95667. All claims, proof, supporting documents, and relevant information, submitted by valid claimants meeting the requirements of R&T Code §4675, will be forwarded to the Board of Supervisors office prior to the public hearing.

Claimant(s) Names and Addresses:

Global Discoveries, Ltd. for Eva Nyari
P.O. Box 1748
Modesto, CA 95353

Global Discoveries, Ltd. for Gerald Nyari
P.O. Box 1748
Modesto, CA 95353

John N. King
P.O. Box 362
Grizzly Flats, CA 95636

<u>Claimant</u>	<u>Type</u>	<u>\$ Claimed</u>	<u>Recommendation</u>
Global Discoveries, Ltd. (E. Nyari)	Assignee of Lienholder of Record	11,706.95	11,706.95
Global Discoveries, Ltd. (G. Nyari)	Assignee of Lienholder of Record	11,706.95	11,706.95
Global Discoveries, Ltd. (E. Nyari as heir)	Assignee of Lienholder of Record	5,853.48	5,853.48
Global Discoveries, Ltd. (G. Nyari as heir)	Assignee of Lienholder of Record	5,853.48	5,853.48
John N. King	Owner of Record	35,120.86	-0-
Unclaimed	R&T Code §4674	-0-	-0-

Following the determination of distribution for valid claims at the public hearing, the Auditor-Controller will notify valid claimants of the action taken by the Board of Supervisors. Pursuant to R&T Code §4675(b), any action or proceeding to review the decision of the Board of Supervisors must be commenced within 90 calendar days after the date of the Board of Supervisors decision. County warrants will be issued no sooner than 90 days after the date of the decision of the Board of Supervisors.

Please contact Sally Zutter, Accounting Division Manager, or myself, at the address above, or at 530/621-5470 with any questions.

Yours very truly,

A handwritten signature in black ink, appearing to read "Joy Shaw". The signature is fluid and cursive, with the first name "Joy" and last name "Shaw" clearly distinguishable.

Joy Shaw
Deputy Auditor-Controller

/js



360 Fair Lane, Placerville, Calif. 95667
Tax Collector (530) 621-5800

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

Mail to: El Dorado County Auditor-Controller
Property Tax Division - Attn: Excess Proceeds
360 Fair Lane
Placerville CA 95667

Assessor Parcel Number: 041-183-09-100 Default Number: _____
Date of Tax Sale: 11/3/06 Amount Claimed: \$ 11,700.⁰⁰

I, the undersigned claimant, request an award from the excess proceeds resulting from the sale of the above-referenced property. I am filing this claim within one year of the recordation of the Tax Collector's Tax Deed to purchaser.

I claim my status as a party of interest pursuant to §4675 of the California Revenue and Taxation Code (R&T Code). I hereby state that I am a rightful claimant as (check one):

- Lienholder of record prior to recording of tax deed to purchaser
- Assignee of a lienholder of record prior to recording of tax deed to purchaser
- Any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim (attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____ %
Claimant 2 name: _____ Percentage of ownership: _____ %

- Assignee of any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim

(attach additional list of names, as necessary):

Claimant 1 name: Global Discoveries, Ltd Percentage of ownership: 100 %

Claimant 2 name: _____ Percentage of ownership: _____ %

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. (Enclose copies of supporting documentation):

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
 - the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan
- Deeds
- Wills and/or death certificate(s)
- Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- Canceled checks showing payment of taxes
- Other (please list): _____

If this claim is an assignment, additional items need to be submitted with this claim. All assignment documentation submitted must be originals. Please review R&T Code §4675 and El Dorado County Resolution 342-2003 for further details.

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

Executed this 11th day of April, 2007 at Modesto CA
(day) (month) (year) (city and state)

Signature of Claimant(s): [Signature]
(If more than one claimant, each must sign) (Claimant signature(s) must be notarized)

Print Name(s): Jed Byerly, Chief Operating Officer

Daytime Phone Number: (209) 593-3913

Mailing Address: P.O. Box 1748
Modesto, CA 95353

Notary: Attach notary statement(s)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Stanislaus } ss.

On April 11, 2007 before me, Amy L. Elmer, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Ted Boyer
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence



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

WITNESS my hand and official seal

Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

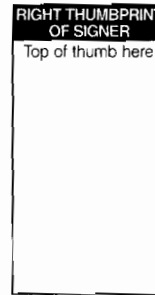
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



**CALIFORNIA - ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS
FROM THE SALE OF TAX DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) and party(ies) of interest, Eva Nyari, hereby assigns to Assignee, Global Discoveries, Ltd., all rights, title and interest to collect 100% of the excess proceeds Assignor(s) is entitled to claim. These excess proceeds are the result of property(ies) sold on 11/3/2006 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 041-783-09-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$35,100.00 +/- which I am entitled to collect 33.33% and or \$11,700 +/-.

DECLARATION: Assignor(s) declares the following to be true and correct with respect to this assignment of rights to claim excess proceeds to Global Discoveries, Ltd.

Assignee has advised Assignor(s) of the right to file a claim for excess proceeds on their own behalf. The parties have disclosed to each other all facts each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code Section 4675.

As a party of interest, Assignor(s) has the authority to assign the interest specified above pursuant to Section 4675 of the California Revenue and Taxation Code.

This assignment is binding on all heirs, successors in interest, and assigns. It cancels all powers of attorney granted to collect these excess proceeds and it rescinds prior claims that Assignor(s) may have submitted for these excess proceeds.

Assignor(s) declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 21 day of Dec., 2006

Signature: Eva Nyari
Eva Nyari

Jed Byerly
Jed Byerly, Chief Operating Officer
Global Discoveries, Ltd.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

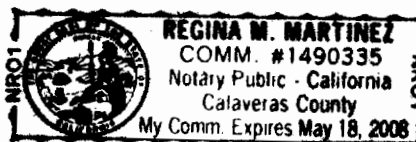
County of El Dorado

On 12-21-2006 before me, Regina M Martinez, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M Martinez (seal)
Signature of Notary Public



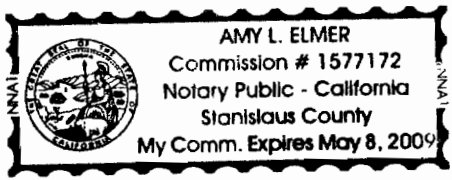
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Stanislaus } ss.

On April 11, 2004 before me, Amy L. Elmer, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Ted Boylston
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence



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

WITNESS my hand and official seal.

[Handwritten Signature]
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

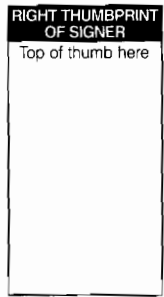
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



copy

RECORDING REQUESTED

WHEN RECORDED MAIL TO:

NAME:

SCOTT A. COBEN & ASSOCIATES

MAILING ADDRESS:

2617 K Street, Suite 250

CITY, STATE and
ZIP CODE:

Sacramento, CA 95816



El Dorado, County Recorder
William Schultz Co Recorder Office
DOC- 2002-0008173-00

Check Number 4817
Thursday, JAN 31, 2002 11:33:24
Ttl Pd \$23.00 Nbr-0000231044
DJS/C2/1-3

SPACE ABOVE RESERVED FOR RECORDER'S USE

**Lien Notice
Failed to Debtor**

TITLE(S)

ABSTRACT OF JUDGMENT

** King **

01/31/2002, 20020008173

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name Address): <input type="checkbox"/> Recording requested by and return to: (916) 492-9010 SCOTT A. COBEN & ASSOCIATES Scott A. Coben, Esq. - #155160 2617 K Street, Suite 250 Sacramento, California 95816		TELEPHONE NO: FOR RECORDER'S USE ONLY <p style="font-size: 2em; text-align: center;">384</p>
<input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD		
NAME OF COURT: UNITED STATES BANKRUPTCY COURT MAILING ADDRESS: EASTERN DISTRICT OF CALIFORNIA 501 I Street, Third Floor CITY AND ZIP CODE: Sacramento, California 95814 PHONE NUMBER: Sacramento Division (916) 930-4400		
PLAINTIFF: JOSEPH NYARI and EVA NYARI, DEFENDANT: JOHN NORMAN KING,		
ABSTRACT OF JUDGMENT		CASE NUMBER: 00-23787-C-7 APN: 00-2378-C

1. The judgment creditor assignee of record applied for an abstract of judgment and represents the following:
- a. Judgment debtor's

- e. Additional judgment debtors are shown on reverse.
- Date: January 24, 2002

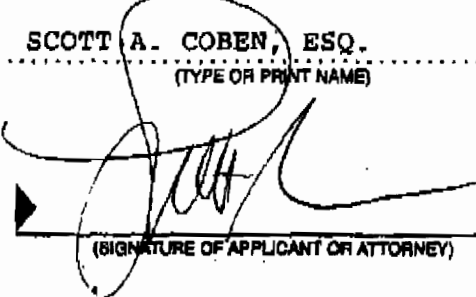
Lien Notice Mailed to Debtor

Name and last known address

JOHN NORMAN KING
 7602 Forrest Glen Drive
 Grizzly Flat, CA 95636

- b. Driver's license no. & state: CA- N4561951 Unknown
- c. Social Security no.: 562-27-0237 Unknown
- d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

SCOTT A. COBEN, ESQ.
 (TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT OR ATTORNEY)

- AMENDED**
2. a. I certify that the following is a true and correct abstract of the judgment entered in this action.
- b. A certified copy of the judgment is attached.
3. Judgment creditor (name):
JOSEPH NYARI, EVA NYARI and GERALD NYARI
 whose address appears on this form above the court's name.
4. Judgment debtor (full name as it appears in judgment):
JOHN NORMAN KING

8. A stay of enforcement has
- a. not been ordered by the court
- b. been ordered by the court effective until (date):
9. This judgment is an installment judgment.

5. Amended
- a. Judgment entered on (date): 12/11/2001
- b. Renewal entered on (date): -----
- c. Renewal entered on (date): -----
6. Total amount of judgment as entered or last renewed:
\$ 39,917.74 plus interest at 10% per year
7. An execution attachment lien is endorsed on the judgment as follows:
- a. Amount: \$
- b. In favor of (name and address):



R. G. HELTZEL

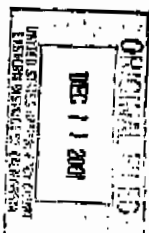
Clerk, by Laura L. Comarigi, Deputy

Date issued 1-29-2002

01/31/2002, 20020008173

4 of 4

1 SCOTT A. COBEN & ASSOCIATES
 2 Scott A. Coben - State Bar No. 155160
 3 2617 K Street, Suite 250
 4 Sacramento, California 95816
 5 Telephone: 916-492-9010
 6 Facsimile: 916-492-9022
 7
 8 Plaintiff, GERALD NYARI and EVA NYARI
 9
 10 UNITED STATES BANKRUPTCY COURT
 11 EASTERN DISTRICT OF CALIFORNIA
 12 SACRAMENTO DIVISION
 13
 14 In re Case No. 00-23787-C-7
 15 JOHN NORMAN KING, APR: 00-2378-C
 16 Debtors. MCN: SAC-3
 17
 18 JOSEPH NYARI and EVA NYARI,
 19 Plaintiffs,
 20
 21 vs. DATE: December 5, 2001
 22 JOHN NORMAN KING, TIME: 9:30 a.m.
 23 Defendant. DEPT: 35
 24
 25 AMENDED JUDGMENT
 26
 27 On the above time date and department, plaintiffs'
 28 motion to amend the October 23, 2001 judgment to add prejudgment
 interest was heard. Scott A. Coben appeared for plaintiffs.
 GERALD NYARI and EVA NYARI and there was no appearance by
 Defendant, JOHN NORMAN KING. The action having previously been
 heard before this court, the Honorable Christopher M. Klein
 presiding. The issues having been duly tried and a decision
 having been duly rendered, the judgment is amended as follows:
 IT IS ORDERED AND ADJUDGED that plaintiffs, GERALD NYARI



1 and EVA NYARI, shall recover from Defendant, JOHN NORMAN KING,
 2 the sum of \$75,084.74, of which sum \$39,917.74 is declared to be
 3 exempted from bankruptcy discharge pursuant to 11 U.S.C. Section
 4 523(a)(2). Plaintiffs shall recover costs. Plaintiffs shall
 5 recover prejudgment interest at the rate of 10 percent per year
 6 on the dischargeable and nondischargeable portions of, this
 7 judgment with interest commencing on July 30, 1997.
 8
 9 DATED: DEC 11 2001
 10
 11 CHRISTOPHER M. KLEIN, UNITED
 12 STATES BANKRUPTCY JUDGE
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28

01/31/2002, 20020008173

STATEMENT OF AMOUNT DUE AND OWING

The undersigned hereby states that the original amount of the lien or security interest against Assessor's Parcel Number(s) 041-783-09-100 was \$39,917.74. The amount still due and owing as of the 11/3/2006 sale of the tax-defaulted property by the El Dorado County Tax Collector was \$59,455.26.

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

Dec. 21 2006
DATE: MONTH, DAY, YEAR

Eva Nyari
Eva Nyari

DEC 21 2006
DATE: MONTH, DAY, YEAR

Gerald Nyari
Gerald Nyari

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

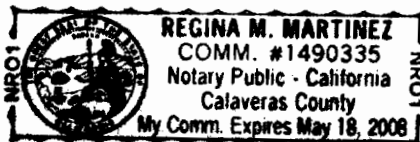
County of El Dorado

On 12-21-2006 before me, Regina M. Martinez, Notary Public personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M. Martinez (seal)
Signature of Notary Public



Copy of drivers license
provided as a component
of proof of claim.

Copy maintained in
Auditor's Office
Excess Proceeds file.



360 Fair Lane, Placerville, Calif. 95667
Tax Collector (530) 621-5800

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

Mail to: El Dorado County Auditor-Controller
Property Tax Division - Attn: Excess Proceeds
360 Fair Lane
Placerville CA 95667

Assessor Parcel Number: 041-783-09-100 Default Number: _____

Date of Tax Sale: 11/3/06 Amount Claimed: \$ 11,700⁰⁰

I, the undersigned claimant, request an award from the excess proceeds resulting from the sale of the above-referenced property. I am filing this claim within one year of the recordation of the Tax Collector's Tax Deed to purchaser.

I claim my status as a party of interest pursuant to §4675 of the California Revenue and Taxation Code (R&T Code). I hereby state that I am a rightful claimant as (check one):

- Lienholder of record prior to recording of tax deed to purchaser
- Assignee of a lienholder of record prior to recording of tax deed to purchaser
- Any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim
(attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____ %

Claimant 2 name: _____ Percentage of ownership: _____ %

- Assignee of any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim

(attach additional list of names, as necessary):

Claimant 1 name: Alton Discoveries, Ltd Percentage of ownership: 100 %

Claimant 2 name: _____ Percentage of ownership: _____ %

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. **(Enclose copies of supporting documentation):**

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
 - the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan
- Deeds
- Wills and/or death certificate(s)
- Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- Canceled checks showing payment of taxes
- Other (please list): _____

If this claim is an assignment, additional items need to be submitted with this claim. All assignment documentation submitted must be originals. Please review R&T Code §4675 and El Dorado County Resolution 342-2003 for further details.

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

Executed this 11th day of April, 2007 at Modesto CA
(day) (month) (year) (city and state)

Signature of Claimant(s): [Signature]
(If more than one claimant, each must sign) (Claimant signature(s) must be notarized)

Print Name(s): Jed Byerly, Chief Operating Officer

Daytime Phone Number: (209) 593-3913

Mailing Address: P.O. Box 1748
Modesto, CA 95353

Notary: Attach notary statement(s)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Stanislaus

ss.

On April 11, 2007

Date

before me,

Amy L. Elmer Notary Public

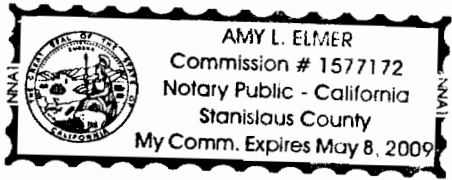
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared John [Signature]

Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence

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



WITNESS my hand and official seal.

[Signature]
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

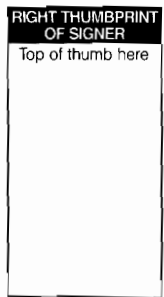
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



**CALIFORNIA - ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS
FROM THE SALE OF TAX DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) and party(ies) of interest, Gerald Nyari , hereby assigns to Assignee, Global Discoveries, Ltd., all rights, title and interest to collect 100% of the excess proceeds Assignor(s) is entitled to claim. These excess proceeds are the result of property(ies) sold on 11/3/2006 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 041-783-09-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$35,100.00 +/- which I am entitled to collect 33.33% and or \$11,700.00 +/-.

DECLARATION: Assignor(s) declares the following to be true and correct with respect to this assignment of rights to claim excess proceeds to Global Discoveries, Ltd.

Assignee has advised Assignor(s) of the right to file a claim for excess proceeds on their own behalf. The parties have disclosed to each other all facts each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code Section 4675.

As a party of interest, Assignor(s) has the authority to assign the interest specified above pursuant to Section 4675 of the California Revenue and Taxation Code.

This assignment is binding on all heirs, successors in interest, and assigns. It cancels all powers of attorney granted to collect these excess proceeds and it rescinds prior claims that Assignor(s) may have submitted for these excess proceeds.

Assignor(s) declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 21ST day of DECEMBER 2006

Signature: Gerald Nyari
Gerald Nyari

Jed Byerly
Jed Byerly, Chief Operating Officer
Global Discoveries, Ltd.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California)

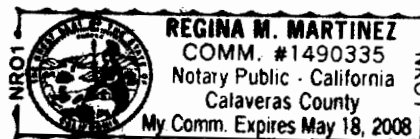
County of El Dorado)

On 12-21-06 before me, Regina M Martinez, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M Martinez (seal)
Signature of Notary Public



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

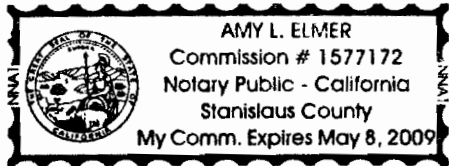
County of Stanislaus } ss.

On April 11, 2007 before me, Amy L. Elmer, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Ted Boyer
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence

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



WITNESS my hand and official seal.

[Signature]
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here



copy

RECORDING REQUESTED

WHEN RECORDED MAIL TO:

NAME:

SCOTT A. COBEN & ASSOCIATES

MAILING ADDRESS:

2617 K Street, Suite 250

CITY, STATE and
ZIP CODE:

Sacramento, CA 95816



El Dorado, County Recorder
William Schultz Co Recorder Office
DOC- 2002-0008173-00

Check Number 4817
Thursday, JAN 31, 2002 11:33:24
Ttl Pd \$23.00 Nbr-0000231044
DJS/C2/1-3

SPACE ABOVE RESERVED FOR RECORDER'S USE

Lien Notice
Mailed to Debtor

TITLE(S)

ABSTRACT OF JUDGMENT

★ King ★

01/31/2002 20020008173

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input type="checkbox"/> Recording requested by and return to: SCOTT A. COBEN & ASSOCIATES Scott A. Coben, Esq. - #155160 2617 K Street, Suite 250 Sacramento, California 95816		TELEPHONE NO: (916) 492-9010	FOR RECORDER'S USE ONLY <div style="font-size: 2em; text-align: center;">384</div>
<input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD			
NAME OF COURT: UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA MAILING ADDRESS: 501 I Street, Third Floor CITY AND ZIP CODE: Sacramento, California 95814 PHONE NUMBER: Sacramento Division (916) 930-4400			
PLAINTIFF: JOSEPH NYARI and EVA NYARI, DEFENDANT: JOHN NORMAN KING,		CASE NUMBER: 00-23787-C-7 APN: 00-2378-C	
ABSTRACT OF JUDGMENT			

1. The judgment creditor assignee of record applied for an abstract of judgment and represents the following:
- a. Judgment debtor's
- e. Additional judgment debtors are shown on reverse.
- Date: January 24, 2002

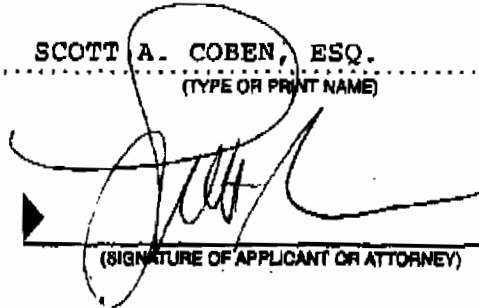
Lien Notice Mailed to Debtor

Name and last known address

JOHN NORMAN KING
 7602 Forrest Glen Drive
 Grizzly Flat, CA 95636

- b. Driver's license no. & state: CA- N4561951 Unknown
- c. Social Security no.: 562-27-0237 Unknown
- d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

SCOTT A. COBEN, ESQ.
 (TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT OR ATTORNEY)

- AMENDED**
2. a. I certify that the following is a true and correct abstract of the judgment entered in this action.
- b. A certified copy of the judgment is attached.
3. Judgment creditor (name):
JOSEPH NYARI, EVA NYARI and GERALD NYARI
 whose address appears on this form above the court's name.
4. Judgment debtor (full name as it appears in judgment):
JOHN NORMAN KING
8. A stay of enforcement has
 a. not been ordered by the court
 b. been ordered by the court effective until (date):
9. This judgment is an installment judgment.

5. Amended
 a. Judgment entered on (date): 12/11/2001
 b. Renewal entered on (date): -----
 c. Renewal entered on (date): -----
6. Total amount of judgment as entered or last renewed:
\$ 39,917.74 plus interest at 10% per year
7. An execution attachment lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):



R. G. HELTZEL

Clerk, by Laura L. Comaroff, Deputy

Date issued 1-29-2002

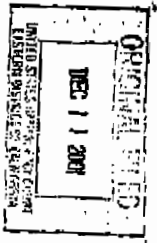
ABSTRACT OF JUDGMENT

01/31/2002, 20020008173

4 of 4

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

SCOTT A. COBEN & ASSOCIATES
Scott A. Coben - State Bar No. 155160
2617 K Street, Suite 250
Sacramento, California 95816
Telephone: 916-492-9010
Facsimile: 916-492-9022



Attorneys for: Plaintiff, GERALD NYARI and EVA NYARI

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

In re Case No. 00-23787-C-7
JOHN NORMAN KING, APN: 00-2378-C
Debtors. MCN: SAC-3

Plaintiffs, DATE: December 5, 2001
TIME: 9:30 a.m.
DEPT: 35

JOHN NORMAN KING,
Defendant.



On the above time date and department, Plaintiffs' motion to amend the October 23, 2001 judgment to add prejudgment interest was heard. Scott A. Coben appeared for Plaintiffs. GERALD NYARI and EVA NYARI and there was no appearance by Defendant, JOHN NORMAN KING. The action having previously been heard before this court, the Honorable Christopher M. Klein presiding. The issues having been duly tried and a decision having been duly rendered, the judgment is amended as follows:
IT IS ORDERED AND ADJUDGED that Plaintiffs, GERALD NYARI

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

and EVA NYARI, shall recover from Defendant, JOHN NORMAN KING, the sum of \$75,084.74, of which sum \$39,917.74 is declared to be exempted from bankruptcy discharge pursuant to 11 U.S.C. Section 523(a)(2). Plaintiffs shall recover costs. Plaintiffs shall recover prejudgment interest at the rate of 10 percent per year on the dischargeable and nondischargeable portions of this judgment with interest commencing on July 30, 1997.

DATED: DEC 11 2001
CHRISTOPHER M. KLEIN, UNITED STATES BANKRUPTCY JUDGE

01/31/2002, 20020008173

STATEMENT OF AMOUNT DUE AND OWING

The undersigned hereby states that the original amount of the lien or security interest against Assessor's Parcel Number(s) 041-783-09-100 was \$39,917.74. The amount still due and owing as of the 11/3/2006 sale of the tax-defaulted property by the El Dorado County Tax Collector was \$59,455.26.

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

Dec. 21 2006
DATE: MONTH, DAY, YEAR

Eva Nyari
Eva Nyari

DEC 21 2006
DATE: MONTH, DAY, YEAR

Gerald Nyari
Gerald Nyari

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

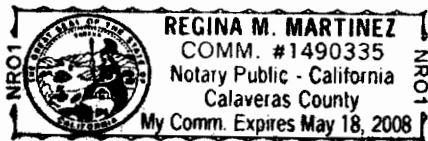
County of El Dorado

On 12-21-2006 before me, Regina M. Martinez, Notary Public personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M. Martinez (seal)
Signature of Notary Public



Copy of drivers license
provided as a component
of proof of claim.

Copy maintained in
Auditor's Office
Excess Proceeds file.



360 Fair Lane, Placerville, Calif. 95667
Tax Collector (530) 621-5800

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

Mail to: El Dorado County Auditor-Controller
Property Tax Division - Attn: Excess Proceeds
360 Fair Lane
Placerville CA 95667

Assessor Parcel Number: 041-783-09-100 Default Number: _____

Date of Tax Sale: 11/3/06 Amount Claimed: \$ 5,850⁰⁰

I, the undersigned claimant, request an award from the excess proceeds resulting from the sale of the above-referenced property. I am filing this claim within one year of the recordation of the Tax Collector's Tax Deed to purchaser.

I claim my status as a party of interest pursuant to §4675 of the California Revenue and Taxation Code (R&T Code). I hereby state that I am a rightful claimant as (check one):

- Lienholder of record prior to recording of tax deed to purchaser
- Assignee of a lienholder of record prior to recording of tax deed to purchaser
- Any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim (attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____ %

Claimant 2 name: _____ Percentage of ownership: _____ %

- Assignee of any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim

(attach additional list of names, as necessary):

Claimant 1 name: Global Discoveries Ltd Percentage of ownership: 100 %

Claimant 2 name: _____ Percentage of ownership: _____ %


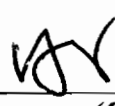
I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. **(Enclose copies of supporting documentation):**

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
 - the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan
- Deeds
- Wills and/or death certificate(s)
- Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- Canceled checks showing payment of taxes
- Other (please list): _____

If this claim is an assignment, additional items need to be submitted with this claim. All assignment documentation submitted must be originals. Please review R&T Code §4675 and El Dorado County Resolution 342-2003 for further details.

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

Executed this 11th day of April, 2007 at MODESTO, CA
(day) (month) (year) (city and state)

Signature of Claimant(s):  
(If more than one claimant, each must sign) (Claimant signature(s) must be notarized)

Print Name(s): Jed Byerly, Chief Operating Officer

Daytime Phone Number: (209) 593-3913

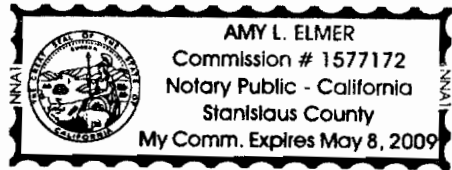
Mailing Address: P.O. Box 1748
Modesto, CA 95353

Notary: Attach notary statement(s)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Stanislaus } ss.
On April 11, 2007 before me, Amy L. Elmer, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Ted Boyles
Name(s) of Signer(s)

personally known to me
 proved to me on the basis of satisfactory evidence



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

WITNESS my hand and official seal.

[Handwritten Signature]
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

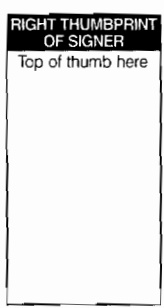
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



**CALIFORNIA - ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS
FROM THE SALE OF TAX DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) and party(ies) of interest, Eva Nyari as Heir to The Estate of Joseph Nyari, hereby assigns to Assignee, Global Discoveries, Ltd., all rights, title and interest to collect 100% of the excess proceeds Assignor(s) is entitled to claim. These excess proceeds are the result of property(ies) sold on 11/3/2006 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 041-783-09-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$35,100.00 +/- which I am entitled to collect 16.66% and or \$5,850.00 +/-.

DECLARATION: Assignor(s) declares the following to be true and correct with respect to this assignment of rights to claim excess proceeds to Global Discoveries, Ltd.

Assignee has advised Assignor(s) of the right to file a claim for excess proceeds on their own behalf. The parties have disclosed to each other all facts each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code Section 4675.

As a party of interest, Assignor(s) has the authority to assign the interest specified above pursuant to Section 4675 of the California Revenue and Taxation Code.

This assignment is binding on all heirs, successors in interest, and assigns. It cancels all powers of attorney granted to collect these excess proceeds and it rescinds prior claims that Assignor(s) may have submitted for these excess proceeds.

Assignor(s) declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 21 day of Dec. 2006

Signature: Eva Nyari
Eva Nyari
Jed Byerly
Jed Byerly, Chief Operating Officer
Global Discoveries, Ltd.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

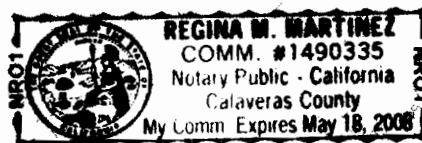
County of El Dorado

On 12-21-2006 before me, Regina M Martinez, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M Martinez (seal)
Signature of Notary Public



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Stanislaus } ss.

On 4/11/2007 before me, Amy L. Elmer, Notary Public

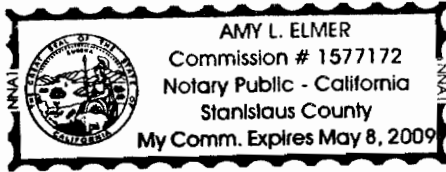
Date

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Joe Angilly

Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence



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

WITNESS my hand and official seal.

[Handwritten Signature]
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

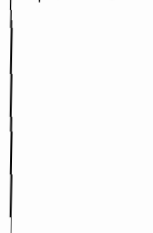
Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here



copy

RECORDING REQUESTED

WHEN RECORDED MAIL TO:

NAME:

SCOTT A. COBEN & ASSOCIATES

MAILING ADDRESS:

2617 K Street, Suite 250

CITY, STATE and
ZIP CODE:

Sacramento, CA 95816



El Dorado, County Recorder
William Schultz Co Recorder Office
DOC- 2002-0008173-00

Check Number 4817
Thursday, JAN 31, 2002 11:33:24
Ttl Pd \$23.00 Nbr-0000231844
DJS/C2/1-3

SPACE ABOVE RESERVED FOR RECORDER'S USE

Lien Notice
Mailed to Debtor

TITLE(S)

ABSTRACT OF JUDGMENT

** King **

01/31/2002, 20020008173

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input type="checkbox"/> Recording requested by and return to: (916) 492-9010 SCOTT A. COBEN & ASSOCIATES Scott A. Coben, Esq. - #155160 2617 K Street, Suite 250 Sacramento, California 95816 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD		FOR RECORDER'S USE ONLY <div style="font-size: 2em; text-align: center;">384</div>
NAME OF COURT: UNITED STATES BANKRUPTCY COURT MAILING ADDRESS: EASTERN DISTRICT OF CALIFORNIA 501 I Street, Third Floor CITY AND ZIP CODE: Sacramento, California 95814 PHONE NUMBER: Sacramento Division (916) 930-4400		
PLAINTIFF: JOSEPH NYARI and EVA NYARI, DEFENDANT: JOHN NORMAN KING,		CASE NUMBER: 00-23787-C-7 APN: 00-2378-C
ABSTRACT OF JUDGMENT		

1. The judgment creditor assignee of record applied for an abstract of judgment and represents the following:
- a. Judgment debtor's
- e. Additional judgment debtors are shown on reverse.
- Date: January 24, 2002

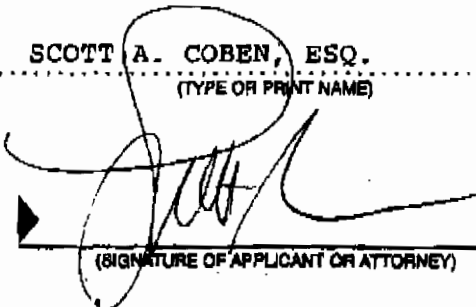
Lien Notice Mailed to Debtor

Name and last known address

JOHN NORMAN KING
 7602 Forrest Glen Drive
 Grizzly Flat, CA 95636

- b. Driver's license no. & state: CA- N4561951 Unknown
- c. Social Security no.: 562-27-0237 Unknown
- d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

SCOTT A. COBEN, ESQ.
 (TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT OR ATTORNEY)

- AMENDED**
2. a. I certify that the following is a true and correct abstract of the judgment entered in this action.
- b. A certified copy of the judgment is attached.
3. Judgment creditor (name):
 JOSEPH NYARI, EVA NYARI and GERALD NYARI
 whose address appears on this form above the court's name.
4. Judgment debtor (full name as it appears in judgment):
 JOHN NORMAN KING
5. A stay of enforcement has
- a. not been ordered by the court
- b. been ordered by the court effective until (date):
9. This judgment is an installment judgment.

- Amended
5. a. Judgment entered on (date): 12/11/2001
- b. Renewal entered on (date): -----
- c. Renewal entered on (date): -----
6. Total amount of judgment as entered or last renewed:
 \$ 39,917.74 plus interest at 10% per year
7. An execution attachment lien is endorsed on the judgment as follows:
- a. Amount: \$
- b. In favor of (name and address):



R. G. HELTZEL

Clerk, by Laura L. Comarog Deputy

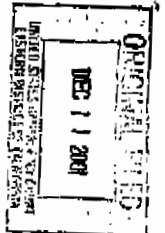
Date issued 1-29-2002

01/31/2002, 20020008173

4 of 4

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

SCOTT A. COHEN & ASSOCIATES
Scott A. Cohen - State Bar No. 155160
2617 K Street, Suite 250 95816
Sacramento, California
Telephone: 916-492-9010
Facsimile: 916-492-9022



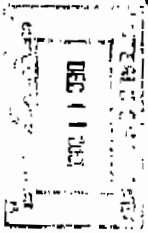
Attorneys for: Plaintiff, GERALD NYARI and EVA NYARI

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

In re
JOHN NORMAN KING,
Debtor.
Case No. 00-23787-C-7
APN: 00-2378-C
MCN: SAC-3

JOSEPH NYARI and EVA NYARI,
Plaintiffs,
vs.
JOHN NORMAN KING,
Defendant.

AMENDED JUDGMENT



On the above time date and department, Plaintiffs' motion to amend the October 23, 2001 judgment to add prejudgment interest was heard. Scott A. Cohen appeared for Plaintiffs. GERALD NYARI and EVA NYARI and there was no appearance by Defendant, JOHN NORMAN KING. The action having previously been heard before this court, the Honorable Christopher M. Klein presiding. The issues having been duly tried and a decision having been duly rendered, the judgment is amended as follows:
It is ORDERED AND ADJUDGED that Plaintiffs, GERALD NYARI

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

and EVA NYARI, shall recover from Defendant, JOHN NORMAN KING, the sum of \$75,084.74, of which sum \$39,917.74 is declared to be exempted from bankruptcy discharge pursuant to 11 U.S.C. Section 523(a)(2). Plaintiffs shall recover costs. Plaintiffs shall recover prejudgment interest at the rate of 10 percent per year on the dischargeable and nondischargeable portions of this judgment with interest commencing on July 30, 1997.

DATED: DEC 11 2001
CHRISTOPHER M. KLEIN, UNITED STATES BANKRUPTCY JUDGE
CHRISTOPHER M. KLEIN

01/31/2002, 20020008173

STATEMENT OF AMOUNT DUE AND OWING

The undersigned hereby states that the original amount of the lien or security interest against Assessor's Parcel Number(s) 041-783-09-100 was \$39,917.74. The amount still due and owing as of the 11/3/2006 sale of the tax-defaulted property by the El Dorado County Tax Collector was \$59,455.26.

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

Dec. 21 2006
DATE: MONTH, DAY, YEAR

Eva Nyari
Eva Nyari

DEC 21 2006
DATE: MONTH, DAY, YEAR

Gerald Nyari
Gerald Nyari

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

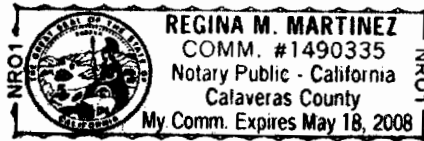
County of El Dorado

On 12-21-2006 before me, Regina M. Martinez, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M. Martinez (seal)
Signature of Notary Public



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

The undersigned states as follows:

1. Joseph Nyari died on or about 12/02/2000, in the City of Sacramento, County of Sacramento, State of California.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached certified copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
5. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$35,100.00 +/-, generated from Assessor's Parcel Number(s) 041-783-09-100, sold at the El Dorado County, California, public auction of tax-defaulted property held on 11/03/2006 which I am entitled to collect 16.66% and or \$5,850.00 +/-.

6. I, Eva Nyari, am the widow and successor of the decedent's interest in the property described above, as defined in PC § 13006.
7. No other person(s) has a superior right to the interest of the decedent in the property described above.

I affirm under penalty of perjury under the laws of the State of «State» that the foregoing is true and correct.

Dated this 21 day of Dec. 2006

Signature: Eva Nyari
Eva Nyari

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California)

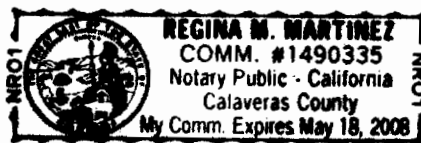
County of El Dorado)

On 12-21-2006 before me, Regina M. Martinez, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M. Martinez (seal)
Signature of Notary Public



STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

3052000223777

CERTIFICATE OF DEATH

3200034008801

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1000)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
JOSEPH		—		NYARI	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		7. DATE OF DEATH MM/DD/CCYY	
09/11/1924		76		12/02/2000	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		12. MARITAL STATUS	
HUNGARY		556-54-4049		MARRIED	
14. RACE		18. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
WHITE		10		ROHR CORPORATION	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
SENIOR ENGINEER		AEROSPACE MANUFACTURING		38	
20. RESIDENCE—STREET AND NUMBER OR LOCATION					
5539 WILDROSE DRIVE					
21. CITY		22. COUNTY		23. ZIP CODE	
GRIZZLY FLATS		EL DORADO		95636	
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
EVA NYARI, WIFE		P.O. BOX 115 GRIZZLY FLATS, CA 95636			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
EVA		—		COMBOS	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
JOSEPH		—		NYARI	
36. NAME OF MOTHER—FIRST		37. MIDDLE		38. LAST (MAIDEN)	
KATALIN		—		KISS	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION			
12/07/2000		RES:WIFE, 5539 WILDROSE DRIVE, GRIZZLY FLATS, CA 95636			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
CR/RES		NOT EMBALMED		—	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
CHAPEL OF THE PINES		ED 1129		12/06/2000 SRL	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
SUTTER MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
106. STREET ADDRESS—STREET AND NUMBER OR LOCATION		104. COUNTY			
5301 F STREET		SACRAMENTO			
107. DEATH WAS CAUSED BY: HENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D:		108. DEATH REPORTED TO CORONER		109. SIGNATURE OF CORONER	
IMMEDIATE CAUSE (A): CARDIORESPIRATORY ARREST		MINS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B): CEREBROVASCULAR ACCIDENT		HRS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C): EMBOLI AFTER CARDIAC SURGERY		DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D): CORONARY ARTERY DISEASE		YES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
HYPERTENSION, HYPERCHOLESTEROLEMIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
CORONARY ARTERY BYPASS SURGERY 11/25/2000					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
11/24/2000		12/02/2000		6074139	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
12/02/2000		JAMES LONGORIA MD 5301 F STREET SACRAMENTO, CA 95819			
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO		122. HOUR	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		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 MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
[Signature]		12/02/2000		MICHAEL L. RODRIAN	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #	
1 09 2				5366	
				CENSUS TRACT	

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

02 MAY 24 AM 9:20

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

DATE ISSUED



001397538

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



Copy of drivers license
provided as a component
of proof of claim.

Copy maintained in
Auditor's Office
Excess Proceeds file.



360 Fair Lane, Placerville, Calif. 95667
Tax Collector (530) 621-5800

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

Mail to: El Dorado County Auditor-Controller
Property Tax Division - Attn: Excess Proceeds
360 Fair Lane
Placerville CA 95667

Assessor Parcel Number: 041-783-09-100 Default Number: _____

Date of Tax Sale: 11/3/06 Amount Claimed: \$ 5,850.00

I, the undersigned claimant, request an award from the excess proceeds resulting from the sale of the above-referenced property. I am filing this claim within one year of the recordation of the Tax Collector's Tax Deed to purchaser.

I claim my status as a party of interest pursuant to §4675 of the California Revenue and Taxation Code (R&T Code). I hereby state that I am a rightful claimant as (check one):

- Lienholder of record prior to recording of tax deed to purchaser
- Assignee of a lienholder of record prior to recording of tax deed to purchaser
- Any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim (attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____%

Claimant 2 name: _____ Percentage of ownership: _____%

- Assignee of any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim

(attach additional list of names, as necessary):

Claimant 1 name: Global Discoveries, Ltd Percentage of ownership: 100 %

Claimant 2 name: _____ Percentage of ownership: _____ %

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. **(Enclose copies of supporting documentation):**

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
 - the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan
- Deeds
- Wills and/or death certificate(s)
- Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- Canceled checks showing payment of taxes
- Other (please list): _____

If this claim is an assignment, additional items need to be submitted with this claim. All assignment documentation submitted must be originals. Please review R&T Code §4675 and El Dorado County Resolution 342-2003 for further details.

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

Executed this 11th day of APRIL, 2007 at MODESTO CA
(day) (month) (year) (city and state)

Signature of Claimant(s): [Signature]
(If more than one claimant, each must sign) (Claimant signature(s) must be notarized)

Print Name(s): Jed Beverly, Chief Operating Officer

Daytime Phone Number: (209) 593-3913

Mailing Address: P.O. Box 1748
Modesto, CA 95353

Notary: Attach notary statement(s)

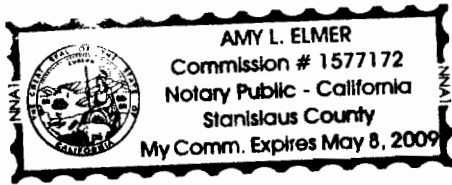
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Stanislaus } ss.

On April 11, 2007 before me, Amy L. Elmer, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Joe Boyer
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence



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

WITNESS my hand and official seal.
[Signature]
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



**CALIFORNIA - ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS
FROM THE SALE OF TAX DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) and party(ies) of interest, Gerald Nyari as Heir to The Estate of Joseph Nyari, hereby assigns to Assignee, Global Discoveries, Ltd., all rights, title and interest to collect 100% of the excess proceeds Assignor(s) is entitled to claim. These excess proceeds are the result of property(ies) sold on 11/3/2006 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 041-783-09-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$35,100.00 +/- which I am entitled to collect 16.66% and or \$5,850.00 +/-.

DECLARATION: Assignor(s) declares the following to be true and correct with respect to this assignment of rights to claim excess proceeds to Global Discoveries, Ltd.

Assignee has advised Assignor(s) of the right to file a claim for excess proceeds on their own behalf. The parties have disclosed to each other all facts each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code Section 4675.

As a party of interest, Assignor(s) has the authority to assign the interest specified above pursuant to Section 4675 of the California Revenue and Taxation Code.

This assignment is binding on all heirs, successors in interest, and assigns. It cancels all powers of attorney granted to collect these excess proceeds and it rescinds prior claims that Assignor(s) may have submitted for these excess proceeds.

Assignor(s) declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 21ST day of DECEMBER 2006

Signature: Gerald Nyari
Gerald Nyari

Jed Myerly
Jed Myerly, Chief Operating Officer
Global Discoveries, Ltd.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

County of El Dorado

On 12-21-06 before me, Regina M. Martinez, Notary Public personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M. Martinez (seal)
Signature of Notary Public



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Stanislaus } ss.

On April 11, 2004

Date

before me, Amy L. Elmer, Notary Public

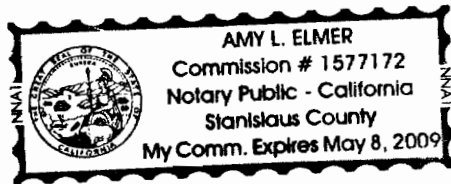
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Jed Boykin

Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence

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



WITNESS my hand and official seal.

[Handwritten Signature]
 Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here



copy

RECORDING REQUESTED

WHEN RECORDED MAIL TO:

NAME:

SCOTT A. COBEN & ASSOCIATES

MAILING ADDRESS:

2617 K Street, Suite 260

CITY, STATE and
ZIP CODE:

Sacramento, CA 95816



El Dorado, County Recorder
William Schultz Co Recorder Office
DOC- 2002-0008173-00

Check Number 4817

Thursday, JAN 31, 2002 11:33:24

Ttl Pd \$23.00

Nbr-0000231044

DJS/C2/1-3

SPACE ABOVE RESERVED FOR RECORDER'S USE

**Lien Notice
Mailed to Debtor**

TITLE(S)

ABSTRACT OF JUDGMENT

** King **

01/31/2002, 20020008173

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input type="checkbox"/> Recording requested by and return to: SCOTT A. COBEN & ASSOCIATES Scott A. Coben, Esq. - #155160 2617 K Street, Suite 250 Sacramento, California 95816		TELEPHONE NO: (916) 492-9010	FOR RECORDER'S USE ONLY <div style="font-size: 2em; text-align: center;">384</div>
<input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD			
NAME OF COURT: UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA MAILING ADDRESS: 501 I Street, Third Floor CITY AND ZIP CODE: Sacramento, California 95814 PHONE NUMBER: Sacramento Division (916) 930-4400			
PLAINTIFF: JOSEPH NYARI and EVA NYARI, DEFENDANT: JOHN NORMAN KING,			
ABSTRACT OF JUDGMENT			CASE NUMBER: 00-23787-C-7 APN: 00-2378-C

1. The judgment creditor assignee of record applied for an abstract of judgment and represents the following:
- a. Judgment debtor's
- e. Additional judgment debtors are shown on reverse.
- Date: January 24, 2002

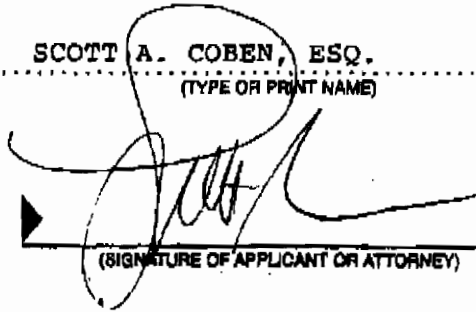
Lien Notice Mailed to Debtor

Name and last known address

JOHN NORMAN KING
 7602 Forrest Glen Drive
 Grizzly Flat, CA 95636

- b. Driver's license no. & state: CA- N4561951 Unknown
- c. Social Security no.: 562-27-0237 Unknown
- d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

SCOTT A. COBEN, ESQ.
 (TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT OR ATTORNEY)

- AMENDED**
2. a. I certify that the following is a true and correct abstract of the judgment entered in this action.
- b. A certified copy of the judgment is attached.
3. Judgment creditor (name):
JOSEPH NYARI, EVA NYARI and GERALD NYARI
 whose address appears on this form above the court's name.
4. Judgment debtor (full name as it appears in judgment):
JOHN NORMAN KING
5. a. Judgment entered on (date): 12/11/2001
 b. Renewal entered on (date): -----
 c. Renewal entered on (date): -----
6. Total amount of judgment as entered or last renewed:
\$ 39,917.74 plus interest at 10% per year
7. An execution attachment lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):
8. A stay of enforcement has
 a. not been ordered by the court
 b. been ordered by the court effective until (date):
9. This judgment is an installment judgment.



R. G. HELTZEL

Clerk, by Laura L. Comarigi, Deputy

Date issued 1-29-2002

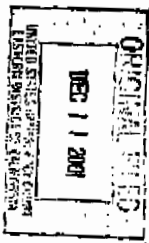
ABSTRACT OF JUDGMENT

01/31/2002, 20020008173

4 of 4

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

SCOTT A. COHEN & ASSOCIATES
Scott A. Cohen - State Bar No. 155160
2617 K Street, Suite 250
Sacramento, California 95816
Telephone: 916-492-9010
Facsimile: 916-492-9022



Attorneys for: Plaintiff, GERALD NYARI and EVA NYARI

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

In re Case No. 00-2378-C-7
JOHN NORMAN KING, APN: 00-2378-C
Debtors. MCN: SAC-3

Plaintiffs, DATE: December 5, 2001
vs. TIME: 9:30 a.m.
DEPT: 35

JOHN NORMAN KING,
Defendant.



On the above time date and department, Plaintiffs' motion to amend the October 23, 2001 judgment to add prejudgment interest was heard. Scott A. Cohen appeared for Plaintiffs, GERALD NYARI and EVA NYARI and there was no appearance by Defendant, JOHN NORMAN KING. The action having previously been heard before this court, the Honorable Christopher M. Klein presiding. The issues having been duly tried and a decision having been duly rendered, the judgment is amended as follows:
IT IS ORDERED AND ADJUDGED that Plaintiffs, GERALD NYARI

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

and EVA NYARI, shall recover from Defendant, JOHN NORMAN KING, the sum of \$75,084.74, of which sum \$39,917.74 is declared to be exempted from bankruptcy discharge pursuant to 11 U.S.C. Section 523(a)(2). Plaintiffs shall recover costs. Plaintiffs shall recover prejudgment interest at the rate of 10 percent per year on the dischargeable and nondischargeable portions of this judgment with interest commencing on July 30, 1997.

CHRISTOPHER M. KLEIN, UNITED STATES BANKRUPTCY JUDGE
DATED: DEC 11 2001

01/31/2002, 20020008173

STATEMENT OF AMOUNT DUE AND OWING

The undersigned hereby states that the original amount of the lien or security interest against Assessor's Parcel Number(s) 041-783-09-100 was \$39,917.74. The amount still due and owing as of the 11/3/2006 sale of the tax-defaulted property by the El Dorado County Tax Collector was \$59,455.26.

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

Dec. 21 2006
DATE: MONTH, DAY, YEAR

Eva Nyari
Eva Nyari

DEC. 21 2006
DATE: MONTH, DAY, YEAR

Gerald Nyari
Gerald Nyari

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

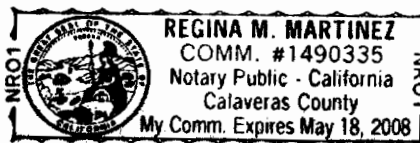
County of El Dorado

On 12-21-2006 before me, Regina M. Martinez, Notary Public personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M. Martinez (seal)
Signature of Notary Public



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

The undersigned states as follows:

1. Joseph Nyari died on or about 12/02/2000, in the City of Sacramento, County of Sacramento, State of California.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached certified copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
5. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

The excess proceeds [as defined in *California Revenue and Taxation Code*, Section 4675, et seq] in the approximate amount of approximately \$35,100.00 +/-, generated from Assessor's Parcel Number(s) 041-783-09-100, sold at the El Dorado County, California, public auction of tax-defaulted property held on 11/03/2006 which I am entitled to collect 16.66% and or \$5,850.00 +/-.

6. I, Gerald Nyari, am the son and successor of the decedent's interest in the property described above, as defined in PC § 13006.
7. No other person(s) has a superior right to the interest of the decedent in the property described above.

I affirm under penalty of perjury under the laws of the State of «State» that the foregoing is true and correct.

Dated this 21ST day of DECEMBER 2006

Signature: Gerald Nyari
Gerald Nyari

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

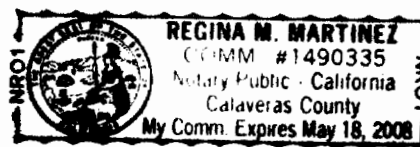
County of El Dorado

On 12-21-2006 before me, Regina M Martinez, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

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

WITNESS my hand and official seal.

Regina M Martinez (seal)
Signature of Notary Public



GD Number: «GID»

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

3052000223777

CERTIFICATE OF DEATH

3200034008801

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASERS, WHITEOUTS OR ALTERATIONS VS-51 (REV. 1/02)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
	JOSEPH		—		NYARI		
	4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/DD/CCYY
	09/11/1924		76		M		12/02/2000
USUAL RESIDENCE	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS
	HUNGARY		556-54-4049		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED
	14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED
	WHITE		10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ROHR CORPORATION		16
INFORMANT	17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		
	SENIOR ENGINEER		AEROSPACE MANUFACTURING		38		
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION)						
	5539 WILDROSE DRIVE						
SPOUSE AND PARENT INFORMATION	21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY
	GRIZZLY FLATS		EL DORADO		95636		5
	25. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)				
	EVA NYARI, WIFE		P.O. BOX 115 GRIZZLY FLATS, CA 95636				
DISPOSITION	29. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		
	EVA		—		COMBOS		
	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE
	JOSEPH		—		NYARI		AMENDED HUNGARY
FUNDAL DIRECTOR AND LOCAL REGISTRAR	35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE
	KATALIN		—		KISS		1 OF 2 HUNGARY
	39. DATE M/M/DD/CCYY		40. PLACE OF FINAL DISPOSITION				
	12/07/2000		RES:WIFE, 5539 WILDROSE DRIVE GRIZZLY FLATS, CA 95636				
PLACE OF DEATH	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.		
	CR/RES		NOT EMBALMED		—		
	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CCYY
	CHAPEL OF THE PINES		FD 1129		[Signature]		12/06/2000 SRL
CAUSE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY
	SUTTER MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		SACRAMENTO
	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.)		
	5301 F STREET		SACRAMENTO		108. DEATH REPORTED TO CORONER		
PHYSI- CIAN'S CERTIFI- CATION	109. TIME INTERVAL BETWEEN ONSET AND DEATH		110. SIGOPY PERFORMED		111. AUTOPSY PERFORMED		
	MINS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (A) CARDIORESPIRATORY ARREST		HRS		112. USED IN DETERMINING CAUSE		
	DUE TO (B) CEREBROVASCULAR ACCIDENT		DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CORONER'S USE ONLY	DUE TO (C) EMBOLI AFTER CARDIAC SURGERY		YRS		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		
	DUE TO (D) CORONARY ARTERY DISEASE				HYPERTENSION, HYPERCHOLESTEROLEMIA		
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/CCYY
	11/24/2000 12/02/2000		[Signature]		G074139		12/05/2000
STATE REGISTRAR	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. INJURY AT WORK		120. INJURY DATE M/M/DD/CCYY		121. HOUR
	JAMES LONGORIA MD 5301 F STREET SACRAMENTO, CA 95819		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	122. MANNER OF DEATH		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
	<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE						
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED							
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]					
129. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	
		09 2		5366			

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

02 MAY 24 AM 9:20



001397538

MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

DATE ISSUED

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



STATE		CERTIFICATE OF LIVE BIRTH				LOCAL REGISTRATION	
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		DISTRICT AND CERTIFICATE NUMBER		8000		85535	
1. NAME OF CHILD—FIRST NAME	2. SEX	3. THIS BIRTH SHOULD TAKE ON TRUCKET	4. DATE OF BIRTH—MONTH DAY YEAR	5. STREET ADDRESS (NOT STREET OR RURAL ADDRESS OR LOCATION DO NOT USE "O" FOR NUMBER)	6. LOCAL REGISTRATION NUMBER	7. COLOR OR RACE OF MOTHER	8. HOUR
BERNARD	Male	Single	May 9, 1961	261 Soledad Place	8000	White	9:25 P
9. PLACE OF BIRTH—NAME OF HOSPITAL	10. CITY OR TOWN	11. USUAL RESIDENCE OF MOTHER—STREET ADDRESS	12. MODEL NAME	13. MAILING ADDRESS OF MOTHER	14. LAST NAME	15. COLOR OR RACE OF MOTHER	16. TIME
Coronado Hospital	Coronado	763 P Avenue	Bya	same	ANTHONY	White	
17. USUAL RESIDENCE OF MOTHER—CITY OR TOWN	18. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	19. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	20. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	21. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	22. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	23. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	24. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Coronado	Hungary	Hungary	Hungary	Hungary	Hungary	Hungary	Hungary
25. NAME OF FATHER—FIRST NAME	26. AGE OF FATHER (AT TIME OF THIS BIRTH)	27. PARENT OR OTHER INFORMANT—SIGNATURE (PRINT NAME)	28. SIGNATURE (PRINT NAME)	29. DATE SIGNED BY INFORMANT	30. ADDRESS	31. DATE RECEIVED BY LOCAL REGISTRAR	32. LOCAL REGISTRAR SIGNATURE
Joseph	31	Tool & Dye Maker	Tool & Dye Maker	May 11, 1961	1016 Isabella, Coronado	MAY 17 1961	W.B.
33. FATHER'S RESIDENCE (WHERE BORN)	34. FATHER'S RESIDENCE (WHERE BORN)	35. FATHER'S RESIDENCE (WHERE BORN)	36. FATHER'S RESIDENCE (WHERE BORN)	37. FATHER'S RESIDENCE (WHERE BORN)	38. FATHER'S RESIDENCE (WHERE BORN)	39. FATHER'S RESIDENCE (WHERE BORN)	40. FATHER'S RESIDENCE (WHERE BORN)
Coronado	Coronado	Coronado	Coronado	Coronado	Coronado	Coronado	Coronado

This is to certify that, if bearing the Official Seal of the San Diego Department of Public Health, this is a true and correct copy of the original document filed.

Fee Paid: \$2.00
 Dated: 7-11-61
 J. A. Cahill, M.D., Director
 San Diego Department of Public Health

SAN DIEGO COUNTY RECORDER

SAN DIEGO COUNTY RECORDER

CERTIFIED ABSTRACT OF BIRTH

This is to certify that this document is a true abstract of the official record filed with the County Recorder.

Gregory J. Smith
GREGORY J. SMITH
RECORDER / COUNTY CLERK

NAME: GERALD ANTHONY NYARI

DATE OF BIRTH: MAY 9, 1961

SEX: MALE

COUNTY OF BIRTH: SAN DIEGO

BIRTH NAME OF MOTHER: EVA GOMBOS

NAME OF FATHER: JOSEPH NYARI

DATE FILED: MAY 17, 1961

DATE ISSUED: SEPTEMBER 12, 1995

LOCAL REGISTRATION NUMBER: 008539

695846



REV. (1-95)



Copy of drivers license
provided as a component
of proof of claim.

Copy maintained in
Auditor's Office
Excess Proceeds file.



County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
(530) 621-5487

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

January 26, 2009

John N. King
P.O. Box 362
Grizzly Flats, CA 95636

Re: Excess Proceeds Claim from the Sale of Tax Defaulted Property of November 03, 2006
APN: 041-783-09-100 Default No: 070351 Excess Proc. Available: \$35,120.86

Please be advised that the Auditor-Controller will present to the Board of Supervisors only valid original claims for excess proceeds meeting the requirements of Revenue and Taxation (R&T) Code §4675 or other applicable authority. The Auditor-Controller will present all valid claims with a recommendation for distribution to a duly noticed Board of Supervisor's public hearing.

The Auditor-Controller will notify all claimants submitting valid claims of the scheduled public hearing at least 20 calendar days in advance. The notice will include the recommended distribution and copies of any other valid claims for the same property. Parties with valid claims are not required to attend the public hearing; however, you may do so if you wish. Any interested person(s) may attend the public hearing.

NOTICE OF HEARING

The El Dorado County Board of Supervisors will hold a public hearing on **February 24, 2009, beginning at 9:00 o'clock a.m.**, regarding the determination of distribution of the excess proceeds from the Sale of Tax Defaulted Property dated **November 03, 2006**. The hearing will be held at the Board of Supervisors chambers located in Building A, 330 Fair Lane, Placerville, California, 95667. All claims, proof, supporting documents, and relevant information, submitted by valid claimants meeting the requirements of R&T Code §4675, will be forwarded to the Board of Supervisors office prior to the public hearing.

Claimant(s) Names and Addresses:

Global Discoveries, Ltd. for Eva Nyari
P.O. Box 1748
Modesto, CA 95353

Global Discoveries, Ltd. for Gerald Nyari
P.O. Box 1748
Modesto, CA 95353

John N. King
P.O. Box 362
Grizzly Flats, CA 95636

<u>Claimant</u>	<u>Type</u>	<u>\$ Claimed</u>	<u>Recommendation</u>
Global Discoveries, Ltd. (E. Nyari)	Assignee of Lienholder of Record	11,706.95	11,706.95
Global Discoveries, Ltd. (G. Nyari)	Assignee of Lienholder of Record	11,706.95	11,706.95
Global Discoveries, Ltd. (E. Nyari as heir)	Assignee of Lienholder of Record	5,853.48	5,853.48
Global Discoveries, Ltd. (G. Nyari as heir)	Assignee of Lienholder of Record	5,853.48	5,853.48
John N. King	Owner of Record	35,120.86	-0-
Unclaimed	R&T Code §4674	-0-	-0-

Following the determination of distribution for valid claims at the public hearing, the Auditor-Controller will notify valid claimants of the action taken by the Board of Supervisors. Pursuant to R&T Code §4675(b), any action or proceeding to review the decision of the Board of Supervisors must be commenced within 90 calendar days after the date of the Board of Supervisors decision. County warrants will be issued no sooner than 90 days after the date of the decision of the Board of Supervisors.

Please contact Sally Zutter, Accounting Division Manager, or myself, at the address above, or at 530/621-5470 with any questions.

Yours very truly,

A handwritten signature in black ink, appearing to read "Joy Shaw". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Joy Shaw
Deputy Auditor-Controller

/js



360 Fair Lane, Placerville, Calif. 95667
Tax Collector (530) 621-5800

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

Mail to: El Dorado County Auditor-Controller
Property Tax Division - Attn: Excess Proceeds
360 Fair Lane
Placerville CA 95667

Assessor Parcel Number: 041-783-09-100 Default Number: 070351
Date of Tax Sale: November 3, 2006 Amount Claimed: \$ 34,824.86

I, the undersigned claimant, request an award from the excess proceeds resulting from the sale of the above-referenced property. I am filing this claim within one year of the recordation of the Tax Collector's Tax Deed to purchaser.

I claim my status as a party of interest pursuant to §4675 of the California Revenue and Taxation Code (R&T Code). I hereby state that I am a rightful claimant as (check one):

- Lienholder of record prior to recording of tax deed to purchaser
- Assignee of a lienholder of record prior to recording of tax deed to purchaser
- Any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim (attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____ %
Claimant 2 name: _____ Percentage of ownership: _____ %

- Assignee of any person(s) with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If so, list *ownership type* (check one):

- Joint Tenancy
- Tenancy in Common
- Sole Owner
- Other (please list): _____

If so, list *percentage of ownership* for each claimant to this claim

(attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____%

Claimant 2 name: _____ Percentage of ownership: _____%

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. **(Enclose copies of supporting documentation):**

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
 - the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan
- Deeds
- Wills and/or death certificate(s)
- Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- Canceled checks showing payment of taxes
- Other (please list): _____

If this claim is an assignment, additional items need to be submitted with this claim. All assignment documentation submitted must be originals. Please review R&T Code §4675 and El Dorado County Resolution 342-2003 for further details.

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

Executed this 6 day of December, 2007 at Placerville, Calif.
(day) (month) (year) (city and state)

Signature of Claimant(s): John N. King
(If more than one claimant, each must sign) (Claimant signature(s) must be notarized)

Print Name(s): John N. King

Daytime Phone Number: (530) 622-7275

Mailing Address: P.O. Box 362
Grizzly Flats, Calif

Notary: Attach notary statement(s)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

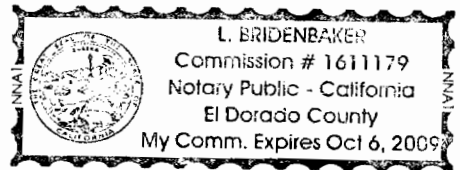
State of California }
 County of El Dorado } ss.

On Dec. 6, 2007 before me, L. Bridenbaker, notary public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared John N King
Name(s) of Signer(s)

personally known to me
 proved to me on the basis of satisfactory evidence

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



WITNESS my hand and official seal.
L. Bridenbaker
Signature of Notary Public

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

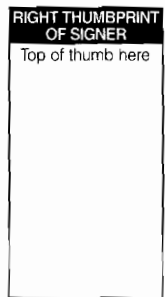
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____



C. L. RAFFETY, C.P.A.
Treasurer & Tax Collector

360 Fair Lane
Placerville, CA 95667-8002
Placerville
(530) 621-5800 or (916) 358-3555 ext. 5800
South Lake Tahoe
(530) 573-7955 ext. 5800

0067182 01 AC 0.290 **AUTOCR T4 7 1060 95636-036262
AUTOCR**B-004

041-783-09-100

CURRENT OWNER(S)

KING JOHN N
P O BOX 362
GRIZZLY FLATS CA 95636-0362

EL DORADO COUNTY 2006-2007 SECURED PROPERTY TAX STATEMENT

For Fiscal Year Beginning July 1, 2006 and Ending June 30, 2007

SITUS	
6865 KINGS ROW DR	
PROPERTY DESCRIPTION	
L 162	GRIZZLY PARK 8
LAND	IMPROVEMENTS
30,723	
PERSONAL PROPERTY	

FULL CASH VALUE

Owner of Record on January 1, 2006	KING JOHN N
------------------------------------	-------------

DEFAULT #	NUMBERS IN THIS SECTION INDICATE PRIOR YEAR(S) DELINQUENT TAXES
2000-070351	

RETAIN THIS PORTION FOR YOUR RECORDS

BILL#	PARCEL #	TAX RATE AREA	CORTAC #	FIRST INSTALLMENT	+	SECOND INSTALLMENT	=	TOTAL TAX DUE
029741	041-783-09-100	093-013		179.62		179.62		359.24
GROSS VALUE		LESS EXEMPTION	NET VALUE	GENERAL TAX RATE		GENERAL TAX	DIRECT CHARGES	
30,723		-	30,723	1.0131		311.24	48.00	
QUESTIONS CONCERNING VALUE*		EXEMPTION 1	DESCRIPTION 1	EXEMPTION 2		DESCRIPTION 2		
*Call Assessor (530) 621-5719								

DISTRIBUTION				DISTRIBUTION			
AGENCY	RATE	PHONE #	\$ AMOUNT	AGENCY	RATE	PHONE #	\$ AMOUNT
PROP 13: GENERAL TAX LEVY	1.0000		307.22				
EDUHS BOND-ELECTION 1997	.0059		1.81				
LOS RIOS COLLEGE BOND-2002	.0072		2.21				
TOTAL GENERAL TAX			311.24				
640 GRIZZLY FLATS CSD		(530) 622-9626	48.00				
TOTAL TAX AND DIRECT CHARGES			359.24				

DETACH STUB
return with remittance

EL DORADO COUNTY 2006-2007 SECURED PROPERTY TAX
For Fiscal Year Beginning July 1, 2006 and Ending June 30, 2007

BILL#	PARCEL #	CORTAC #	DUE DATE	DELINQUENT DATE AFTER 5 P.M.
029741	041-783-09-100		February 1, 2007	April 10, 2007
PROPERTY DESCRIPTION			DEFAULT #	NUMBERS IN THIS SECTION INDICATE PRIOR YEAR(S) DELINQUENT TAXES
L 162 GRIZZLY PARK 8			2000-070351	

Make checks payable to:
C. L. RAFFETY, C.P.A.
TAX COLLECTOR
P.O. Box 678002
Placerville, CA 95667-8002

Write your Parcel # on your check.
Your cancelled check is your best receipt.

KING JOHN N
P O BOX 362
GRIZZLY FLATS CA 95636-0362

AFTER APRIL 10, 2007 BUT ON OR BEFORE JULY 2, 2007 PAY THIS AMOUNT
DELINQUENT SECOND
207.58

PAY THIS AMOUNT on or before April 10, 2007
SECOND INSTALLMENT
179.62

2

2220060297410030000204178309100000017962000020758200704108

DETACH STUB
return with remittance

EL DORADO COUNTY 2006-2007 SECURED PROPERTY TAX
For Fiscal Year Beginning July 1, 2006 and Ending June 30, 2007

BILL#	PARCEL #	CORTAC #	DUE DATE	DELINQUENT DATE AFTER 5 P.M.
029741	041-783-09-100		November 1, 2006	December 11, 2006
PROPERTY DESCRIPTION			DEFAULT #	NUMBERS IN THIS SECTION INDICATE PRIOR YEAR(S) DELINQUENT TAXES
L 162 GRIZZLY PARK 8			2000-070351	

Make checks payable to:
C. L. RAFFETY, C.P.A.
TAX COLLECTOR
P.O. Box 678002
Placerville, CA 95667-8002

Write your Parcel # on your check.
Your cancelled check is your best receipt.

KING JOHN N
P O BOX 362
GRIZZLY FLATS CA 95636-0362

AFTER DECEMBER 11, 2006 PAY THIS AMOUNT
DELINQUENT FIRST
197.58

PAY THIS AMOUNT on or before December 11, 2006
FIRST INSTALLMENT
179.62

1

2120060297410030000204178309100000017962000019758200612115



360 FAIR LANE
PLACERVILLE, CA 95667

September 12, 2006

**NOTICE OF SALE OF TAX-DEFAULTED PROPERTY
CORRECTED**

KING JOHN N
P O BOX 362
GRIZZLY FLATS CA 95636

APN: 041-783-09-100
DEFAULT NO. 070351

IMPORTANT NOTICE TO PARTIES OF INTEREST

Our records indicate you may have a legal interest in the property described below. This property will be offered at public auction at the place, date, and time indicated. The proposed sale is for the purpose of satisfying unpaid taxes, penalties, and costs.

You can prevent the proposed sale by redeeming the property. The amount currently required for redemption is shown below. **THE RIGHT OF REDEMPTION WILL TERMINATE AT THE CLOSE OF BUSINESS ON THE LAST BUSINESS DAY PRIOR TO THE DATE THE SALE BEGINS.** Redemption of the subject property will not cause a transfer of title.

Redemption amount:	\$2,781.90, if received by the Tax Collector's Office on or before 5:00 p.m. November 2, 2006
Place of sale if not redeemed:	El Dorado County Board of Supervisors' Meeting Room, 330 Fair Lane, Placerville, CA 95667
Date and time of sale:	November 3, 2006, 1:30 p.m.
Assessee name:	KING JOHN N
Description/Situs:	L 162 GRIZZLY PARK 8/6865 KINGS ROW DR

If the property is not sold, the right of redemption will revive up to the close of business on the last business day prior to the next scheduled sale.

If the property was damaged, and not substantially repaired, within the last five years due to local, state, or federally declared disaster, it cannot be offered for sale until it has been tax-defaulted for five years from the date of the disaster. If this property falls into this category, contact the El Dorado County Tax Collector's Office immediately at (530) 621-5800. Documentation may be requested that the property was damaged as a result of a declared disaster and the date the damage occurred.

If you have any questions concerning redemption, the proposed sale of the property, or your right to claim excess proceeds, call the person named below between the hours of 8:00 a.m. and 5:00 p.m. weekdays.

W. Quillen
(530) 621-5812



360 Fair Lane, Placerville, Calif. 95667
Tax Collector (530) 621-5800

December 29, 2006

King John N
P O Box 362
Grizzly Flats CA 95636

RE: CLAIM FOR EXCESS PROCEEDS FROM TAX SALE
LAST ASSESSEE, LIENHOLDER OF RECORD

Parcel No. 041-783-09-100
Situs: 6865 Kings Row
Assessee: King John N
Date sold: November 3, 2006
Date Tax Deed to Purchaser Recorded: December 8, 2006
Final Date to Submit Claim: December 8, 2007

Our records indicate that you may be a party of interest as defined in Section 4675 of the California Revenue and Taxation Code and therefore may be eligible to claim excess proceeds relative to the above described property sold at tax sale on November 3, 2006. Excess proceeds represent monies remaining after all tax liens and costs of the sale have been satisfied.

A Claim Form is enclosed for your convenience. **Please note that by law your claim must be filed within one year of the date the deed to the purchaser was recorded.**

Please feel free to call the Auditor-Controller's Office should you require assistance. The telephone number is (530) 621-5470 (Placerville). Help is provided without charge and we would be happy to be of assistance.

Regards,

W. Quillen
W. Quillen
Fiscal Technician