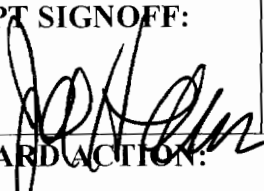


**EL DORADO COUNTY BOARD OF SUPERVISORS  
AGENDA ITEM TRANSMITTAL  
MEETING OF FEBRUARY 24, 2009**

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

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

**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 081-093-15-100 was sold for \$54,335.85 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 Albert N. Ellis	Assignee of Heir of Owner of Record	27,167.93
Global Discoveries, Ltd. for Toni Lucero	Assignee of Heir of Owner of Record	27,167.92
Unclaimed	R&T Code §4674	-0-

**CAO RECOMMENDATIONS:**

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

**Explain**

**BOARD ACTIONS:**

<p><b>Vote:</b> Unanimous _____ Or _____</p> <p><b>Ayes:</b> _____</p> <p><b>Noes:</b> _____</p> <p><b>Abstentions:</b> _____</p> <p><b>Absent:</b> _____</p>	<p><b>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.</b></p> <p><b>Date:</b> _____</p> <p><b>Attest: Cindy Keck, Board of Supervisors Clerk</b></p> <p><b>By:</b> _____</p>
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# 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 081-093-15-100 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,

A handwritten signature in black ink, appearing to read "Joe Harn".

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: 081-093-15-100 Default No: 053374 Excess Proc. Available: \$54,335.85

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.

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### 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 Albert N. Ellis  
P.O. Box 1748  
Modesto, CA 95353

Global Discoveries, Ltd. for Toni Lucero  
P.O. Box 1748  
Modesto, CA 95353

<u>Claimant</u>	<u>Type</u>	<u>\$ Claimed</u>	<u>Recommendation</u>
Global Discoveries, Ltd. (A. Ellis)	Assignee of Owner of Record	27,167.93	27,167.93
Global Discoveries, Ltd. (T. Lucero)	Assignee of Owner of Record	27,167.92	27,167.92
Unclaimed	R&T Code §4674	-0-	-0-

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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

**C. L. Raffety, C.P.A.**



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: 081-093-15-100 Default Number: \_\_\_\_\_

Date of Tax Sale: 11/3/06 Amount Claimed: \$ 27,150.<sup>00</sup>

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): Heir to the Estate of Mary E. Ellis

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

(attach additional list of names, as necessary):

Claimant 1 name: Global Discoveries 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 11<sup>th</sup> 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 1148  
Modesto, CA 95353

Notary: Attach notary statement(s)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

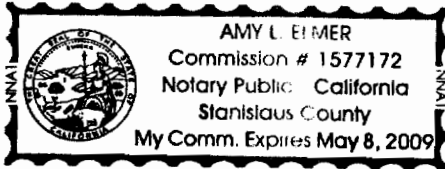
State of California

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 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/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]  
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: \_\_\_\_\_

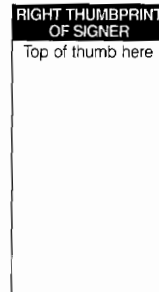
Signer(s) Other Than Named Above: \_\_\_\_\_

**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, Albert N. Ellis, heir to the estate of Mary E. Ellis, 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): 081-093-15-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$54,300.00 +/- of which I am entitled to collect 50% and or \$27,150.00 +/-.

**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 11 day of 01 2007

Signature: Albert N Ellis

Albert N. Ellis  
P.O. Box 939  
Yachats, OR 97498-0939

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

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of OREGON

County of LINCOLN

Joy L. McCaslin

On 1-11-07 before me, Albert N. Ellis, personally appeared  
(Date) (here insert name and title of the officer)

Albert N. Ellis, 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.

Joy L. McCaslin (seal)  
Signature of Notary Public

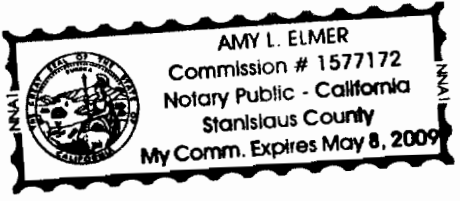




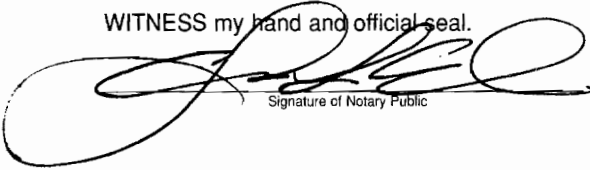
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California }  
County of Stanislaus } ss.  
On April 11, 2007 before me, Amyl Elmer, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Jed Bygones  
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 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.*

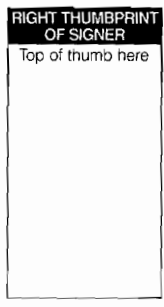
**Description of Attached Document**

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: \_\_\_\_\_



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

The undersigned states as follows:

1. Mary E. Ellis died on or about 12/30/1993, in the City of Sparks, County of Washoe, State of Nevada.
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 \$54,300.00+/-, generated from Assessor's Parcel Number(s) 081-093-15-100, sold at the El Dorado County, California, public auction of tax-defaulted property held on 11/3/2006 of which I am entitled to collect 50% and or \$27,150.00 +/-.

6. I, Albert N. Ellis, 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 California that the foregoing is true and correct.

Dated this 11 day of 01 2007

Signature: Albert N. Ellis  
 Albert N. Ellis  
 P.O. Box 939  
 Yachats, OR 97498-0939

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of OREGON

County of LINCOLN

On 1-11-07 before me, Joy L. McCaslin, personally appeared  
 (Date) (here insert name and title of the officer)

Albert N. Ellis, 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.

Joy L. McCaslin (seal)  
 Signature of Notary Public



RECORDING REQUESTED BY

WHEN RECORDED MAIL TO  
ALBERT W. ELLIS, etux  
269 - 23rd Avenue  
San Francisco, California  
94121

OFFICIAL RECORDS  
EL DORADO COUNTY - CALIF  
RECORD REQUESTED BY

INTER-COUNTY TITLE CO.  
Mar 27 4 07 PM 1971

JAMES W. SWEENEY  
COUNTY RECORDER

DOCUMENTARY TAX  
X COPY TO COUNTY CLERK  
SIGNATURE OF OFFICER  
F. C. [Signature]  
determining tax

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AMT I.R.S. \$ \_\_\_\_\_ In This Space

# Grant Deed

75394 FF

CAL-PACIFIC RESOURCES, INC., a California Corporation who acquired title as  
TAHOE PARADISE, INC., a California Corporation, FOR A VALUABLE CONSIDERATION, receipt of  
which is hereby acknowledged,

Does Hereby Grant To..... ALBERT W. ELLIS and MARY E. ELLIS, .....  
Husband and Wife as Joint Tenants.

the real property in the County of El Dorado, State of California, described as follows:  
Lot(s) 422 ..... of Tahoe Paradise Unit No. 48 ..... as shown on the Official Map of Tahoe  
Paradise Unit No. 48 ..... filed in the office of the County Recorder of El Dorado County, State of  
California on Sept. 30, 1970 in Book E ..... of Maps, Map No. 72.....

EXCEPTING THEREFROM all subsurface water arising therein and thereunder or flowing through  
said parcel with the exclusive right to recover said water and to remove the same, as set  
forth in certain deed from TAHOE PARADISE, INC., a Corporation, to [Signature] Co., a  
Corporation, dated January 27, 1971 ..... and recorded March 3, 1971 ..... in Book 1039.....  
of the Official Records of El Dorado County, at Page 664.....

ALSO EXCEPTING THEREFROM, all oil, gas and hydrocarbon substances and all minerals of what-  
ever kind or nature, together with the right to recover the same, provided, however, that such recovery  
shall only be by means of slant drilling or by mine shaft mining below a depth of 100 feet from the  
surface.

RESERVING unto the Grantors, for themselves, their successors and assigns, the right to grant easements  
and rights of way for public utility use across any lot in said subdivision; provided however, that said  
right of way shall be located between the perimeter boundary of the lot and the building set-back line  
as set forth in the Declaration of Tract Restrictions pertaining to these premises. More specifically this  
right by Seller to grant easements shall include:

- (a) Rights of way and easements for water, gas, sewer and drainage pipes; and for poles and over-  
head and underground wires and conduits for electric and telephone services together with any and all  
appurtenances appertaining thereto, on, over and across those strips of land lying between the rear  
and/or side lines of lots and the lines shown thereon and designated "Public Utility Easement Line."
- (b) Easements for light and air and for public utility poles, wire and crossarms over those strips  
of land lying between the front lot line and those lines shown thereon and designated "SET BACK  
LINE," said strips of land to be kept open and free from buildings.
- (c) Easements for guy wires and anchorages over, under and on those strips of land lying 2 feet  
on either side of all lot side lines and extending 25 feet from the front and/or rear property lines.
- (d) Easements for drainage of surface water over those strips of land lying between the lines  
shown thereon and designated "Drainage Easement Line."

SUBJECT TO the covenants, conditions, restrictions and easements of record.  
SUBJECT TO the Declaration of Tract Restrictions executed by GRAYCO LAND GROW, LTD., .....  
a Corporation, as owner, on November 23, 1970 and recorded December 1, 1970 ..... in Book  
1021 ..... of Official Records of El Dorado County, at Page 611.....  
Dated this 14th ..... day of May ..... 1971.....

STATE OF CALIFORNIA }  
COUNTY OF Santa Clara } SS.  
On this 14th ..... day of  
May ..... in the year one thousand nine  
hundred Seventy-one ..... before me,  
Marilyn J. Kell  
a Notary Public in and for said County and State, personally  
appeared JoAnne W. Valle  
known to me to be the Secretary  
and Bernard R. Shepard  
known to me to be the Controller  
of the corporation that executed the within instrument, and  
known to me to be the persons who executed the within instru-  
ment on behalf of the corporation therein named, and acknowl-  
edged to me that such corporation executed the same, and  
acknowledged to me that such corporation executed the within  
instrument pursuant to its by-laws or a resolution of its board  
of directors.

CAL - PACIFIC RESOURCES, INC.  
[Signature]  
JoAnne W. Valle, Secretary  
Bernard R. Shepard, Controller  
WITNESS my hand and official seal the day and date on this  
certificate first above written.  
Marilyn J. Kell  
Notary Public and San Joaquin County State  
My Commission Expires June 23, 1974

13614

4 of 6

8518

CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH		LOCAL JURISDICTION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEASED - FIRST NAME <b>ALBERT</b>		2. LAST NAME <b>WATKINS</b>	
3. SEX <b>MALE</b>		4. COLOR OR RACE <b>WHITE</b>	
5. BIRTHPLACE <b>OKLAHOMA</b>		6. DATE OF BIRTH <b>10-05-24</b>	
7. AGE <b>49</b>		8. MONTHS LIVED <b>19</b>	
9. NAME AND BIRTHPLACE OF FATHER <b>Albert Ellis / Texas</b>		10. MARRIED NAME AND BIRTHPLACE OF MOTHER <b>Clara Barnes / Oklahoma</b>	
11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER <b>556 24 5703</b>	
13. MARRIAGE STATUS <b>MARRIED</b>		14. NAME OF SURVIVING SPOUSE (IF DIFFERENT FROM MOTHER) <b>MARY E. D'Agostino</b>	
15. LAST OCCUPATION <b>Painter</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM <b>Giampolenti &amp; Co.</b>	
17. KIND OF INDUSTRY OR BUSINESS <b>Painting</b>		18. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER BLANKET FACILITY <b>ST. FRANCIS MEMORIAL HOSPITAL</b>	
19. CITY OR TOWN <b>SAN FRANCISCO</b>		20. STREET ADDRESS - STREET AND NUMBER OR LOCATION <b>900 HYDE STREET</b>	
21. COUNTY <b>SAN FRANCISCO</b>		22. STATE <b>CALIFORNIA</b>	
23. USUAL RESIDENCE - STREET AND NUMBER OR LOCATION <b>269 23RD AVENUE</b>		24. NAME AND MAILING ADDRESS OF INFORMANT <b>MRS. MARY ELLIS (WIFE)</b>	
25. CITY OR TOWN <b>SAN FRANCISCO</b>		26. COUNTY <b>SAN FRANCISCO</b>	
27. STATE <b>CALIFORNIA</b>		28. DATE DEATH CERTIFICATE ISSUED <b>12-17-73</b>	
29. PHYSICIAN OR CORONER'S CERTIFICATION <b>J.O. WARK</b>		30. DATE DEATH CERTIFICATE ISSUED <b>12-17-73</b>	
31. FUNERAL DIRECTOR AND LOCAL REGISTRAR <b>MC AVOY O'HARA CO.</b>		32. NAME OF CEMETERY OR CREMATORIAL <b>Holy Cross Cemetery</b>	
33. PART I: DEATH WAS CAUSED BY: <b>Multiple Myeloma</b>		34. PART II: OTHER SIGNIFICANT CONDITIONS <b>Anterograde Cardiovascular disease</b>	
35. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE <b>No</b>		36. PLACE OF BURIAL <b>No</b>	
37. PLACE OF BURIAL (IF OTHER THAN ABOVE) <b>No</b>		38. HOUR <b>4:06</b>	
39. STATE REGISTRAR <b>Francis J. Curry, M.D.</b>		40. END OF DOCUMENT	

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DECEASED FILED IN THIS OFFICE.

NO. 48557

Francis J. Curry, M.D.

DATED: Dec, 28, 1973

FRANCIS J. CURRY, M.D.  
DIRECTOR OF PUBLIC HEALTH  
AND LOCAL REGISTRAR

SAN FRANCISCO, CALIFORNIA

BOOK 1538 PAGE 702

END OF DOCUMENT

# Affidavit—Death of Joint Tenant

STATE OF CALIFORNIA,  
El Dorado

COUNTY OF Mary E Ellis

That Albert W Ellis of legal age, being first duly sworn, deposes and says the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Albert W Ellis named as one of the parties in that certain Grant Deed JT Ten dated May 14 71 executed by Cal Pacific Resources Inc to Albert W Ellis and Mary E Ellis as joint tenants, recorded as Instrument No. 13614 on May 27 71 in book 1058 page 415 of Official Records of El Dorado County, California, covering the following described property situated in the County of El Dorado State of California:

Lot 422 of Tahoe Paradise Unit No 48 as shown on the official Map of Tahoe Paradise Unit No 48 filed in the office of the County Recorder of El Dorado County State of California on Sept 30, 1970 in Book E of Maps Map No 72

WHEN RECORDED MAIL TO

Mary E Ellis  
269 23rd Ave  
SF Ca 94117 94121

39407

Dated August 23, 1977

Mary E. Ellis  
Mary E Ellis

NICOLE N. NICHOLSON  
NOTARY PUBLIC-CALIFORNIA  
CITY AND COUNTY OF  
SAN FRANCISCO  
My Commission Expires June 21, 1979

SUBSCRIBED AND SWORN TO before me

this 23 day of August 1977  
Nicole Nicholson  
Notary Public in and for said County and State.

SPACE BELOW FOR RECORDER'S USE ONLY

RECORDS  
EL DORADO COUNTY-CALIF  
RECORD REQUESTED BY

Mary Ellis  
AUG 28 12 58 PM 1977

40  
JANIS R. HONEY  
COUNTY RECORDER

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

## STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 80 IMAGE 794

2657

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
2657		1. Mary	E. ELLIS	2. December 30, 1993	3a. Washoe

**DECEDENT**

3b. Reno		3c. St. Mary's Regional Medical Center		3e. Inpatient	4. Female
5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 67	8. April 4, 1926
9a. Illinois		9b. U.S.A.		10. 12	
13. 361-16-2035		14a. Claims Adjuster		14b. Insurance	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

**PARENTS**

15a. Nevada		15b. Washoe		15c. Sparks		15d. 721 6th Street		15e. Yes	
16. Nicholas D'Agostino			17. Grace Castinetti						

**DISPOSITION**

18a. Albert Ellis		18b. 721 6th St., Sparks, NV 89431			
19a. Burial		19b. Our Mother Of Sorrows		19c. Reno Nevada	

**CERTIFIER**

20a. <i>Cavel D Higgins</i>		20b. <i>20</i>		20c. 1538 "C" St., Sparks, NV 89431	
21a. <i>Steven A Schiff</i>		21c. 0200		22a. <i>Steven A Schiff</i>	
21b. 1/3/94		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
23a. Steven A. Schiff, M. D., 343 Elm Street, Reno, NV. 89503		23b. 3821			

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

**CAUSE OF DEATH**

24a. <i>Charles Steen</i>		24b. January 3, 1994		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE		25a. <i>Stadler Ca</i>		Interval between onset and death	
PART I (a)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. No	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 059720

STATE REGISTRAR

This is to certify that the above is a true and legal copy of the certificate on file in this office.

**WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT**

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

DISTRICT No. 4202 REGISTRAR'S No. 58

1. FULL NAME OF CHILD ALBERT NICHOLAS ELLIS MAIDEN SURNAME OF MOTHER DIACOSTINO

2. PLACE OF BIRTH: (A) COUNTY Santa Barbara (B) CITY OR TOWN Santa Maria (C) NAME OF HOSPITAL OR INSTITUTION Our Lady of Perpetual Help Hospital (D) MOTHER'S STAY BEFORE DELIVERY IN HOSPITAL OR INSTITUTION 12 hours THIS COMMUNITY 11 months SPECIFY WHETHER YEARS, MONTHS OR DAYS

3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: 0 YRS 11 MONTHS - DAYS (B) STATE California (C) COUNTY Santa Barbara (D) CITY OR TOWN Santa Maria (E) STREET AND NUMBER Western & Russell Streets - Veteran's Trailer Court #6

4. SEX Male 5. TWIN OR TRIPLET - IF SO—BORN 1st - 2d - 3d

6. NUMBER OF MONTHS OF PREGNANCY 9 7. DATE OF BIRTH February 3 1947

8. FULL NAME OF FATHER OF CHILD Albert Watkins Ellis, Junior 15. FULL MAIDEN NAME OF MOTHER OF CHILD Mary Esther DeGastino

9. COLOR OR RACE White 10. AGE AT TIME OF THIS BIRTH 22 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH 20

11. LENGTH OF RESIDENCE IN CALIFORNIA 15 YEARS - MONTHS - DAYS 18. BIRTHPLACE Oklahoma

12. BIRTHPLACE Oklahoma 19. USUAL OCCUPATION Painter

13. USUAL OCCUPATION Painter 20. INDUSTRY OR BUSINESS Own Home

14. INDUSTRY OR BUSINESS Painter 21. CHILDREN BORN TO THIS MOTHER: (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? None (B) HOW MANY OF THESE CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? None (C) HOW MANY CHILDREN WERE BORN DEAD? None

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: 107 West Fealer Street Santa Maria, California

23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 11:00 P.M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Mrs. A. F. Ellis RELATED TO THIS CHILD AS mother

24. DATE RECEIVED BY LOCAL REGISTRAR February 7, 1947 25. REGISTRAR'S SIGNATURE A. Q. Church, R. F. 26. SIGNER'S NAME AND ADDRESS Hazel R. Adams Santa Maria, California

27. (A) PREGNANCY, COMPLICATIONS OF None (B) LABOR, COMPLICATIONS OF None (C) WAS THERE AN OPERATION No STATE ALL OPERATIONS: None (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? Yes IF YES, STATE DRUG Silver Nitrate 1%

(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? No DESCRIBE: None BIRTH INJURY? None DESCRIBE: None (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? Yes IF SO, AT WHAT PERIOD OF GESTATION? 3rd Mos. IF NOT, WHY NOT? None

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE  
BUREAU OF THE CENSUS

CERTIFIED COPY OF VITAL RECORDS



100002008

STATE OF CALIFORNIA }  
COUNTY OF SANTA BARBARA } SS

DATE ISSUED  
JAN 11 2007

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR.

*Joseph E. Holland*  
JOSEPH E. HOLLAND  
COUNTY CLERK, RECORDER and ASSESSOR  
SANTA BARBARA, CALIFORNIA

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



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: 081-093-15-100 Default Number: \_\_\_\_\_

Date of Tax Sale: 11/3/06 Amount Claimed: \$ 27,150<sup>00</sup>

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): Heir to the Estate of Mary E. Ellis

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

(attach additional list of names, as necessary):

Claimant 1 name: Global Discoveries 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 11<sup>th</sup> 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)

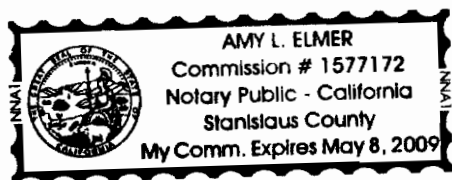
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

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 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/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: \_\_\_\_\_

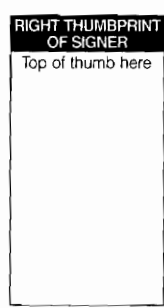
Signer(s) Other Than Named Above: \_\_\_\_\_

**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, Toni Lucero as heir to The Estate of Mary E. Ellis, 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): 081-093-15-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$54,300.00 +/- of which I am entitled to collect 50% and or \$27,150.00 +/-.

**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 3 day of Feb 2007

Signature: Toni Lucero  
Toni Lucero

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

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of California

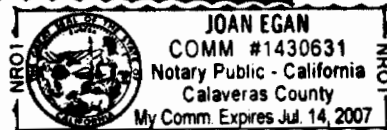
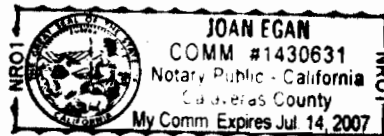
County of Placer

On 2-2-07 before me, Joan Egan, Notary, personally appeared  
(Date) (here insert name and title of the officer)

Toni Lucero, 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.

Joan Egan, Notary (seal)  
Signature of Notary Public



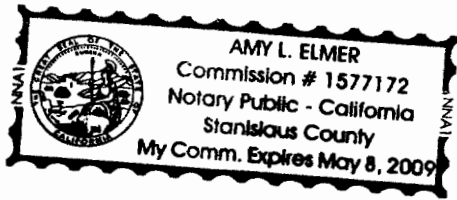
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

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 Jed 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/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

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

The undersigned states as follows:

1. Mary E. Ellis died on or about 12/30/1993, in the City of Reno, County of Washo, State of Nevada.
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 \$54,300.00+/-, generated from Assessor's Parcel Number(s) 081-093-15-100, sold at the El Dorado County, California, public auction of tax-defaulted property held on 11/3/2006 of which I am entitled to collect 50% and or \$27,150.00 +/-.

6. I, Toni Lucero, am the daughter 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 California that the foregoing is true and correct.

Dated this 3 day of Feb 2007

Signature: Toni Lucero  
Toni Lucero

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of California

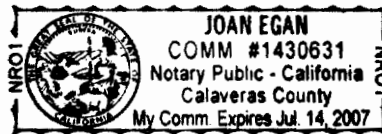
County of Placer

On 2-3-07 before me, JOAN EGAN, NOTARY, personally appeared  
(Date) (here insert name and title of the officer)

Toni Lucero, 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.

Joan Egan (seal)  
Signature of Notary Public



**ACKNOWLEDGMENT**

State of California  
County of Placer

On 2-3-07 before me, Joan Egan Notary,  
(here insert name and title of the officer)

personally appeared Toni Lucero

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

WITNESS my hand and official seal.

Signature Joan Egan, Notary  
Commission Expires: 7-14-07

(Seal)

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO  
ALBERT W. ELLIS, etux  
269 - 23rd Avenue  
San Francisco, California  
94121

OFFICIAL RECORDS  
EL DORADO COUNTY-CALIF  
RECORD REQUESTED BY

INTER-COUNTY TITLE CO.

May 27 4 07 PM 1971

JAMES W. SWEENEY  
COUNTY RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TAX  
PROPERTY TAX  
SALES TAX  
FEE NAME

After I.R.S. In This Space

Grant Deed

75394 FF

CAL-PACIFIC RESOURCES, INC., a California Corporation who acquired title as  
TAHOE PARADISE, INC., a California Corporation, FOR A VALUABLE CONSIDERATION, receipt of  
which is hereby acknowledged,

Does Hereby Grant To ALBERT W. ELLIS and MARY E. ELLIS,  
Husband and Wife as Joint Tenants,

the real property in the County of El Dorado, State of California, described as follows:  
Lot(a) 422 of Tahoe Paradise Unit No. 48, as shown on the Official Map of Tahoe  
Paradise Unit No. 48, filed in the office of the County Recorder of El Dorado County, State of  
California, on Sept. 30, 1970, in Book E of Maps, Map No. 72.

EXCEPTING THEREFROM all subsurface water arising therein and thereunder or flowing through  
said property with the exclusive right to recover said water and to remove the same, as set  
forth in certain deed from TAHOE PARADISE, INC., a Corporation, to Tahoe Paradise Water & Gas  
Corporation, dated January 27, 1971, and recorded March 3, 1971, in Book 1059  
of the Official Records of El Dorado County, at Page 664.

ALSO EXCEPTING THEREFROM, all oil, gas and hydrocarbon substances and all minerals of what-  
ever kind or nature, together with the right to recover the same, provided, however, that such recovery  
shall only be by means of slant drilling or by mine shaft mining below a depth of 100 feet from the  
surface.

RESERVING unto the Grantors, for themselves, their successors and assigns, the right to grant easements  
and rights of way for public utility use across any lot in said subdivision; provided however, that said  
right of way shall be located between the perimeter boundary of the lot and the building set-back line  
as set forth in the Declaration of Tract Restrictions pertaining to these premises. More specifically this  
right by Seller to grant easements shall include:

- (a) Rights of way and easements for water, gas, sewer and drainage pipes; and for poles and over-  
head and underground wires and conduits for electric and telephone services together with any and all  
appurtenances appertaining thereto, on, over and across those strips of land lying between the rear  
and/or side lines of lots and the lines shown thereon and designated "Public Utility Easement Line."
- (b) Easements for light and air and for public utility poles, wire and crossarms over those strips  
of land lying between the front lot lines and those lines shown thereon and designated "SET BACK  
LINE," said strips of land to be kept open and free from buildings.
- (c) Easements for guy wires and anchorages over, under and on those strips of land lying 3 feet  
on either side of all lot side lines and extending 25 feet from the front and/or rear property lines.
- (d) Easements for drainage of surface water over those strips of land lying between the lines  
shown thereon and designated "Drainage Easement Line."

SUBJECT TO the covenants, conditions, restrictions and easements of record.  
SUBJECT TO the Declaration of Tract Restrictions executed by GRAYCO LAND GROW, LTD.,  
a Corporation, as owner, on November 23, 1970, and recorded December 1, 1970, in Book  
1021 of Official Records of El Dorado County, at Page 611.  
Dated this 14th day of May, 1971.

STATE OF CALIFORNIA  
COUNTY OF Santa Clara } SS.  
On this 14th day of  
May, 1971, in the year one thousand nine  
hundred Seventy-one, before me,  
Marilyn J. Kell,  
a Notary Public in and for said County and State, personally  
appeared Joanne W. Valle  
known to me to be the Secretary,  
and Bernard R. Shepard,  
and  
known to me to be the Controller,  
of the corporation that executed the within instrument, and  
known to me to be the persons who executed the within instru-  
ment on behalf of the corporation therein named, and acknowl-  
edged to me that such corporation executed the same, and  
acknowledged to me that such corporation executed the within  
instrument pursuant to its by-laws or a resolution of its board  
of directors.

CAL-PACIFIC RESOURCES, INC.  
TAHOE PARADISE, INC., a California corporation  
Joanne W. Valle, Secretary  
Bernard R. Shepard, Controller  
WITNESS my hand and official seal the day and date  
certified, first above.  
Marilyn J. Kell  
Notary Public in and for said County and State  
My Commission Expires June 23, 1974

13614





# Affidavit—Death of Joint Tenant

STATE OF CALIFORNIA,  
El Dorado

COUNTY OF Mary E Ellis

That Albert W Ellis, of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as Albert W Ellis

named as one of the parties in that certain Grant Deed Joint Ten dated May 14 71

executed by Cal Pacific Resources Inc

to Albert W Ellis and Mary E Ellis

as joint tenants recorded as Instrument No. 13614 on May 27 71 in

book 1098 page 415 of Official Records of El Dorado

County, California, covering the following described property situated in the

County of El Dorado state of California:

Lot 422 of Tahoe Paradise Unit No 48 as shown on the official Map of Tahoe

Paradise Unit No 48 filed in the office of the County Recorder of El

Dorado County State of California on Sept 30, 1970 in Book E of Maps Map No 72

WHEN RECORDED MAIL TO

Mary E Ellis

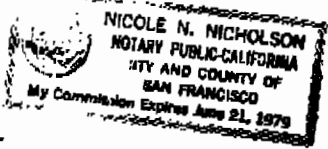
269 23rd Ave

SF Ca 94119 94121

39407

Dated August 23, 1977

Mary E. Ellis  
Mary E Ellis



SUBSCRIBED AND SWORN TO before me

on 23 day of August 1977

Nicole Nicholson

SPACE BELOW FOR RECORDER'S USE ONLY

RECORDED  
EL DORADO COUNTY-CALIF  
RECORD REQUESTED BY

Mary Ellis  
Aug 28 12 58 PM 1977

40  
JANIS R. JOHNEY  
COUNTY RECORDER

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

ROLL 80 IMAGE 794

LOCAL FILE NUMBER

2657

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, INDICATE INSTITUTION, ROOM, FLOOR, AND ROOM NUMBER OF RESIDENCE HERE

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Mary E. ELLIS			DATE OF DEATH (Month, Day, Year) 2. December 30, 1993		COUNTY OF DEATH 3a. Washoe
3b. Reno		3c. St. Mary's Regional Medical Center		If Hosp. or Inst. indicate DOA, SPI/Emer. Rm. Inpatient (Specify) 3e. Inpatient	
4. Female		SEX			
5. White		RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.	
6. 7a. 67		AGE—Last Birthday (Years)		7b. UNDER 1 YEAR MOS : DAYS	
7c. :				7d. UNDER 1 DAY HOURS : MINS	
8. April 4, 1926		DATE OF BIRTH (Mo., Day, Yr.)			
9a. Illinois		STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	
10. 12		Decedent's Education Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	
12. :				SURVIVING SPOUSE (If wife, give maiden name)	
13. 361-16-2035		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Claims Adjuster	
14b. Insurance		KIND OF BUSINESS OR INDUSTRY			
15a. Nevada		RESIDENCE—STATE		COUNTY 15b. Washoe	
15c. Sparks		CITY, TOWN, OR LOCATION		STREET AND NUMBER 15d. 721 6th Street	
15e. Yes		INSIDE CITY LIMITS (Specify Yes or No)			
15. Nicholas D'Agostino			17. Grace Castinetti		
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16a. Albert Ellis			16b. 721 6th St., Sparks, NV 89431		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
19a. Burial		19b. Our Mother Of Sorrows		19c. Reno Nevada	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
20a. Carol D. Deegan		20b. 20		20c. 1538 "C" St., Sparks, NV 89431	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY Ross, Burke & Knobel Mortuary	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.			
21b. 1/3/94		21c. 0200		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
22e. AT		22f. ON		22g. PRONOUNCED DEAD (Hour)	
23a. Steven A. Schiff, M. D., 343 Elm Street, Reno, NV. 89503		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER 23b. 3821	
24a. (Signature)		24b. January 3, 1994		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. IMMEDIATE CAUSE		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).			
PART I (a) 131 adder Ca		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
25a. ACC., SUICIDE, HOA, UNDET., OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo., Day, Yr.)		25c. HOUR OF INJURY	
25c. INJURY AT WORK (Specify Yes or No)		25d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25e. DESCRIBE HOW INJURY OCCURRED	
25f. 28f.		25g. LOCATION		25h. STREET OR R.F.D. No.	
25i. 28g.		25j. CITY OR TOWN		25k. STATE	

No. 059720

STATE REGISTRAR

THIS CHILD (TYPE OR PRINT NAME)	1a. CHILD'S FIRST NAME <b>TONI</b>		1b. MIDDLE NAME <b>ANN</b>		1c. LAST NAME <b>ELLIS</b>	
	2. SEX <b>Female</b>	3a. THIS BIRTH. SINGLE, TWIN, OR TRIPLET? <b>Single</b>	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? <b>-</b>		4a. DATE OF BIRTH—MONTH, DAY, YEAR <b>September 8, 1949</b>	4b. HOUR <b>12:00 Noon</b>
PLACE OF BIRTH	5a. PLACE OF BIRTH—CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) <b>Santa Maria</b>				5b. COUNTY <b>Santa Barbara</b>	
	5c. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Our Lady of Perpetual Help Hospital</b>					
USUAL RESIDENCE OF MOTHER (WIVES WHO DO NOT LIVE WITH MOTHER LIVE)	6a. RESIDENCE OF MOTHER—STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>118 West Camino Colegio</b>				6b. COUNTY <b>Santa Barbara</b>	
	6c. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) <b>Santa Maria</b>				6d. STATE <b>California</b>	
MOTHER OF CHILD	7a. MAIDEN NAME OF MOTHER—FIRST NAME <b>Mary</b>		7b. MIDDLE NAME <b>Eather</b>		7c. LAST NAME <b>D'Agostino</b>	
	8. COLOR OR RACE OF MOTHER <b>White</b>		9. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>23</b> YEARS		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Illinois</b>	
FATHER OF CHILD	11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE) <b>118 West Camino Colegio</b>		12a. NAME OF FATHER—FIRST NAME <b>Albert</b>		12b. MIDDLE NAME <b>Watkins</b>	
	12c. LAST NAME <b>Ellis</b>		13. COLOR OR RACE OF FATHER <b>White</b>		14. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>25</b> YEARS	
INFORMANT'S CERTIFICATION	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Oklahoma</b>		16a. USUAL OCCUPATION <b>Painter</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>Paint Contractor</b>	
	17a. SIGNATURE OF PARENT OR OTHER INFORMANT <b>Mrs. Mary E. Ellis</b>		17b. DATE SIGNED <b>9-8-49</b>		17c. DEGREE OR TITLE <b>PARENT</b>	
ATTENDANT'S CERTIFICATION	18a. SIGNATURE OF ATTENDANT <b>Clifford E. Case</b>		18b. ADDRESS <b>Santa Maria, California</b>		18c. DATE ON WHICH GIVEN NAME ADDED	
	19. DATE RECEIVED BY LOCAL REGISTRAR <b>September 15, 1949</b>		20. SIGNATURE OF LOCAL REGISTRAR <b>I. O. Church, M.D. by Hazel R. Lidbom, Deputy</b>		21. DATE ON WHICH GIVEN NAME ADDED	
LEAVENANK (ADDED AT FILING)						
FOR MEDICAL AND HEALTH USE ONLY (THIS SECTION IS NOT TO BE REPRODUCED ON CERTIFIED COPIES)	CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)		22a. HOW MANY OTHER CHILDREN ARE NOW LIVING? <b>1</b>		22b. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <b>0</b>	
	23a. LENGTH OF PREGNANCY <b>40</b> WEEKS		23b. WEIGHT AT BIRTH <b>7</b> LBS. <b>3 1/2</b> OZS.		23c. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS PREGNANCY)? <b>0</b>	
	24a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <b>None</b>		24b. STATE ANY CONGENITAL MALFORMATIONS <b>None</b>			
	24c. DESCRIBE ANY BIRTH INJURY <b>None</b>		24d. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Silver Nitrate 1%</b>			
	24e. DESCRIBE ANY BIRTH INJURY <b>None</b>		24f. IF YES, STATE DRUG: <b>Silver Nitrate 1%</b>		24g. IF NOT, WHY NOT?	
25a. WAS A SEROLOGICAL TEST FOR SYPHILIS MADE IN THIS MOTHER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		25b. IF SO, AT WHAT MONTH OF PREGNANCY? <b>2</b>		25c. IF NOT, WHY NOT?		

This is to certify that this is a true copy of the Birth Records filed in this office;

Book 33 Page 588 Date October 9, 1969

RITA VAN BUSKIRK, COUNTY RECORDER, SANTA BARBARA COUNTY

By: Leta A. Bodine Deputy

2712 "O." St. - Apt. 2 - Sacramento, Calif. - 95816

# Marriage Certificate

No. 767292

W. R. BEEMER

Filed at request of \_\_\_\_\_

State of Nevada, }  
County of Washoe, } ss.

Recorded DEC 9 1969

Records of Washoe County, Nevada

Indexed R.P. Beemer  
County Recorder

This is to Certify that the undersigned,

William R. Beemer, Justice of the Peace  
(Justice of the Peace, Minister of the Gospel, Judge or justice, as the case may be)

did on the 8<sup>th</sup> day of December A.D. 1969,

at Courthouse Reno Nevada,  
(Address or Church) (city)

join in lawful wedlock RICHARD HENRY LUCERO and  
TONI ANN ELLIS with their mutual consent in the

presence of FRANK M. CASTRO and VICKI LARCHER witnesses.

Frank M. Castro  
signature of witness

Vicki Larcher  
signature of witness

William R. Beemer  
Justice of the Peace  
Reno, Township  
Title

476 PAGE 577

RECEIVED

07 11 69

STATE OF TEXAS  
COUNTY OF DALLAS