## Excess Proceeds Claims from the Sale of Tax Defaulted Property dated November 07, 2014

Claimant	Assessor's Parcel Number	Type	Recommended Distribution
Sierra Cascade Development LLC	016-461-04-100	Person(s) with Title of Record	\$130.66
Robert D. McIntyre	025-264-02-100	Person(s) with Title of Record	\$3,772.05
Global Discoveries Ltd.	025-554-02-100	Assignee of Person(s) with Title of Reco	rd \$173,960.14
Janet Diane Pakes	027-075-16-100	Person(s) with Title of Record	\$145,327.99
Robert D. McIntyre	027-122-15-100	Person(s) with Title of Record	\$1,667.48
Robert D. McIntyre	027-122-18-100	Person(s) with Title of Record	\$1,474.43
McIntyre Holdings, Inc.	028-090-30-100	Person(s) with Title of Record	\$4,693.37
CRE-NV Investment Facility LLC	032-201-13-100	Assignee of Lienholder of Record	\$87,112.23
Sierra Cascade Development LLC	034-491-10-100	Person(s) with Title of Record	\$3,490.15
Edwin J. Margaretich	081-113-05-100	Assignee of Person(s) with Title of Reco	rd \$154,841.11
Internal Revenue Service	085-341-06-100	Lienholder of Record	\$2,641.07
Anthony J. Martino	500-013-55-100	Person(s) with Title of Record	\$139.65
Sylvia M. Chaney	500-018-66-100	Person(s) with Title of Record	\$283.78
Cecilia A. Franklin	500-027-19-100	Person(s) with Title of Record	\$247.05
Gerald B. Strahle	500-047-42-100	Person(s) with Title of Record	\$247.05
Constantine G. Petrides	500-081-64-100	Person(s) with Title of Record	\$267.68

🗷 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:	Propert 360 Fa	ry Tax Division - Attn: Excess Proceeds ir Lane iille CA 95667
Assessor F	arcel N	umber: $\frac{6/6 - 46/ - 04 - 10}{1/-7 - 2014}$ Default Number: $\frac{102367}{1/-7 - 2014}$ Amount Claimed: $\frac{$130.66}{}$
Date of Ta	x Sale:	11-7-2014 Amount Claimed: \$ 130.66.
I, the unde above-refe	rsigned renced p	claimant, request an award from the excess proceeds resulting from the sale of the property. I am filing this claim within one year of the recordation of the Tax seed to purchaser.
		s a party of interest pursuant to §4675 of the California Revenue and Taxation. I hereby state that I am a rightful claimant as (check one):
🗖 Lie	nholder	of record prior to recording of tax deed to purchaser
☐ Ass	signee o	f a lienholder of record prior to recording of tax deed to purchaser
of t		(s) with title of record to all or any portion of the property prior to the recordation eed to the purchaser.
AUDITOR-COMTROLLER	and deliver	If so, list ownership type (check one):  ☐ Joint Tenancy ☐ Tenancy in Common ☐ Sole Owner ☐ Other (please list):
4 UDITOR-C 15 OCT -6	_	If so, list percentage of ownership for each claimant to this claim  (attach additional list of names, as necessary);  SIERA CASCADE DEVELOPMENT LLC  Claimant I name: Percentage of ownership: 6%
		Claimant 2 name: Percentage of ownership:%
	_	Fany person(s) with title of record to all or any portion of the property prior to the of the tax deed to the purchaser.
	If so, lis	t ownership type (check one):
	_ _ _	Joint Tenancy Tenancy in Common Sole Owner Other (please list):

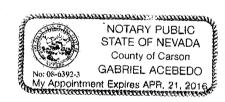
If so, list percentage of ownership for each claimant to this claim

TC13C.doc (7/2015)

(attacl	n additional list of names, as	necessary):		
Claim	ant 1 name:	Percentage o	f ownership:	_%
Claim	ant 2 name:	Percentage o	f ownership:	_%
•	t to claim on the attached doution 031-2012. (Enclose co			review
information re  the  the  or i  the  pro  any  Deeds  Wills and/or or  Court order(s)  Escrow docum	original amount of the lien of total amount of payments renterest amount still due and payable perty by the Tax Collector (if attempts to foreclose or colleath certificate(s)	or interest received reducing the origonal reducing the origonal reducing the salancluding a schedule of a lect on the loan	ginal amount of the	e lien
documentation submitted Resolution 342-2003 for I affirm under penalty of and correct.	nent, additional items need to must be originals. Please refurther details. perjury, under the laws of the following perjury, when the laws of the law	eview R&T Code §4675 he State of California, the	and El Dorado Co at the foregoing is	ounty
(day)	(montn)	(year)	(city and state)	
Signature of Claimant(s): (If more than one claiman	nt, each must sign)	Schufn (Claimant signature	Siera lasc e(s) must be notar	ædle Leveligpen ized) L.C.
Print Name(s):	50HN.	SCHUE		_
Daytime Phone Number:	775-721-0	957		_
Mailing Address:	5364 SIERR	A HIGHLAN	DOR-	_
	CARSONC			
		89705		_
Notary: Attach	notary statement(s)			

## Acknowledgments

State of Nevada
County of <u>Carson</u> city
On July 27, 2015, John A. Schue personally appeared before me,
who is personally known to me
whose identity I proved on the basis of Driver license
whose identity I proved on the oath/affirmation of, a credible witness
to be the signer of the above document, and he she acknowledged that he signed it.
Notary Public



**■ 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: 025-264-02-100 Default Number: 102513  Tax Sale: 11/7/14 Amount Claimed: \$ 3772.05
Date of T	Tax Sale: 11/7/14 Amount Claimed: \$ 3772.05
I, the unde above-refe	ersigned claimant, request an award from the excess proceeds resulting from the sale of the erenced property. I am filing this claim within one year of the recordation of the Tax so Tax Deed to purchaser.
	y status as a party of interest pursuant to §4675 of the California Revenue and Taxation Taxation. I hereby state that I am a rightful claimant as (check one):
☐ Lie	enholder of record prior to recording of tax deed to purchaser.
☐ As	ssignee of a lienholder of record prior to recording of tax deed to purchaser.
An	ny person(s) with title of record to all or any portion of the property prior to the recordation 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 <i>percentage of ownership</i> for each claimant to this claim (attach additional list of names, as necessary):
	Claimant 1 Name: 2000 + 5 MCTuty Percentage of Ownership: 6 %  Claimant 2 Name: Percentage of Ownership %
	Claimant 2 Name: Percentage of Ownership %
	signee of any person(s) with title of record to all or any portion of the property prior to the cordation 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 <i>percentage of ownership</i> for each claim (attach additional list of names, as necessary):	nant to this claim
Claimant 1 Name:	Percentage of Ownership: %
Claimant 2 Name:	Percentage of Ownership %
I base my status and right to claim on the attached document El Dorado County Resolution 342-2003. (Enclose copies of	
or interest  the amount still due and payable as of property by the Tax Collector (includi any attempts to foreclose or collect on Deeds	rest d reducing the original amount of the lien The date of the sale of the tax-defaulted ng a schedule of any calculations)
☐ 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 su documentation submitted must be originals. Please review Resolution 342-2003 for further details.	
I affirm under penalty of perjury, under the laws of the State correct.	
Executed this 20 day of August, 20 to (ye)	ar) S. Lake HUNGE (A)
Signature of Claimant(s):  (If more than one claimant, each must sign)  (Claimant)	aimant signature(s) must be notarized)
Print Name(s): Robert MC	Intyre
Daytime Phone Number: 530 545	0808
Mailing Address: VO BOX 109	38
Mailing City, State, Zip: S. Lake Tak	104, CA 90158
Notary: Attach notary statement(s)	<b>/</b> .

# ATTACHMENT TO "CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY"

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

State of California

County of El Dorado

On 08/20/15, before me, N. Martinelli, a notary public, personally appeared Robert D. McIntyre, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature MMartinell

Name:

N. Martinelli

(typed or printed)

(Seal)

N. MARTINELLI

COMM. # 2112407
NOTARY PUBLIC • CALIFORNIA
EL DORADO COUNTY
Comm. Exp. JUNE 15, 2019

🛚 C. L. Raffety, C.P.A. 💻



Mail to:

El Dorado County Auditor-Controller

Property Tax Division - Attn: Excess Proceeds

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

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

360 Fair L Placerville	ane c CA 95667	
Assessor Parcel Num	ber: <u>025-554-02-100</u>	Default Number:
Date of Tax Sale: 11	/7/2014	Default Number:  Amount Claimed: \$ 173,960.14
I, the undersigned cla	imant, request an award from the perty. I am filing this claim with	excess proceeds resulting from the sale of the n one year of the recordation of the Tax
•	party of interest pursuant to §46' hereby state that I am a rightful of	75 of the California Revenue and Taxation laimant as (check one):
☐ Lienholder of	record prior to recording of tax d	eed to purchaser
☐ Assignee of a	lienholder of record prior to reco	rding of tax deed to purchaser
• • • • • • • • • • • • • • • • • • • •	with title of record to all or any ld to the purchaser.	portion of the property prior to the recordation
If s	so, list ownership type (check one  Joint Tenancy  Tenancy in Common  Sole Owner  Other (please list):	):
	so, list <i>percentage of ownership</i> for tach additional list of names, as n	
Cla	nimant 1 name: Global Discoveries l	td. Percentage of ownership: 100 %
Cla	nimant 2 name:	Percentage of ownership:%
4	ny person(s) with title of record to the tax deed to the purchaser.	all or any portion of the property prior to the
If so, list o	wnership type (check one):	
	Joint Tenancy Tenancy in Common Sole Owner Other (please list): Vistpina	tion Decree
If so, list p	ercentage of ownership for each	claimant to this claim

(attac	th additional list of names, as necess	sary):
Clain	nant 1 name: Global Discoveries Ltd.	Percentage of ownership: 100 %
Clain	nant 2 name:	Percentage of ownership:%
	nt to claim on the attached document lution 342-2003. (Enclose copies of	tation (check all that apply). Please review of supporting documentation):
information in the the the or the property tax	regarding: c original amount of the lien or interest interest c amount still due and payable as of operty by the Tax Collector (including attempts to foreclose or collect on death certificate(s)	reducing the original amount of the lien the date of the sale of the tax-defaulted ng a schedule of any calculations) the loan
documentation submitte Resolution 342-2003 for I affirm under penalty of	d must be originals. Please review	
Signature of Claimant(s) (If more than one claima	: Dul M	aimant signature(s) must be notarized)
Print Name(s):	Jed Byerly	
Daytime Phone Number	: <u>209-593-3913</u>	
Mailing Address:	1120 13th St. Ste A	
	Modesto, CA 9535	1
Notary: Attack	h notary statement(s)	

### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

	NORTH STATE OF THE
A notary public or other officer completing this certificate document to which this certificate is attached, and not the	verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
State of California  County of MANSIANS  On 12/21/15  Date  personally appeared — FC BLER	UC Juphard — NOTIRY PODIC,  Here Insert Name and Title of the Officer  Name(s) of Signer(s)
subscribed to the within instrument and acknowled	vidence to be the person(s) whose name(s) is/are dged to me that he/she/they executed the same in her/their signature(s) on the instrument the person(s), ed, executed the instrument.
CANDACE SHEPHARD Commission # 2060928	certify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct.  ITNESS my hand and official seal.  Ignature  Signature of Notary Public
Place Notary Seal Above	ON/A/
	ONAL formation can deter alteration of the document or
Description of Attached Document Title or Type of Document: Number of Pages: Signer(s) Other Than	Document Date:Named Above:
Capacity(ies) Claimed by Signer(s)  Signer's Name:  Corporate Officer — Title(s):  Partner — Limited General  Individual Attorney in Fact  Trustee Guardian or Conservator  Other:  Signer Is Representing:	

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5907

#### ELDORADO COUNTY - 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, Frederick Craford, hereby assigns to Assignee, Global Discoveries Ltd., any and all rights, title and interest to the excess proceeds Assignor(s) is entitled to claim. These excess proceeds are the result of property(ies) sold on 11/7/2014 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 025-554-02-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$173,960.14 +/-.

WITNESS my band and official seal/

GD Number: 23460-191455

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 directly with the county at no cost. The parties

have disclosed to each other all facts each is aware of regarding the valu Taxation Code Section 4675.	e of the rights being assigned as required by California Revenue and
As a party of interest, Assignor(s) has the authority to assign the interest Taxation Code.	specified above pursuant to Section 4675 of the California Revenue and
This assignment is binding on all heirs, successors in interest, and assign and it rescinds prior claims that Assignor(s) may have submitted for thes	is. It cancels all powers of attorney granted to collect these excess proceeds se 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 Hay of Agriculture Cafford 3572 Ralph Drive South Lake Tahoe, CA 96150	H.
CERTIFICATE OF ACKNOWL	EDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only the sattached, and not the truthfulness, accuracy, or validity of that docum	ne identity of the individual who signed the document to which this certificate ent.
	, who proved to me on the basis of satisfactory evidence to be the knowledged to me that he/she/they executed the same in his/per/thef authorized
capacity(1687), and that by his/heir/their signature(s) on the instrument the person  I certify under PENALTY OF PERJURY under the laws of the State of Califor	(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.  Signature of Notary Bublic (seal)	NICOLE DAVIS Commission # 2035903 Notary Public - California El Dorado County My Comm. Expires Aug 5, 2017
DISCLOSURE	
Revenue and Taxation Code, all facts of which I am aware relating to the full amount of excess proceeds available, and that I have advised assignorigh.	to the party of interest (assignor), pursuant to Section 4675 of the California e value of the rights he/she is assigning, that I have disclosed to him/her the or of the right to file a claim on his/her own behalf without assigning that  Jed Byerly, Managing Member of Global Discoveries Ltd.  Print Name
Signature of Assignee	
	P.O. Box 1748 Mailing Address
	Modesto, CA 95354 City, State, Zip Code
CERTIFICATE OF ACKNOWL	EDGEMENT OF NOTARY PUBLIC
notary public or other officer completing this certificate verifies only the sattached, and not the truthfulness, accuracy, or validity of that docum	ne identity of the individual who signed the document to which this certificate ent.
	who proved to me on the basis of satisfactory evidence to be the convoledged to me that he/she/they executed the same in his/her/their authorized (x), or the entity upon behalf of which the person(s) acted, executed the instrument.

CANDACE SHEPHARD Commission # 2060928 Notary Public - California

Stanislaus County

My Comm. Expires Mar 13, 2018

### **CLAIM FROM OWNER OF RECORD**

The undersigned Owner of Record claims Excess Proceeds pursuant to California Revenue and Taxation Code §4675. Claims must be filed within one year of the recordation of the Tax Collector's Tax Deed to the purchaser.

If the property had multiple Owners of Record, complete a separate Claim for <u>each</u> Owner of Record (multiple Claims may be mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: Default #:	Date of Tax Sale: Date Tax Deed to Purchaser Recorded:		
027-075-16-100 097973	11/7/2014 1/6/2015		
Type of Owner:    Person	Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy in Common  Other:		
Owner's Percentage of Ownership: 100 % Owner	r Is Deceased or No Longer Exists: Amount Claimed: \$145,379,99		
Owner's Name as Shown on Title of Record (If owned Tane Pake	by a Trust or Business, use the Trust or Business name):		
• •	tation may include property tax bills/notices mailed to Claimant, eath certificate or court order, utility bills, etc. See instructions.		
I affirm under penalty of perjury, under the laws of the submit an originally signed and notarized Claim. See in:	e State of California, that the foregoing is true and correct. I structions for how to sign the Claim.		
Executed this 2nd day of Sanday 2016 at Los Angeles (algoring (city and state))  Authorized Signature (see instructions):			
Print Name & Title: Javet Diane Pakes Phone Number: (310)401-4844			
Mailing Address: 11908 Pacific Avenue			
Los Higeles, CA 90066			
Notary: (A notary public verifies only the identity of the individual who signed the document	it to which this certificate is gitisched, and not the truthfulness, accuracy, or validity of that document.]		
State of California Cour	nty of 65 Angeles		
Subscribed and sworn to (or affirmed) before me on thi	s & day of January , 2016 ),		
by Janet Diane Pakes pro	oved to me on the basis of satisfactory evidence to be		
the person who appeared before me.	BLANCA M. VIVAS Commission # 2075201 Notary Public - California Los Angeles County My Comm. Expires Aug 15, 2018		
Signature Blanca UVivos (Seal)	My comm eppires Aug 16, 2018		
Auil claim to: El Dorado County Auditor-Controller Property Tax Division	360 Fair Lane Placerville CA 95667 Revised 12/30/2015		

### **Treasurer and Tax Collector**

**■ 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: 027-127-15-100 Defa  Date of Tax Sale: 11-7-2014 Amo	ult Number: 107613
Date of Tax Sale: 11-7-2014 Amo	unt Claimed: \$ 1 \( \mathbb{U} \) 1 \( \gamma \) 7 \( \O
I, the undersigned claimant, request an award from the excess prabove-referenced property. I am filing this claim within one year Collector's Tax Deed to purchaser.	<u> </u>
I claim my status as a party of interest pursuant to §4675 of the Code (R&T Code). I hereby state that I am a rightful claimant as	
☐ Lienholder of record prior to recording of tax deed to pure	chaser.
☐ Assignee of a lienholder of record prior to recording of ta	x deed to purchaser.
Any person(s) with title of record to all or any portion of of the tax deed to the purchaser.	the property prior to the recordation
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	o this claim
(attach additional list of names, as necessary):	
Claimant 1 Name: Robert D MeFuty re Claimant 2 Name:	Percentage of Ownership: 100%
Claimant 2 Name:	Percentage of Ownership %
Assignee of any person(s) with title of record to all or any recordation of the tax deed to the purchaser.	portion of the property prior to the
If so, list ownership type (check one):	
☐ Joint Tenancy ☐ Tenancy in Common ☐ Sole Owner ☐ Other (please list):	
The Contract of the Contract o	

If so, list <i>percentage of ownership</i> for each (attach additional list of names, as necess			
Claimant 1 Name:	Percentage of Ownership: %		
	Percentage of Ownership %		
I base my status and right to claim on the attached do El Dorado County Resolution 342-2003. (Enclose c	ocumentation (check all that apply). Please review		
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			
If this claim is an assignment, additional items need a documentation submitted must be originals. Please r Resolution 342-2003 for further details.	<del>_</del>		
I affirm under penalty of perjury, under the laws of the correct.	ne State of California, that the foregoing is true and		
Executed this day of AUGUST (day) (month)	(year) at So. LAKE TAHOE, CA		
Signature of Claimant(s):	Da Jula		
(If more than one claimant, each must sign)	(Claimant signature(s)-must be notarized)		
Print Name(s): Robert T	> mcInture		
Daytime Phone Number: 530 65	45-0808 1		
Mailing Address:  Mailing City, State, Zip:  PO BCX 10	938 9106 CA 90158		
Notary Attach notary statement(s)	SEE ATTACHED ACKNOWLEDGMENT*		

# ATTACHMENT TO "CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY"

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

State of California

County of El Dorado

On 08/20/15, before me, N. Martinelli, a notary public, personally appeared Robert D. McIntyre, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature MMartinell

Name:

N. Martinelli

(typed or printed)

EL DORADO COUNTY Comm. Exp. JUNE 15, 2019

N. MARTINELLI

COMM. # 2112407 NOTARY PUBLIC • CALIFORNIA

(Seal)

**里 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: $027 - 122 - 18 - 100$ Tax Sale: $1/7/7014$	Default Number: 102614
Date of T	Tax Sale: 11/7/7014	Amount Claimed: \$ 1774,43
I, the under above-reference	ersigned claimant, request an award from the excerned property. I am filing this claim within one s Tax Deed to purchaser.	ess proceeds resulting from the sale of the
	y status as a party of interest pursuant to §4675 o T Code). I hereby state that I am a rightful claim	
☐ Lie	enholder of record prior to recording of tax deed t	o purchaser.
☐ As	signee of a lienholder of record prior to recording	g of tax deed to purchaser.
An	ny person(s) with title of record to all or any portithe tax deed to the purchaser.	on of the property prior to the recordation
	If so, list ownership type (check one):	
	Joint Tenancy Tenancy in Common Sole Owner Other (please list):	
	If so, list <i>percentage of ownership</i> for each claim (attach additional list of names, as necessary):	•
	Claimant 1 Name: Robert > Montyo Claimant 2 Name:	Percentage of Ownership: 100 %
	Claimant 2 Name:	Percentage of Ownership %
	signee of any person(s) with title of record to all ordation of the tax deed to the purchaser.	or any portion of the property prior to the
	If so, list ownership type (check one):	
	☐ Joint Tenancy ☐ Tenancy in Common ☐ Sole Owner ☐ Other (please list):	

If so, list <i>percentage of ownership</i> for (attach additional list of names, as no	
Claimant 1 Name:	Percentage of Ownership: %
	Percentage of Ownership %
	ed documentation (check all that apply). Please review
information regarding:  the original amount of the  the total amount of payme or interest  the amount still due and pa	nts received reducing the original amount of the lien ayable as of the date of the sale of the tax-defaulted tor (including a schedule of any calculations)
☐ Wills and/or death certificate(s) ☐ Court order(s) ☐ Escrow documents ☐ Property tax bills mailed to claimant ☐ Canceled checks showing payment of tax ☐ Other (please list): ☐ If this claim is an assignment, additional items in	
Resolution 342-2003 for further details.  I affirm under penalty of perjury, under the laws correct.	of the State of California, that the foregoing is true and
Executed this ZO day of August (month)	, 20 15 at S. Lavo Hanoe / CA (city and state)
Signature of Claimant(s):  (If more than one claimant, each must sign)	(Claimant signature(s) must be notarized)
Print Name(s): Rober †	- McIntyre
Daytime Phone Number: 5305	45 0808
Mailing Address:	10938
Mailing City, State, Zip: S. LAC	2 fahor, CA-90158
Notary: Attach notary statement(s)	- /

### ATTACHMENT TO "CLAIM FOR EXCESS PROLEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY"

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

State of California

County of El Dorado

On 08/20/15, before me, N. Martinelli, a notary public, personally appeared Robert D. McIntyre, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature MMartinell Name:

(typed or printed)

(Seal)

N. MARTINELLI

COMM. # 2112407 NOTARY PUBLIC . CALIFORNIA EL DORADO COUNTY

Comm. Exp. JUNE 15, 2019

**■ 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		Tax Divis Lane	Auditor-Controller sion - Attn: Excess Proc	eeds
Assess	or Parcel Num	nber: <u>07</u>	28-090-30-100	Default Number: 102φ57  Amount Claimed: \$ 4 693.37
Date o	f Tax Sale:	11-7-2	2014	Amount Claimed: \$ 4,693.37
I, the uabove-	ındersigned cla	aimant, re perty. I a	equest an award from the am filing this claim with	excess proceeds resulting from the sale of the in one year of the recordation of the Tax
			interest pursuant to §46 state that I am a rightful o	75 of the California Revenue and Taxation claimant as (check one):
	Lienholder of	record p	rior to recording of tax o	eed to purchaser
	Assignee of a	lienholde	er of record prior to reco	rding of tax deed to purchaser
A	Any person(s) of the tax dee		The state of the s	portion of the property prior to the recordation
				e):  CINTURE Holdings in Correct claims
	(at	tach addi	tional list of names, as n	ecessary):
	Cla	aimant 1	name: MCINTYPE HO	dings/Percentage of ownership: 0 % Percentage of ownership:%
	Cla	aimant 2	name:	Percentage of ownership:%
	Assignee of a	ny person		o all or any portion of the property prior to the
	If so, list a	ownership	o type (check one):	
	<u> </u>	Tenanc Sole O	enancy cy in Common wner please list):	

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

TC13C.doc (7/2015)

(atta	ch additional list of names,	as necessary):	
Clai	mant 1 name:	Percentage of ownership:	%
Clai	mant 2 name:	Percentage of ownership:	%
•		documentation (check all that apply). Ple copies of supporting documentation):	ase review
Copy of cla information  the three t	imant's trust deed or other engarding:  the original amount of the liest total amount of payments interest the amount still due and payar roperty by the Tax Collector my attempts to foreclose or control of the certificate (s) (s) to the	n or interest received reducing the original amount of ble as of the date of the sale of the tax-def (including a schedule of any calculations collect on the loan  axes  to be submitted with this claim. All assi e review R&T Code §4675 and El Dorado  the State of California, that the foregoing  (city and state  (Claimant signature(s) must be not	gnment County is true
Notary: Attac	h notary statement(s)		

## ATTACHMENT TO "CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY"

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

State of California

County of El Dorado

On 08/20/15, before me, N. Martinelli, a notary public, personally appeared Robert D. McIntyre, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature MM auticell

Name:

N. Martinelli

(typed or printed)

Comm. Exp. JUNE 15, 2019

N. MARTINELLI

COMM. # 2112407 NOTARY PUBLIC • CALIFORNIA EL DORADO COUNTY

(Seal)

### **Treasurer and Tax Collector**

🛚 C. L. Raffety, C.P.A. 💻



Mail to:

El Dorado County Auditor-Controller

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

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

	erty Tax Div Fair Lane	ision - Attn: Excess Proce	eeds		
	erville CA 95	6667			
Assessor Parcel	Number: 03	32-201-13-100	Default Number: 102	810	···
Date of Tax Sale	e: <u>11/7/2014</u>		Amount Claimed: \$	87,112.23	
	d property. 1	request an award from the am filing this claim within haser.	-	•	
		f interest pursuant to §467 state that I am a rightful c			on
☐ Lienhold	er of record	prior to recording of tax de	eed to purchaser		
Assignee	of a lienhole	der of record prior to recor	rding of tax deed to pu	ırchaser	
· •	on(s) with ti deed to the	tle of record to all or any purchaser.	portion of the property	prior to the record	lation
		wnership type (check one Joint Tenancy Tenancy in Common Sole Owner Other (please list):			
		percentage of ownership for ditional list of names, as no		s claim	
	Claimant 1	name: CRE-NV Investment Fa	cility, LLCPercentage of	ownership: 100	%
	Claimant 2	2 name:	Percentage of	ownership:	%
		on(s) with title of record to deed to the purchaser.	all or any portion of	the property prior t	to the
If so,	list ownersh	ip type (check one):			
	☐ Tenar ☐ Sole (	Tenancy acy in Common Owner (please list):			
If so,	list percenta	ge of ownership for each o	claimant to this claim		

(attac)	h additional list of names, as	nececcary).	
•	•	• ,	0 11
	ant 1 name:	_	of ownership:%
Claim	ant 2 name:	Percentage of	of ownership:%
	t to claim on the attached doution 342-2003. (Enclose c		
information re  the  the  or i  the  pro  any  Deeds  Wills and/or o  Court order(s)  Escrow docur  Property tax b  Canceled chee	original amount of the lien of total amount of payments reinterest amount still due and payable perty by the Tax Collector (attempts to foreclose or coldeath certificate(s))	or interest eceived reducing the original e as of the date of the sa including a schedule of lect on the loan	ginal amount of the lien
documentation submitted Resolution 342-2003 for	nent, additional items need to a must be originals. Please refurther details. perjury that the foregoing is	eview R&T Code §4675	•
Executed this 26th day o	f February , 2	0 15 at Reno, Nevada	
(day)	(month)	(year)	(city and state)
Signature of Claimant(s): (If more than one claiman		(Claimant signature	e(s) must be notarized)
	Josh D. Correlli as Manager	of CDE NV Investment Fo	oility I.I.C
Print Name(s):	Josh D. Correlli as Mariager C	or CRE-IVV investment Fa	bility, LLC
Daytime Phone Number:	775-398-4732		
Mailing Address:	510 W. Fourth Street		
	Carson City, Nevada 89703		
Notary: Attach	notary statement(s)		

TC13C.doc (2/2013) Page 2 of 2

### CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

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

STATE OF NEVADA
COUNTY OF WASHOE
ss.

On February 26, 2015 before me, Stacy Crocket, personally appeared Josh D. Correlli, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.

NOTARY PUBLIC

STACY CROCKET

Notary Public-State of Nevada

Appointment Recorded in Washoe County

My Appointment Expires 11-04-2015

#### ELDORADO COUNTY - 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, RADC/CADC Venture 2010-2 LLC, hereby assigns to Assignee, CRE-NV Investment Facility, LLC, any and all rights, title and interest to the excess proceeds Assignor(s) is entitled to claim. These excess proceeds are the result of property(ies) sold on 1177/2014 at the El Dorado County, California, public auction of tax defaulted property, described as

El Dorado County Assessor's Parcel Number(s): 032-201-13-100

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$88,400.00 +/-.

DECLARATION: Assignor(s) declares the following to be true and correct with respect to this assignment of rights to claim excess proceeds to CRE-NV Investment Facility, LLC.

Assignee has advised Assignor(s) of the right to file a claim for excess proceeds on their own behalf directly with the county at no cost. 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 Taxation Code.	specified above pursuant to Section 4675 of the California Revenue and
This assignment is binding on all heirs, successors in interest, and assign and it rescinds prior claims that Assignor(s) may have submitted for the	ns. It cancels all powers of attorney granted to collect these excess proceeds se excess proceeds.
Assignor(s) declares under penalty of perjury under the laws of the State	e of California that the foregoing is true and correct.
Dated this Zuday of Jan 20 15	
Signature: RADC/CADC Venture 20(0-2 LLC	)
Print Name MCLAGE B2ANA	•
Print Title ADRIONAS SIGNATORY	
CERTIFICATE OF ACKNOWL	EDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only certificate is attached, and not the truthfulness, accuracy, or validity of	
State of)	
County of)	
On before me,	personally appeared
(Date) (here insert name and title of	personally appeared the officer)
	, who proved to me on the basis of satisfactory evidence to be the knowledged to me that he/she/they executed the same in his/her/their authorized n(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of Califo	rnia that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.	
(scal)	
Signature of Notary Public	
DISCLOSURE	
Revenue and Taxation Code, all facts of which I am aware relating to the	to the party of interest (assignor), pursuant to Section 4675 of the California e value of the rights he/she is assigning, that I have disclosed to him/her the or of the right to file a claim on his/her own behalf without assigning that
Signature of Assignee	CRE-NV Investment Facility, LLC
or rissignee	Print Name Jush Correll.
	Print Title:
	510 W. Fourth Street Mailing Address
	Carson City, NV 89703 City, State, Zip Code
CERTIFICATE OF ACKNOWL	EDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only certificate is attached, and not the truthfulness, accuracy, or validity or	· · · · · · · · · · · · · · · · · · ·
State of NEVADA )	
County of WASHOE	
26: 15 CTALL (DOLV	
On U(1) before me, SINO (here inset name and title of t	he officer)
nerson(s) whose name(s) is/are subscribed to the within instrument and ack	, who proved to me on the basis of satisfactory evidence to be the mowledged 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 hebalt of the second of the instrument.
I certify under PENALTY OF PERJURY under the laws of the Sales Sales	STACY CROCKET
WITNESS my hand and official seal. (seal)	Motor, Public-State of Nevada (i)
Signature of Notary Public	Appointment Recorded in Washoe County V
	04-93433-2 (Q 10-U115 C 25 01 52

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document. State of California ) County of Los Angeles Velinov, Rocio Notary Public, personally appeared \_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. **ROCIO VELINOV** Commission # 1935548 Notary Public - California Los Angeles County My Comm. Expires May 8, 2015 Signature (Seal)

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

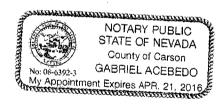
Mail to:	Property ' 360 Fair I Placervill	e CA 95667	
Assesso	r Parcel Num	nber: 034-491-10-1	ODefault Number: 1029) Amount Claimed: \$3490,15
Date of	Tax Sale: //	-7-2014	Amount Claimed: \$3490, 15
above-re	eferenced pro		the excess proceeds resulting from the sale of the ithin one year of the recordation of the Tax
	-	a party of interest pursuant to §4 I hereby state that I am a rightfu	4675 of the California Revenue and Taxation al claimant as (check one):
	Lienholder of	frecord prior to recording of tax	deed to purchaser
	Assignee of a	lienholder of record prior to re	cording of tax deed to purchaser
		) with title of record to all or and to the purchaser.	y portion of the property prior to the recordation
OLLER	3,	so, list ownership type (check of Joint Tenancy  Tenancy in Common  Sole Owner  Other (please list):	
UDITOR-CONTROLLER	(at	ttach additional list of names, as SIERRA (ASCAD) aimant 1 name:	o for each claimant to this claim s necessary): E OFUEL OFMENT LL C Percentage of ownership: 160%
DITOR		aimant 2 name:	Percentage of ownership:%
		ny person(s) with title of record the tax deed to the purchaser.	l to all or any portion of the property prior to the
	If so, list o	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 addit	ional list of names, as no	ecessary):	
Claimant 1 r	name:	Percentage of ownership	):%
Claimant 2 r	name:	Percentage of ownership	):%
		mentation (check all that apply).  ies of supporting documentatio	
information regarding the origin the total as or interest the amount property to any attem Deeds Wills and/or death of Court order(s) Escrow documents Property tax bills many Canceled checks show Other (please list): If this claim is an assignment, a documentation submitted must Resolution 342-2003 for furthe I affirm under penalty of perjunant correct.	al amount of the lien or amount of payments recent that still due and payable aby the Tax Collector (incapts to foreclose or collectertificate(s)  ailed to claimant owing payment of taxes additional items need to be originals. Please rever details.  y, under the laws of the	ived reducing the original amounts of the date of the sale of the taxeluding a schedule of any calculate on the loan	assignment rado County
(day)	(monur)	(year) (city and	State)
Signature of Claimant(s):	n Schue ongan h must sign)	Claimant signature(s) must be	zde Developmen e notarized) (
Print Name(s):	IN SCHUE	SIERRA CASCADE	DEVELOPMEN
Daytime Phone Number:	75-721-09	35)	
Mailing Address: 53	364 SIERA	A HIGHLAND A	OR_
	ARSON CIT	Y NV	
8	9705	<u> </u>	
Notary: Attach notary	y statement(s)		

## Acknowledgments

State of Nevade
State of Ivevage
County of Carson city
On Tu/y 27, 20/5, John A. Schue personally appeared before me,
who is personally known to me
whose identity I proved on the basis of Driver License
whose identity I proved on the oath/affirmation of, a credible witness
to be the signer of the above document, and he/she acknowledged that he/she signed it.
Notary Public





### **COUNTY OF EL DORADO**

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY California Revenue and Taxation Code Section 4675

### **CLAIM FROM ASSIGNEE OF OWNER OF RECORD**

The undersigned Assignee of the Owner of Record claims excess proceeds pursuant to California Revenue and Taxation Code §4675. Claims must be filed within one year of the recordation of the Tax Collector's Tax Deed to purchaser.

Assessor's Parcel Number: 081-113-05-100	Default #:   103631	Date of Tax 11/7/2014	Sale:
Type of Owner:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:	Sole Ownership	I to the percentage of each	i owner's ownership)
Owner's Percentage of Ownership: 100%	Owner is Decea	ised or No Longer Exi	sts: 🛛 No 🗌 Yes
Owner's Name as Shown on Title of Record (I Edwin J. Margaretich and Jeannie Margaretich Assignee's Name(s): Edwin J. Margaretich	Para valar iras i NAC aid PACA (Salada) dia 1 di Nord di Silana (Salada) e	of Made grant 1991 to the control Market and a profession for the	ab 5 4.6 15 4 14.6 16 44 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Assignee Claims what Percentage of Ownersh	nip of Record's Excess Pro	ceeds: <u>100%</u>	
I affirm under penalty of perjury, under the lay submit an originally signed and notarized Clair Executed this 29 day of Dtcember (day) (month)  Authorized Signature (see instructions):  Print Name & Title: EDWIN T. MA  Mailing Address: 3700 Royac  Round Rock,	ws of the State of Californi n. See instructions for how to s 20 15 at Wear Wear	a, that the foregoing i ign the Claim. Round Rock (city and s	is true and correct. I
<b>Notary:</b> (A notary public verifies only the identity of the individual who signe	d the document to which this certificate is attac	hed, and not the truthfulness, accuracy,	or volidity of that document.)
State of Texas	, County of <u>Willia</u> i	MEM	
Subscribed and sworn to (or affirmed) before n	ne on this $29$ day of	December.	20 <u>15</u> ),
by Edwin T. Margaretich	, proved to me on the	basis of satisfactory e	vidence to be
the person who appeared before me.	<b>Y</b>		
signature acy (1. Collectise		ACEY ANN COLGATE y Commission Expires July 17, 2016	
Sail claim to: El Dorado County Auditor-Controller Property Ta	x Division, 3 0 Fan Line. Placery		Revised 12/2015 0115 C 30 of 52
$\sim$		10 1	- · · · · · · · · · · · · · · · · · · ·

### ASSIGNMENT OF RIGHT TO EXCESS PROCEEDS

This ASSIGNMENT OF RIGHT TO EXCESS PROCEEDS Agreement (hereinafter referred to as the "Assignment") is entered into by and between EDWIN J. MARGARETICH, and JEANNIE MARGARETICH, as Co-Trustees of the MARGARETICH FAMILY TRUST DATED JANUARY 27, 1994 ("Assignors"), and EDWIN J. MARGARETICH as an individual, ("Assignee") (hereinafter referred to as "Parties").

Each of the Parties agrees and acknowledges as follows:

#### A. Recitals

- 1. On January 27, 1994. EDWIN J. MARGARETICH, and JEANNIE MARGARETICH entered into a certain revocable living trust known as the MARGARETICH FAMILY TRUST DATED JANUARY 27, 1994, with EDWIN J. MARGARETICH, and JEANNIE MARGARETICH, as Co-Trustees and Co-Trustors ("Trust"). Pursuant to the terms of the Trust, Co-Trustees EDWIN J. MARGARETICH, and JEANNIE MARGARETICH are the sole lifetime beneficiaries of said Trust.
- 2. That certain real property situated in El Dorado County, California identified as APN # 081-113-05-100, and commonly known as 1545 Atroari Street, South Lake Tahoe, CA 96150 ("Real Property") was an asset of the Trust. The Real Property was sold at public auction on or about November 7, 2014 by the Tax Collector of El Dorado County, California for the sum of One Hundred Seventy Seven Thousand Dollars (\$177,000.00) ("Tax Sale Proceeds"). Approximately One Hundred Fifty Four Thousand Eight Hundred Forty One Dollars and Eleven Cents (\$ 154,841.11) of the Tax Sale Proceeds are due and payable to the Trustees of the Trust ("Excess Proceeds").
- 3. Co-Trustees EDWIN J. MARGARETICH, and JEANNIE MARGARETICH were legally married when they entered into the Trust Agreement. Trustors dissolved their marriage in 2010. Pursuant to the Dissolution of Marriage entered into by the Trustors, EDWIN J. MARGARETICH shall have all right, title and interest in the Real Property.
- 4. Each Party to the proposed Assignment has disclosed to each other Party to the proposed Assignment all facts of which he or she is aware of relating to the value of the right that is being assigned.
- 5. In order to bring closure to this matter, Trustees hereby agree to avoid incurring additional legal costs and to resolve this matter by this Assignment. By entering this Assignment Trustees understand that they are waiving certain rights they might have in the future to make claims against the estate, in order to resolve all matters at this time.

NOW, THEREFORE, the parties for, and in consideration of, the covenants and conditions hereinafter set forth do hereby agree as follows:

### II. Settlement Terms

- 1. <u>Assignment</u>. EDWIN J. MARGARETICH and JEANNIE MARGARETICH as Co-Trustees of the MARGARETICH FAMILY TRUST DATED JANUARY 27, 1994 hereby assign all right title and interest in the Excess Proceeds from the Tax Sale Proceeds, estimated to be approximately One Hundred Fifty Four Thousand Eight Hundred Forty One Dollars and Eleven Cents (\$ 154,841.11), that is due and payable to the MARGARETICH FAMILY TRUST DATED JANUARY 27, 1994, to EDWIN J. MARGARETICH, as an Individual.
- 2. <u>Future Acts</u>. Each party shall perform such future acts and execute and deliver such further documents as may be reasonably necessary to effectuate the purpose of this Assignment.

### III. Miscellaneous

- 1. Authority. Each person signing on behalf of the Trust as Trustee and Trustor represents and warrants that he or she has authority to so sign on its behalf.
- 2. Advice Of Attorney. Each party warrants and represents he has been represented by independent legal counsel in connection with the execution, delivery, and negotiation of this Assignment, or has knowingly waived their right to counsel.
- 3. Attorneys' Fees. Each party agrees to bear his/her/their own costs and attorney fees. However, if any party employs counsel to enforce this Assignment, the prevailing party shall be entitled to recover its reasonable attorneys' fees and court costs in addition to any other remedy it may obtain or be awarded.
- 4. Successors. Except as provided to the contrary in this Assignment, this Assignment shall be binding on and inure to the benefit of the parties and their successors and assigns.
- 5. Counterparts. This Assignment may be executed in counterparts and any counterpart shall be effective as against the party or parties who executed such counterpart.

6. Effective Date. The Effective Date of this Assignment shall be the date that all parties have executed the Assignment and have delivered the signature pages by facsimile or email.

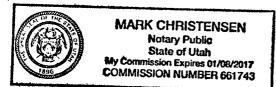
"ASSIGNORS"

Date: 12/22/2015

EDWIN J. MARGARETICH, as Co-Trustee of the MARGARETICH FAMILY TRUST

DATED JANUARY 27, 1994

Date: 12/23/2015



ANNIE MARGARETICH as Co-Trustee of the MARGARETICH FAMILY TRUST DATED JANUARY 27, 1994

"ASSIGNEE"

Date: 12/22/2015

EDWIN J. MARGARETICH, as an individual

## **TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT**CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas  County of Williamson			
<b>J</b>	Before me, Name and Character of Notarizing Officer, e.g., "John Smith, Notary Public"		
	on this day personally appeared  Edwin J. Margaretich,  Name of Signer  I known to me  I proved to me on the oath of		
	Name of Credible Witness		
	proved to me through TX D.L.		
	EXP: 03/2018		
	Description of Identity Card or Document		
	to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.		
ADRIEL LEON My Commission Expires August 5, 2017	Given under my hand and seal of office this  22 day of Pelember, 2015  Day  Month  Year		
Place Notary Seal and/or Stamp Above	Signature of Notarizing Officer		
Though the information in this section is not required by			
Though the information in this section is not required by the document and could prevent fraudulent removal and			
Description of Attached Document			
Title or Type of Document: Assignment of	Right to Excess Proceeds		
Document Date: 1/A	Number of Pages: <u>3</u>		
Signer(s) Other Than Named Above:			
© 2013 National Notary Association • NationalNotary.org •	1-800-US NOTARY (1-800-876-6827) Item #5243		

County of Sevier

in the year 2 2015, before me MAY

NOTARY PUBLIC NAME

S

Ε

Α

L

a notary public, personally appeared

proved on the basis of satisfactory evidence to be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same. Witness my hand and official seal.

**MARK CHRISTENSEN Notary Public** 

State of Utah My Commission Expires 01/08/2017 **COMMISSION NUMBER 661743** 

16-0115 C 35 of 52

Form 10492
(Rev. November 2007)

To (Name of Escrow Holder, Agent of Taxpayer or Fiduciary)
El Dorado County Auditor – Controller
Property Tax Division - -Attn: Excess Proceeds

Department of the Treasury-Internal Revenue Service
085-341-06-100

Amount due
\$17,931.29

Address (Number, Street, P.O. Box, City, State, Zip code)

360 Fair Lane

Placerville, CA 95667

You are hereby notified that there is now due, owing, and unpaid from -- (Name and Address of Taxpayer)

Sheila I. Swanson 6451 Log Cabin Ln Placerville, CA 95667

to the United States of America, the sum of <u>SEVENTEEN THOUSAND NINE HUNDRED THIRTY-ONE AND 29/100------</u>

for Internal Revenue taxes secured by a lien pursuant to Internal Revenue Code (IRC) Sections 6321 and 6322, or the Estate Tax Lien

arising under IRC Section 6324, from the date of each assessment.

Kind of Tax and Period	Taxpayer EIN or SSN	Assessment Date	Unpaid Assessed Balance	Accrued Interest	Accrued Late Payment Penalty	TOTAL
1040 / 200712	XXX-XX-4572	04/26/2010	16,785.81	1,145.48	.00	17,931.29
						AUDITOR-CONTROLLER
Date after which additional in	nterest will				TH .	
be charged		N/A	Dated at Oakland, CA 94612 this 28 <sup>TH</sup> day			
Date after which applicable I penalty will be charged	ate payment	N/A	of JANUARY, 2015			

If a Notice of Federal Tax Lien(s) has been recorded, a Certificate of Release of Federal Tax Lien will be filed immediately only if payment is made in cash or by either a certified, cashier's, or treasurers check. The check must be drawn on any bank or trust company incorporated under the laws of the United States, or of any state or possession of the United States. Payment also can be made by a United States postal, bank, express, or telegraph money order. If you pay by personal check, issuance of the certificate of release will be delayed until the bank honors the check.

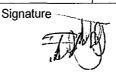
Caution to Fiduciaries: A representative of a person or an estate (except a trustee acting under Title 11) paying any part of a debt of the person or estate before paying a claim of the Government is liable to the extent of the payment for unpaid claims of the Government. (31 U.S.C. § 3713)

Please make payment payable to United States Treasury and send it to the Internal Revenue Service at the address below.

By (Name) Title ID Number Telephone number Frank McNulty Advisor (510) 637-3142

Address (Number, Street, P.O. Box, City, State, Zip code)

Internal Revenue Service 1301 Clay St., Ste 1400S Oakland, CA 94612



Frank McNulty

Recording Requested By Internal Revenue Service. When recorded mail to:

INTERNAL REVENUE SERVICE PO BOX 145585, STOP 8420G CINCINNATI, OH 45250-5585



El Dorado, County Recorder William Schultz Co Recorder Office

DOC- 2011-0036224-00

Acct 11-USA INTERNAL REVENUE Thursday, AUG 04, 2011 08:20:24 Ttl Pd \$15.00 Rcpt # 0001364552 LB/C1/1-1

For Optional Use by Recording Office

Form 668 (Y)(c) (Rev. February 2004)

1018 Department of the Treasury - Internal Revenue Service

**Notice of Federal Tax Lien** 

Area: SMALL BUSINESS/SELF EMPLOYED AREA #7

Lien Unit Phone: (800) 829-3903

Serial Number

802739711

As provided by section 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue.

Name of Taxpayer SHEILA I SWANSON

Residence

6451 LOG CABIN LN

PLACERVILLE, CA 95667-8355

IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of the lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1040	12/31/2006 12/31/2007		07/26/2010 04/26/2010		50 13 fild 15584.16 49285.02 ≤
	paid pu	lance date on the 1 ona Kon 510-	te 0,50 6,785 nedy f	ele 11/7/ .81 Per Perdon 1 -53/4	14 - R5
Place of Filing	EL DOR	RECORDER ADO COUNTY VILLE, CA 95667	7 .	, Total	\$ 64869.18
	s prepared and s		KLAND, CA		, on this,
Signature for MICHAI	EL W. COX	However	' I '	E 29-3903	27-00-0008

(NOTE: Certificate of officer authorized by law to take acknowledgment is not essential to the validity of Notice of Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409)

08/04/2011,20110036224

Part 1 - Kept By Recording Office

#@0066854 (CCB (Preof 252004) CAT. NO 60025X

# **Treasurer and Tax Collector**

**里 C. L. Raffety,** C.P.A. **里** 



Mail to:

El Dorado County Auditor-Controller

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

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

Property Tax Division - Attn: Excess Proceeds 360 Fair Lane Placerville CA 95667	
Assessor Parcel Number: 506-013-33-Jac  Date of Tax Sale: 11-7-14	Default Number: 103859
Date of Tax Sale: 11-7-14	Amount Claimed: \$ 279,29
I, the undersigned claimant, request an award from the excabove-referenced property. I am filing this claim within on Collector's Tax Deed to purchaser.	ess proceeds resulting from the sale of the
claim my status as a party of interest pursuant to §4675 code (R&T Code). I hereby state that I am a rightful clain	
☐ Lienholder of record prior to recording of tax deed	to purchaser.
Assignee of a lienholder of record prior to recording	g of tax deed to purchaser.
Any person(s) with title of record to all or any port of the tax deed to the purchaser.	ion of the property prior to the recordation
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 clair (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 recordation of the tax deed to the purchaser.	or any portion of the property prior to the
If so, list ownership type (check one):	
☐ Joint Tenancy ☐ Tenancy in Common ☑ Sole Owner ☐ Other (please list):	

If so, list <i>percentage of ownership</i> for each c (attach additional list of names, as necessary		
Claimant 1 Name:	Percentage of Ownership: %	6
Claimant 2 Name:		
I base my status and right to claim on the attached document of the El Dorado County Resolution 342-2003. (Enclose copi	mentation (check all that apply). Please review	/
or interest  • the amount still due and payable a	nterest ived reducing the original amount of the lien s of the date of the sale of the tax-defaulted luding a schedule of any calculations) t on the loan	
If this claim is an assignment, additional items need to be documentation submitted must be originals. Please review Resolution 342-2003 for further details.		
I affirm under penalty of perjury, under the laws of the S correct.	tate of California, that the foregoing is true and	d
Executed this & day of FATTS 20 A	5 at the GHACAIN EALL	6 >
Executed this S day of (month), 20 J	(year) (city and state)	44
Signature of Claimant(s):	(Claimant signature(s) must be notarized)	_
Print Name(s):	T. Martins	
Daytime Phone Number: 425-34	2-7412	
Mailing Address: / C CHIFE	24 57.	
Mailing City, State, Zip: CHACRING	FR425, OH 44821	
	Hached acknowledgment	

#### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189** 

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20/20/20/20/20/20/20/20/20/20/20/20/20/2
A notary public or other officer completing this certificate document to which this certificate is attached, and not the	
State of California  County of <u>PIVE/SIDE</u> On <u>2/10/15</u> before me, <u>Mel</u> personally appeared <u>ANTHONY</u> J.	155a H. Alward, Notary Publ, ic Here Insert Name and Title of the Officer Martino Name(s) of Signer(s)
who proved to me on the basis of satisfactory essubscribed to the within instrument and acknowled his/her/their authorized capacity(ies), and that by his/or the entity upon behalf of which the person(s) acte	Iged to me that he/she/they executed the same in her/their signature(s) on the instrument the person(s),
Of is  RELESSA H. ALWARD  Commission # 1990263  Notary Public - California  Riverside County	ertify under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct.  ITNESS my hand and official seal.  gnature
Place Notary Seal Above  OPTIC  Though this section is optional, completing this interpretate fraudulent reattachment of this for	formation can deter alteration of the document or
Description of Attached Document Title or Type of Document: Signer(s) Other Than  Number of Pages: Signer(s) Other Than	preeds from property Document Date: _2/8/15
Capacity(ies) Claimed by Signer(s) Signer's Name: Anthony J. Mortho Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:	Signer's Name:  Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:

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# Treasurer and Tax Collector

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



15 JUL 15 AM 10: 15

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

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

iviali to:	Property Tax Division - Attn: Excess Proceeds 360 Fair Lane Placerville CA 95667
Assessor F	Parcel Number: $500-018-66-100$ Default Number: $105878$ ax Sale: $11/09/2014$ Amount Claimed: \$ 283,78
Date of Ta	ax Sale: 11/07/2014 Amount Claimed: \$ 283,78
I, the unde above-refe	ersigned claimant, request an award from the excess proceeds resulting from the sale of the erenced property. I am filing this claim within one year of the recordation of the Tax s Tax Deed to purchaser.
	y status as a party of interest pursuant to §4675 of the California Revenue and Taxation T Code). I hereby state that I am a rightful claimant as (check one):
☐ Lie	enholder of record prior to recording of tax deed to purchaser
☐ Ass	signee of a lienholder of record prior to recording of tax deed to purchaser
An of t	by person(s) with title of record to all or any portion of the property prior to the recordation 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 I name: Percentage of ownership:%  Claimant 2 name: Percentage of ownership:%
	Claimant 2 name: Percentage of ownership:%
	signee of any person(s) with title of record to all or any portion of the property prior to the ordation 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

TC13C.doc (2/2013)

(attac)	ii additional list of hames, a	as necessary).	
Claim	ant 1 name:	Percentage of ownership	%
Claim	ant 2 name:	Percentage of ownership:	:%
		documentation (check all that apply).  copies of supporting documentation	
information r  the  the  or i  the  or i  the  pro  any  Deeds  Wills and/or o  Court order(s)  Escrow docur  Property tax b  Canceled che  Other (please	egarding: original amount of the lier total amount of payments interest amount still due and payal perty by the Tax Collector attempts to foreclose or col death certificate(s) ) ments pills mailed to claimant cks showing payment of ta list):	received reducing the original amount ble as of the date of the sale of the tax- (including a schedule of any calculati ollect on the loan	of the lien -defaulted ons)
documentation submitted Resolution 342-2003 for I affirm under penalty of	d must be originals. Please further details. perjury that the foregoing		ado County
(day)	(month)	, 20 15 at Doulder, Coity and s	state)
Signature of Claimant(s) (If more than one claima	nt, each must sign)	(Claimant signature(s) must be	notarized)
Print Name(s):	Sylvia M.	Chikney	
Daytime Phone Number:	303-661-0	Charrey 9721	· · · · · · · · · · · · · · · · · · ·
Mailing Address:	P.O. BOK 17	1052; boulder, Co 8	)308 
Notary: Attach	n notary statement(s)		
TC13C.doc (2/2013)	TUCKER BROCK NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20144038400 MMISSION EXPIRES OCTOBER 1	, 2018 16-011	Page 2 of 2 5 C 42 of 52

State of Colorado
County of Boulder SS

"Subscribed and swom to (or affirmed) before me this 8th
day of July 2015 by Sylvin M. Chaney

Notary Public

Residing at Boulder, co 80302

My commission expires october 14,2018

TUCKER BROCK
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20144038400
MY COMMISSION EXPIRES OCTOBER 1, 2018

**里 C. L. Raffety,** C.P.A. **里** 



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: <u>500-027-19-10</u> C	Default Number:	
Date of 7	Tax Sale:	Amount Claimed: \$ 247.05	
I, the under above-reference	ersigned claimant, request an award from the excerenced property. I am filing this claim within ones Tax Deed to purchaser.	ess proceeds resulting from the sale of the	
	y status as a party of interest pursuant to §4675 of Code). I hereby state that I am a rightful claim	ant as (ahaak ana):	
☐ Lie	enholder of record prior to recording of tax deed	to purchaser.	1 2 Octo
☐ As	ssignee of a lienholder of record prior to recording	g of tax deed to purchaser.	rrax
	ny person(s) with title of record to all or any portithe 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 <i>percentage of ownership</i> for each clair (attach additional list of names, as necessary):		
	Claimant 1 Name: Cailit A. Frankli	Percentage of Ownership: 100 %	6
	Claimant 2 Name:	Percentage of Ownership %	6
	signee of any person(s) with title of record to all ordation of the tax deed to the purchaser.	or any portion of the property prior to the	
	If so, list ownership type (check one):		
	☐ Joint Tenancy☐ Tenancy in Common		

☐ Sole Owner

Other (please list):

If so, list <i>percentage of ownership</i> for each claimant (attach additional list of names, as necessary):	to this claim
Claimant 1 Name:	Percentage of Ownership: %
Claimant 2 Name:	
I base my status and right to claim on the attached documentation El Dorado County Resolution 342-2003. (Enclose copies of su	on (check all that apply). Please review
<ul> <li>□ Copy of claimant's trust deed or other evidence of lien of information regarding:         <ul> <li>the original amount of the lien or interest</li> <li>the total amount of payments received recording or interest</li> <li>the amount still due and payable as of the property by the Tax Collector (including a any attempts to foreclose or collect on the</li> </ul> </li> <li>□ Deeds</li> <li>□ Wills and/or death certificate(s)</li> <li>□ Court order(s)</li> <li>□ Escrow documents</li> <li>□ Property tax bills mailed to claimant</li> <li>□ Canceled checks showing payment of taxes</li> <li>□ Other (please list):</li> </ul>	ducing the original amount of the lien date of the sale of the tax-defaulted a schedule of any calculations)
If this claim is an assignment, additional items need to be subm documentation submitted must be originals. Please review R&7 Resolution 342-2003 for further details.	
I affirm under penalty of perjury, under the laws of the State of correct.	
Executed this 2 day of FE bru ANY 20 15 a (day) (month) (year)	(city and state)
Signature of Claimant(s): Landia Jan	ant signature(s) must be notarized)
Print Name(s): CECILIA A FOR	An 1/1:2/
Daytime Phone Number: $\frac{5/U - 60/-87}{}$	39
Mailing Address: 5799 FSt/	HAS DR.
Mailing City, State, Zip:	A-94618
Notary: Attach notary statement(s)	

TC13C.doc (3/2012)

#### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

**CIVIL CODE § 1189** 

, , ,	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.	
State of California	)	
County of Alameda	Ann S. Kraynak, Notary Public	
Date Delore me,	Here Insert Name and Title of the Officer	
personally appeared	A, Franklin	
	Name(s) of Signer(s)	
subscribed to the within instrument and acknowledge	ry evidence to be the person(s) whose name(s) is/are wledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), acted, executed the instrument.	
ANN S. KRAYNAK Commission # 1969220	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
Notary Public - California  Alameda County  My Comm. Expires Mar 9, 2016	WITNESS my hand and official seal.	
James and the state of the stat	Signature Cus Kraynah	
	Signature of Notary Public	
	·	
Place Notary Seal Above		
Though this section is optional, completing the	PTIONAL is information can deter alteration of the document or iis form to an unintended document.	
Description of Attached Document		
	Document Date:	
	nan Named Above:	
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:	
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General	
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator ☐ Other:	
☐ Other:Signer Is Representing:	Signer Is Representing:	
<u> </u>		

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# **Treasurer and Tax Collector**

**■ 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 360 Fair Lane	
	Placerville CA 95667	
Assessor	r Parcel Number: <u>500 - 047 - 4</u> Tax Sale: <u>    1 - 7 - 14</u>	- Z- @ Default Number:
Date of	Tax Sale: 11.7-14	Amount Claimed: \$ 247.05
above-ref	• •	m the excess proceeds resulting from the sale of the within one year of the recordation of the Tax
	ny status as a party of interest pursuant t &T Code). I hereby state that I am a righ	o §4675 of the California Revenue and Taxation atful claimant as (check one):
☐ Li	ienholder of record prior to recording of	•
☐ As	ssignee of a lienholder of record prior to	recording of tax deed to purchaser.
<b>⊠</b> Aı of	ny person(s) with title of record to all or the tax deed to the purchaser.	any portion of the property prior to the recordation
	If so, list ownership type (check one):	
	Joint Tenancy	PH TRO
	☐ Tenancy in Common ☐ Sole Owner	: 12
	Other (please list):	₩ × × × × × × × × × × × × × × × × × × ×
	If so, list percentage of ownership for (attach additional list of names, as nec	
	Claimant 1 Name:	Percentage of Ownership: %
	Claimant 2 Name:	Percentage of Ownership %
	ssignee of any person(s) with title of recordation of the tax deed to the purchase	cord to all or any portion of the property prior to the er.
	If so, list ownership type (check one):	
	☐ Joint Tenancy ☐ Tenancy in Common ☐ Sole Owner ☐ Other (please list):	
	Unit (please list):	

If so, list <i>percentage of ownership</i> for each claiman (attach additional list of names, as necessary):	t to this claim
Claimant 1 Name:	Percentage of Ownership: %
Claimant 2 Name:	Percentage of Ownership %
I base my status and right to claim on the attached documentate. El Dorado County Resolution 342-2003. (Enclose copies of se	
Copy of claimant's trust deed or other evidence of lien information regarding:  the original amount of the lien or interest the total amount of payments received resor interest the amount still due and payable as of the property by the Tax Collector (including any attempts to foreclose or collect on the Deeds	educing the original amount of the lien the date of the sale of the tax-defaulted a schedule of any calculations)
☐ 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):	MYCOM
If this claim is an assignment, additional items need to be subn documentation submitted must be originals. Please review R&Resolution 342-2003 for further details.	
I affirm under penalty of perjury, under the laws of the State of correct.	California, that the foregoing is true and
Executed this 3 <sup>1</sup> day of 5ucy , 20 15 (day) (month) (year)	at McMinsville OR (city and state)
Signature of Claimant(s):  (If more than one claimant, each must sign)  (Claim	nant signature(s) must be notarized)
Print Name(s): GERALD B	
Daytime Phone Number: 503-913-66	
Mailing Address: 4155 THREE r	**
Mailing City, State, Zip: MC MINNVILLE	OR 97128
Notary: Attach notary statement(s)	

State of OREGON County of MMM	
This instrument was acknowledged before me of by Train ?:	on JULY 3, 20 15
Notary Public – State of Oregon	OFFICIAL STAMP  ASHLY NICOLE MILLER  NOTARY PUBLIC - OREGON  COMMISSION NO. 924187  MY COMMISSION EXPIRES JANUARY 21, 2018

IAL STAMP COLE MILLER IBLIC - OREGON ON NO. 924187 S JANUARY 21, 2018

# 💻 C. L. Raffety, C.P.A. 💻



3 OCT 12 PM 2 4

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

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

Mail to:	Mail to: El Dorado County Auditor-Controller Property Tax Division - Attn: Excess Proceeds 360 Fair Lane Placerville CA 95667  Assessor Parcel Number: 500-08(-64-60) Default Number: 106115  Date of Tax Sale: 100-7, 2014 Amount Claimed: \$267.68  the undersigned claimant, request an award from the excess proceeds resulting from the sale							15 HAR	UDITOR	
	Placerville	e CA 95667							$\overline{\omega}$	0
Assessor	Parcel Nu	mber: <u>500</u>	-08(-64	1-100	Defau	ılt Number	10611	5	<u> </u>	TMO
Date of 7	Γax Sale: _	Nov. 7,	2014		Amou	ınt Claimed	d: \$ 2 6 7.	68		ROL
above-refe	erenced pro	aimant, reque perty. I am fi I to purchaser	ling this clair	rom the exc n within on	ess pro le year	ceeds resul of the recor	ting from the	ie sale e Tax	of the	ES.
	-	a party of inte hereby state	-	-				Taxati	on	
OHIT LI	enholder of	record prior	to recording	of tax deed	to purc	haser.	,			
As	signee of a	lienholder of	record prior	to recordin	g of tax	deed to pu	ırchaser.			
Ar of	ny person(s) the tax dee	) with title of d to the purch	record to all	or any port	ion of t	he property	prior to the	record	dation	ı
	If so, list o	ownership typ	e (check one	):						
		Joint Tenand Tenancy in Colle Owner Other (pleas	Common						_	
	(attach ad	percentage of ditional list of	f names, as n	ecessary):						
	Claimant	1 Name: Con	STAUTINE	G. POTRI	DES	Percentage	e of Ownersl	hip:/	00	%
	Claimant	2 Name:	·			Percentage	of Owners	hip		%
		ny person(s) v f the tax deed	with title of r	ecord to all						
	If so, list a	ownership typ	e (check one	):						
		Joint Tenand Tenancy in O Sole Owner Other (pleas	Common						_	

If so, list <i>percentage of ownership</i> for each (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 El Dorado County Resolution 342-2003. (Enclose	documentation (check all that apply). Please review e copies of supporting documentation):		
or interest  • the amount still due and paya	en or interest s received reducing the original amount of the lien able as of the date of the sale of the tax-defaulted or (including a schedule of any calculations)		
☐ 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 documentation submitted must be originals. Please	ed to be submitted with this claim. All assignment		
correct.	f the State of California, that the foregoing is true and  , 20 15 at Wostk Back Boach, Flo	orid	
(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): ONSTANTINE	G. POTRIDUS		
Daytime Phone Number: 561-281-9			
Mailing Address: 427 CHAT	HAM U		
. 1	BOJCH, FL 33,417		
Notary: Attach notary statement(s)  TC13C.doc (3/2012)	GENE WARREN BRAXTON  MY COMMISSION # EE156202  EXPIRES January 03, 2016-0115 C 51 of 52		

is ATTACHOD

## STATE OF Florida, COUNTY OF Palm Beach, ss.:

On this day, personally appeared before me, **Constantine G. Petrides**, to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this 11th day of February, 2015.

Notary Public in and for the State of Florida.

My commission expires: 16 January 2016.

