



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: <u>002-251-07-000</u>	Default #: <u>2316-72686</u>	Date of Tax Sale: <u>11 / 01 / 2022</u>	Date Tax Deed to Purchaser Recorded: <u>12 / 08 / 2022</u>
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: <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>33.33%</u>	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ <u>9,761⁰⁰ CSC</u>	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> <u>Scott Alan Dubrul and Julie Lynn Dubrul, husband & wife</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 14 day of OCTOBER, 20 23 at ATAJCOERO, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *Julie L Dubrul TR*
SCOTT A DUBRUL TR TR

Print Name & Title: JULIE L DUBRUL Julie L Dubrul TR Phone Number: (805) 704-8866

Mailing Address: 1223 Higuera Street #100
San Luis Obispo CA 93401

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 San Luis Obispo

Subscribed and sworn to (or affirmed) before me on this 14 day of October, 20 23,
 by Julie Lynn Dubrul and Scott Alan Dubrul proved to me on the basis of satisfactory evidence to be the person who appeared before me.

See Attached Certificate

Signature *[Signature]* (Seal)

CALIFORNIA JURAT

GOVERNMENT CODE § 8202



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 San Luis Obispo

Subscribed and sworn to (or affirmed) before me on this 14 day of October, 2023, by
Date Month Year

(1) Scott Alan Dubrul

(and (2) Julie Lynn Dubrul),
Name(s) of Signer(s)



Place Notary Seal and/or Stamp Above

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Handwritten Signature]
Signature of Notary Public

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 From Owner of Record

Document Date: 10/14/2023 Number of Pages: 1

Signer(s) Other Than Named Above: N/A





COUNTY OF EL DORADO

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

2023-08-28 11:23 AM
NOTARY PUBLIC

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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 002-251-07-000	Default #: 2016-126686	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
Type of Owner: <input checked="" 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: <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: 33.33%	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 9,761 ⁰⁰ CSC	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> STEVE COCKERELL & CINDY L COCKERELL TRUSTEE OF COCKERELL FAMILY TRUST			

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 13th day of OCTOBER, 2023 at PLACERVILLE CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): SC Cindy L Cockerell

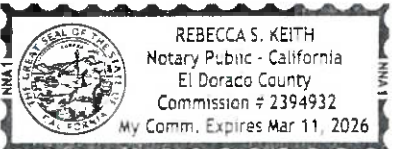
Print Name & Title: STEVE COCKERELL Phone Number: _____

Mailing Address: 1836 PLACERVILLE DR PLACERVILLE, CA 95667

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 El Dorado

Subscribed and sworn to (or affirmed) before me on this 13th day of October, 2023,
by Steve Cockerell & Cindy L. Cockerell, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.



Signature Rebecca Keith (Seal)



COUNTY OF EL DORADO

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

NOV 19 23 PM 12:01
AUDITOR-CONTROLLER

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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: <u>002-251-017-000</u>	Default #: <u>2016-12686</u>	Date of Tax Sale: <u>11/02/2022</u>	Date Tax Deed to Purchaser Recorded: <u>12/08/2022</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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: <u>16.667</u> %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: <u>\$ 4880.89</u>	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing)</i> : <u>CHAD COCKERELL</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 19 day of OCTOBER, 20 23 at PLACERVILLE CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: CHAD COCKERELL Phone Number: 805 216 5511

Mailing Address: PO BOX 6517
VENTURA CA 93006

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 CA, County of EL DORADO

Subscribed and sworn to (or affirmed) before me on this 19th day of OCT, 20 23,
by CHAD COCKERELL, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature (Seal)



COUNTY OF EL DORADO

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

California Revenue and Taxation Code Section 4675

2023 OCT 23 12:02
AUDITOR-CONTROLLER

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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: <u>002-251-017-000</u>	Default #: <u>2016-726686</u>	Date of Tax Sale: <u>11/01/2022</u>	Date Tax Deed to Purchaser Recorded: <u>12/08/2022</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: (Eligibility is limited to the percentage of each owner's ownership) <input type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: <u>16.667</u> %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: <u>\$ 4880.84</u>	
Owner's Name as Shown on Title of Record (See instructions before completing): <u>Wendy Cockerell</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 23 day of October, 2023 at Westport, CT
(day) (month) (year) (city and state)

Authorized Signature (see instructions): [Signature]

Print Name & Title: Wendy Cockerell Phone Number: 571-274-8615

Mailing Address: 370 Wheelers Farms Rd. Unit 301
Milford, CT 06461

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 CT, County of Fairfield

Subscribed and sworn to (or affirmed) before me on this 23 day of October, 2023,
by Wendy Cockerell _____
to be the person who appeared before me. Robert Sadowski proved to me on the basis of satisfactory evidence
Notary Public
State of Connecticut
My Commission Expires
August 31, 2028

Signature [Signature] (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 009 - 091 - 013 - 000	Default #: DEF 160000285	Date of Tax Sale: 11 / 1 / 22	Date Tax Deed to Purchaser Recorded: 12 / 8 / 22
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: 100 %	Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount Claimed: \$ 48,646.75	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Carol Bercier			

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 16th day of June, 2023 at Marina, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Virginia Gifford

Print Name & Title: Virginia Gifford Phone Number: 530 838-5682

Mailing Address: 321 Reservation Rd Apt #26 Marina, CA 93933

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
 by _____, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

**SEE ATTACHED
FOR CERTIFICATE**

Signature _____ (Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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.

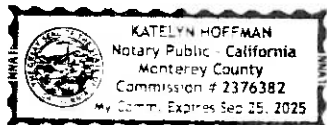
State of California
County of Monterey

Subscribed and sworn to (or affirmed) before me
on this 16 day of June, 2023,
by Date Month Year

(1) Virginia Gifford
(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.



Place Notary Seal Above

Signature Katelyn Hoffman
Signature of Notary Public

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 From Owner of Document Date: _____
Record

Number of Pages: _____ Signer(s) Other Than Named Above: _____



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 009 - 091 - 013 - 000	Default #: 160000285	Date of Tax Sale: 11 / 01 / 22	Date Tax Deed to Purchaser Recorded: 12 / 08 / 22
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: 100 %	Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount Claimed: \$48,646.75	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Carol Bercier			

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 21 day of June, 202023 at Dixon, California
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Britney Ann Putman

Print Name & Title: Britney Ann Putman Phone Number: ~~330-991~~ (530) 302-6445

Mailing Address: 321 Mount Whitney Dr Woodland, Ca 95695
United states

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
by _____, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature _____ (Seal)

SEE ATTACHED *6-21-23*

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.

JURAT

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 Solano

Subscribed and sworn to (or affirmed) before me on this 21st day of June,
2023 by Britney Ann Putman

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

C. Moore
Signature (Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 017-377-04-100	Default #: 160000280	Date of Tax Sale: 11/01/2020	Date Tax Deed to Purchaser Recorded: 12/08/2020
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 10 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$2,096.47	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> MILLER, LAURA A			

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 **9th** day of **May**, 20 **23** at **Vonore, Tennessee**
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *Laura A. Miller*

Print Name & Title: **LAURA MILLER, OWNER** Phone Number: **530-559-4964**

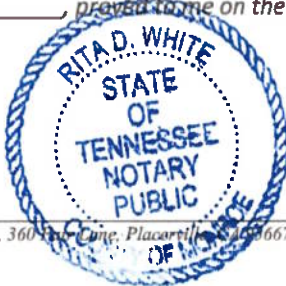
Mailing Address: **174 OVERLOOK WAY**
VONORE, TN 37885

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 **Tennessee**, County of **Monroe**

Subscribed and sworn to (or affirmed) before me on this **9th** day of **May**, 20 **23**,
by **Laura A. Miller**, *proved to me on the basis of satisfactory evidence*
to be the person who appeared before me.

Signature *Rita D. White* (Seal)





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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 018-377-04-100	Default #: 160000780	Date of Tax Sale: 11/01/2022	Date Tax Deed to Purchaser Recorded: 12/08/2022
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 10%	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 2,096.40	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> FISCHER, DANIEL W.			

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 7th day of 8, 2023 at Sacramento CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Daniel W. Fischer

Print Name & Title: Daniel Fischer, Owner Phone Number: 415-336-8787

Mailing Address: 4924 23RD STREET
SACRAMENTO, CA 95822

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 Sacramento

Subscribed and sworn to (or affirmed) before me on this 7th day of August, 2023,
by Daniel W. Fischer, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature [Signature] (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 018-300-04-100	Default #: 160000780	Date of Tax Sale: 11/01/2020	Date Tax Deed to Purchaser Recorded: 18/08/2020
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 10%	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 2,096.40	
Owner's Name as Shown on Title of Record (See Instructions before completing): FISCHER, CHRISTINE D.			

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 7 day of August, 2023 at Sacramento
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Christine D. Fischer

Print Name & Title: CHRISTINE FISCHER, Owner Phone Number: 916-206-6536

Mailing Address: 4924 23RD STREET
SACRAMENTO, CA 95822

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 Sacramento

Subscribed and sworn to (or affirmed) before me on this 7th day of August, 2023,
 by Christine D. Fischer, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature [Signature] (Seal)

0011-02-12 09:50:21
 2023-08-07 10:10:00
 AUDITOR-CONTROLLER



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 012-322-00400	Default #: 16000280	Date of Tax Sale: 11/01/22	Date Tax Deed to Purchaser Recorded: 12/08/22
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 20%	Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount Claimed: \$ 4,192.84	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> FRANCENE JOE FORBES			

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 30 day of JUNE, 2023 at READING, PA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): W-2 EXECUTOR OF THE ESTATE OF FRANCENE JOE FORBES

Print Name & Title: PETER FORBES Phone Number: 484 818 2621

Mailing Address: 242 DECKINSON DRIVE
READING PA 19605

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
by _____, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature _____ (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 012-322-004-00	Default #:	Date of Tax Sale: 12/8/22	Date Tax Deed to Purchaser Recorded: / / UNKNOWN
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 20 %	Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount Claimed: \$	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> FRANCENE DEE FORBES			

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 16 day of FEBRUARY, 2023 at READING, PA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): [Signature] EXECUTION OF THE ESTATE OF FRANCENE DEE FORBES

Print Name & Title: PETER FORBES Phone Number: 4849182621

Mailing Address: 242 DELKINSON DRIVE
READING PA 19605

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 PA, County of Berks

Subscribed and sworn to (or affirmed) before me on this 16th day of February, 2023,
by Peter James Forbes, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Commonwealth of Pennsylvania - Notary Seal
Jan M Laws, Notary Public
Berks County
My Commission Expires June 21, 2024
Commission Number 1093122

Signature [Signature] (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 012 - 322 - 004 - 000	Default #:	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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: <i>(Eligibility is limited to the percentage of each owner's ownership)</i> <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input checked="" type="checkbox"/> Other: Trust	
Owner's Percentage of Ownership: 20 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 4,192.84	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Frank J. Werner Jr., Trustee of the Frank J. Werner, Jr. Revocable Trust Dated 5/21/92			

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 26 day of October, 20 23 at Dallas, Oregon
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Jason Werner, Trustee of the Frank J. Werner, Jr. 1992 Trust
Jason Werner, Trustee of the Frank J. Werner Rev 1992 Trust

Print Name & Title: _____ Phone Number: 503-559-7496

Mailing Address: 320 NW Heath Ct.
Dallas, OR 97338

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
by _____, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature _____ (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 012 - 322 - 004 - 000	Default #:	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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: <i>(Eligibility is limited to the percentage of each owner's ownership)</i> <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common <input checked="" type="checkbox"/> Other: Partnership - multiple owners	
Owner's Percentage of Ownership: 14.28 %	Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount Claimed: \$ 2,993.69	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Frank J. Werner Jr., Trustee of the Frank J. Werner, Jr. Revocable Trust Dated 5/21/92.			

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 26 day of October, 2023 at Dallas, Oregon
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Jason Werner, Trustee of the Frank J. Werner, Jr. 1992 Trust
Jason Werner, Trustee of the Frank J. Werner Rev 1992 Trust

Print Name & Title: _____ Phone Number: 503-559-7496

Mailing Address: 320 NW Heath Ct.
Dallas, OR 97338

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 Oregon, County of Polk

Subscribed and sworn to (or affirmed) before me on this 26 day of October, 2023,
by Jason Werner, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Tanisha Casey (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 018-130-032-000	Default #: DEF160000277	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 50,686.85	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> Elias, Mike Craig			

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 13 day of January, 20 23 at Burke, Virginia
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *Mike Craig Elias*

Print Name & Title: Mike Craig Elias Phone Number: 703-283-9542

Mailing Address: 5368 Gainsborough Drive
Fairfax VA 22032

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 Virginia, County of Fairfax

Subscribed and sworn to (or affirmed) before me on this 13 day of January, 20 23,
 by Mike Craig Elias, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature *[Signature]* (Seal)

DYLAN M. REAMY
 Notary Public 7620231
 Commonwealth of Virginia
 My Commission Expires 11/30/2023



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 018-130-032-000	Default #: DEF160000277	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 50,686.85	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Elias, Jim Victor <u>AKA- James Victor Elias</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 10th day of January, 20 23 at Santa Rosa, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *James Victor Elias*

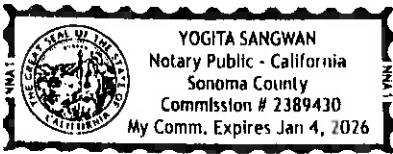
Print Name & Title: James Victor Elias Phone Number: 707-933-7551

Mailing Address: 786 Nebraska Drive, Santa Rosa, CA
95405

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 Sonoma

Subscribed and sworn to (or affirmed) before me on this 10th day of Jan, 20 23,
 by James Victor Elias, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.



Signature *Yogita Sangwan* (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 025 - 884 - 001 - 000	Default #: DEF150000239	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 52,011.28	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> Brandon C. Miller			

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 31st day of August, 20 23 at South Lake Tahoe, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: Brandon C. Miller, Property Owner Phone Number: 808-634-5434

Mailing Address: PO Box 13261
South Lake Tahoe, CA 96151

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 CA, County of EL DORADO

Subscribed and sworn to (or affirmed) before me on this 31 day of AUGUST, 20 23,
 by BRANDON CHASE MILLER, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

SEE ATTACHED NOTARY 8/31/23

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.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State Of California)

County of El Dorado)

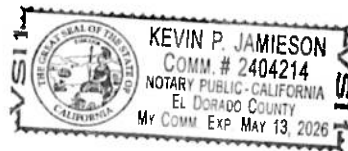
On 08-31-2023 before me, KEVIN P. JAMIESON, Notary Public,
personally appeared BRANDON CHASE MILLER,

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.

Kevin P. Jamieson
Signature of 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 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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 025 - 884 - 001 - 000	Default #: DEF150000239	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 52,011.27	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Jessica R. Howitt			

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 31st day of August, 20 23 at South Lake Tahoe, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: Jessica R. Howitt, Property Owner Phone Number: 530-318-1912

Mailing Address: PO Box 13261
South Lake Tahoe, CA 96151

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 CA, County of EL DORADO

Subscribed and sworn to (or affirmed) before me on this 31 day of AUGUST, 20 23,
 by JESSICA ROSE HOWITT, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SEE ATTACHED NOTARY [Signature] 8/31/23

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.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State Of California)
County of El Dorado)

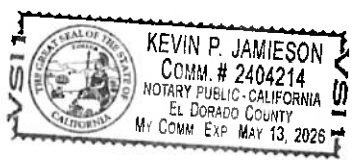
On 08-31-2023 before me, KEVIN P. JAMIESON, Notary Public,
personally appeared JESSICA ROSE HOWITT

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.

Kevin P. Jamieson
Signature of 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 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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 034-231-003-000	Default #: 150000224	Date of Tax Sale: 11 / 1 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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: <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: 100 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 72,216.48	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> Miller Timothy C TR & Donna I TR			

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 23rd day of August, 2023 at Placerville CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *[Signature]* Donna Miller

Print Name & Title: Timothy C. Miller TR / Donna I Miller TR Phone Number: 408-644-9993

Mailing Address: 7464 Silver King Dr.
Sparks NV 89436

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____ (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 034 231 -003-000	Default #: 150000224	Date of Tax Sale: 11/1/2022	Date Tax Deed to Purchaser Recorded: 12/08/2022
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: <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: 100 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$73,347.50	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i>			

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 20th day of January, 2023 at SPARKS, NEVADA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): [Signature] Trustee of the Timothy C Miller AND DONNA I Miller Living Trust dated January 28th, 2000

Print Name & Title: Timothy C. Miller, Trustee Phone Number: 408 644 9993


Mailing Address: 7464 Silver King DR
SPARKS, NV 89436

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 Nevada, County of Washoe

Subscribed and sworn to (or affirmed) before me on this 20th day of January, 2023, by Timothy C Miller, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature [Signature] (Seal)



CORTNEY MORRIS
 Notary Public
 State of Nevada
 Appt. No. 20-8212-02
 My Appt. Expires Jan. 28, 2025



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 following the redemption 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 034-231-003-000	Default #: DEF 15000024	Date of Tax Sale: 11 / 1 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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: <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: 100 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 73,347.50	
Owner's Name as Shown on Title of Record (See Instructions before completing):			

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 20th day of January, 20 23 at Sparks, Nevada
(day) (month) (year) (city and state)


Authorized Signature (see instructions): Donna Irene Miller Trustee of the Timothy C Miller and Donna I. Miller Living Trust Dated January 28, 2000
 Print Name & Title: Donna I Miller, Trustee Phone Number: 408 568.6256
 Mailing Address: 7464 Silver King Dr. Sparks NV 89436

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 Nevada, County of Washoe

Subscribed and sworn to (or affirmed) before me on this 20th day of January, 20 23,
 by Donna Irene Miller, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature [Signature] (Seal)



CORTNEY MORRIS
 Notary Public
 State of Nevada
 Appt. No. 20-8212-02
 My Appt. Expires Jan. 28, 2025



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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

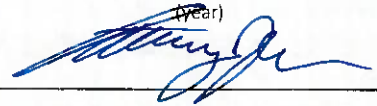
If the property had multiple Owners of Record, complete a separate Claim for each Owner of Record (multiple Claims may be submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 042-300-007-000	Default# 150000207	Date of Tax Sale: 11/1/2022	Date Tax Deed to Purchaser Recorded: 12/8/2022
Type of Owner: <input type="checkbox"/> Person <input type="checkbox"/> Trust <input type="checkbox"/> Business, Corporation, Partnership, Association, etc. <input type="checkbox"/> Governmental Entity <input checked="" type="checkbox"/> Other: <u>Adminstrator to the Estate of Fern Romano</u>		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: 100%	Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount Claimed: \$41,368.09	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Fern Romano			

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 14th day of November, 20 23 at Modesto, California
(day) (month) (year) (city and state)

Authorized Signature (see instructions): 

Print Name & Title: Anthony D. Johnston, Admin-istrator with will annexed of the Estate of Fern Romano, decedent Phone Number: (209) 527-9899

Mailing Address: 1600 "G" Street, Ste. 103, Modesto, CA 95354

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
 by _____, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

SEE ATTACHED JURAT

Signature _____ (Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

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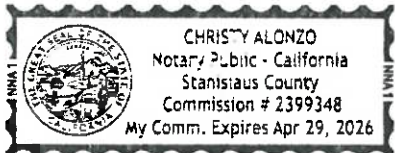
Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

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

Subscribed and sworn to (or affirmed) before me
on this 14th day of November, 2023
by *Date* *Month* *Year*

(1) ANTHONY D. JOHNSTON
(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature *Christy Alonzo*
Signature of Notary Public

Seal
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: _____



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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

Complete a separate Claim for each Owner of Record making an Assignment. Submit the original Assignment(s) to include notarized signatures for both the Owner(s) of Record making the assignment and the Assignee. See instructions.

Assessor's Parcel Number: 046-300-025-000	Default #: 45	Date of Tax Sale: 11/1/2022	Date Tax Deed to Purchaser Recorded: 12/8/2022
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: 100%		Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> BEVERLY ANN MACDONALD			
Assignee's Name <i>(submit original assignment):</i> Global Discoveries Ltd			
Percentage of Owner of Record's Excess Proceeds Assigned to Assignee: 100%		Amount Claimed: \$ 33,949.78	

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 24th day of April, 2023 at Modesto, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: Jed Byerly Managing Member Global Discoveries Ltd. Phone Number: (209) 593-3913

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

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____ (Seal)

SEE ATTACHED JuraT

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

Revised 11/9/2016

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

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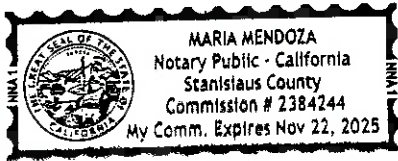
6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

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

Subscribed and sworn to (or affirmed) before me
 on this 24 day of April, 2023
 by Date Month Year
 (1) Jed Byerly
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature Maria Mendoza
 Signature of Notary Public

Seal
 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: _____

**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, Joseph William MacDonald as heir to the Estate of Beverly Ann MacDonald, 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 11/1/2022 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 046-300-025-000

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$135,799.13 +/-.

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 18 day of April, 2023

Signature: [Signature]
Joseph William MacDonald as heir to the Estate of Beverly Ann MacDonald
California Rehabilitation Center
CDCR #BS6487
P.O. Box 3535
Norco, CA 92860

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 RIVERSIDE

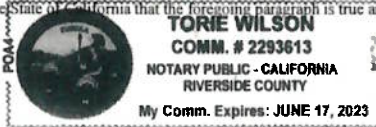
On 18 APR 23 before me, TORIE WILSON NOTARY PUBLIC, personally appeared

(Date) JOSEPH W. MACDONALD (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] (seal)
Signature of Notary Public



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, Managing Member, 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 4/24/23 before me, Maria Mendoza NOTARY PUBLIC, personally appeared

(Date) 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] (seal)
Signature of 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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

Complete a separate Claim for each Owner of Record making an Assignment. Submit the original Assignment(s) to include notarized signatures for both the Owner(s) of Record making the assignment and the Assignee. See instructions.

Assessor's Parcel Number: 046-300-025-000	Default #: 45	Date of Tax Sale: 11/1/2022	Date Tax Deed to Purchaser Recorded: 12/8/2022
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: 100%		Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> BEVERLY ANN MACDONALD			
Assignee's Name <i>(submit original assignment):</i> Global Discoveries Ltd			
Percentage of Owner of Record's Excess Proceeds Assigned to Assignee: 100%		Amount Claimed: \$ 33,949.78	

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 February, 20 23 at Modesto, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): [Signature]

Print Name & Title: Jed Byerly Managing Member Global Discoveries Ltd. Phone Number: (209) 593-3913

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

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 STANISLAUS

Subscribed and sworn to (or affirmed) before me on this 28 day of March, 20 23,
by Jed Byerly, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature Maria Mendoza (Seal) *SEE ATTACHED JURAT*

MARIA MENDOZA
Notary Public - California
Stanislaus County
Commission # 2384244
My Comm. Expires Nov 22, 2025

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

Revised 11/9/2016

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

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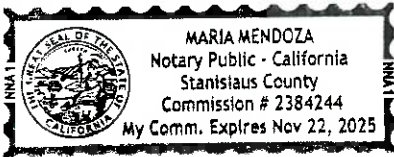
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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

Subscribed and sworn to (or affirmed) before me
 on this 28 day of March, 2023,
 by Date Month Year
 (1) Jed Byerly
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature Maria Mendoza
 Signature of Notary Public

Seal
 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: _____

**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, Sharon M. MacDonald as heir to the Estate of Beverly Ann MacDonald, 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 11/1/2022 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 046-300-025-000

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$135,799.13+/-.

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 1 day of Mar 2023

Signature: Sharon MacDonald
Sharon M. MacDonald as heir to the Estate of Beverly Ann MacDonald
481 Grassland Drive
Stevensville, MT 59870

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 Montana

County of Ballivi

On Mar 1, 23 before me, Angela Olsen, personally appeared
(Date) (here insert name and title of the officer)

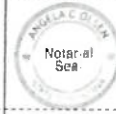
Sharon M MacDonald, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument 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.

Angela Olsen (Seal)
Signature of Notary Public

Montana



ANGELA C OLSEN
Notary Public for the
State of Montana
Residing at FLORENCE, MT
My Commission Expires
October 1, 2023

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.

Jed Byerly
Signature of Assignee

Jed Byerly, Managing Member, 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 3/28/23 before me, Maria Mendoza, NOTARY PUBLIC, personally appeared
(Date) (here insert name and title of the officer)

Jed Byerly, 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.

Maria Mendoza (seal)
Signature of Notary Public



MARIA MENDOZA
Notary Public - California
Stanislaus County
Commission # 2384244
My Comm. Expires Nov 22, 2025

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 Montana)

County of Beavalli)

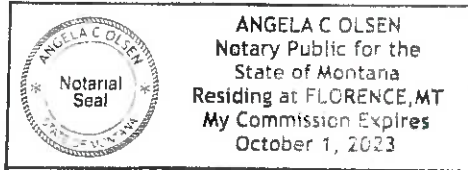
On Feb 17, 2023 before me, Angela C Olsen, personally appeared
(Date) (here insert name and title of the officer)

Sharon M MacDonald, 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~~ Montana that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Angela C Olsen
Signature of 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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

Complete a separate Claim for each Owner of Record making an Assignment. Submit the original Assignment(s) to include notarized signatures for both the Owner(s) of Record making the assignment and the Assignee. See instructions.

Assessor's Parcel Number: 046-300-025-000	Default #: 45	Date of Tax Sale: 11/1/2022	Date Tax Deed to Purchaser Recorded: 12/8/2022
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: 100%		Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> BEVERLY ANN MACDONALD			
Assignee's Name <i>(submit original assignment):</i> Global Discoveries Ltd			
Percentage of Owner of Record's Excess Proceeds Assigned to Assignee: 100%		Amount Claimed: \$ 33,949.78	

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 14th day of July, 2023 at Modesto, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): [Signature]

Print Name & Title: Jed Byerly Managing Member Global Discoveries Ltd. Phone Number: (209) 593-3913


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

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 STANISLAUS

Subscribed and sworn to (or affirmed) before me on this 14th day of July, 2023,
by Jed Byerly, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature Maria Mendoza (Seal)



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

Revised 11/9/2016

**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, Michael Gnudi as heir to the Estate of Beverly Ann MacDonald, 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 11/1/2022 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 046-300-025-000

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$135,799.13 +/-.

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 6th day of February, 2023

Signature: Michael Gnudi
Michael Gnudi as heir to the Estate of Beverly Ann MacDonald
1905 SW 28Th St Apt 16
Bentonville, AR 72713

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 Arkansas

County of Benton

On 2/16/23 before me, Cassandra Zimmerman personally appeared
(Date) (here insert name and title of the officer)

Michael Gnudi, 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.

Cassandra Zimmerman (seal)
Signature of Notary Public



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, 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 3/1/23 before me, Maria Mendoza, Notary Public personally appeared
(Date) (here insert name and title of the officer)

Jed Byerly, 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.

Maria Mendoza (seal)
Signature of 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, Allen Michael Gnudi as heir to the Estate of Beverly Ann MacDonald, 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 11/1/2022 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 046-300-025-000

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$135,799.13 +/-.

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 3 day of 4 2023

Signature: [Signature]
Allen Michael Gnudi as heir to the Estate of Beverly Ann MacDonald
28834 Highway 34
Corvallis, OR 97333

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 Oregon

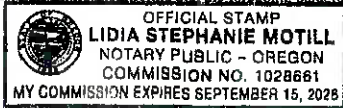
County of Benton

On 4/3/23 before me, Lidia Stephanie Motill, personally appeared
(Date) (here insert name and title of the officer)

Allen Gnudi, 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] (seal)
Signature of Notary Public



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

Jed Byerly, Managing Member, 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 4/7/23 before me, Maria Mendoza, Notary Public, personally appeared
(Date) (here insert name and title of the officer)

Jed Byerly, 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] (seal)
Signature of 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 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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 060 - 011 - 018 - 530	Default #: 150000197	Date of Tax Sale: 11 / 1 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 8 / 2022
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: <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: .56 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 932.88	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Dwayne G. Ramsey and Jan M. Walton Revocable Trust June 2, 2008			

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 24 day of June, 2023 at Walnut Creek, CA 94598
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *[Signature]*

Print Name & Title: Dwayne G. Ramsey Trustee Phone Number: 925.262.7123

Mailing Address: 3216 Peachwillow Lane Walnut Creek CA 94598

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),

by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

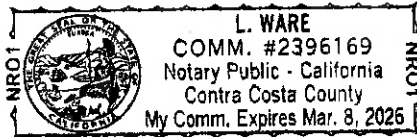
Signature _____ (Seal)

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 Contra Costa

Subscribed and sworn to (or affirmed) before me on this 31st
day of January, 2023, by Dwayne G. Ramsey

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature L. Ware



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 061 - 071 - 001 - 000	Default #: 160000217	Date of Tax Sale: 11 / 01 / 22	Date Tax Deed to Purchaser Recorded: / /
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 28,634.77	
Owner's Name as Shown on Title of Record (See instructions before completing): Ray Boggs			

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 29th day of DECEMBER, 2022 at CORVALLIS OREGON
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Ray Boggs


Print Name & Title: RAY BOGGS SELF Phone Number: 541-829-3892

Mailing Address: 365 N.W. MAXINE AVENUE
CORVALLIS, OREGON 97330

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 Oregon, County of Benton

Subscribed and sworn to (or affirmed) before me on this 29th day of December, 2022,
 by Ray Floyd Boggs, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.



OFFICIAL STAMP
 MEGAN A PAYNE
 NOTARY PUBLIC - OREGON
 COMMISSION NO. 1018008A
 MY COMMISSION EXPIRES NOVEMBER 04, 2025

Signature Megan A Payne (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 061 - 071 - 001 - 000	Default #: 160000217	Date of Tax Sale: 11/01/22	Date Tax Deed to Purchaser Recorded: / /
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 28,634.77	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Cathy Boggs			

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 29th day of December, 2022 at Corvallis, OR
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Cathy Boggs


Print Name & Title: Cathy Boggs, sole Phone Number: 541-908-9350

Mailing Address: 305 NW Maxine Ave.
Corvallis, OR 97330

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 Oregon, County of Benton

Subscribed and sworn to (or affirmed) before me on this 29th day of December, 2022,
 by Cathy Louise Boggs, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.



OFFICIAL STAMP
MEGAN A PAYNE
NOTARY PUBLIC - OREGON
COMMISSION NO. 1018008A
MY COMMISSION EXPIRES NOVEMBER 04, 2025

Signature Megan A Payne (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 061 - 120-018 - 000	Default #: 160000216	Date of Tax Sale: 11 / 01 / 22	Date Tax Deed to Purchaser Recorded: / /
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 19,646.47	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Ray Boggs			

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 29th day of DECEMBER, 20 22 at CORVALLIS, OREGON
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Ray Boggs


Print Name & Title: RAY BOGGS SELF Phone Number: 541-829-3892

Mailing Address: 365 N.W. MAXINE AVE
CORVALLIS, OREGON 97330

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 Oregon, County of Benton

Subscribed and sworn to (or affirmed) before me on this 29th day of December, 20 22,
 by Ray Floyd Boggs, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.



OFFICIAL STAMP
 MEGAN A PAYNE
 NOTARY PUBLIC - OREGON
 COMMISSION NO. 1018008A
 MY COMMISSION EXPIRES NOVEMBER 04, 2025

Signature Megan A Payne (Seal)



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 061-120-018-000	Default #: 160000216	Date of Tax Sale: 11 / 01 / 22	Date Tax Deed to Purchaser Recorded: / /
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy in Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 19,646.47	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> Cathy Boggs			

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 29th day of December, 2022 at Corvallis, OR
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Cathy Boggs


Print Name & Title: Cathy Boggs, self Phone Number: 541-908-9350

Mailing Address: 365 NW Maxine Ave.
Corvallis, OR 97330

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 Oregon, County of Benson

Subscribed and sworn to (or affirmed) before me on this 29th day of December, 2022,
 by Cathy Louise Boggs, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.



OFFICIAL STAMP
 MEGAN A PAYNE
 NOTARY PUBLIC - OREGON
 COMMISSION NO. 1018008A
 MY COMMISSION EXPIRES NOVEMBER 04, 2025

Signature Megan A Payne (Seal)



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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

Complete a separate Claim for each Owner of Record making an Assignment. Submit the original Assignment(s) to include notarized signatures for both the Owner(s) of Record making the assignment and the Assignee. See instructions.

Assessor's Parcel Number: 062-120-013-000	Default #: 69	Date of Tax Sale: 11/1/2022	Date Tax Deed to Purchaser Recorded: 12/8/2022
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: 100%		Owner is Deceased or Dissolved: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> PARKER WILLIAM W			
Assignee's Name <i>(submit original assignment):</i> Global Discoveries Ltd			
Percentage of Owner of Record's Excess Proceeds Assigned to Assignee: 100%		Amount Claimed: \$ 55,687.77	

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 29th day of November, 2023 at MODESTO, CA
(day) (month) (year) (city and state)

Authorized Signature (see Instructions):

Print Name & Title: Jed Byerly Managing Member Global Discoveries Ltd. Phone Number: (209) 593-3913

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

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 STANISLAUS

Subscribed and sworn to (or affirmed) before me on this 29 day of NOVEMBER, 2023,
by Jed Byerly, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

MARIA MENDOZA
Notary Public - California
Stanislaus County
Commission # 2384244
My Comm. Expires Nov 22, 2025

Signature (Seal)

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

Revised 11/9/2016

**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, Russell Heans Marshall as Administrator to The Estate of William W Parker, 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 11/1/2022 at the El Dorado County, California, public auction of tax defaulted property, described as follows:

El Dorado County Assessor's Parcel Number(s): 062-120-013-000

Assignor(s) understands the amount of the excess proceeds eligible for distribution is \$55,687.77 +/-.

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 28 day of November 2022

Signature:

Russell Heans Marshall
Russell Heans Marshall as Administrator to The Estate of William W Parker
Address: 11903. Division Ave
San Jose, CA 95128

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 SANTA CLARA

On 11/28/2023 before me, ERNESTO B. SANTAMARIA, personally appeared
(Date) (here insert name and title of the officer)

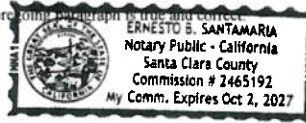
MARSHALL Russell Heans, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the 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

E. Santamaria
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.

Jed Bverly
Signature of Assignee

Jed Bverly, Managing Member, 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 11/29/22 before me, Maria Mendoza, personally appeared
(Date) (here insert name and title of the officer)

Jed Bverly, 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.

Maria Mendoza
Signature of Notary Public

(seal)



GD Number: 45881-395477



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 079-110-052-000	Default #: DEF160000195	Date of Tax Sale: 11/01/2022	Date Tax Deed to Purchaser Recorded: 12/08/2022
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: 100 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 5651.41	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> John J Smith			

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 16 day of 8, 2023 at Placerville Ca
(day) (month) (year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: John J. Smith Phone Number: 830.626.5006
5006

Mailing Address: P.O. Box 96 Diamond Springs Ca 95619

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 El Dorado

Subscribed and sworn to (or affirmed) before me on this 16th day of August, 2023,
 by , proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.



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

ST-21-82.270
01.17.23-12:15
AUDITOR-CONTROLLER

The undersigned Owner of Record claims Excess Proceeds pursuant to California Revenue and Taxation Code §4675. Claims must be filed within one year following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 083-261-028-000	Default #: DEF140000154	Date of Tax Sale: 11/01/2022	Date Tax Deed to Purchaser Recorded: 02/02/1989
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 type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input checked="" type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 33.33 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 10,365.09	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Maximiano Diaz SR.			

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 9th day of NOV, 2023 at Fairfield, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Max Diaz SR

Print Name & Title: Maximiano Diaz SR Phone Number: (707) 249-9747
(Tenant in common)

Mailing Address: 2809 Seminole Circle
Fairfield, CA 94534

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 Solano

Subscribed and sworn to (or affirmed) before me on this 9th day of NOV, 2023,
 by Maximiano Diaz SR, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature Alicia Williams (Seal)





COUNTY OF EL DORADO

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

EL DORADO COUNTY AUDITOR-CONTROLLER NOV 17 23 4:12:15

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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 083 - 261 - 028 - 000	Default #: DEF140000154	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
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 type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input checked="" type="checkbox"/> Tenancy in Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 33.33 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 10,365.09	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Maximiliano Diaz Jr.			

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 9th day of NOVEMBER, 20 23 at FAIRFIELD CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *Maximiliano Diaz Jr.*

Print Name & Title: MAXIMILIANO DIAZ JR. Phone Number: 707-249-5863

Mailing Address: 3265 SEMIROLL CIRCLE
FAIRFIELD CA 94534

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 Solano

Subscribed and sworn to (or affirmed) before me on this 9th day of NOV., 20 23,
 by Maximiliano Diaz Jr, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature *Alicia Williams* (Seal)





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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 083-261-028-000	Default #: DEF140000154	Date of Tax Sale: 11/01/2022	Date Tax Deed to Purchaser Recorded: 02/02/1989 12/08/2022
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: (Eligibility is limited to the percentage of each owner's ownership) <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input checked="" type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 16.66 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 5,182.55	
Owner's Name as Shown on Title of Record (See Instructions before completing): Raymi Diaz			

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 10 day of November, 2023 at Roseville California
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Raymi Diaz

Print Name & Title: Raymi Diaz Phone Number: 916 769 9622

Mailing Address: 134 Donner Ave Roseville Ca 95678

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____ (Seal)

SEE ATTACHED NOTARY CERTIFICATE

JURAT

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 Placer }

Subscribed and sworn to (or affirmed) before me on this 10 day of November,
2023 by Raymi Diaz

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Sherla C. Garces
Notary Public Signature



(Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

claim From Owner
(Title or description of attached document)

of Record
(Title or description of attached document continued)

Number of Pages 1 Document Date 11/10/2023

Additional Information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
- Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
- Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.



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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 083-261-028-000	Default #: DEF140000154	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 08 / 2022
Type of Owner: <input type="checkbox"/> Person <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Business, Corporation, <u>Partnership</u> , 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 type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Tenancy <input checked="" type="checkbox"/> Tenancy in Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 16.66 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 5,182.55	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> Jaime Diaz			

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 13th day of November, 20 23 at Fairfield, California
(day) (month) (year) (city and state)

Authorized Signature (see instructions): By: Jaime Diaz

Print Name & Title: Jaime Diaz Phone Number: 707-421-2717


Mailing Address: 2809 Seminole Drive Fairfield, California 94533

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 CA, County of Solano

Subscribed and sworn to (or affirmed) before me on this 13 day of NOV., 20 23,
 by Jaime Diaz, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature A. Williams (Seal)





COUNTY OF EL DORADO

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

CLAIM FROM LIENHOLDER OF RECORD

The undersigned Lienholder of Record claims Excess Proceeds pursuant to California Revenue and Taxation Code §4675. Claims must be filed within one year following the recordation of the Tax Collector's Tax Deed to the purchaser. See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 095-090-013-000	Default #: 140000132	Date of Tax Sale: 11/01/2022	Date Tax Deed to Purchaser Was Recorded: 12/08/2022
Type of Lien: <input type="checkbox"/> Tax Lien by a Governmental Entity <input type="checkbox"/> Abatement Lien by a Governmental Entity <input type="checkbox"/> Mortgage <input type="checkbox"/> Owner/Seller Financing <input type="checkbox"/> Mechanics Lien <input type="checkbox"/> Homeowners Association Lien <input checked="" type="checkbox"/> Judgment Lien <input type="checkbox"/> Attorney's Lien <input type="checkbox"/> Other:		Initial Amount of Lien: \$ ongoing monthly Judgment through 3/2012	Amount Previously Paid on Lien: \$ See Attached accounting Statement
		Is Lien Outstanding: (Lienholder must immediately notify Auditor-Controller of any payments received following submission of the Claim) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount Claimed: \$ 11,020.07
		Amount Outstanding as of the Date of the Tax Sale (Also provide accounting of outstanding balance, payments, etc.): See attached accounting Statement \$	
Is Lien Recorded in El Dorado County: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Lien was Recorded: 07/10/2009	Is Lien Recorded Prior to the Date the Tax Deed to the Purchaser is Recorded: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Lien: <input checked="" type="checkbox"/> Perfected <input type="checkbox"/> Unperfected
Lienholder's Name as Shown on Recordation: County of El Dorado Dept. of Child Support Services			

Attach documentation to support the Claim. Documentation may include a copy of lien, judgments, 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 8 day of December, 202023 at Shingle Springs, CA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): [Signature]

Print Name & Title: Program Manager William Mattox Phone Number: 530-642-7241

Mailing Address: 3883 Ponderosa Rd
Shingle Springs CA 95682

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
 by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____ (Seal)

Sally L. Zutter

From: Sally L. Zutter
Sent: Thursday, December 14, 2023 9:44 AM
To: Kim L. Martinez; Ana B. Hogrefe; William S. Mattox
Cc: Joy Shaw
Subject: Excess Proceeds Claim for parcel 095-090-013-000 / child support case 2*261025

I have reviewed the applicable statutes as to when the time 'stops' for the excess proceeds. Please see R&T Code §3712 + §4675 (I included a copy with the time-stamped copy of your claim sent to William Mattox via interoffice mail last week).

Any amounts stop on the day of the tax sale (11/1/22). Ana confirmed that child support November 2022 interest applies on the 1st day of each month, so it will be included in the claim. But December 2022's interest won't be included. Neither will the interest for January 2023 – approximately May 2024 (when we anticipate we can cut the check).

When I talked to Ana today, I was able to confirm that your office will continue to charge interest (which is minimal - only \$0.74 for November 2022) through the month we cut the check to you (anticipated to be May 2024). Since we know that you will refund any 'overages' to Wilkinson, I suggest we request the BOS to authorize the balance at 11/2023 of 11,130.07 which is actually a smidge higher than your claim amount. This takes us out of any ongoing interest/payments after the 11/1/22 sale and appropriately leaves the child support case open with your office since your lien on any property that he owns in EDC isn't extinguished with the sale of this specific property.

Also, as Kim and I discussed last week, RTC §3712 says that you no longer have any claim/lien on this specific property. In other words, your lien on this specific property is extinguished. I know you all know this, but I just want to document it since it was part of last week's conversation.

Information regarding the excess proceeds process can be located at this webpage
https://edcgov.us/Government/Auditor-Controller/PropTax/Pages/tax_sale_excess_proceeds.aspx

Additionally, there were about 10 pages of instructions and information attached to the claim form, but just for ease of reference, one of the last pages shows these next steps:

Processing

State law allows for a claiming period of a full year. The Claimant bears the responsibility if a receipt is suggested as there is no grace period. The Claimant may call to see if the Claim

In order to receive consideration by the County Board of Supervisors (BOS), valid Claimant claiming expiration date, which is one year following the date of the recording of the deed. The claiming expiration date may be located on the Notice of Excess Proceeds mailed to the Treasurer-Tax Collector's website.

Claims will be reviewed typically within 60 days following receipt. The Auditor-Controller will deny patently invalid Claims without further consideration. The Auditor-Controller will deny Claims without further consideration; however, presuming time remains within the claiming period, the Claimant may file the Claim with the missing information.

Claims will not be heard by the BOS until after the claiming period has expired. The Auditor-Controller will schedule a hearing of the Claim for Excess Proceeds with the BOS and will notify the Claimant of the hearing in advance. The BOS will take action to distribute the Excess Proceeds based upon State Law. The Auditor-Controller will notify all valid Claimants of the action taken by the BOS. Should the Claim be approved by the BOS, the Auditor-Controller shall issue a warrant (check) 90 days after the BOS action.

Thanks and let me know if you have any questions.

Sally Zutter, CPA
Property Tax Manager
Auditor-Controller, Property Tax Division
El Dorado County
360 Fair Lane, Placerville, CA 95667
(530) 621-5480



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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

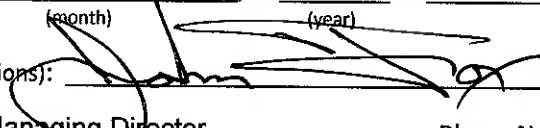
Complete a separate Claim for each Owner of Record making an Assignment. Submit the original Assignment(s) to include notarized signatures for both the Owner(s) of Record making the assignment and the Assignee. See instructions.

Assessor's Parcel Number: 512-179- 003-000 -	Default #:	Date of Tax Sale: 11 / 1 / 2022	Date Tax Deed to Purchaser Recorded: 12 / 8 / 2022
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: 100%	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> Robert Alan Hay III			
Assignee's Name <i>(submit original assignment):</i> Asset Recovery Inc.			
Percentage of Owner of Record's Excess Proceeds Assigned to Assignee: 100%		Amount Claimed: \$ 100%	

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 27th day of April, 2023 at Denver, CO
(day) (month) (year) (city and state)

Authorized Signature (see instructions): 

Print Name & Title: John Fox- Managing Director Phone Number: (303) 454-3707

Mailing Address: 910 16th St. Suite 624 Denver, CO 80202
 Email: JohnFox@assetrecoveryinc.com

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 Colorado, County of Denver

Subscribed and sworn to (or affirmed) before me on this 27th day of April, 2023,
 by John Fox, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

JEROD BURTON
 NOTARY PUBLIC - STATE OF COLORADO
 NOTARY ID 20224017688
 MY COMMISSION EXPIRES MAY 2, 2026

Signature Jerod Burton (Seal)

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

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

For valuable consideration, the undersigned Assignor(s) Robert Alan Hay III, hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100% of the excess proceeds which I am entitled to claim for the property which was sold at the El Dorado County, California, public auction of tax-defaulted property, held on the 1st day of November 2022, and described as parcel number 512-179-003-000.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$31,012.79, and as a party of interest I am entitled up to \$31,012.79.

Dated this 19th day of June 2023
Robert Alan Hay III
Signature (Robert Alan Hay III)

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.

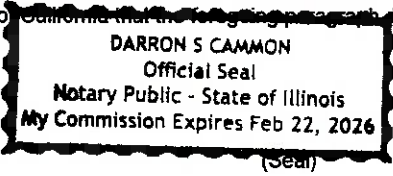
STATE OF IL

COUNTY OF Will

On June 19, 2023 before me, Darron S. Cammon personally appeared Robert Alan Hay III, 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
Darron S. Cammon
Signature



DECLARATION

I, Assignor(s) Robert Alan Hay III, declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc. for Parcel Number 512-179-003-000 from the public auction of tax-defaulted property held on the 1st day of November 2022, in El Dorado County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

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

Date 6/19/23 Signature (Robert Alan Hay III) Robert Alan Hay III
Name (print) ROBERT HAY Address 23006 LAKEVIEW ESTATES
City/State/Zip Code FRANKFURT IL 60423 Phone 312 254-7042

John Fox
John Fox
Managing Director
Asset Recovery Inc
(Assignee)

Sworn Before me this 24th day
of July 2023
Jerod Burton

Notary for state of Colorado
MY COMMISSION EXPIRES
MAY 2, 2026





COUNTY OF EL DORADO

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

AUDITOR-CONTROLLER
OCT 13 23 #10:23

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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 526 - 169 - 003 - 000	Default #: 170000085	Date of Tax Sale: NOV/01/2022	Date Tax Deed to Purchaser Recorded: DEC/08/2022
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 25 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 1436.59	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> MARTHA CARPINTEYRO QUINTANA			

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 10th day of October, 20 23 at US CONSULATE TIJUANA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *MAR*

Print Name & Title: MARTHA CARPINTEYRO QUINTANA Phone Number: 619 2000 750

Mailing Address: 3029 PLAZA PAOLO BONITA CA. 91902

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 US CONSULATE TIJUANA, County of _____

Subscribed and sworn to (or affirmed) before me on this 10th day of October, 20 23),

by Martha Carpinteyro de Rodriguez, proved to me on the basis of satisfactory evidence also known as Martha Carpinteyro Quintana to be the person who appeared before me.

Signature *Maria S. Wyrick* (Seal)
 Maria Wyrick
 Notarizing Officer
 U.S. Consulate General
 Tijuana, Mexico



UNITED MEXICAN STATES
STATE OF BAJA CALIFORNIA
CITY OF TIJUANA
CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA



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

AUDITOR-CONTROLLER OCT 13 28 AM '03

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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

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Owner's Percentage of Ownership: 25 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 1436.59	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> ANGEL RODRIGUEZ VAZQUEZ			

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 10th day of October, 20 23 at US CONSULATE TIJUANA
(day) (month) (year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: ANGEL RODRIGUEZ VAZQUEZ Phone Number: 619 2000750

Mailing Address: 3029 PLAZA PAOLO BONITA CA. 91902


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 US CONSULATE TIJUANA, County of _____

Subscribed and sworn to (or affirmed) before me on this 10th day of October, 20 23,
 by Angel Rodriguez Vazquez, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Maria Wyrick
 Notarizing Officer
 U.S. Consulate General
 Tijuana, Mexico

Signature (Seal)



UNITED MEXICAN STATES
 STATE OF BAJA CALIFORNIA
 CITY OF TIJUANA
 CONSULATE GENERAL OF THE
 UNITED STATES OF AMERICA



COUNTY OF EL DORADO

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

AUDITOR-CONTROLLER
OCT 13 23 AM 10:23

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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

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Owner's Percentage of Ownership: 25 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 1436.59	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> MARIO ALBERTO RODRIGUEZ CARPINTEYRO			

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 10th day of October, 20 23 at US CONSULATE TIJUANA
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Mario A. Rodriguez C.

Print Name & Title: MARIO ALBERTO RODRIGUEZ CARPINTEYRO Phone Number: 619 2000 750

Mailing Address: 3029 PLAZA PAOLO BONITA CA . 91902


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 US CONSULATE TIJUANA, County of _____

Subscribed and sworn to (or affirmed) before me on this 10th day of October, 20 23,
 by Mario Alberto Rodriguez Carpinteyro, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Maria Wyrick
 Notarizing Officer
 U.S. Consulate General
 Tijuana, Mexico

Signature Maria E. Wyrick (Seal)



UNITED MEXICAN STATES
STATE OF BAJA CALIFORNIA
CITY OF TIJUANA
CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA



COUNTY OF EL DORADO

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

AUDITOR-CONTROLLER
OCT 18 23 AM 10:23

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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

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Owner's Percentage of Ownership: 25 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 1436.59	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> LETICIA OJEDA ORTIZ			

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 10th day of October, 20 23 at US CONSULATE TIJUANA
(day) (month) (year) (city and state)

Authorized Signature (see instructions):

Print Name & Title: LETICIA OJEDA ORTIZ Phone Number: 619 2000750

Mailing Address: 3029 PLAZA PAOLO BONITA CA. 91902

UNITED MEXICAN STATES
STATE OF BAJA CALIFORNIA
CITY OF TIJUANA
CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA


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 US CONSULATE TIJUANA, County of _____

Subscribed and sworn to (or affirmed) before me on this 10th day of October, 20 23,
by Leticia Ojeda Ortiz, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Maria Wyrick
Notarizing Officer
U.S. Consulate General
Tijuana, Mexico

Signature (Seal)





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 following 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 submitted/mailed together). See attached instructions for important detailed instructions and information.

Assessor's Parcel Number: 527-401-051-000	Default #: Def 170000016	Date of Tax Sale: 11/01/2022	Date Tax Deed to Purchaser Recorded: 12/08/2022
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 type="checkbox"/> Sole Ownership <input checked="" type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy In Common <input type="checkbox"/> Other: _____	
Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 8157.72	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> STEINER MATT			

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 Feb, 2023 at Avon IN
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Matt Steiner

Print Name & Title: MATT STEINER Phone Number: 765-513-9340

Mailing Address: 559 Keeler Dr.
Avon IN 46123

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
 by _____, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature _____ (Seal)



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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

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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: 100 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 16,315.44	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> STEINER MATT			

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 3 day of Feb, 20 23 at Avondale IN
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Matt Steiner

Print Name & Title: MATT STEINER Phone Number: 765-573-9340

Mailing Address: 559 Keeler DR
Avondale IN 46123

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 Indiana, County of Hendricks

Subscribed and sworn to (or affirmed) before me on this 03 day of Feb, 20 23,
 by Amanda Kurbursky, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature [Signature] (Seal)

AMANDA KURBURY
 NOTARY PUBLIC - SEAL
 STATE OF INDIANA
 COMMISSION NUMBER 576395
 MY COMMISSION EXPIRES DEC 13, 2023



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

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Owner's Percentage of Ownership: 50 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 8157.72	
Owner's Name as Shown on Title of Record <i>(See instructions before completing):</i> STEINER LAURA			

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 Feb, 2023 at Avon IN
(day) (month) (year) (city and state)

Authorized Signature (see instructions): Laura Steiner

Print Name & Title: LAURA STEINER Phone Number: 765-438-4350

Mailing Address: 559 Keeler Dr
Avon IN 46123

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 _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____),
 by _____, proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.

Signature _____ (Seal)



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 following the recordation of the Tax Collector's Tax Deed to the purchaser.

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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: 100 %	Owner is Deceased or Dissolved: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount Claimed: \$ 16,315.44	
Owner's Name as Shown on Title of Record <i>(See Instructions before completing):</i> STEINER LAURA / MATT			

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 3 day of Feb, 2023 at AVON IN
(day) (month) (year) (city and state)

Authorized Signature (see instructions): *Laura Steiner*

Print Name & Title: LAURA STEINER Phone Number: 765-438-4350

Mailing Address: 559 Keele DR
AVON IN 46123

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 Indiana, County of Hendricks

Subscribed and sworn to (or affirmed) before me on this 3 day of Feb, 2023,
by AMANDA KURBURY, proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature *Amanda Kurbury* (Seal)

AMANDA KURBURY
NOTARY PUBLIC - SEAL
STATE OF INDIANA
COMMISSION NUMBER 576395
MY COMMISSION EXPIRES DEC 13, 2023