

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 Record	\$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 Record	\$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: El Dorado County Auditor-Controller
Property Tax Division - Attn: Excess Proceeds
360 Fair Lane
Placerville CA 95667

Assessor Parcel Number: 016-461-04-10⁰ Default Number: 102367

Date of Tax Sale: 11-7-2014 Amount Claimed: \$ 130.66

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.

AUDITOR-CONTROLLER

15 OCT -6 PM 12:00
hand delivered
ST

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

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

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

Claimant 1 name: SIERRA CASCADE DEVELOPMENT LLC Percentage of ownership: 100%

Claimant 2 name: _____ Percentage of ownership: _____%

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

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

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

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

(attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____%

Claimant 2 name: _____ Percentage of ownership: _____%

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 031-2012. (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): LLC Documents

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, under the laws of the State of California, that the foregoing is true and correct.

Executed this 6th day of October, 2015 at Placerville Cal
(day) (month) (year) (city and state)

Signature of Claimant(s): John Schue for Sierra Cascade Development LLC
(If more than one claimant, each must sign) (Claimant signature(s) must be notarized)

Print Name(s): JOHN SCHUE

Daytime Phone Number: 775-721-0957

Mailing Address: 5364 SIERRA HIGHLAND DR -
CARSON CITY NV
89705

Notary: Attach notary statement(s)

Acknowledgments

State of Nevada

County of Carson city

On July 27, 2015, John A. Schue personally appeared before me,

_____ who is personally known to me

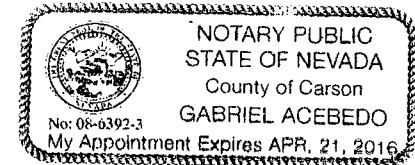
whose identity I proved on the basis of Driver license

_____ 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~~/she signed it.



Notary Public





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: 102913
Date of Tax Sale: 11/7/14 Amount Claimed: \$ 3772.05

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: Robert D McIntyre Percentage of Ownership: 100 %
Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Claimant 1 Name: _____ Percentage of Ownership: _____ %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
- the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan

Deeds

Wills and/or death certificate(s)

Court order(s)

Escrow documents

Property tax bills mailed to claimant


Canceled checks showing payment of taxes

Other (please list): _____

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

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

Executed this 20 day of August, 20 15 at S. Lake Tahoe, CA
(day) (month) (year) (city and state)

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

Print Name(s): Robert McIntyre

Daytime Phone Number: 530 545 0808

Mailing Address: PO Box 10938

Mailing City, State, Zip: S. Lake Tahoe, CA 96158

Notary: Attach 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

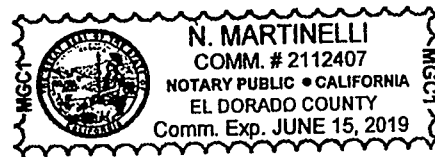
County of El Dorado

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 N. Martinelli
Name: N. Martinelli
(typed or printed)



(Seal)



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: 025-554-02-100 Default Number: _____

Date of Tax Sale: 11/7/2014 Amount Claimed: \$ 173,960.14

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: Global Discoveries Ltd. Percentage of ownership: 100 %

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): Distribution Deed

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

(attach additional list of names, as necessary):

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

Claimant 2 name: _____ Percentage of ownership: _____ %

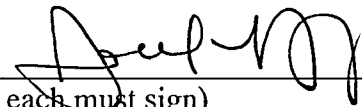
I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. **(Enclose copies of supporting documentation):**

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

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

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

Executed this 21ST day of DECEMBER, 2015 at Modesto CA
(day) (month) (year) (city and state)

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

Print Name(s): Jed Byerly

Daytime Phone Number: 209-593-3913

Mailing Address: 1120 13th St. Ste A
Modesto, CA 95354

Notary: Attach notary statement(s)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

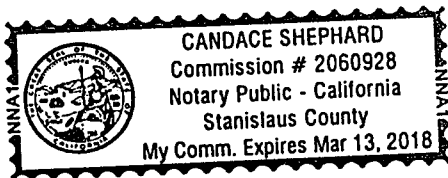
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Stanislaus)
On 12/21/15 before me, Candace Shephard - Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Jed Byerly
Name(s) of Signer(s)

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 [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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(s)

Signer's Name: _____
 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: _____

**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 +/-.

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 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 14 day of 12, 2015
Signature: Frederick Craford
Frederick Craford
3572 Ralph Drive
South Lake Tahoe, CA 96150

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

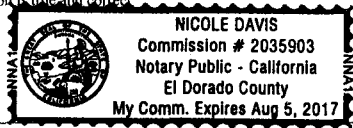
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of El Dorado
On 12/14/15 before me, Nicole Davis, personally appeared
Frederick Craford (here insert name and title of the officer)

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 of Notary Public (seal)



DISCLOSURE

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the rights he/she is assigning, that I have disclosed to him/her the full amount of excess proceeds available, and that I have advised assignor of the right to file a claim on his/her own behalf without assigning that right.

Signature of Assignee: Jed Byerly

Jed Byerly, Managing Member of Global Discoveries Ltd.
Print Name

P.O. Box 1748
Mailing Address

Modesto, CA 95354
City, State, Zip Code

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

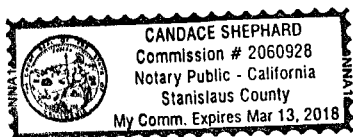
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus
On 12/21/15 before me, Candace Shephard - Notary Public, personally appeared
Jed Byerly (here insert name and title of the officer)

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 of Notary Public (seal)



GD Number: 23460-191455



COUNTY OF EL DORADO

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

California Revenue and Taxation Code Section 4675

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 each Owner of Record (multiple Claims may be mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: <u>025-075-16-100</u>	Default #: <u>097973</u>	Date of Tax Sale: <u>11/9/2014</u>	Date Tax Deed to Purchaser Recorded: <u>1/10/2015</u>
Type of Owner: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Trust <input type="checkbox"/> Business, Corporation, Partnership, Association, etc. <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other: _____		Owner's Type of Ownership: <i>(Eligibility is limited to the percentage of each owner's ownership)</i> <input checked="" type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: <u>100%</u>	Owner Is Deceased or No Longer Exists: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: <u>\$145,322.99</u>	
Owner's Name as Shown on Title of Record (If owned by a Trust or Business, use the Trust or Business name): <u>Janet Diane Pakes</u>			

Attach documentation to support the Claim. Documentation may include property tax bills/notices mailed to Claimant, cancelled checks, escrow documents, a will, certified death certificate or court order, utility bills, etc. See instructions.

I affirm under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. I submit an originally signed and notarized Claim. See instructions for how to sign the Claim.

Executed this 2nd day of January, 2016 at Los Angeles, California
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Janet Diane Pakes

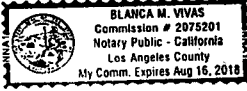
Print Name & Title: Janet Diane Pakes Phone Number: (310) 401-4844

Mailing Address: 11908 Pacific Avenue
Los Angeles, CA 90066

Notary: (A notary public verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.)

State of California County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 2 day of January, 2016,
 by Janet Diane Pakes, proved to me on the basis of satisfactory evidence to be
 the person who appeared before me.



My comm expires Aug 16, 2018

Signature Blanca M. Vivas (Seal)

Mail claim to: El Dorado County Auditor-Controller, Property Tax Division, 360 Fair Lane, Placerville, CA 95667

Revised 12/30/2015



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: 027-122-15-100 Default Number: 102613
Date of Tax Sale: 11-7-2014 Amount Claimed: \$ 1667,48

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: Robert D McStary re Percentage of Ownership: 100%
Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Claimant 1 Name: _____ Percentage of Ownership: _____ %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Executed this 20th day of AUGUST, 20 15 at SO. LAKE TAHOE, CA
(day) (month) (year) (city and state)

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

Print Name(s): ROBERT D MCINTYRE

Daytime Phone Number: 530 545-0808

Mailing Address: PO Box 10938

Mailing City, State, Zip: S. Lake Tahoe, CA 96158

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

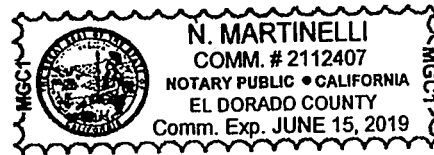
County of El Dorado

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 *N. Martinelli*
Name: N. Martinelli
(typed or printed)



(Seal)



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 Default Number: 102614
Date of Tax Sale: 11/7/2014 Amount Claimed: \$ 1774.43

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: Robert D Mentore Percentage of Ownership: 100 %
Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Claimant 1 Name: _____ Percentage of Ownership: _____ %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Executed this 20 day of August, 20 15 at S. Lake Tahoe, CA
(day) (month) (year) (city and state)

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

Print Name(s): Robert McIntyre

Daytime Phone Number: 530 545 0808

Mailing Address: PO Box 10938

Mailing City, State, Zip: S. Lake Tahoe, CA 90158

Notary: Attach 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

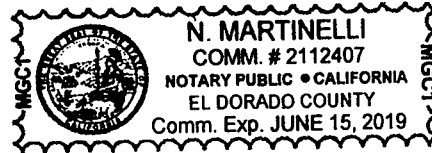
County of El Dorado

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 N. Martinelli
Name: N. Martinelli
(typed or printed)



(Seal)



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: 028-090-30-100 Default Number: 102657

Date of Tax Sale: 11-7-2014 Amount Claimed: \$ 4,693.37

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): McIntyre Holdings, inc

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

Claimant 1 name: McIntyre Holdings, Inc Percentage of ownership: 100 %
Claimant 2 name: _____ Percentage of ownership: _____ %

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

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

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

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

(attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____%

Claimant 2 name: _____ Percentage of ownership: _____%

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 031-2012. **(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, under the laws of the State of California, that the foregoing is true and correct.

Executed this 14 day of October, 2015 at South Lake Tahoe
(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): Robert McIntyre, off and capacity, President/Mgr
Daytime Phone Number: 530 545 0808 of McIntyre Holdings, INC

Mailing Address: PO Box 10938
S. Lake Tahoe, CA 96158

Notary: Attach 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

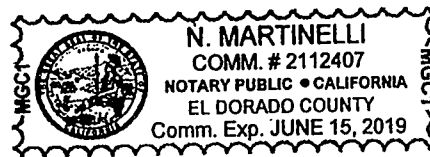
County of El Dorado

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 N. Martinelli
Name: N. Martinelli
(typed or printed)



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

Assessor Parcel Number: 032-201-13-100 Default Number: 102810

Date of Tax Sale: 11/7/2014 Amount Claimed: \$ 87,112.23

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: CRE-NV Investment Facility, LLC Percentage of ownership: 100 %

Claimant 2 name: _____ Percentage of ownership: _____ %

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

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

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

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

(attach additional list of names, as necessary):

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

Claimant 2 name: _____ Percentage of ownership: _____%

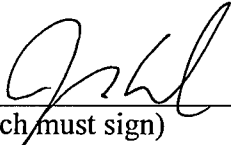
I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 342-2003. **(Enclose copies of supporting documentation):**

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

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

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

Executed this 26th day of February, 2015 at Reno, Nevada
(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): Josh D. Correll as Manager of CRE-NV Investment Facility, LLC

Daytime Phone Number: 775-398-4732

Mailing Address: 510 W. Fourth Street
Carson City, Nevada 89703

Notary: Attach notary statement(s)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

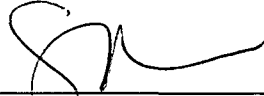
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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



**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 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): 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 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 26 day of JAN 2015
Signature: [Signature]
RADC/CADC Venture 2010-2 LLC
Print Name MICHAEL BIANCHI
Print Title AUTHORIZED SIGNATORY

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 _____

County of _____

On _____ before me, _____, personally appeared
(Date) (here insert name and title of the officer)

_____, 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 of Notary Public (seal)

DISCLOSURE

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the rights he/she is assigning, that I have disclosed to him/her the full amount of excess proceeds available, and that I have advised assignor of the right to file a claim on his/her own behalf without assigning that right.

[Signature]
Signature of Assignee

CRE-NV Investment Facility, LLC
Print Name Josh Correll
Print Title Manager

510 W. Fourth Street
Mailing Address

Carson City, NV 89703
City, State, Zip Code

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

On 2/26/15 before me, STACY CROCKET, personally appeared
(Date) (here insert name and title of the officer)

_____, 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 of Notary Public (seal)





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: 034-491-10-100 Default Number: 102922
Date of Tax Sale: 11-7-2014 Amount Claimed: \$ 3490.15

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): LLC

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

Claimant 1 name: SIERRA CASCADE DEVELOPMENT LLC Percentage of ownership: 100%

Claimant 2 name: _____ Percentage of ownership: _____%

AUDITOR-CONTROLLER
OCT-6 PM 12:01
hand delivered

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

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

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

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

(attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____%

Claimant 2 name: _____ Percentage of ownership: _____%

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 031-2012. **(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, under the laws of the State of California, that the foregoing is true and correct.

Executed this 6th day of October, 2015 at Placerville Cal
(day) (month) (year) (city and state)

Signature of Claimant(s): John Schue organizer for Sierra Cascade Development LLC
(If more than one claimant, each must sign) **(Claimant signature(s) must be notarized)**

Print Name(s): JOHN SCHUE SIERRA CASCADE DEVELOPMENT LLC

Daytime Phone Number: 775-721-0957

Mailing Address: 5364 SIERRA HIGHLAND DR -
CARSON CITY NV
89705

Notary: Attach notary statement(s)

Acknowledgments

State of Nevada

County of Carson city

On July 27, 2015, JOHNA SCHUE personally appeared before me,

_____ who is personally known to me

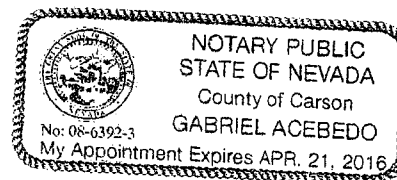
whose identity I proved on the basis of Driver license

_____ 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 Sale: 11/7/2014
Type of Owner: <input type="checkbox"/> Person <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Business, Corporation, Partnership, Association, etc. <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other: _____	Owner's Type of Ownership: (Eligibility is limited to the percentage of each owner's ownership) <input checked="" type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: <u>100%</u>	Owner is Deceased or No Longer Exists: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Owner's Name as Shown on Title of Record (If owned by a Trust or Business, use the Trust or Business name): Edwin J. Margaretich and Jeannie Margaretich, Trustees of the Margaretich Family Trust dated January 27, 1994		
Assignee's Name(s): Edwin J. Margaretich		
Assignee Claims what Percentage of Ownership of Record's Excess Proceeds: <u>100%</u>		

Attach the original assignment with notarized signatures.

Attach documentation to support the claim. Documentation may include property tax bills/notices mailed to claimant, cancelled checks, escrow documents, a will, certified death certificate or court order, utility bills, etc. See instructions.

I affirm under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. I submit an originally signed and notarized Claim. See instructions for how to sign the Claim.

Executed this 29 day of DECEMBER, 2015 at ROUND ROCK, TEXAS
(day) (month) (Year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: EDWIN J. MARGARETICH Phone Number: 512-743-1582

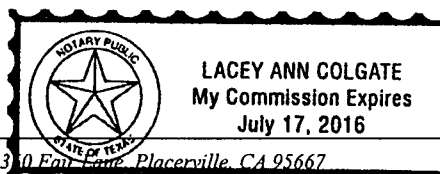
Mailing Address: 3700 ROYAL TROON COVE
ROUND ROCK, TX 78664

Notary: (A notary public 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 Texas, County of Williamson

Subscribed and sworn to (or affirmed) before me on this 29 day of DECEMBER, 2015,
 by Edwin J. Margaretich, proved to me on the basis of satisfactory evidence to be
 the person who appeared before me.

Signature (Seal)



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. Assignment. 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. Future Acts. 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

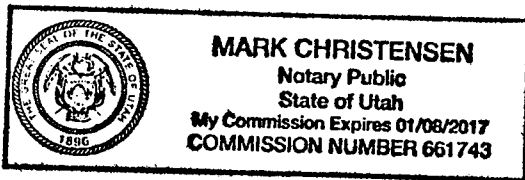


EDWIN J. MARGARETICH, as Co-Trustee
of the MARGARETICH FAMILY TRUST
DATED JANUARY 27, 1994

Date: 12/23/2015

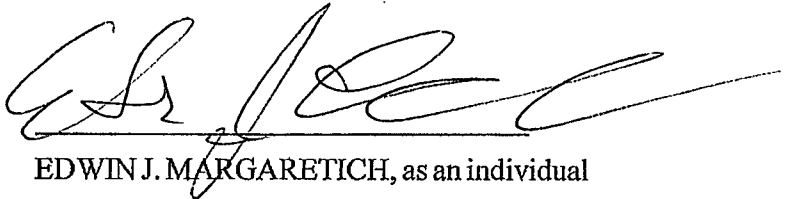


JEANNIE MARGARETICH as Co-Trustee of
the MARGARETICH FAMILY TRUST
DATED JANUARY 27, 1994



“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 }

Before me, Adriel Leon
Name and Character of
Notarizing Officer, e.g.,
"John Smith, Notary Public"

on this day personally appeared
Edwin J. Margaretich
Name of Signer

- known to me
 proved to me on the oath of

Name of Credible Witness

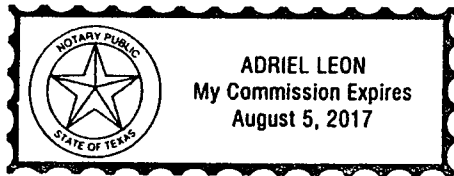
proved to me through Tx D.L.

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.

Given under my hand and seal of office this
22 day of December, 2015
Day Month Year

Signature of Notarizing Officer



Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information in this section 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: Assignment of Right to Excess Proceeds

Document Date: N/A Number of Pages: 3

Signer(s) Other Than Named Above: Jeannie Margaretich

State of Utah)

§

County of Sevier)

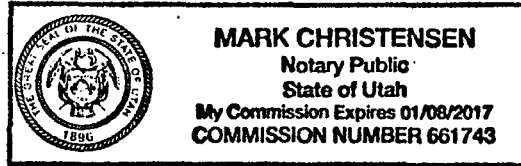
On this 23rd day of December, in the year 2 2015, before me Mark Christensen
DAY MONTH YEAR NOTARY PUBLIC NAME

a notary public, personally appeared Jeanne Margaretich,
NAME OF DOCUMENT SIGNER

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



S
E
A
L

Form **10492**
(Rev. November 2007)

Department of the Treasury-Internal Revenue Service
Notice of Federal Taxes Due

Parcel #
085-341-06-100

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

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 SEVENTEEN THOUSAND NINE HUNDRED THIRTY-ONE AND 29/100-----
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
15 FEB -4 PM 12:48

Date after which additional interest will be charged	N/A	Dated at <u>Oakland, CA 94612</u> this 28 TH day of <u>JANUARY, 2015</u>
Date after which applicable late payment penalty will be charged	N/A	

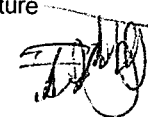
If a Notice of Federal Tax Lien(s) has been recorded, a **Certificate of Release of Federal Tax Lien** will be filed immediately *only if payment is made in cash or by either a certified, cashier's, or treasurers check. The check must be drawn on any bank or trust company incorporated under the laws 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) Frank McNulty	Title Advisor	ID Number	Telephone number (510) 637-3142
----------------------------	------------------	-----------	------------------------------------

Address (Number, Street, P.O. Box, City, State, Zip code)
Internal Revenue Service
1301 Clay St., Ste 1400S
Oakland, CA 94612

Signature

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
JLB/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	XXX-XX-4572	07/26/2010	08/25/2020	15584.16
1040	12/31/2007	XXX-XX-4572	04/26/2010	05/26/2020	49285.02

Satisfied (with arrow pointing to 15584.16)

this one (with arrow pointing to 49285.02)

*unpaid balance date of sale 11/7/14
for the 16,785.81 Per
Lorna Kennedy Perdon IRS
510-907-5316*

Place of Filing COUNTY RECORDER
EL DORADO COUNTY
PLACERVILLE, CA 95667

Total \$ 64869.18

This notice was prepared and signed at OAKLAND, CA, on this, the 22nd day of July, 2011.

Signature *[Signature]* Title ACS SBSE 27-00-0008
for MICHAEL W. COX (800) 829-3903

(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

Form 668 (Y)(c) (Rev. 2/04) CAT. NO 60025X



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: 506-013-33-100 Default Number: 105859
Date of Tax Sale: 11-7-14 Amount Claimed: \$ 279,29

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

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

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

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

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

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

Claimant 1 Name: _____ Percentage of Ownership: _____ %
Claimant 2 Name: _____ Percentage of Ownership: _____ %

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

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

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

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

Claimant 1 Name: _____ Percentage of Ownership: _____ %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Executed this 8 day of Feb, 2015 at El Dorado Falls, OH
(day) (month) (year) (city and state) OH 44022

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

Print Name(s): ANTHONY J. MARTINO

Daytime Phone Number: 440-382-7412

Mailing Address: 10 CHARLES ST.

Mailing City, State, Zip: EL DORADO FALLS, OH 44022

Notary: Attach notary statement(s) see attached acknowledgment

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

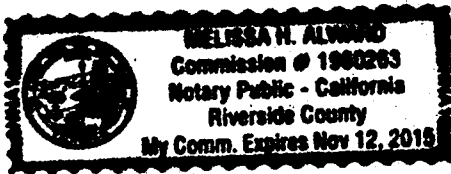
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Riverside)
On 2/10/15 before me, Melissa H. Alward, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Anthony J. Martino
Name(s) of Signer(s)

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 Melissa H. Alward
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Claim for Excess Proceeds from
sale of tax defaulted property Document Date: 2/8/15
Number of Pages: 1 Signer(s) Other Than Named Above: —

Capacity(ies) Claimed by Signer(s)

Signer's Name: Anthony J. Martino
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: self

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____



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

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

Assessor Parcel Number: 500-018-66-100 Default Number: 105878

Date of Tax Sale: 11/07/2014 Amount Claimed: \$ 283,78

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: Sylvia M. Chaney Percentage of ownership: 100 %
Claimant 2 name: _____ Percentage of ownership: _____ %

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

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

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

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

(attach additional list of names, as necessary):

Claimant 1 name: _____ Percentage of ownership: _____%

Claimant 2 name: _____ Percentage of ownership: _____%

I base my status and right to claim on the attached documentation (check all that apply). Please review El Dorado County Resolution 031-2012. **(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 8 day of July, 20 15 at Boulder, CO
(day) (month) (year) (city and state)

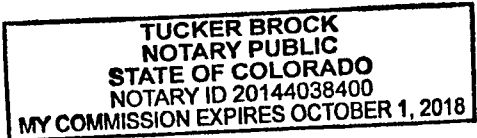
Signature of Claimant(s): [Signature]
(If more than one claimant, each must sign) (Claimant signature(s) must be notarized)

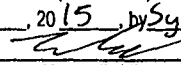
Print Name(s): Sylvia M. Chaney

Daytime Phone Number: 303-661-9721

Mailing Address: P.O. Box 17052; Boulder, CO 80308

Notary: Attach notary statement(s)



State of Colorado } SS
County of Boulder }
*Subscribed and sworn to (or affirmed) before me this 8th
day of July, 2015, by Sylvia M. Chaney

Notary Public
Residing at Boulder, CO 80302
My commission expires October 1st, 2018

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

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: 500-027-19-100 Default Number: _____

Date of Tax Sale: 11/7/14 Amount Claimed: \$ 247.05

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: Cecilia A. Franklin Percentage of Ownership: 100 %
 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): _____

AUDITOR-CONTROLLER
SEP 17 AM 11:37

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

Claimant 1 Name: _____ Percentage of Ownership: _____ %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
 - the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan

- Deeds
- Wills and/or death certificate(s)
- Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- Canceled checks showing payment of taxes
- Other (please list): _____

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

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

Executed this 2 day of February 2015 at Oakland CA
(day) (month) (year) (city and state)

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

Print Name(s): Cecilia A. Franklin

Daytime Phone Number: 510-601-8739

Mailing Address: 5799 Estates Dr

Mailing City, State, Zip: Oakland CA 94618

Notary: Attach notary statement(s)

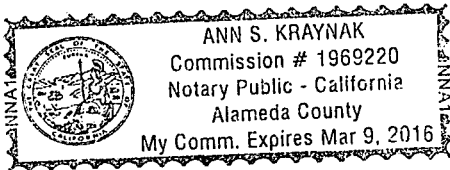
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Alameda)
On 9/14/2015 before me, Ann S. Kraynak, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Cecilia A. Franklin
Name(s) of Signer(s)

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 Ann S. Kraynak
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: 1 / _____ Signer(s) Other Than 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: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____



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: 500-047-42-100 Default Number: 105992
Date of Tax Sale: 11-7-14 Amount Claimed: \$ 247.05

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): _____

AUDITOR-CONTROLLER
15 JUL -6 PM 3:12

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

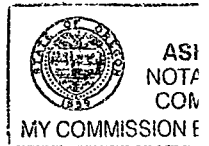
Claimant 1 Name: _____ Percentage of Ownership: _____ %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

- Copy of claimant's trust deed or other evidence of lien or security interest. Included is information regarding:
 - the original amount of the lien or interest
 - the total amount of payments received reducing the original amount of the lien or interest
 - the amount still due and payable as of the date of the sale of the tax-defaulted property by the Tax Collector (including a schedule of any calculations)
 - any attempts to foreclose or collect on the loan

- Deeds
- Wills and/or death certificate(s)
- Court order(s)
- Escrow documents
- Property tax bills mailed to claimant
- Canceled checks showing payment of taxes
- Other (please list): _____



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

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

Executed this 3RD day of JULY, 20 15 at McMINNVILLE, OR
(day) (month) (year) (city and state)

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

Print Name(s): GERALD B STRAHLE

Daytime Phone Number: 503-913-6685

Mailing Address: 4155 THREE MILE LN #147

Mailing City, State, Zip: MC MINNVILLE, OR 97128


Notary: Attach notary statement(s)

State of OREGON

County of Yamhill

This instrument was acknowledged before me on July 3, 2015
by Gerald B. Strahl.

Ashly Nicole Miller
Notary Public – State of Oregon

 OFFICIAL STAMP
ASHLY NICOLE MILLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 924187
MY COMMISSION EXPIRES JANUARY 21, 2018

OFFICIAL STAMP
ASHLY NICOLE MILLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 924187
MY COMMISSION EXPIRES JANUARY 21, 2018

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



OCT 12 PM 2

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

AUDITOR-CONTROLLER
15 MAR 13 AM 11:36

Assessor Parcel Number: 500-081-64-100

Default Number: 106115

Date of Tax Sale: Nov. 7, 2014

Amount Claimed: \$ 227.68

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: CONSTANTINE G. PETRIDES Percentage of Ownership: 100 %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Claimant 1 Name: _____ Percentage of Ownership: _____ %

Claimant 2 Name: _____ Percentage of Ownership _____ %

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

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

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

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

Executed this 11th day of February, 20 15 at West Palm Beach, Florida
(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)

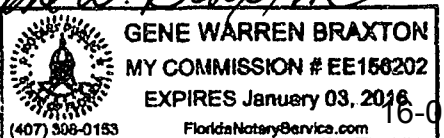
Print Name(s): CONSTANTINE G. POTRIDIS

Daytime Phone Number: 561-281-9565

Mailing Address: 427 CHATHAM U

Mailing City, State, Zip: WEST PALM BEACH, FL 33417

Notary: Attach notary statement(s) [Signature]



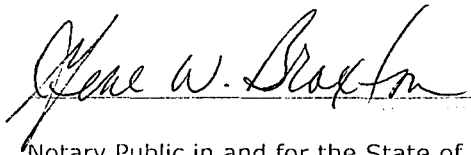
STATEMENT IS ATTACHED

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.

