# 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.

		-	med instructions and information.
Assessor's Parcel Number:	Default #:		Date Tax Deed to Purchaser Recorded:
002-251-07-000	2016-126686	11/01/2022	12/08/2022
Type of Owner:  Person Trust Business, Corporation, Partnership, A Governmental Entity Other:	ssociation, etc.	Owner's Type of Owners!  (Eligibility is limited to the perce Sole Ownership Joint Tenancy Tenancy In Common Other:	hip: entage of each owner's ownership)
Owner's Percentage of Ownershi		eased or Dissolved:	Amount Claimed:
33,33*	∑XNo □ Yes		8 9,76/ ESE
Owner's Name as Shown on Title	of Record (See Instru	ctions before completing):	
Scott Alan Dubru	l and Julie 1	ynn Dibrul, hu	shand ? Thipe
Attach documentation to support t	he Claim. Docume	ntation may include proper	ty tax bills/notices mailed to Claimant, er, utility bills, etc. See instructions.
l affirm under penalty of perjury, a submit an originally signed and no	under the laws of th tarized Claim. See in	e State of California, that the structions for how to sign the Clair	e foregoing is true and correct.
Executed this 14 day of (day)	(month)	_ 20 Z 3 at ATAJC	1000, CA
Authorized Signature (see instructions):  Sto TT A DYBRUL TOUTE  Print Name & Title: JULIE L DYBRUL JULIELD HOUR Phone Number: (805) 704-8866			
Mailing Address: 1223	tiquera St	rect #100	
San Lu	is Obispo O	A 93401	
Notary: (A notary public verifies only the identity of the	in individual who signed the ducum	cut to which this certificate is ottoched, and not the	: Trainfulness, occurring, or validity of that document.)
Notary: (A notary public verifies only the identity of the individual who signed the document to which this certificate is attached, and not the trushfulness, occurry, or velicity of that document.)  State of County of			
Subscribed and sworn to (or affirm	ed) before me on th	nis <u>14</u> day of <u>0</u> C	tober 2023,
by Julie Lynn Dubrul	by Julie Lynn Dubrul and Scott Alan Dubrul proved to me on the basis of satisfactory evidence		
to be the person who appeared be			
_		See Attached Certific	eate .
Signature Signature	(Seal)		
Mail original claim to: El Dorado County Audite	r-Controller, Property Tax	Division 360 Fair Lane Placewille	CA 95667 Revised 11/9/2016

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, 20 23, by

Date Month Year

1) Scott Alan Dubrul

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

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

Signature

Signature of Notary Public



Place Notary Seal and/or Stamp Above

#### 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:

Signer(s) Other Than Named Above: NJA

1.安全是要大学专家的专家的主要的,我们的工作,我们们的工作,我们们们的工作,我们们们的工作,我们们们们的工作,我们们们们的工作。

Assessor's Parcel Number:

#### 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.

Date of Tax Sale:

Default #:

002-251-07-000	2016-126686	11/01/2022	12/08/2022
Tupe of Owner: Person Trust Business, Corporation, Partnership, As Governmental Entity Other:	ssociation, etc.	Owner's Type of Ownershi (Eligibility is limited to the percent) Sole Ownership Joint Tenancy Tenancy In Common Other:	tage of each owner's ownership)
Owner's Percentage of Ownership 33, 33%	TTO S	eased or Dissolved:	Amount Claimed:  \$ 9,76/ CSC
	indy L Oca	KEEEL TRUIEEL OR	COCKELEN FAMILY TRUS
cancelled checks, escrow document			r tax bills/notices mailed to Claimant, r, utility bills, etc. See instructions.
I affirm under penalty of perjury, usubmit an originally signed and not executed this 13 to day of 0 (day)  Authorized Signature (see instruction Print Name & Title: State Community Comm	tarized Claim. See in.  CTOSEC (month)  ns):	structions for how to sign the Claim  , 20 2 3 at 1240  (year)  [Year]  [Year]	cessius C4 (city and state) (outerull mber:
Notary: (A notary public verifies only the identity of the State of <u>Alliforna</u>		nt to which this certificate is attached, and not the to ounty of <u>El</u> Dôvado	
Subscribed and sworn to (or affirm			
by Steve Cockerell & C	indy L. Cock	ere ( proved to me a	on the basis of satisfactory evidence
to be the person who appeared beging the signature Signature Mail original claim to: El Dorado County Audito	Let (Seal)	REBECCA S. KEITH Notary Public - Califor El Doraco County Commission # 2394 My Comm. Expires Mar 1	rnia § 932 1, 2026

Date Tax Deed to Purchaser Recorded:



Assessor's Parcel Number:

### **COUNTY OF EL DORADO**

Default #:

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

DOZ-251-017-000 DOM-121101 11/02/2024 12/08/2022

Date of Tax Sale:

00 - 231	1 660	6	The state of the s
Type of Owner: Person Trust Business, Corporation, Partnership, Ass Governmental Entity Other:	sociation, etc.	Owner's Type of Ownersh (Eligibility is limited to the percent) Sole Ownership Joint Tenancy Tenancy in Common Other:	i <b>p:</b> ntage of each owner's ownership)
Owner's Percentage of Ownership	Owner is Dec	eased or Dissolved:	Amount Claimed: \$ 48 8 0, 83
Owner's Name as Shown on Title of CHAO COCKE	of Record (See Instruc	ctions before completing):	
Attach documentation to support the cancelled checks, escrow documents			y tax bills/notices mailed to Claimant, er, utility bills, etc. See instructions.
I affirm under penalty of perjury, un submit an originally signed and not executed this 4 day of 6 day)  Authorized Signature (see instruction Print Name & Title: 6 day)	arized Claim. See in. OCTOBEL (month)	structions for how to sign the Claim , 20 23 at 04	n.
Mailing Address: VEN	DOX 65	93006	
Notary: (A notary public verifies only the identity of the State of <u>CA</u> Subscribed and sworn to (or affirmed by CHAD COCKER	, Co	ounty of $EL$ $DOR$ .  is $19^{Th}$ day of $OC$	truthfulness, accuracy, or validity of that document.)  ADD  , 20 2 3 ),  on the basis of satisfactory evidence
to be the person who appeared before Signature		TO BW	COLLEEN CRANOR Z COMM. # 2393176 DET NOTARY PUBLIC - CALIFORNIA D COMM. EXPIRES VAR. 2, 2026 7

**Date Tax Deed to Purchaser Recorded:** 

## **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded
002-251:017 -000	2016-126	686 1/01/202	2 12/08 /2022
Type of Owner:  Person Trust Business, Corporation, Partnership Governmental Entity Other:	o, Association, etc.	Owner's Type of Owne (Eligibility is limited to the pe Sole Ownership Joint Tenancy Tenancy In Common Other:	rship: rcentage of each owner's ownership)
Owner's Percentage of Owners	hip: Owner is D	eceased or Dissolved:	Amount Claimed: \$4880 89
Owner's Name as Shown on Tit		tructions before completing):	
A STATE OF THE STA	PERSONAL PROPERTY OF THE PERSON OF THE PERSO		
incelled checks, escrow docume	rt the Claim. Docun ents, a will, certified	nentation may include prop I death certificate or court o	erty tax bills/notices mailed to Claimar rder, utility bills, etc. See instructions.
	Strange Strange	entiles distributes programmes and a second	TO THE RESERVE NAME OF THE PARTY OF THE PART
affirm under penalty of perjun	, under the laws of	the State of California, that	the foregoing is true and correct. I
ubmit an originally signed and	CONTRACTOR AND		
xecuted this 23 day of	October		itport, CT
(day)	(month)	(year)	(city and state)
Authorized Signature (see instruc	tions):	1 orferell	
Print Name & Title: Wend	Ockere	//Phone	Number: 571.274.8615
Mailing Address: 370	whieler.	s Farms ,	Rd. Unit 301
Mil	ford, C	CT 06461	
Notary: (A notory public verifies only the identity	of the individual who signed the doc	cument to which this certificate is attached, and no	t the truthfuiness, accuracy, or validity of that document.)
( )		7	
tate of		, County of tain hi	eld
State of Subscribed and sworn to (or affi		0.0	eld October 2023
ubscribed and sworn to (or affi	rmed) before me on	this 23 day of	October 2023
subscribed and sworn to (or affing)	rmed) before me on	this 23 day of 0	ne on the basis of satisfactory evidence
ubscribed and sworn to (or affing)	rmed) before me on R before me.	this 23 day of 0	October 2023
ubscribed and sworn to (or affi	rmed) before me on R before me. Sta	this 23 day of Cobert Sadowskii Notary Publicite of Connecticut	ne on the basis of satisfactory evidence
subscribed and sworn to (or affing)	rmed) before me on R before me. Sta My C	this 23 day of 0	ne on the basis of satisfactory evidence

**Assessor's Parcel Number:** 

## 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 <u>each</u> Owner of Record (multiple Claims may be submitted/mailed together). See attached instructions for important detailed instructions and information.

**Date of Tax Sale:** 

**Date Tax Deed to Purchaser Recorded:** 

Default #: DEF

009 091 013 000 16000	0285 1	1/1/22	12/8/	22	
Type of Owner:	Own	er's Type of Owner		e brace de la	
Person		(Eligibility is limited to the percentage of each owner's ownership)			
Trust  Business, Corporation, Partnership, Association,	10-2	ole Ownership int Tenancy			
Governmental Entity	=	enancy In Common			
Other:		ther:			
Owner's Percentage of Ownership: Ow	ner is Deceased	or Dissolved:	Amount Claim	ed:	
100 %	No Yes		\$ 48,61	46.75	
Owner's Name as Shown on Title of Record	d (See Instructions b	efore completing):			
Carol Bercier				1	
Attach documentation to support the Claim cancelled checks, escrow documents, a will,					
I affirm under penalty of perjury, under the submit an originally signed and notarized Cl	laim. See instructio	ns for how to sign the C	laim.	e and correct.	1
Executed this 16 <sup>th</sup> day of June (month)	202	3 at Maria	00 00		
(day) (month)	, 20 <u>0</u>	(vear)	(city and state)	100	
	/	0			
Authorized Signature (see instructions):	hama	Jugger			
	$\alpha_0$	UU	6	20-510	7
Print Name & Title: Virgina Gi	Hord	Phone	Number: 520 0	28,260	
Authorized Signature (see instructions):	iation Rd	AP+#26	Marina, ca	93933	
Notary: (A natary public verifies only the identity of the individual who	signed the document to which	this certificate is attached, and not	the truthfulness, accuracy, or valid	ity of that document.)	
State of	, County	of			
Subscribed and sworn to (or affirmed) befor	e me on this	day of		20	J,
by		, proved to n	ne on the basis of so	atisfactory evid	lence
to be the person who appeared before me.					
		SEE ATTAC FOR CERTIF	HED LICATE		
Signature	(Seal)				
Mail original claim to: El Dorado County Auditor-Controller	Property Tax Division	ı, 360 Fair Lane, Placervil	le, CA 95667	Revised 11/9/2	016

## 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 Subscribed and sworn to (or affirmed) before me County of Monteres (and (2) Name(s) of Signer(s) KATELYN HOFFMAN otary Public - California Conterey County mmission # 2376382 proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Place Notary Seal Above

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

- OPTIONAL -

#### **Description of Attached Document**

Title or Type of Document: Claim From Owner of	Document Date:
てきていて Number of Pages: Signer(s) Other Than Named Above:	
©2016 National Notary Association • www.NationalNotary.org • 1-800	

## **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.

Assessor's Parcel Number: 009 - 091-013-000	Default #: 1 60000 285	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded: 12 / 08 / 22
Type of Owner: Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Owner (Eligibility is limited to the p Sole Ownership Joint Tenancy Tenancy In Common Other:	ership: nercentage of each owner's ownership)
0/		ceased or Dissolved:	Amount Claimed:
000 % Owner's Name as Shown on Title	Yes		\$ 48,646.75
Carol Bercier	or Record (See Instr	uctions before completing):	
Executed this 21 day of 30 day)  Authorized Signature (see instruction)	otarized Claim. see	instructions for how to sign the _, 20_2023 at (year)  Ann Pulman	t the foregoing is true and correct. I  Claim.  (XON, California  (city and state)  Number: \$\frac{330}{302-6345}\$
<u> </u>	Jiviley		
<b>Notary:</b> (A notary public verifies only the identity of the	ne individual who signed the docum	nent to which this certificate is attached, and n	ot the truthfulness, accuracy, or validity of that document.)
State of		County of	
Subscribed and sworn to (or affirm	ed) before me on t	hisday of	, 20),
by		, proved to	me on the basis of satisfactory evidence
to be the person who appeared be			A notary public or other officer overplaining this certificate verifice; party the identity of the indirectant was against the docturned to which this certificate is established, send not the forthfollows, accuracy, or unificially of that docturned:
Signature ail original claim to: El Dorado County Audito	(Seal)		

## **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

that document.
efore me on this $21^{st}$ day of $30^{st}$ .
Potman
vevidence to be the person(s) who appeared
COREY MOORE COMM. # 2433655 ON NOTARY PUBLIC - CALIFORNIA OSOLANO COUNTY OCOMM. EXPIRES JAN. 9, 2027
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.
<ul> <li>State and county information must be the state and county where the document signer(s) personally appeared before the notary public.</li> <li>Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is</li> </ul>

- 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.

Number of Pages \_\_\_\_\_ Document Date\_\_\_\_\_

Additional information



## CLAIM FROM OWNER OF RECORD

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Date of Tax Sale:

**Date Tax Deed to Purchaser Recorded:** 

Default #:

Person Trust Business, Corporation, Partnership, Associati Governmental Entity Other:	Sole Ownership	ne percentage of each owner's ownership)
Owner's Percentage of Ownership:	Owner is Deceased or Dissolved:  No Tes	Amount Claimed: 5,096.47
Owner's Name as Shown on Title of Re	cord (See Instructions before completing):	
		property tax bills/notices mailed to Claimant, urt order, utility bills, etc. See instructions.
I affirm under penalty of perjury, under submit an originally signed and notarize Executed this day of Ma (day)  Authorized Signature (see instructions):  Print Name & Title: AURA Mailing Address: 134 OVER	d Claim. See instructions for how to sign  y 20 23 at (year)  (year)	
Notary: (A notary pupils verifies only the identity of the individual State of Tennessee State of Subscribed and sworn to (or affirmed) but	County of	and not the truthfulness, accuracy, or validity of that document )  NOO (  May , 20 23 ),
by Laura A. Mill to be the person who appeared before n	Mer proved	NHITE ON the basis of satisfactory evidence
Signature Keta Wiles	TENNE NOT	SSEE
Mail original claim in: El Dorado County Auditor-Contr EXP. 3-2-24	roller, Property Tax Division, 360 Tone, Pla	accept 11/9/2016 Revised 11/9/2016

## 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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
012-322-04-100	160000380	11/01/2020	12/08/2022
Type of Owner: Person Trust Business, Corporation, Partnership, As Governmental Entity Other:	ssociation, etc.	Owner's Type of Owners (Eligibility is limited to the percomposition) Sole Ownership Joint Tenancy Tenancy In Common Other:	hip: entage of each owner's ownership)
Owner's Percentage of Ownership	No Yes	eased or Dissolved:	Amount Claimed: \$ 7,096.47
Owner's Name as Shown on Title			
Attach documentation to support to cancelled checks, escrow document	he Claim. Documen s, a will, certified de	ntation may include proper eath certificate or court ord	ty tax bills/notices mailed to Claimant, ler, utility bills, etc. See instructions.
	arized Claim. See ins	e State of California, that the structions for how to sign the Clair, 20 23 at	im.
Authorized Signature (see Instructio	ns)://av	VW TIME	
Print Name & Title AUIG	Focuse	), Clay Rebone N	umber: <u>415-336-87</u> 87
Mailing Address: 4934	731413	STREET	
Speri	AMENT	O, CA	95877
Notary: (A notary public verifies only the identity of the State of	co	unty of Sacrament	5
Subscribed and sworn to (or affirme		s_7 day of Auc	just 20 23 ),
by Daniel W. Fisch	ner	proved to me	on the basis of satisfactory evidence
to be the person who appeared before	ore me.	HIVAYA COMM. # 2 NOTARY PUBLIC - SACRAMENTO COMM. EXPIRES M	398524 CALIFORNIA D
Signature	(Seal)	District 260 Fair Lore District	CA 05667 Days - 1 11/0/2016



Default #:

Assessor's Parcel Number:

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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Date of Tax Sale:

Date Tax Deed to Purchaser Recorded:

C10 300 04 100 160000 080 1	1/01/2020 12/08/2022
Type of Owner:	wner's Type of Ownership:
Person (6	ligibility is limited to the percentage of each owner's ownership!
T Budana Canada a di La	Sole Ownership
Governmental Entity	Joint Tenancy Tenancy In Common
Other:	Other:
Owner's Percentage of Ownership: Owner is Decease	ed or Dissolved: Amount Claimed:
No ☐ Yes	52091242
Owner's Name as Shown on Title of Record (See instruction	is before completing):
FISCHER, CHRISTINE	$\equiv D$ .
,	ion may include property tax bills/notices mailed to Claimant,
cancelled checks, escrow documents, a will, certified death	recruificate or court order, utility bills, etc. See instructions.
I affirm under penalty of perjury, under the laws of the St	ate of California, that the foregoing is true and correct.
submit an originally signed and notarized Claim. See instruc	tions for how to sign the Claim.
Executed this tay of Mays 20	23 st Sacramento
(day) (modify)	(year) (city and state)
Authorized Signature (see instructions): WWW	J. Froche
Print Name & Title: CHRISTINE FISCHED	2 (20) (Stone Number: 916-706-6536
Mailing Address: 4924 D3RD OTR	EET
SARRAMENTO	CA 95877
Notary: (A natury public verifies only the identity of the individual who signed the document to wh	ich this cassillatio is attached
	y of Sacvamento
Subscribed and sworn to (or affirmed) before me on this	74 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.	HIVAYAT ALL
	COMM. # 2398524
$\propto (1)/1$	NOTARY PUBLIC - CALIFORNIA () SACRAMENTO COUNTY ()
( dis) (	COMM. EXPIRES MAR. 25, 2026
Signature (Seal)  Mail onginal claim to Disrudo County Auditor-Controller, Property Tay Disrudo	VOE - C
Mail original claim to El Dorado County Auditor-Controller, Property Tax Divisio	m, 360 Fair Lune, Placerville, CA 95667 Revised 11 9 2016

### **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded
012-322-004-00	16000280	11/01/22	12 /08 /22
Type of Owner:  Person Trust Business, Corporation, Partnership, A Governmental Entity Other:	ssociation, etc.	Owner's Type of Owner (Eligibility is limited to the page) Sole Ownership Joint Tenancy Tenancy In Common Other:	ership: ercentage of each owner's ownership)
Owner's Percentage of Ownershi	p: Owner is Dec	eased or Dissolved:	Amount Claimed:
20 %	□ No		\$ 4192.84
Owner's Name as Shown on Title		ctions before completing):	
FRANCENE DO			
Print Name & Title: PETE  Mailing Address: 242	(month)  in Formes  DECKENSO	2023 at RE  (year)  EXECUTOR OF  Phone  ON DRIVE	
IL GA Q.  Votary: (A notary public verifles only the identity of t	Free PA		at the trithfulness provings perulidity of that document )
			n the trainfulness, accuracy, or vanishy of that accument.)
Subscribed and sworn to (or affirn	ned) before me on tl	hisday of	, 20),
by		, proved to	me on the basis of satisfactory evidence
to be the person who appeared be	fore me.		
Signature	(Seal)		

### **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
012-322-004-00		12/8/22	/ UNICNUIN
Type of Owner: Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Owner (Eligibility is limited to the per Sole Ownership Joint Tenancy Tenancy In Common Other:	ship: centage of each owner's ownership)
Owner's Percentage of Ownershi	p: Owner is Dec	ceased or Dissolved:	Amount Claimed:
Owner's Name as Shown on Title	of Record (See Instru	ctions before completing):	
			erty tax bills/notices mailed to Claimant, der, utility bills, etc. See instructions.
Print Name & Title: 1676rc  Mailing Address: 242 [	BRURAY (month)  FORBES	nstructions for how to sign the Clary  2023 at NEW  (year)  AECUTON OF THE  Phone I	aim.
Notary: (A notary public verifies only the identity of the State of	e individual who signed the docume	county of Serks	he truthfulness, accuracy, or validity of that document.)
Subscribed and sworn to (or affirm	ed) before me on th		bruary 20 23 ),
by Peter James to	rbas	, proved to m	e on the basis of satisfactory evidence
to be the person who appeared be	fore me. (Seal)	Commonwealth of Pennsyl Jan M Laws, Nota Berks Cour My Commission Expires Commission Number	ary Public aty 3 June 21, 2024
Mail original claim to: El Dorado County Audito		: Division, 360 Fair Lane, Placerville	c, CA 95667 Revised 11/9/2016

## **CLAIM FROM OWNER OF RECORD**

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Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:		
012 - 322 - 004 - 000		11 / 01 / 2022	12 / 08 / 2022		
Type of Owner:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Owner  (Eligibility is limited to the p    Sole Ownership   Joint Tenancy   Tenancy In Common Tr	ercentage of each owner's ownership)		
Owner's Percentage of Ownersh 20 %	No Yes	eceased or Dissolved:	Amount Claimed: \$ 4,192.84		
Owner's Name as Shown on Titl Frank J. Werner Jr., Trustee		The state of the s	Dated 5/21/9 <b>2</b>		
			perty tax bills/notices mailed to Claimant, order, utility bills, etc. See instructions.		
submit an originally signed and n	otarized Claim. Sec	e instructions for how to sign the			
(day)	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 I Werner Rev 1993 Trust				
	TIGOTOO OF OIGHT LITTER	o. Tronico itel idaz ilda			
Print Name & Title:		Phone	Number: 503-559-7496		
Mailing Address: 320 NW H	leath Ct.				
Dallas, C	PR 97338				
Notary: (A notary public verifies only the identity o	the individual who signed the doc	ument to which this certificate is attached, and n	ot the truthfulness, accuracy, or validity of that document )		
State of					
Subscribed and sworn to (or affir					
by		, proved to	me on the basis of satisfactory evidence		
to be the person who appeared b	efore me.				
Signature	(Seal)				

## **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.

012 - 322 - 004 - 000	Default #:	Date of Tax Sale: 11 / 01 / 2022	Date Tax Deed to Purchaser Recorded:
Type of Owner:  Person Trust Business, Corporation, Partnership, A Governmental Entity Other:	Association, etc.	Owner's Type of Owner (Eligibility is limited to the pe	
Owner's Percentage of Ownersh 14.28 %	ip: Owner is £	Deceased or Dissolved:	Amount Claimed: \$ 2,993.69
Owner's Name as Shown on Title Frank J. Werner Jr., Trustee o			Pated 5/21/92
			erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.
executed this 26 day of Octoor	(month)	, 20 23 at Da	lias, Oregon (city and state)
Jason Werner,	ons): Dasn ( Trustee of the Frank	k J. Werner Rev 1992 Trust	f the Frank J. Wernegel 1992 to
Jason Werner,	ons): Dasn ( Trustee of the Frank	k J. Werner Rev 1992 Trust	He Frank J. Werner, 1992 for Number: 503-559-7496
Print Name & Title:	Trustee of the Frank	k J. Werner Rev 1992 Trust	f the Frank J. Werner, 1992 for
Jason Wemer, Print Name & Title:	Trustee of the Frank	k J. Werner Rev 1992 Trust	f the Frank J. Wernegel 1992 for
Jason Werner, Print Name & Title:  Mailing Address:  Dallas, O  Notary: (A notary public verifies anity the identity of	eath Ct. R 97338	k J. Werner Rev 1992 Trust	He Frank J. Werner, 1992 A Number: 503-559-7496
Jason Werner, Print Name & Title:  Mailing Address:  Dallas, O  Notary: (A notary public verifies anly the identity of State of Drog on	eath Ct. R 97338	Phone  which this certificate is attached, and not perform to which this certificate is attached.	He Flank J. Werney, 1992 + Number: 503-559-7496  the truthfulness, accuracy, or validity of that document.)
Jason Werner, Print Name & Title:  Mailing Address:  Dallas, O  Notary: (A notary public verifies anny the identity of State of Dreg on Subscribed and sworn to (or affirm	eath Ct. R 97338 the Individual who signed the do	cument to which this certificate is attached, and not be country of day of day of day of day of day	He Flank J. Werner, 18, 1992 He Number: 503-559-7496  The truthfulness, accuracy, or validity of that document.)
Print Name & Title:  Mailing Address:  Dallas, O  Notary: (A notary public verifies anly the identity of	eath Ct. R 97338 the Individual who signed the do	Phone  County of DOCC  TANISHA  NOTARY PI	Number: 503-559-7496  Number: 503-559-7496  The truthfulness, accuracy, or validity of that document.)  CLOBER 2023), The on the basis of satisfactory evidence  CIAL STAMP  RAE CASEY  UBLIC - OREGON  ON NO. 1033071

### **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:	
018-130-032-000	DEF160000277	11 / 01 / 2022	12 / 08 / 2022	
Type of Owner:  Person Trust Business, Corporation, Partnership, Governmental Entity Other:	Association, etc.	Owner's Type of Own (Eligibility is limited to the p Sole Ownership  Joint Tenancy Tenancy in Common Other:	ership: percentage of each owner's ownership)	
Owner's Percentage of Ownership:  50 %  Owner is Dec		eceased or Dissolved:	Amount Claimed: \$ 50,686.85	
Owner's Name as Shown on Tit  Elias, Mike Craig  Attach documentation to suppor	t the Claim. Docum	nentation may include pro	perty tax bills/notices mailed to Claimant, order, utility bills, etc. See instructions.	
Executed this 13 day of (day)  Authorized Signature (see instruction Name & Title: Mike	Tanuary (month) tions):	20 23 at Bu	city and state)  e Number: 703-283-9542	
Mailing Address: 5368  Fairfa		rough Drive	e Number. 703-283-7972	
Notary: (A notary public verifies only the identity of				
State of Vivaina		County of	of the truthfulness, accuracy, or validity of that document.)	
Subscribed and sworn to (or affirmed), before me on this 3 day of 20 3 ).				
by Mixe Graig	Elias		me on the basis of satisfactory evidence	
to be the person who appeared before me.  DYLAN M. REAMY Notary Public 7620231 Commonwealth of Virginia My Commission Expires 11/30/2023			ry Public 7620231	

## **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:	
018-130-032-000	DEF160000277	11 / 01 / 2022	12 / 08 / 2022	
Type of Owner:    Person		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy Tenancy In Common Other:		
Owner's Percentage of Ownershi 50 %	Owner is Dec	eased or Dissolved:	<b>Amount Claimed:</b> \$ 50,686.85	
Owner's Name as Shown on Title	of Record (See Instruc	ctions before completing):		
Elias, Jim Victor AKA-	James Vi	ctor Elias		
• •			erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.	
submit an originally signed and no	tarized Claim. See in.  (month)  ons):		mta Rosa CA (city and state)	
<b>Notary:</b> (A notary public verifies only the identity of the	e individual who signed the docume.	nt to which this certificate is attached, and not	t the truthfulness, accuracy, or validity of that document.)	
State of California		ounty of <u>Son or</u>	7PL	
Subscribed and sworn to (or affirmed) before me on this 10th day of 5cm, 2023,				
by James Victor Elias proved to me on the basis of satisfactory evidence				
to be the person who appeared be	fore me.	Notary Pu Sonoi Commiss	A SANGWAN blic - California ma County fon # 2389430 xpires Jan 4, 2026	
		Division, 360 Fair Lane, Placervil	le. CA 95667 Revised 11/9/2016	

## **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:	
025 - 884 - 001 - 000	DEF150000239	11/ 01/2022	12 / 08 / 2022	
Type of Owner:    Person		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy In Common  Other:		
Owner's Percentage of Ownership	Owner is Dece	eased or Dissolved:	Amount Claimed:	
50 %	X No		\$ 52,011.28	
Owner's Name as Shown on Title	of Record (See Instruc	tions before completing):		
Brandon C. Miller				
I affirm under penalty of perjury, u submit an originally signed and not Executed this 31st day of (day)  Authorized Signature (see instruction Print Name & Title: PO Box 132	nder the laws of the carized Claim. See ins August (month) ns): C. Miller, Property	State of California, that the tructions for how to sign the Clarifornia at Soul	erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.  the foregoing is true and correct. I laim.  th Lake Tahoe, CA (city and state)  Number: 808-634-5434	
<b>Notary:</b> (A notary public verifies only the identity of the	individual who signed the document	to which this certificate is attached, and not t	the truthfulness, accuracy, or validity of that document.)	
State of	, Co	unty of ELGORAC	10	
Subscribed and sworn to (or affirme	ed) before me on this	5 31 day of A	vgust 20 23 ),	
by BRANDON CHASE MILER proved to me on the basis of satisfactory evidence				
to be the person who appeared before me.				

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-PURP	OSE ACKNOWLEDGMENT
State Of California	)
County of El Dorado	) )
On 08.31.2023	before me, Kovin P. JAMIESON, notary Public
personally appeared BRA	HOON 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/the/ executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature of Notary Public





## **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:	
025 - 884 - 001 - 000	DEF150000239	11/ 01/2022	12 / 08 / 2022	
Type of Owner:    Person		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy in Common  Other:		
		eased or Dissolved:	Amount Claimed:	
50 %	X No Yes		\$ 52,011.27	
Owner's Name as Shown on Title	of Record (See Instruc	tions before completing):		
Jessica R. Howitt				
cancelled checks, escrow documen	ts, a will, certified de	eath certificate or court o	erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.	
submit an originally signed and no			the foregoing is true and correct.   Daim.	
Executed this 31st day of	August	, 20 23 at Sou	th Lake Tahoe, CA	
(day)	(month)	(year)	(city and state)	
Authorized Signature (see instruction	ons):			
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	e individual who signed the docume	nt to which this certificate is attached, and not	the truthfulness, accuracy, or validity of that document.)	
State of CA	, Ca	ounty of ELGOR	9d0	
Subscribed and sworn to (or affirm	ed) before me on th	is 3 day of 7	vjust , 20 23 ),	
by NESSICA ROSE HOWITH , proved to me on the basis of satisfactory evidence				
to be the person who appeared be	fore me.			
50 X 1 8 3123				

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, Kaun & Jamieson
On 08.31.2023 before me, Kavin & JAMIESON, NOTARY Public personally appeared JESSICA ROSE HOWITT
who proved to me on the basis of satisfactory evidence to be the person whose name(s is/are subscribed to the within instrument and acknowledged to me that he/she/the/executed the same in his/her/ther authorized acknowledged to me that he/she/the/

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

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

WITNESS my hand and official seal.

Signature of Notary Public

KEVIN P. JAMIESON COMM. # 2404214 DEL DORADO COUNTY MY COMM EXP MAY 13, 2026

### **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
034-231-003-000	160000224	11/1/2022	12/08/2022
Type of Owner:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Owner	
Owner's Percentage of Ownershi	Owner is Dec	eased or Dissolved: Amount Claimed:	
/00 ~	☐ Yes		872216.48
Owner's Name as Shown on Title Miller Timothy	of Record (See Instruc	ctions before completing): DONNAI	TR
			erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.
I affirm under penalty of perjury, u submit an originally signed and no			
Executed this 23 Pday ofA			
Authorized Signature (see instruction			
			Tr. 408-644-9993
Mailing Address: 7464	Silver K	ing Dr.	
Sparks	NV	89436	
<b>Notary:</b> (A notary public verifies only the identity of the	e individual who signed the docume	nt to which this certificate is attached, and not	the truthfulness, accuracy, or validity of that document.)
State of	c	ounty of	
Subscribed and sworn to (or affirm	ed) before me on th	isday of	, 20),
by		, proved to n	ne on the basis of satisfactory evidence
to be the person who appeared be	fore me.		
Signature	(Seal)		28

## **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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
034 231-003-000	150000224	11/1 /2022	12/08/ 2022
Type of Owner:  ☐ Person ☐ Trust ☐ Business, Corporation, Partnership, A ☐ Governmental Entity ☐ Other:	ssociation, etc.	Owner's Type of Owner	
Owner's Percentage of Ownershi	A 100 A	eased or Dissolved:	Amount Claimed:
100 %	No ☐ Yes		\$73,341.50
Owner's Name as Shown on Title	of Record (See Instruc	tions before completing):	
			erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.
Executed this 20th day of 10 (day)  Authorized Signature (see instruction AND DONNA Print Name & Title: 1 mothy  Mailing Address: 74 64	ons): C C T miller L C. Miller	Truster Phone	(city and state)  e of the Timoth, CM.lle, red Junuary 28th 2000  Number: 408 644 9993
SPARKS	NV 8	9436	
Notary: (A notary public verifies only the identity of the	ne individual who signed the docume	nt to which this certificate is attached, and not	the truthfulness, accuracy, or validity of that document.)
State of Nevada			
Subscribed and sworn to (or affirm	. 1.		ne on the basis of satisfactory evidence
to be the person who appeared be	fore me.		
Signature 41	(Seal)	CORTNEY & Notary P State of N Appt. No. 20 My Appt. Expires	ublic evada -8212-02

## **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 reportation of the Tax Collector's Tax Deed to the purchaser.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
034-231-003-000	Def 15000024		12/08/2022
Type of Owner:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Owne	
Owner's Percentage of Ownershi	p: Owner is D ⊠ No ☐ Yes	eased or Dissolved:	Amount Claimed: \$ 43,347,50
Owner's Name as Shown on Title	of Record (See Inst. ye	ctions before completing):	
			erty tax bills/notices mailed to Claimant, order, utility bills, etc. See instructions.
Submit an originally signed and not be becaused this 20th day of 2 day of 3	ons): Dana Dung Trust Do	structions for how to sign the of 20 23 at Sp (year)  ne Mille Trustee of the d January 28 Trustee Phone	
<b>Notary:</b> (A notary public verifies only the identity of t	he individual who signed the doc; me	ent to which this certificate is attached, and no	t the truthfulness, accuracy, or validity of that document.)
State of Nevada	¢	ounty of Washol	
Subscribed and sworn to (or affirn	ned) before me on 🚜	als <u>20th</u> day of <u></u>	anuary 2023),
by Donna IRana	leille		me on the basis of satisfactory evidence
to be the person who appeared be	efore me.		CORTNEY MORRIS  Notary Public  State of Nevada  Appt. No. 20-8212-02  My Appt. Expires Jan. 28, 2025

### **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.

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:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity  Other: Administrator to the Estate of Fern Romano		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership Joint Tenancy Tenancy In Common Other:		
Owner's Percentage of Ownership:  Owner is Dece		eased or Dissolved:	Amount Claimed: \$41,368.09	
	rt the Claim. Documen	itation may include pro	operty tax bills/notices mailed to Claimant, order, utility bills, etc. See instructions.	
Authorized Signature (see instru	ctions):	Menyle	ne Number: (299) 527-9899 L'of Fern Romano, decedent	
	6"Street, 5	te. 103, Mod	esto, CA 95354	
Notary: (A notary public verifies only the identity	of the individual who signed the documen	if to which this certificate is attached, and	not the truthfu <sup>i</sup> ness, accuracy, or validity of that document.)	
State of, County of				
by	Subscribed and sworn to (or affirmed) before me on thisday of, 20			
to be the person who appeared	before me.		ATTACHED JURAT	
Signature  Jaul original claim to El Dorado County Au	(Seal)			

✓ See Attached Document (Notary to cross out line)	
☐ See Statement Below (Lines 1–6 to be completed	d only by document signer[s], not Notary)
4	
5	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certificat document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the e truthfulness, accuracy, or validity of that document.
State of California	Subscribed and sworn to (or affirmed) before me
County of SANISIAUS	
	on this 14th day of November, 2023,  Date Month Year
	d
	(1) JUTHONY D. JOHNSTON
,	(and (2)),
CHRISTY ALONZO Notary Public - California	Name(s) of Signer(s)
Stanisiaus County Commission # 239348	proved to me on the basis of satisfactory evidence
My Comm. Expires Apr 29, 2026	to be the person(s) who appeared before me.
	Oro Co. 11
	Signature of Notes, Public
	Signatiure of Notary Public
Seal	
Place Notary Seal Above	
	IONAL 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:	
Number of Pages: Signer(s) Other Than Nan	ned Above:

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#### **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:    Person   Trust   Business, Corporation, Partnership   Governmental Entity   Other:	, Association, etc.	Owner's Type of Ov (Eligibility is limited to the Sole Ownership of Joint Tenancy Tenancy Other:	ne percentage of each owner's ownership)	
Owner's Percentage of Ownership: 100 %		Owner is Deceased or Dissolved: No Yes		
Owner's Name as Shown on Ti BEVERLY ANN MACDONA		structions before completing):		
Assignee's Name (submit original Global Discoveries Ltd	il assignment):			
Percentage of Owner of Record	l's Excess Proceeds		Amount Claimed: \$ 33,949.78	
			perty tax bills/notices mailed to Claimant, t order, utility bills, etc. See instructions.	
Executed this 2 day of day)  Authorized Signature (see instruction Name & Title: Jed Byerly)  Mailing Address: P.O. Box 17  Modesto, C.A.	ctions):  Managing Member C	at	(city and state)  Phone Number: (209) 593-3913	
Notary'	- # # 1 - P - # 1 - P - # 1 #		and not the truthfulness, accuracy, or validity of that document.)	
			and not the virtualness, securacy, a virtually of that accument,	
Subscribed and sworn to (or aff	irmed) before me o	n this day of	, 20 ),	
by		, proved	to me on the basis of satisfactory evidence	
to be the person who appeared	before me.	SEE A	Moned	
Signature Meil original Claim to: El Dorado County A	(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. 2 (if any) Signature of Document Signer No. 1 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 Subscribed and sworn to (or affirmed) before me County of STANISLAW bγ (and (2) Name(s) of Signer(s) MARIA MENDOZA Notary Public - California proved to me on the basis of satisfactory evidence Stanislaus County Commission # 2384244 to be the person(s) who appeared before me. Comm. Expires Nov 22, 2025 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:

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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 19 day of April 2023  Signature: Joseph William MacDonald as heir to the Exate 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
On 18 APR 23 before me. TORIE NILSON PUBLIC personally appeared
(Date) (here insert name and title of the officer)
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 forestonic paragraph is true and correct.
WITNESS my hand and official seal. COMM. # 2293613
(seal) NOTARY PUBLIC - CALIFORNIA RIVERSIDE COUNTY
Signature of Notary Public My Comm. Expires: JUNE 17, 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, Managing Member, Global Discoveries Ltd.
Signature of Assignee 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.
- AAL CORALA
State of CHUITOTONIA
on 4/24/23 before me, Marie Mendoza, personally appeared
On 1/24 before me, (here insert name and title of the officer)  (Date) (here insert name and title of the officer)
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.
W/IN/PSS my hand and afficial seat.

Stanislaus County
Commission # 2384244
My Comm. Expires Nov 22, 2025

GD Number: 45873-395488

## **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

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:  Person Trust Business, Corporation, Partnershi Governmental Entity Other:	p, Association, etc.	Owner's Type of Ox (Eligibility is limited to the Sole Ownership) Joint Tenancy Tenancy in Common	wnership: ne percentage of each owner's ownership)
Owner's Percentage of Owner			or Dissolved: No Yes
Owner's Name as Shown on Ti BEVERLY ANN MACDONAL	tle of Record (See in LD	structions before completing):	
Assignee's Name (submit original Global Discoveries Ltd	al assignment):		
Percentage of Owner of Record	d's Excess Proceeds		Amount Claimed: \$ 33,949.78
tach documentation to support incelled checks, escrow docume	the Claim. Docume ents, a will, certified	entation may include pro death certificate or cour	perty tax bills/notices mailed to Claimant, t order, utility bills, etc. See instructions.
Authorized Signature (see instruction of the Print Name & Title: <u>Jed Byerly</u> Mailing Address: <u>P.O. Box 17</u>	Managing Member G	J Kiyear)	(dty and state)  Phone Number: (209) 593-3913
Notary: (A natary public verifies only the identity			nd not the truthfulness, accuracy, or validity of that document.)

GD Number: 45873-395487

### **CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202** 

\$\ta\\a\\a\\a\\a\\a\\a\\a\\a\\a\\a\\a\\a\	\\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\@\
See Attached Document (Notary to cross out See Statement Below (Lines 1-6 to be compl	
1	
2	
3	
5	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certificate is attached, and no	ficate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California	Subscribed and sworn to (or affirmed) before me
County of STANIS LAUS	on this 28 day of March, 2023, by Date Month Year
	(1) Jed Byerly (and (2) ),
MARIA MENDOZA	Name(s) of Signer(s)
Notary Public - California Stanisiaus County Commission # 2384244 My Comm. Expires Nev 22, 2025	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
	Signature Naue Meudo -
	Signature of Notary Public
Seal Place Notary Seal Above	
Though this section is optional, completing th	PTIONAL  is information can deter alteration of the document or his form to an unjutended document.
Description of Attached Document	io iomi to ari anjinoriaca accument.
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Than N	Named Above:
©2014 National Notary Association • www.NationalNo	otary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

## 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.

Taxation Code Section 4675.	to the rights being assigned as required by California Revenue and
As a party of interest, Assignor(s) has the authority to assign the interest Taxation Code.	t specified above pursuant to Section 4675 of the California Revenue and
This assignment is binding on all heirs, successors in interest, and assign and it rescinds prior claims that Assignor(s) may have submitted for the	ns. It cancels all powers of attorney granted to collect these excess proceeds se excess proceeds.
Assignor(s) declares under penalty of perjury under the laws of the State	e of California that the foregoing is true and correct,
Dated this   day of Marc 20 2.3	•
Signature: Sharon M. MacDonald as heir to the Estate of Beverly Ann 481 Grassland Drive Stevensville, MT 59870	MacDonald
	EDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only certificate is attached, and not the truthfulness, accuracy, or validity of	y the identity of the individual who signed the document to which this of that document.
County of Ravalle  On Mar 1, 23 before me, Angela CO/5  Sharo (1) M Mac Dona (1)  person(s) whose name(s) is/are subscribed to the within instrument and ac	who proved to me on the basis of satisfactory evidence to be the
capacity(ies), and that by his/her/their signature(s) on the instrument the perso	m(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 Galifo	
WITNESS my hand and official seal  Signature of Nothery Public	ANGELA C OLSEN  Notary Public for the State of Montana  Notarial Sea: Notarial Residing at FLORENCE,MT My Commission Expires October 1, 2023
DISCLOSURE	
Revenue and Taxation Code, all facts of which I am aware relating to the	to the party of interest (assignor), pursuant to Section 4675 of the California to value of the rights he/she is assigning, that I have disclosed to him/her the or of the right to file a claim on his/her own behalf without assigning that <u>Jed Byerly, Managing Member, Global Discoveries Ltd.</u> Print Name
	P.O. Box 1748
	Mailing Address
	Modesto, CA 95354
CERTIFICATE OF ACKNOWL	City, State, Zip Code  EDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only certificate is attached, and not the truthfulness, accuracy, or validity of	y the identity of the individual who signed the document to which this
State of CALIFORNIA	
CT A CI A . I	
County of STANISCAUS	NOTARY Public
On 728/23 before me, Maria Mendo 22	NOTAY PUBÙ C
person(s) whose name(s) is/are subscribed to the within instrument and ac	, who proved to me on the basis of satisfactory evidence to be the knowledged to me that he/she/they executed the same in his/her/their authorized n(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of Califo	
WITNESS my hand and official seal.	
Signature of Notary Public (seal)	MARIA MENDOZA Notary Public - California

GD Number: 45873-395487

MARIA MENDOZA
Notary Public - Cailfornia
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 Mortane			
County of Ravalle			
on Feb 17, 2023 before me, sugela	c0/s	, personally a	ppeared
Dharon M MacDonala	name and title of	, who pro	eved to me on the basis of
satisfactory evidence to be the person(s) whose name(s) is he/she/they executed the same in his/her/their authorized person(s), or the entity upon behalf of which the person(s)	capacity(ies), an	d that by his/her/their signat	d acknowledged to me that ure(s) on the instrument the
I certify under PENALTY OF PERJURY under the laws of			aragraph is true and correct.
WITNESS thy hand and official seal.	Λ	rontara	
Stayly CO1 &calk			-
Signature of Notary Public	HUELA COLSE	ANGELA C OLSEN Notary Public for the	
	Notarial *** Seal	State of Montana Residing at FLORENCE,MT	
	The state of the s	My Commission Expires October 1, 2023	

## **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.

Assessor's Parcel Number: 046-300-025-000	Default #: 45	Date of Tax Sale: 11/1/2022	Date Tax Deed to Pu 12/8/2022	rchaser Recorded
Type of Owner: Person Trust Business, Corporation, Partnershi Governmental Entity Other:	p, Association, etc.	Owner's Type of O (Eligibility is limited to a Sole Ownership Joint Tenancy Tenancy In Common	he percentage of each owner's o	wnership)
Owner's Percentage of Ownership: 100%		Owner is Deceased or Dissolved: No 🔀 Yes		
Owner's Name as Shown on T BEVERLY ANN MACDONA	itle of Record (See in: LD	structions before completing)		
Assignee's Name (submit origin Global Discoveries Ltd	al assignment):			
Percentage of Owner of Recor	d's Excess Proceeds	Assigned to Assignee:	Amount Claimed: \$ 33,949.78	
ttach documentation to suppor ancelled checks, escrow docume	t the Claim. Docume ents, a will, certified	entation may include pro death certificate or cou	pperty tax bills/notices mail	ed to Claimant,
Executed this 11-13" day of (day)  Authorized Signature (see Instru  Print Name & Title: Jed Byerly!  Mailing Address: P.O. Box 17	Managing MemberG	ilobal Discoveries Ltd.	(city and state)  Phone Number: (209) 593-	3913
Modesto, C.	A 95353-1748			
Notary: A notary public verifies only the identity  State of CALIFORI  Subscribed and sworn to (or aff  by Lad By  to be the person who appeared	UIA firmed) before me or CYLY	County of STA or this 14 The day of	NISLAUS	, 20 <u>23</u> ),
Signature Maua M	uda (Seal)		MARIA MENDOZA Notary Public - California Stanislaus County Commission # 2384244 My Comm, Expires Nov 22, 2025	

GD Number: 45873-395487

#### 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 +i-.

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.

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

Assign(it(s) decimes under pennit) of perjury times the two strains of the	~ <del>_</del>
Dated this 6+ day of February 2025	
Signature: 11 Milliand June	11
Michael Gnudi as heir to the Espate of Beverly Ann MacDon	aid
1905 SW 28Th St Apt 16 Bentonville, AR 72713	
CERTIFICATE OF ACKNOWLI	EDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only certificate is attached, and not the truthfulness, accuracy, or validity of	the identity of the individual who signed the document to which this that document.
State of Arkansas	
County of BENTON	
01: 100	8 = = 2 × 11
On A 12 13 before me, Cassandra Commo	cofficer)
MICIORE LANGEL	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 ack	nowledged to me that he she/they executed the same in his/her/their authorized (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 Californ	na that the foregoing paragraph is true and correct.
WITNESS my hand and official scal.	AZIMMERMAN
(seal) MOTARTY MY COMPMISS	ion # 12705276
Signature of Notary Public EXPIRES:	wgust 1, 2028 a County
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, Managing Member, Global Discoveries Ltd.
Signature of Assignee	Print Name
	P.O. Poy 1749
	P.O. Box 1748 Mailing Address
	re-inig real coo
	Modesto, CA 95354
	City, State, Zip Code
CERTIFICATE OF ACKNOWLI	EDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies only	
certificate is attached, and not the truthfulness, accuracy, or validity of	that document.
State of CALIFORNIA	
County of STAN IS LAUS	0.104
on 3/1/23 before me, Maria Mendo ZA,	Notary Public C
(Date) 7) Setore me, Training for insert name and title of the	, personally appeared
Jed Byerly	, who proved to me on the basis of satisfactory evidence to be the
	nowledged to me that he/she/they executed the same in his/her/their authorized (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	na that the foregoing paragraph is true and correct.
WITNESS my hand and official scal.	
(Valla (seal)	MARIA MENDOZA
Signature of Notary Public	Notary Public - California

Stanislaus County Commission # 2384244

My Comm. Expires Nov 22, 2025

GD Number: 45873-395645

#### 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 9 20 0 2
Signature: allow Thrui
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 Uregon
County of Bentun
on 4/3/23 before me, Lidia Stephanie Motil , personally appeared
(Date) (here insert name and title of the officer)
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct
WTINESS my france and official seal Conficial State LIDIA STEPHANIE MOTILL
NOTARY PUBLIC - CREGON
Signature of Notary Public (seal) COMMISSION NO. 1028661 MY COMMISSION EXPIRES SEPTEMBER 15, 2028
DISCLOSURE
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, 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, personally appeared
(nere insert name and title of the officer)
person(s) whose name(s) h/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.
Signature of Notary Public Celifornia Stanislaus County Commission # 2384244
A CARCINON

My Comm. Expires Nov 22, 2025

GD Number: 45873-395490



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.

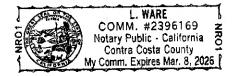
Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
060 - 011 - 018 - 530	150000197		12/8/2022
Type of Owner:		Owner's Type of Owner	rship: rcentage of each owner's ownership)
Person		Sole Ownership	rcentage of each owner's ownership,
Business, Corporation, Partnership,	Association, etc.	Joint Tenancy	
Governmental Entity		Tenancy In Common Other:	
Owner's Percentage of Ownersh	in: Owner is Dec	ceased or Dissolved:	Amount Claimed:
0/	ID No	casca or Dissolvea.	
. 3 6	Yes		\$ 932. 8
Owner's Name as Shown on Title	of Record (See Instru	ctions before completing):	
Duayne F Rango	wel Tou M	420 How Bound	le Trust June 2,200 g
The transfer	code out 1.c.	WWW. C.COpton	out that some ford
Attach documentation to support	the Claim. Docume	ntation may include prop	erty tax bills/notices mailed to Claimant,
			rder, utility bills, etc. See instructions.
Leffirm under panalty of parium	under the laws of th	on State of California that	the foregoing is true and correct. I
submit an originally signed and no	Startzeu Claim. See ir	istructions for now to sign the C	aum.
Executed this 24 day of 3	Tune /	, 20 2 3 at Walk	int Creek, CA 94598
Executed this 24 day of day)	(month)	(year)	(city and state)
		11/9/	
Authorized Signature (see instructi	ons):	Mas /	
Print Name & Title: Dwayhe	G. Ramsay	Thustee Phone	Number: 925.262.7123
Mailing Address: 3216 Per	achuillow l	rane Walnu	+ Greek CA 94556
<b>Notary:</b> (A notary public verifies only the identity of	the individual who signed the docum	ent to which this certificate is attached, and no	t the truthfulness, accuracy, or validity of that document.)
State of	) ر	County of	
		, -	
Subscribed and sworn to (or affin	ned) before me on ti	hisday of	, 20),
by		nroved to r	ne on the basis of satisfactory evidence
		piorea to i	
to be the person who appeared b	efore me.		
	(n		
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 31 day of January, 2023, by Dwayne Co. Ramsey

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



(Seal)

Signatur<del>(</del>

# 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.

Assessor's Parcel Number: 0(e) - 07(-00) -000	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
Type of Owner: Person Trust Business, Corporation, Partnership, A Governmental Entity Other:		Owner's Type of Own	ership: ercentage of each owner's ownership)
Owner's Percentage of Ownership  50 %	No ☐ Yes	eased or Dissolved:	Amount Claimed: \$ 28, 634.77
Owner's Name as Shown on Title	of Record (See Instru Boggs	ctions before completing):	
			perty tax bills/notices mailed to Claimant, order, utility bills, etc. See instructions.
I affirm under penalty of perjury, submit an originally signed and not be Executed this 20 TH day of DE	otarized Claim. See in	nstructions for how to sign the	
(day)	(month)	(year)	(city and state)
Authorized Signature (see instruction Print Name & Title: RAY BC		<b>U</b> ,	Number: 541 - 829 - 3892
Mailing Address: 365 N.W	MAXINT	E AUFNUE	
CORVAL	LIS, OR	EGON 9733	30
<b>Notary:</b> (A notary public verifies only the identity of t		<b>D</b>	oot the truthfulness, accuracy, or volidity of that document.)
State of Orean		County of Benton	
Subscribed and sworn to (or affirm by How Floral Bo	nea) before me on tr www.5		me on the basis of satisfactory evidence
to be the person who appeared be	fore me.	иоту соми	OFFICIAL STAMP MEGAN A PAYNE RY PUBLIC - OREGON ISSION NO. 1018008A N EXPIRES NOVEMBER 04, 2025
Signature John A John Mail original claim to El Dorado County Audit	(Seal)	c Division, 360 Fair Lane, Placery	ille, CA 95667 Revised I 1/9/2016

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.

DUI - D7  - D0  - D00			
Business, Corporation, Partnership, A Governmental Entity Other:	Issociation, etc.	Owner's Type of Owne (Eligibility is limited to the per Sole Ownership Cloint Tenancy Tenancy In Common Other:	rship: crentage of each owner's awnership)
Owner's Percentage of Ownershi	Dec Owner is Dec	eased or Dissolved:	Amount Claimed: \$ 28,434.77
Owner's Name as Shown on Title	1 11	ctions before completing):	
			erty tax bills/notices mailed to Claimant brder, utility bills, etc. See instructions.
Executed this 29th day of December of Dece	ons): Out	, 20 <u>22</u> at <u>Cor</u>	
Notary: (A notary public verifies only the identity of State of Newson		ent to which this certificate is attached, and m County of Benton	ot the truthfulness, accuracy, or volidity of that document.)
Subscribed and sworn to (or affirm			ecember , 20 22 ),
by Couling Louise to be the person who appeared be	Boggs		me on the basis of satisfactory evidence
,		MEC NOTARY I	ICIAL STAMP AN A PAYNE PUBLIC - OREGON ON NO. 101800BA

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.

Assessor's Parcel Number: 061 - 120-018 - 400	Default#:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
Type of Owner: Person Trust Business, Corporation, Partnership, Governmental Entity Other:	Association, etc.	Owner's Type of Own	ership: ercentage of each owner's ownership)
Owner's Percentage of Ownersh 50 %	Owner is Dec	ceased or Dissolved:	Amount Claimed: 5 19,646.47
Owner's Name as Shown on Title		ctions before completing):	
			perty tax bills/notices mailed to Claimant, order, utility bills, etc. See instructions.
submit an originally signed and n	otarized Claim. See ii	nstructions for how to sign the	t the foregoing is true and correct. I  Claim.  WAUS OREGOD  (city and state)
Authorized Signature (see Instruct	tions): Day Br	ozgi	e Number: <u>S4+829-3892</u>
Mailing Address: 365 N.W	. WAXIHE	AUE	
CORVALL	15, OREG	08E7P 40.	
<b>Notary:</b> (A notary public verifies only the identity o	f the individual who signed the docum	ent to which this certificate is attached, and i	not the truthfulness, accuracy, or validity of that document.)
State of Orenon		County of Benton	
Subscribed and sworn to (or affin	med) before me on ti	his 21th day of D	ecember , 20 27 ),
by Than Flored Bogs	<u>x</u> 5	, proved to	me on the basis of satisfactory evidence
to be the person who appeared b	efore me.	MEGAN NOTARY PUB COMMISSION	LL STAMP A PAYNE LIC - OREGON NO. 1018008A ES NOVEMBER 04, 2025
Signature / Signat	(Seal)	D	ille, CA 95667 Revised 11/9/2016

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.

$\Delta I = I = I = \Delta $	Default #: (60000216	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded
Type of Owner: Person Trust Business, Corporation, Partnership, A Governmental Entity Other:		Owner's Type of Owne	rship: rcentage of each owner's pwnership)
Owner's Percentage of Ownership  50 %	p: Owner is Dec	eased or Dissolved:	Amount Claimed; \$ 19,646.47
Owner's Name as Shown on Title	of Record (See Instru 4 B0995	ctions before completing):	
			erty tax bills/notices mailed to Claimant order, utility bills, etc. See instructions.
	ons): (athy	BOSS Phone	orvallis or (city and state)  Number: 541-908-9350
Corve			
		ent to which this certificate is attached, and no	t the truthfulness, accuracy, or validity of that document I
Notary: (A natary public verifies anly the identity of th	he individual who signed the docume	ent to which this certificate is attached, and no	t the truthfulness, accuracy, or validity of that document.)
Notary: (A natary public verifies only the identity of the	he individual who signed the docume	ounty of Benson	
Notary: (A notary public verifies only the identity of the State of Cores Subscribed and sworn to (or affirm	he individual who signed the docume	county of Bension of $\frac{29^{49}}{}$ day of $\frac{1}{2}$	
Notary: (A notary public verifies only the identity of the State of Oregon  Subscribed and sworn to (or affirm by Couling Louise to be the person who appeared be	ne individual who signed the docume, Coned) before me on the	ounty of <u>Benton</u> nis <u>29 <sup>th</sup></u> day of <u>b</u> , proved to r	ecember, 2022),

#### **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:  Person Trust Business, Corporation, Partnership Governmental Entity Other:	, Association, etc.	Owner's Type of Ow  (Eligibility is limited to the  Sole Ownership  Joint Tenancy  Tenancy in Common  Other:	rnership: e percentage of each owner's ownership)
Owner's Percentage of Owners	hip: 100 /	Owner is Deceased	or Dissolved: No 💢 Yes
Owner's Name as Shown on Ti PARKER WILLIAM W	tle of Record (See in	structions before completing):	
Assignee's Name (submit original Global Discoveries Ltd	l assignment):		
Percentage of Owner of Record	l's Excess Proceeds		Amount Claimed: \$ 55,687.77
ttach documentation to support ancelled checks, escrow docume	the Claim. Docume	entation may include prop death certificate or court	perty tax bills/notices mailed to Claimant, torder, utility bills, etc. See instructions.
submit an originally signed and Executed this 29 day of day)  Authorized Signature (see Instruction Name & Title: Jed Byerly)	notarized Claim. Se	e instructions for how to sign the control of the c	NO DESTO CA (city and state)
Mailing Address: P.O. Box 17	48		
Modesto, CA	95353-1748		
Notary: (A notary public verifies only the klentity	of the individual who signed the do	cument to which this certificate is attached, or	nd not the truthfulness, accuracy, or validity of that document.)
State of CALFORNIA			ISLAUS
Subscribed and sworn to (or affi	irmed) before me o	n this 29 day of	November, 20 73,
by Jed Byers	4	, proved	to me on the basis of satisfactory evidence
to be the person who appeared  Signature May La Mey Mall original Claim to El Darado Course de	di) — (Seal)	Notary Pu Stanis Commis	A MENDOZA bilic - California laus County sion # 2384244 prires Nov 22, 2015  erville, 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...

Global Discoveries Ltd	production in the contract of
Assignee has advised Assignor(s) of the right to file a claim for excess have disclosed to each other all facts each is aware of regarding the va Taxation Code Section 4675.	s proceeds on their own behalf directly with the county at no cost. The parties lue of the rights being assigned as required by California Revenue and
As a party of interest, $\mbox{\sc Assignor}(s)$ has the authority to assign the interest Taxation Code.	est specified above pursuant to Section 4675 of the California Revenue and
This assignment is binding on all heirs, successors in interest, and assi and it rescinds prior claims that Assignor(s) may have submitted for the	gns. It cancels all powers of attorney granted to collect these excess proceeds uses excess proceeds.
Assignor(s) declares under penalty of perjury under the laws of the Sta	ate of California that the foregoing is true and correct.
Dated this 28 day of cuerylans 2023	
Men. 24. 011. 666	
Signature: Russell Heans Marshall as Administrator to The Estate of	William W Doubon
Address: 1/903. Douglow Are	whiteli a Lared
SOUTOSE CA 95178	LEDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies or certificate is attached, and not the truthfulness, accuracy, or validity	nly the identity of the individual who signed the document to which this of that document.
State of CALIFORNIA  County of SAMA CLARA	
County of SAJA CLARA	
On 11/28/2023 before me, ERIFSTO B. SAIT	AMA PA personally appeared
MARSHALL RUSSOIL HE A D.S.	of the officer)  Who proved to me on the basis of satisfactory evidence to be the
person(9) whose name(9) is/are subscribed to the within instrument and	acknowledged to me that he/she/they executed the same in his/her/their authorized son(e), or the entity upon behalf of which the person(e) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of Cali	fornia that the fore some presugraph is true and correct.
WITOUSS my hand and official seal	ERNESTO B. SANTAMARIA NOTATY Public - California
E kakeruur (seal)	Santa Clara County Commission # 2465192
Signature of Notary Public	My Comm. Expires Oct 2, 2027
DISCLOSURE	
Revenue and Taxation Code, all facts of which I am aware relating to	of to the party of interest (assignor), pursuant to Section 4675 of the California the value of the rights he/she is assigning, that I have disclosed to him/her the mor of the right to file a claim on his/her own behalf without assigning that
right.	,
Signatura Assignee	<u>Jed Byerly, Managing Member, Global Discoveries Ltd.</u> Print Name
	P.O. Box 1748
	Mailing Address
	Modesto, CA 95354 City, State, Zip Code
CERTIFICATE OF ACKNOW	LEDGEMENT OF NOTARY PUBLIC
A notary public or other officer completing this certificate verifies or certificate is attached, and not the truthfulness, accuracy, or validity	nly the identity of the individual who signed the document to which this of that document.
State of CALIFOIZLIA	
ETA . P. A. F	
0 1/26/22 Manual Manual	NOTAYY PUBLIC
On 129/22 before me, Nava Mendo- (here insert name and title	NOTAY Public  A personally appeared of the officer)
	, who proved to me on the basis of satisfactory evidence to be the acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(les), and that by his/her/their signature(s) on the instrument the pers	son(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
l certify under PENALTY OF PERJURY under the laws of the State of Cali	fornia that the foregoing paragraph is true and correct.

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

WITNESS my hand and official seal.

Volla / Justico (scal)

GD Number: 45881-395477

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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
079- 110-052-000	DRF160000195	11 /01 /2022	12/08/2027
Type of Owner:  Person Trust Business, Corporation, Partnership, A Governmental Entity Other:	ssociation, etc.	Owner's Type of Owner (Eligibility is limited to the per Sole Ownership Joint Tenancy Tenancy In Common Other:	ship: reentage of each owner's ownership)
Owner's Percentage of Ownershi	p: Owner is Deco No ☐ Yes	eased or Dissolved:	Amount Claimed: \$ 5651. HI
Owner's Name as Shown on Title		tions before completing):	
			erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.
I affirm under penalty of perjury, a submit an originally signed and not executed this day of day of Authorized Signature (see instruction of Print Name & Title: Jahr Mailing Address:	(month)	structions for how to sign the Cl , 20 23 at (year)	(city and state)  Number: \$30.636.8006
Notary: (A notary public verifies only the identity of the	e individual who signed the documer	nt to which this certificate is attached, and not	the truthfulness, accuracy, or validity of that document.)
State of AITURY	α	ounty of $\mathcal{S} \subset \mathcal{D}$	sralo
Subscribed and sworn to (or affirm	ed) before me on thi	is 1679 day of A	sust 2023 ),
by de		, proved to m	e on the basis of satisfactory evidence
to be the person who appeared be	fore me.		ANTHONY X. GRANADOS Notary Public - California El Dorado County Commission # 2367882 Comm. Expires Jul 27, 2025



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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
083 261 028 000	DEF 140000 154	11 01 2022	02/02/1989
Type of Owner: Person Trust Business, Corporation, Partnership, a Governmental Entity Other:			rship: 12   08   2022 m. ** rcentage of each owner's ownership)
Owner's Percentage of Ownersh 33, 33 %		eased or Dissolved:	Amount Claimed: \$ 10,365.09
			10,360
Owner's Name as Shown on Title	1 0		
Maximiano	MUZ 31	<,	
			erty tax bills/notices mailed to Claimant, rder, utility bills, etc. See instructions.
I affirm under penalty of perjury, submit an originally signed and no Executed this day of	otarized Claim. See in	structions for how to sign the (	
Authorized Signature (see instructi			
Print Name & Title: Maxim  Mailing Address: 2809 S	iano Diaz	SR. Phone Time 10	Number (707) 249-9747 Common)
tartie	eld, ca	14534	
<b>Notary:</b> (A notary public verifies only the identity of	the individual who signed the docume	ent to which this certificate is attached, and no	t the truthfulness, accuracy, or validity of that document.)
state of California		county of Solan	
		0.11	
Subscribed and sworn to (or affirm			
by Maximiano D	iaz SR.	, proved to r	ne on the basis of satisfactory evidence
to be the person who appeared be	efore me.	COMMI	A M. WILLIAMS SSION #2314761 @ PUBLIC FAILURINA DIANO COUNTY MMISSION EXPIRES EMBER 26 2023
Signature X Co IV CCC V		Division 360 Fair Lane Placervi	lle CA 95667 Revised 11/9/2016



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.

Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:
083 261 028 000	DEF140000154		12/08/2022
Type of Owner:	Association, etc.	Owner's Type of Owne (Eligibility is limited to the pe Sole Ownership I Joint Tenancy Tenancy In Common Other:	rship: ercentage of each owner's ownership)
Owner's Percentage of Owners	nip: Owner is De	eceased or Dissolved:	Amount Claimed: \$ 10,365.09
Owner's Name as Shown on Titl		ructions before completing):	9,300 9 1
Maximiano Die	_		
I affirm under penalty of perjury submit an originally signed and resecuted this 9 th day of Notice (day)  Authorized Signature (see instruction of Name & Title: Maximum Mailing Address: 3265	nts, a will, certified, under the laws of the notarized Claim. See (month)  tions):   SEMIXOL	che State of California, that instructions for how to sign the (year)  Phone	(city and state)
FAIRF	ELD CA	94534	
State of Cautornia  Subscribed and sworn to (or affig. by	med) before me on	this day of ALICI COMM NOTAE SO MY CO.	the truthfulness, accuracy, or volidity of that document.)  NOV, 20_23 ),  me on the basis of satisfactory evidence  A.M. WILLIAMS   SISSION #2314761   BUSION #2314761   BUSI
Signature MMMM	(Seal)	ar Division 360 Fair Lane Placery	ille CA 95667 Revised 11/9/2016



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.

りょう コイクナ ロクメ かんかたっ	efault #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorde
083-261-028-000 DE	E140000 (54	11/01/2022	02 102 11989 XX
Type of Owner:  Person Trust Business, Corporation, Partnership, Associ Governmental Entity Other:		Owner's Type of Owner	ship: 12/08/2022 centage of each owner's ownership)
Owner's Percentage of Ownership:	Owner is Dece	eased or Dissolved:	Amount Claimed:
110:100 %	X No		
Owner's Name as Shown on Title of R	Yes		\$ 5,182.55
Ranne	See Instruct	dons before completing):	•
Kaymi	DIAZ		
	bek nonth)	tructions for how to sign the Cla	im.
rint Name & Title: Raymi	Diaz	Phone N	umber: 916 769 962=
rint Name & Title: Raymi Mailing Address: 134 Dor	Diaz Iner Al	re Rosevill	e Ca 95678
rint Name & Title: Raymi lailing Address: 134 Dor	Diaz Iner Al	Le ROSOVIII	e Ca 95678
rint Name & Title: Raymi  lailing Address: 134 Dor  lotary: (A notary public verifies only the identity of the individual arte of	Diaz INER AL	o which this certificate is attached, and not the	truthfulness, accuracy, ar validity of that document.)
lotary: (A notary public verifies only the identity of the individu tate of ubscribed and sworn to (or affirmed) bu	Diaz  INER AL  Toll who signed the document to  Counterfore me on this	o which this certificate is attached, and not the linty of	truthfulness, accuracy, ar validity of that document.)
rint Name & Title: Raymi  Mailing Address: 134 Dor  Potary: (A notary public verifies only the identity of the individual arte of	Diaz  nere Al	o which this certificate is attached, and not the linty of	truthfulness, accuracy, ar validity of that document.)
Print Name & Title: Raymi  Mailing Address: 134 Dor  Notary: (A notary public verifies only the identity of the individual tate of	Diaz  nere Al	which this certificate is attached, and not the inty of day of proved to me	truthfulness, accuracy, ar 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.

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

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

Notary Public Signature

(Seal)

SHERLA C. GARCES Notary Public - California **Placer County** Commission # 2421184 My Comm. Expires Oct 14, 2026

#### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Claim From Owner
(Title or description of attached document)

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.
- · Securelyattachthisdocumenttothesigneddocumentwithastaple.



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.

		ructions for important def	tailed instructions and information.	
Assessor's Parcel Number:	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:	
083 261 028 000	DEF 140000154	11/01/2022	12 / 08 / 2022	
Type of Owner:		Owner's Type of Ownership:		
Trust	Person		centage of each owner's ownership)	
Business, Corporation Partnership)	Business, Corporation Partnership Association, etc.			
Governmental Entity		Joint Tenancy Tenancy In Common		
Other:		Other:		
Owner's Percentage of Ownershi	Discourse is Dece	ased or Dissolved: Amount Claimed:		
16.66	Ves		\$5182 55	
Owner's Name as Shown on Title	of Record (See Instruct	tions before completing):	1 21. 00.	
	iaz			
Attach documentation to support t	he Claim. Documen	tation may include prope	rty tax bills/notices mailed to Claimant,	
cancelled checks, escrow document	s, a will, certified de	ath certificate or court or	der, utility bills, etc. See instructions.	
	· · · · · · · · · · · · · · · · · · ·			
l affirm under penalty of perjury, u	nder the laws of the	State of California, that the	he foregoing is true and correct. I	
annuling an originally signed and not	tarized Claim. <i>See ins</i> i	tructions for how to sign the Cin	rim	
Executed this 13th day of 1	· courles	7.0	. 1101-0	
Executed this 13 <sup>th</sup> day of No	(month)	20 <u>d3</u> at <u>FairTi</u>	eld, Calitornia	
		.,	(city and state)	
Authorized Signature (see instruction	ns): By: fau	ne Vear		
	- (//			
Print Name & Title:	DIQZ	Phone N	umber: 707-421-2717	
Mailing Address: 2809	Seminole	Drive This	Gild Calfor OUEZ	
Mailing Address: 2809 Seminole Drive Fairfield, California 9453				
Motory				
<b>Notary:</b> (A notary public verifies only the identity of the	individual who signed the document		e truthfulness, accuracy, or validity of that document.)	
State of	, Coi	inty of Solano		
Subscribed and sworn to (or affirmed) before me on this $13$ day of $NDV$ . , 20 23 1.				
by Jaime Diaz		, proved to me	on the basis of satisfactory evidence	
to be the person who appeared befo	ore me.			
		ALICIA M.		
<u>~</u>		COMMISSION NOTARY PUBLIC SOLANO	M #2314/61 & CALIFORNIA TO	
MY COMMISSION EXPIRES DECEMBER 26, 2023				
Signature WYV W	(Seal)		~~~~	
fail origing/claim to: El Dorado County Auditor-	Controller, Property Tax Di	vision, 360 Fair Lane Placerville	CA 95667 Revised 11/9/2016	



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: Defa	ult #: Date of	Tax Sale:	Date Tax Deed to Purchaser Was Recorded:		
095 090 013 000 140	000132 11/	01/2002	12/08/2002		
Type of Lien:  Tax Lien by a Governmental Entity Abatement Lien by a Governmental Entity	Initial Amount of Lien gengoing Monthly Judgement Through	See Atto	Statement \$ 11,020.07		
Mortgage Owner/Seller Financing Mechanics Lien Homeowners Association Lien Judgment Lien Attorney's Lien Other:	Is Lien Outstanding: (inotify Auditor-Controller of following submission of the Yes	any payments rece			
Is Lien Recorded in El Dorado County:  ☐ Yes ☐ No ☐ No ☐ Date Lien was Re	12009		ed Prior to the Date the Is Lien: Perfected Unperfected		
Lienholder's Name as Shown on Record		of Child	1 Support Services		
			y of lien, judgments, etc. See instructions.		
an originally signed and notarized Claim  Executed this 8 day of 0 day)	1. See instructions for how to	o sign the Claim.	the foregoing is true and correct. I submit  Shingle Spange, CA  (city and state)		
Authorized Signature (see instructions):	ya see				
Print Name & Title: Program Mana	ger William	Mattox Pho	ne Number: <u>530-642-7241</u>		
Mailing Address: 3883	PorderoSa	Rd			
Shingle Springs CA 95682					
Notary: (A notary public verifies only the identity of the individu	al who signed the document to which this	certificate is attached, and not	the truthfulness, accuracy, or validity of that document.)		
State of	, Coun	ty of			
			, 20),		
			to me on the basis of satisfactory evidence		
to be the person who appeared before n					
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 1<sup>st</sup> 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 <a href="https://edcgov.us/Government/Auditor-Controller/PropTax/Pages/tax-sale-excess-proceeds.aspx">https://edcgov.us/Government/Auditor-Controller/PropTax/Pages/tax-sale-excess-proceeds.aspx</a>

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 responsi 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 Cl claiming expiration date, which is one year following the date of the recording of the de The claiming expiration date may be located on the Notice of Excess Proceeds mailed t Treasurer-Tax Collector's website.

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

Claims will not be heard by the BOS until after the claiming period has expired. The Au hearing of the Claim for Excess Proceeds with the BOS and will notify the Claimant of the advance. The BOS will take action to distribute the Excess Proceeds based upon State I. notify all valid Claimants of the action taken by the BOS. Should the Claim be approved 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



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 / 2		Purchaser Recorded: / 2022
Type of Owner:  ✓ Person  ☐ Trust ☐ Business, Corporation, Partnership, A ☐ Governmental Entity ☐ Other:	Association, etc.	Owner's Type of C (Eligibility is limited to Sole Ownership Joint Tenancy Tenancy In Commo	the percentage of each owner	r's ownership)
Owner's Percentage of Ownership: 100%		Owner is Decease	d or Dissolved: • No	Yes
Owner's Name as Shown on Title	of Record (See instru	ctions before completing	):	
Robert Alan Hay III				
Assignee's Name (submit original a	ssignment):			
Asset Recovery Inc.				
Percentage of Owner of Record's	Excess Proceeds As	signed to Assignee:	Amount Claimed:	
		100%	\$ 100%	
attach documentation to support to ancelled checks, escrow documents	the Claim. Docume s, a will, certified de	entation may includ ath certificate or cou	e property tax bills/not ort order, utility bills, etc	ices mailed to Claima . See instructions.
I affirm under penalty of perjury, to submit an originally signed and no Executed this 27th day of	tarized Claim. See in	e State of California, structions for how to sign _, 20 <u>23</u> at	that the foregoing is truent the Claim.  Denver, CC (city and state)	
Authorized Signature (see instruction	11.		Tony and state)	
Print Name & Title: John Fox- Ma	anaging Director	Pl	none Number: <u>(303) 45</u> 4	4-3707
Mailing Address: 910 16th St. S	uite 624 Denver, 0	CO 80202		
Email: JohnFo	x@assetrecoveryi	nc.com		
Notary: (A notary public verifies only the identity of the	e individual who signed the docume	nt to which this certificate is attached	, and not the truthfulness, accuracy, or valid	ity of that document.)
State of Coloroto		ounty of DEAL		
Subscribed and sworn to (or affirm	ed) before me on th			
by John Fox		, proved	to me on the basis of so	itisfactory evidence
to be the person who appeared be	fore me.		JEROD BURTON NOTARY PUBLIC - STATE OF C NOTARY ID 202240176 MY COMMISSION EXPIRES MAY	OLORADO 88
Signature <u>QCM7 BUM</u> Mail original Claim to: El Dorado County Audite	(Seal)	Division 360 Fair I Divisi	geowille CA 05667	Revised 11/9/2016

#### 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 <u>up to \$31,012.79</u> .
Dated this 19th day of June 2023 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
COUNTY OF Will  On June 19, 2023 before me. Dayon S. Campus personally
on <u>July 19, 2023</u> before me, <u>personally</u> appeared <u>Robert Alan Hay III</u> , 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 Congress of the California that the California
WITNESS my hand and official seal Notary Public - State of Illinois
Signature My Commission Expires Feb 22, 2026
<u>DECLARATION</u>
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 1 <sup>st</sup> 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.
Name (print) ROBERT 1-A Address 23000 LOKEVION ESTATES
City/State/Zip Code F2 ANG COUT 16 60423 Phone Bib 254-7042
Sworn Beforeme this 24th day
10x 0f July 5013
Managing Directon woterstorstate of Colorado
ASSET RECOVERY IN MY COMMISSION EXPINES SEROD BURTON
(ASSignee) MOT 2,2016 NOTARY PUBLIC - STATE OF COLORADO NOTARY ID 20224017688

MY COMMISSION EXPIRES MAY 2, 2026

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

## **CLAIM FROM OWNER OF RECORD**

DOLL 13 '23 AH TO: 23

Revised 11/9/2016

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

Assessor's Parcel Number:	Default #:	Date of Tax S	ale:	Date Tax Deed to Purchaser Recorded
526-169-003-000	170000085	10/04	/2022	DEC/ 08 / 2011
Type of Owner:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy In Common  Other:		
Owner's Percentage of Ownership 25 %	p: Owner is Deco Mo ☐ Yes	eased or Dissol	ved:	Amount Claimed:  § 1436.59
Owner's Name as Shown on Title		tions before comp	leting):	
MARTHA CAR	PINTEYRO	MATLIND	AL	
I affirm under penalty of perjury, usubmit an originally signed and no Executed this loth day of Ocay)  Authorized Signature (see instruction)	tarized Claim. See ins	structions for how	to sign the C	
Print Name & Title: MARTH	a carpinity	ed aunt	MA Phone	Number: 619 2000 750
Mailing Address: 3029 PLA	ZA PAOLO BE	ON ITA CA	1.9190	02
<b>Notary:</b> (A notary public verifies only the identity of th	e individual wha signed the documen	at to which this certificate is	attached and out	the truthfulness accuracy or validity of that document
	IANA, Co		7	
Subscribed and sworn to (or affirm	ed) before me on thi	is 10th do	y of O	toher ,20 23 ).
				e on the basis of satisfactory evidence
Mar Gal	N Not	laria Wyrick arizing Offici onsulate Ge Jana, Mexico	er neral	

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

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

## **CLAIM FROM OWNER OF RECORD**

OCT 13 '23 ALLO:23

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.

	Default #:	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded
526 - 169 - 003 - 000	170000085	NOV 01 / 2022	DEC/08 /2022
Type of Owner: Person Trust Business, Corporation, Partnership, A Governmental Entity Other:	ssociation, etc.	Owner's Type of Owner (Eligibility is limited to the per Sole Ownership Joint Tenancy Tenancy In Common Other:	Ship: centage of each owner's ownership)
Owner's Percentage of Ownershi		ceased or Dissolved:	Amount Claimed:
25 %	25 % ⊠No ∏Yes		\$ 1436.59
ANGEL RODRIE	he Claim. Docume	ntation may include prope	erty tax bills/notices mailed to Claiman der, utility bills, etc. See instructions.
Authorized Signature (see instruction	ins):	year)  Azouez  Phone I	
Mailing Address: 3029 Pu	OJOA9 ASA	BONITA CA. 91	
Mailing Address: 3029 PU	OTOGA AZA	BONITA CA. 91	
			902
Notary: (A notary public verifies only the identity of the	e individual who signed the docume	ent to which this certificate is attached, and not t	he truthfulness, accuracy, or validity of that document.)
	e individual who signed the docume	ent to which this certificate is attached, and not t	he truthfulness, accuracy, or validity of that document.)
Notary: (A notary public verifies only the identity of the State ofUS CONSULATE TIJU Subscribed and sworn to (or affirm	e individual who signed the docume  ANA, C  ed) before me on th	ent to which this certificate is attached, and not to country of	he truthfulness, accuracy, or validity of that document.)  Lober 20 23 ), e on the basis of satisfactory evidence
Notary: (A notary public verifies only the identity of the state ofUS CONSULATE TIJU Subscribed and sworn to (or affirm)	e individual who signed the docume  ANA C  ed) before me on the  Vazquez  fore me.	ent to which this certificate is attached, and not to country of	he truthfulness, accuracy, or validity of that document.)  Hober, 20, 23,

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

575 -1/40 -MOD -MOD	ssessor's Parcel Number: Default #:		Date Tax Deed to Purchaser Recorded
226 16-1 002 000	170000085	NOV/01 /2022	DEC / 08 / 2011
Type of Owner:  ✓ Person  ☐ Trust  ☐ Business, Corporation, Partnership, A  ☐ Governmental Entity  ☐ Other:	ssociation, etc.	Owner's Type of Owner	
Owner's Percentage of Ownership	p: Owner is Dec	eased or Dissolved:	Amount Claimed:
25 %	No ☐ Yes		8 1436-59
Owner's Name as Shown on Title		tions hefore completing!	
MARIO ALGERTO R	ODKIBUES OF	REPINIEVISO	
Submit an originally signed and no Executed this $\frac{10^{+6}}{(day)}$ day of $\frac{0}{(day)}$	(month)	structions for how to sign the Ci , 20 at	GIM.  IS CONSULATE TIJUANA  (city and state)
(039) Authorized Signature (see instructio			(city and state)
Januarisca alguarare (see itisti notio	ns):	I TOUR HANDOW CAR	
		V	Number: 619 2000 750
Print Name & Title: MACIO ALSE MAIling Address: 3029 PCAZ	eto roberguzz g	ARPINTEY RO Phone	Number: 619 2000 750
Print Name & Title: MACIO ALGO	eto roberguzz g	ARPINTEY RO Phone	Number: 619 2000 750
Print Name & Title: MARIO ALSO  Mailing Address: 3029 PCAZ  Notary: (A notary public verifies only the identity of the	A PAOLO DON	ARPINTEY RO Phone	
Print Name & Title: MACIO ALSCO  Mailing Address: 3029 PCAZ  Votary: (A notary public verifies only the identity of the US CONSUL ATE TIL	A PAOLO DON	ARPINITEY RO Phone I	
Print Name & Title: MARIO ALECTOR Mailing Address: 3029 PCAZ  Notary: (A notary public verifies only the identity of the US CONSULATE TIJ	A PAOLO BON  e individual who signed the documen  UANA  CO	ARPINITEY RO Phone	the truthfulness, accuracy, or validity of that document.)
Print Name & Title: MARIO ALSO Mailing Address: 3079 PCAZ  Notary: (A notary public verifies only the identity of the US CONSULATE TIJ State of	A PAOLO BON  individual who signed the document  UANA  Coed) before me on this	ARPINITEY RO Phone Port CA - 91 GO 2  Into which this certificate is attached, and not so ountry of	the truthfulness, accuracy, or validity of that document.)  +0ber
Print Name & Title: MARIO ALECA Mailing Address: 3079 PCAZ  Notary: (A notary public verifies only the identity of the US CONSULATE TIJ State of Subscribed and sworn to (or affirmation of Alberto Rodri	A PAOLO BON  individual who signed the document  UANA  Co  ed) before me on this  gue > Carpinte  fore me.	ARPINITES ED Phone  OTA CA - 91 GO 2  Int to which this certificate is attached, and not to country of  Ountry of  Off day of  OCCUPY of  Proved to m	the truthfulness, accuracy, or validity of that document.)  +0ber , 20 2,3 ),
Print Name & Title: MARIO ALSE MA	e individual who signed the document UANA Comed) before me on this gue 2 Carpinte fore me.  Mana Notar U.S. Con	ARPINITEY RO Phone Port CA - 91 GO 2  Into which this certificate is attached, and not so ountry of	the truthfulness, accuracy, or validity of that document.)  +Ober 20 2.3 ),

UNITED MEXICAN STATES
STATE OF BAJA CALIFORNIA
CITY OF TIJUANA
CONSULTE GENERAL OF THE
UNITED STATES OF AMPRICA

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

Revised 11/9/2016

DC1 T3 '23 AN 10:23

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

	,			
	Default #:	1	Date Tax Deed to Purchaser Recorded:	
526-169-003-000	170000085	DON / 01 /2022	DEC/08 / 2011	
Type of Owner:  Person  Trust  Business, Corporation, Partnership, Association, etc.  Governmental Entity  Other:		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy in Common  Other:		
25 %	Owner's Percentage of Ownership: Owner is Dec		Amount Claimed: \$ 1436.59	
Owner's Name as Shown on Title	of Record (See Instru	ctions before completing):		
LETICIA OJEDA O	217			
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 0ctober , 20 23 at (city and state)  Authorized Signature (see instructions):				
Print Name & Title: LETIUA OJEDA OFFIZ Phone Number: 619 2000750				
Mailing Address: 3029 PCA	THE PAOLO DO	COPIP A HIIG		
Notary: (A notary public verifies only the identity of the US CONSULATE TIJU.  State of	ANA, Co	ounty of		
Subscribed and sworn to (or affirm	ed) before me on th	is 10th day of Ar	toher , 20 23 )	
The state of the s	)rtiz	proved to m	e on the basis of satisfactory evidence	
to be the person who appeared bef	Maria Notarizir U.S. Consu	Wyrick ng Officer late General Mexico	THE OF AMERICA	

UNITED MEXICAN STATES STATE OF BAJA CALIFORNIA CITY OF TILUANA CONSULATE GENERAL OF TH UNITED STATES OF AMERIC.

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

(Seal)

Revised 11/9/2016

# 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.

Assessor's Parcel Number:	Default #: 10+		Date Tax Deed to Purchaser Recorded:	
527 - 401 - 051 - 000	170000016	11/01/2022	12/08 /2022	
Type of Owner:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy In Common  Other:		
Owner's Percentage of Ownershi	p: Owner is Dec	eased or Dissolved:	Amount Claimed: \$ 8   57 + 72	
Owner's Name as Shown on Title	of Record (See Instru NEC MA			
			erty tax bills/notices mailed to Claimant, rder, 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 79 day of Po 20 at (city and state)  Authorized Signature (see instructions):  Print Name & Title: MATT STEINER Phone Number: 765-513-9340  Mailing Address: 559 Keelev A.  Avon TN 46123				
<b>Notary:</b> (A notary public verifies only the identity of the	e individual who signed the docume	ent to which this certificate is attached, and not	the truthfulness, accuracy, or validity of that document.)	
State of		ounty of		
Subscribed and sworn to (or affirm	ed) before me on th	nisday of	, 20),	
by		, proved to m	ne on the basis of satisfactory evidence	
to be the person who appeared be	fore me.			
Signature	(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:	Default #: DEF		Date Tax Deed to Purchaser Recorded:	
527-901-051-000	170000016	11/01/2022	12/08/2022	
Type of Owner:  Person  Trust  Business, Corporation, Partnership, Association, etc.  Governmental Entity  Other:		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Penancy  Tenancy In Common  Other:		
Owner's Percentage of Ownership:  Owner is Deceased or Dissolved:  Amount Claimed:  Yes  Amount Claimed:				
Owner's Name as Shown on Title	of Record (See Instru ETNER N			
			erty tax bills/notices mailed to Claimant, rder, 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 Avx IV  (city and state)  Authorized Signature (see instructions): Print Name & Title: MATT STEINER Phone Number: 765-573-9340  Mailing Address: 559 Keelen DR  Avvil In U(123)				
Notary: (A notary public verifies only the identity of the State of	fore me.  (Seal)	ounty ofHend nisday of	ne on the basis of satisfactory evidence  says 3, 2023	

# 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.

Assessor's Parcel Number: 527 - 40   -05   -000	170000016		Date Tax Deed to Purchaser Recorded: 12/08 / 2022
Type of Owner:  Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy In Common  Other:	
50 %	Owner's Percentage of Ownership:  Owner is Dece		Amount Claimed: \$ 8157 +2
Owner's Name as Shown on Title	of Record (See InstruC JER LAUR		
			erty tax bills/notices mailed to Claimant, der, utility bills, etc. See instructions.
Mailing Address: 559	tarized Claim. See in:	structions for how to sign the Cl , 20 23 at A (year) St	laim.
<b>Notary:</b> (A notary public verifies only the identity of the			the truthfulness, accuracy, or validity of that document.)
State of			
Subscribed and sworn to (or affirmate) by	ea) before me on th	, , ,	,
to be the person who appeared bef	fore me.	, provea to m	e on the basis of satisfactory evidence
Signature	(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.

Assessor's Parcel Number:	Default #: DEF	Date of Tax Sale:	Date Tax Deed to Purchaser Recorded:	
527-401-051-000	170000016	11/01/2022	12/08 12022	
Type of Owner: Person Trust Business, Corporation, Partnership, Association, etc. Governmental Entity Other:		Owner's Type of Ownership:  (Eligibility is limited to the percentage of each owner's ownership)  Sole Ownership  Joint Tenancy  Tenancy In Common  Other:		
Owner's Percentage of Ownership: Owner is Deceased or Dissolved:    Owner's Name as Shown on Title of Record (See Instructions before completing):				
STEPNER	LAVEA /	MATT		
			erty tax bills/notices mailed to Claimant, der, utility bills, etc. See instructions.	
submit an originally signed and no	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 day of (day)  Authorized Signature (see instruction	7eb (month)	, 20 73 at	(city and state)	
Authorized Signature (see instruction	ons):	un sh		
Print Name & Title: LAULG			Number: 765- 438- 4350	
Mailing Address: 559 K	eeleh DR			
AUJIN	D 4612	3		
<b>Notary:</b> (A notary public verifies only the identity of t	ne individual who signed the docume	nt to which this certificate is attached, and not	the truthfulness, accuracy, or validity of that document.)	
State of IndiANA	, c	ounty of Lkrelli	US	
Subscribed and sworn to (or affirm	ned) before me on th	isday of	Feb 20 23 ),	
by AMARCH KINGUSY, proved to me on the basis of satisfactory evidence				
to be the person who appeared be	fore me.			
Signature	\ (Seal)	AMANDA K NOTAR PU STATE OF COMMISSION N MY COMMISSION EX	BLIC - SEAL INDIANA UMBER 576395	
	Montroller Property Tax	Division, 360 Fair Lane, Placervill	e. CA 95667 Revised 11/9/2016	