

**EL DORADO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL
MEETING OF APRIL 21, 2009**

AGENDA TITLE: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY DATED NOVEMBER 02, 2007

DEPARTMENT: AUDITOR-CONTROLLER	DEPT SIGNOFF:	<u>CAO USE ONLY</u>
CONTACT: SALLY ZUTTER/JOY SHAW		
DATE: 03/20/2009 PHONE: 621-5470		

DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:

On November 02, 2007, a Sale of Tax Defaulted Property was conducted by the Treasurer-Tax Collector's office. Parties of interest, as defined by Revenue & Taxation (R&T) Code §4675, were notified that the property identified as APN 037-361-05-100 was sold for \$36,302.98 more than the amount required to satisfy delinquent taxes & costs of the sale. Valid claim(s) have been filed for the excess proceeds due to the sale of the property. The Auditor-Controller's office has reviewed the claim(s) and supporting documents and is of the opinion that the claimant(s) are entitled to the proceeds pursuant to R&T Code §4675. The Auditor-Controller recommends that the Board of Supervisors authorize the Auditor-Controller to notify all valid claimants of the Board's action(s) and disburse excess proceeds as determined by the Board.

<u>Claimant</u>	<u>Type</u>	<u>Amt. Claimed</u>	<u>Recommended Distribution</u>
United Pacific Assets LLC for John Snyder	Assignee of Heir of Owner of Record	about 100%	18,151.49
United Pacific Assets LLC for S. Pevahouse	Assignee of Heir of Owner of Record	about 100%	18,151.49
Unclaimed	R&T Code §4674		-0-

CAO RECOMMENDATIONS:

Financial impact? () Yes () No	Funding Source: () Gen Fund () Other
	Other: _____

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

BOARD ACTIONS:

<p>Vote: Unanimous _____ Or _____</p> <p>Ayes: _____</p> <p>Noes: _____</p> <p>Abstentions: _____</p> <p>Absent: _____</p>	<p>I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors.</p> <p>Date: _____</p> <p>Attest: Cindy Keck, Board of Supervisors Clerk</p> <p>By: _____</p>
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County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
Phone: (530) 621-5487 Fax: (530) 295-2535

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

March 19, 2009

El Dorado County Board of Supervisors
330 Fair Lane
Placerville, CA 95667

Honorable Board Members:

Title:

Excess Proceeds from the Sale of Tax Defaulted Property dated November 02, 2007

Recommendation:

The Auditor-Controller recommends that the Board of Supervisors authorize the Auditor-Controller to disburse excess proceeds for APN 037-361-05-100 pursuant to the attached information.

Reason for Recommendation:

The recommendation is based on §4675 of the Revenue and Taxation Code.

Fiscal Impact:

No net impact.

Action To Be Taken Following Approval:

The Auditor-Controller will disburse funds as directed.

Yours very truly,

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

Joe Harn
Auditor-Controller

enclosures
JH/js



County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
(530) 621-5487

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

March 19, 2009

United Pacific Assets, LLC
Paul D. Tunison, Managing Member
1722 H Street
Modesto, CA 95354

Re: Excess Proceeds Claim from the Sale of Tax Defaulted Property of November 02, 2007
APN: 037-361-05-100 Default No: 077059 Excess Proc. Available: \$36,302.98

Please be advised that the Auditor-Controller will present to the Board of Supervisors only valid original claims for excess proceeds meeting the requirements of Revenue and Taxation (R&T) Code §4675 or other applicable authority. The Auditor-Controller will present all valid claims with a recommendation for distribution to a duly noticed Board of Supervisor's public hearing.

The Auditor-Controller will notify all claimants submitting valid claims of the scheduled public hearing at least 20 calendar days in advance. The notice will include the recommended distribution and copies of any other valid claims for the same property. Parties with valid claims are not required to attend the public hearing; however, you may do so if you wish. Any interested person(s) may attend the public hearing.

NOTICE OF HEARING

The El Dorado County Board of Supervisors will hold a public hearing on **April 21, 2009, beginning at 9:00 o'clock a.m.**, regarding the determination of distribution of the excess proceeds from the Sale of Tax Defaulted Property dated **November 02, 2007**. The hearing will be held at the Board of Supervisors chambers located in Building A, 330 Fair Lane, Placerville, California, 95667. All claims, proof, supporting documents, and relevant information, submitted by valid claimants meeting the requirements of R&T Code §4675, will be forwarded to the Board of Supervisors office prior to the public hearing.

Claimant(s) Names and Addresses:

United Pacific Assets, LLC for John P. Snyder
1722 H Street
Modesto, CA 95354

United Pacific Assets, LLC for Sherry Pevahouse
1722 H Street
Modesto, CA 95354

<u>Claimant</u>	<u>Type</u>	<u>\$ Claimed</u>	<u>Recommendation</u>
United Pacific Assets LLC (J. Snyder)	Assignee of Owner of Record	about 100%	18,151.49
United Pacific Assets LLC (S. Pevahouse)	Assignee of Owner of Record	about 100%	18,151.49
Unclaimed	R&T Code §4674	-0-	-0-

Following the determination of distribution for valid claims at the public hearing, the Auditor-Controller will notify valid claimants of the action taken by the Board of Supervisors. Pursuant to R&T Code §4675(b), any action or proceeding to review the decision of the Board of Supervisors must be commenced within 90 calendar days after the date of the Board of Supervisors decision. County warrants will be issued no sooner than 90 days after the date of the decision of the Board of Supervisors.

Please contact Sally Zutter, Accounting Division Manager, or myself, at the address above, or at 530/621-5470 with any questions.

Yours very truly,

A handwritten signature in black ink, appearing to read "Joy Shaw". The signature is written in a cursive, flowing style.

Joy Shaw
Deputy Auditor-Controller

/js

TAX DEFUALTED PROPERTY CLAIM FOR EXCESS PROCEEDS

Sale Date: 11/2/2007 APN: 037-361-05-100
El Dorado County Tax Collector

We the undersigned claim about 100% of the excess that had been assigned to **UNITED PACIFIC ASSETS, LLC.**, 1722 H Street, Modesto, CA 95354

We claim status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

We affirm under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 23 day of September, 2008 at Modesto, California.
City State

Signature [Signature]
United Pacific Assets, LLC
Paul D Tunison, Managing Member
1722 H Street
Modesto CA 95354

State of California

County of Stanislaus

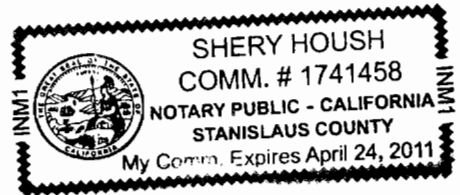
On 9-23-2008 before me, Shery Housh (Notary name), personally appeared Paul Daniel Tunison, who

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

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

WITNESS my hand and official seal.

Signature [Signature] (Seal)



Assignment of Rights to Claim Excess Proceeds from The Sale of Tax-Defaulted Property

For valuable consideration, the undersigned Assignor(s) John P. Snyder an individual and/or the heir to the Estate of Ireta J. Snyder hereby assigns to assignee United Pacific Assets, LLC, all rights, title and interest to collect 100% of the excess proceeds for which we are entitled to claim as a result of property which was sold at the El Dorado County, California, public auction of Tax Defaulted property, held on 11/2/2007 and described as parcel number 037-361-05-100

As the Assignor(s), I understand the TOTAL amount of the excess proceeds eligible for distribution is \$36,100.00+/-.

Assignee has advised Assignor of the right to file a claim for excess proceeds on their own behalf. The parties have disclosed to each other all facts each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code Section 4675.

As a party of interest Assignor 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 may have submitted for these excess proceeds.

Assignor declares the above to be true and correct with respect to this assignment of rights to claim excess proceeds to **UNITED PACIFIC ASSETS, LLC.**, 1722 H St, Modesto, Ca 95354.

Assignor declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct of Assignor knowledge.

Dated this 14th day of January 2008

Signature John P. Snyder
John P. Snyder
2220 Spring Lake Dr
Martinez, Ca 94553

State of NV
County of ELKO

On 1/14/08 before me, Misty Wilson, personally appeared John P. Snyder, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Misty Wilson (Seal)



WE DECLARE ALL FACTS STATED ARE TRUE AND CORRECT UNDER PENALTY OF PERJURY BY PAUL D. TUNISON "UPA"

UNDER CALIFORNIA PROBATE CODE §§ 13100-13106

The undersigned states as follows:

- 9. Ireta J. Snyder died on or about 9/17/1997, in Contra Costa County.
- 10. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached certified copy of the decedent's death certificate.
- 11. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
- 12. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
- 13. There is no real property in the estate.
- 14. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

\$36,100.00 +/- in cash from the sale of the decedent's property in San Bernardino County, California.
- 15. I, John P. Snyder, am the am a successor of 50% of the decedent's interest in the property described above, as defined in PC § 13006.
- 16. No other person(s) has a superior right to the interest of the decedent in the property described above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Signature: *John P. Snyder* Date: 1/14/08
 John P. Snyder
 2220 Spring Lake Dr
 Martinez Ca 94553

On 1/14/2008, before me, the undersigned, a Notary Public in and for the said State, personally appeared John P. Snyder, personally known to me - (or - proved to me on the basis of satisfactory evidence) to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and Official Seal

Misty Wilson
 Notary Public in and for the
 State of *Nevada*

County of *Elko*



060774

RECORDING REQUESTED BY

And When Recorded Mail This Deed and, Unless Otherwise Shown Below, Mail Tax Statements To:

NAME [Mr. John R. Snyder]
STREET ADDRESS [Mrs. Ireta June Snyder]
CITY, STATE, ZIP [1310 Potter Street]
[Martinez, CA 94553]

OFFICIAL SEAL
EL DORADO COUNTY - CALIF.
RECORD REQUESTED BY:

ATTORNEYS

Dec 15 11 19 AM '86

COUNTY RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Title Order No. _____ Escrow No. _____

A.P. # 37-361-05

PCOS
FILED

DOCUMENTARY TRANSFER TAX: None - No Consideration**

COMPUTED ON FULL VALUE OF PROPERTY CONVEYED.

OR COMPUTED ON FULL VALUE LESS LIENS AND
INCUMBRANCES REMAINING AT TIME OF SALE.

John R. Snyder
Signature of Declarant or Agent depending on Firm Name

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

JOHN R. SNYDER and IRETA JUNE SNYDER, husband and wife, as Joint Tenants,

hereby GRANT(S) to

JOHN R. SNYDER and IRETA JUNE SNYDER, husband and wife, as community property,

the following described real property in the _____ unincorporated area
county of El Dorado _____, state of California:

Lot 2, Block 1, Avdrain Subdivision filed October 20, 1953, Map Book "B", Page 24, El Dorado County Records.

**The purpose of this Deed is to establish the community property nature of the real property and sever the existing joint tenancy between the parties.

Dated November 26, 1986

STATE OF CALIFORNIA
COUNTY OF Contra Costa } ss.

On November 26, 1986 before me, the undersigned, a Notary Public in and for said County and State, personally appeared

John R. Snyder and Ireta June Snyder

John R. Snyder
JOHN R. SNYDER

Ireta June Snyder
IRETA JUNE SNYDER

_____ knows to me to be the person B whose name B are subscribed to the within instrument and acknowledged that they executed the same.

Lucille M. Mullen

Lucille M. Mullen

Name (Typed or Printed)

Notary Public in and for Said County and State



(Space above for official notary seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE: IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE

Form No. 2856

Name

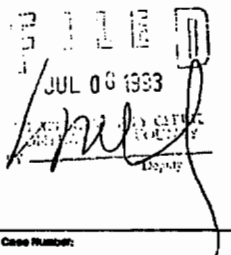
Street Address

City & State

END DOCUMENT

BOOK 2674 PAGE 321

MAIL TO

Attorney or Party without Attorney (Name and Address): JOHN R. MULLEN, ESQ. #87922 LEO B. SIEGEL, ESQ. #116841 540 LENNON LANE WALNUT CREEK, CA 94598 Attorney for (Name): IRETA J. SNYDER	(510) 256-3900	For Court Use Only JUL 08 1993 
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA STREET ADDRESS: 725 Court Street MAILING ADDRESS: P.O. Box 911 CITY AND ZIP CODE: Martinez, CA 94553 SEARCH NAME:		
ESTATE OF (NAME): JOHN RICHARD SNYDER, also known as JOHN R. SNYDER Decedent		
SPOUSAL PROPERTY ORDER		Case Number: P93-00776

ENTERED ON MICROFILM JUL - 8 1993

1. Date of hearing: ~~6/23/93~~ **JUL 8 1993** time: 8:30 a.m. Dept: 8 Room:

THE COURT FINDS

2. All notices required by law have been given.
3. Decedent died on (date): **January 5, 1993**
 - a. a resident of the California county named above.
 - b. a nonresident of California and left an estate in the county named above.
 - c. Intestate testate.

PCOS FILED

THE COURT FURTHER FINDS AND ORDERS

4. a. The property described in attachment 4a is property passing to the surviving spouse (name): **IRETA J. SNYDER**, and no administration of it is necessary.
- b. See attachment 4b for further order respecting transfer of the property to the surviving spouse.
5. To protect the interests of the creditors of (business name):
 an unincorporated trade or business, a list of all its known creditors and the amount owed each is on file.
 - a. Within (specify) _____ days from this date, the surviving spouse shall file an undertaking in the amount of \$ _____, upon condition that the surviving spouse pay the known creditors of the business.
 - b. See attachment 5b for further order protecting the interests of creditors of the business.
6. a. The property described in attachment 6a is property that belongs to the surviving spouse. (name): **IRETA J. SNYDER**, under Probate Code sections 100 and 101, and the surviving spouse's ownership is hereby confirmed.
- b. See attachment 6b for further order respecting transfer of the property to the surviving spouse.
7. All property described in the Spousal Property Petition that is not determined to be property passing to the surviving spouse, under Probate Code section 13500, or confirmed as belonging to the surviving spouse under Probate Code sections 100 and 101, shall be subject to administration in the estate described in attachment 7.
8. Other (specify):

Date: **June 23, 1993**

JUDGE OF THE SUPERIOR COURT
 Signature follows last attachment

Spousal Property Order
Estate of JOHN R. SNYDER
Attachment 4a

A one-half interest in the property listed below is property belonging to the decedent that is passing to IRETA J. SNYDER, the surviving spouse of the decedent:

REAL PROPERTY:

1. All of that real property in the unincorporated area of the County of El Dorado, State of California, described as follows:

Lot 2, Block 1, Adrain Subdivision
filed October 20, 1953, Map Book "B", Page 24,
El Dorado County Records.

2. All of that real property located in the City of Martinez, County of Contra Costa, State of California, described as follows:

Lot 11, Bloc 4, Martinez Land Company Tract
No. 1 filed September 12, 1915, Map Book 14, Page
282, Contra Costa County Records.

BUSINESS:

1. Dry cleaning business which trade name is: SUNSHINE CLEANERS, located in Lafayette, California.

Spousal Property Order
Estate of JOHN R. SNYDER
Attachment 6a

A one-half interest in the property listed below is property which is confirmed to the decedent's surviving spouse, IRETA J. SNYDER:

REAL PROPERTY:

1. All of that real property in the unincorporated area of the County of El Dorado, State of California, described as follows:

Lot 2, Block 1, Adrain Subdivision
filed October 20, 1953, Map Bok "B", Page 24,
El Dorado County Records.

2. All of that real property located in the City of Martinez, County of Contra Costa, State of California, described as follows:

Lot 11, Bloc 4, Martinez Land Company Tract
No. 1 filed September 12, 1915, Map Book 14, Page
282, Contra Costa County Records.

BUSINESS:

1. Dry cleaning business which trade name is: SUNSHINE CLEANERS, located in Lafayette, California.

443-00114

Dated: June 23, 1993

July 8, 1993

W O'Malley
JUDGE OF THE SUPERIOR COURT

48516

EL DORADO COUNTY CLERK
RECORD REQUESTED BY:

ATTORNEYS

93 AUG 16 AM 11: 24

LCMTR "JEAN" BELL
COUNTY RECORDER - CLERK

1192

END DOCUMENT

This document is a correct copy
of the original on file in this office.
ATTEST:

JUL 15 1993

STEPHEN L. WEIR
County Clerk and ex-officio Clerk of the
Superior Court of the State of California
in and for the County of Contra Costa
By *[Signature]* Deputy Clerk

BOOK 4083 PAGE 281

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

39708004372

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) **NETA** 2. MIDDLE **J.** 3. LAST (FAMILY) **SNYDER**

4. DATE OF BIRTH M/M/D/CCYY **11/23/1936** 5. SEX **F** 6. AGE **60** 7. DATE OF DEATH M/M/D/CCYY **09/17/1997** 8. HOUR **2155**

9. STATE OF BIRTH **OK** 10. SOCIAL SECURITY NO. **411-58-7521** 11. MILITARY SERVICE **NO** 12. MARITAL STATUS **Widowed** 13. EDUCATION—YEARS COMPLETED **14**

14. RACE **Caucasian** 15. HISPANIC-SPANISH **NO** 16. USUAL EMPLOYER **Self Employed**

17. OCCUPATION **Owner/Operator** 18. KIND OF BUSINESS **Dry Cleaning** 19. YEARS IN THIS BUSINESS **35**

20. RESIDENCE—STREET AND NUMBER (SEE SECTION 21) **1310 Potter St.**

21. CITY **Martinez** 22. COUNTY **Contra Costa** 23. ZIP CODE **94553** 24. YRS IN COUNTY **47** 25. STATE OR FOREIGN COUNTRY **CA**

26. NAME, RELATIONSHIP **John P. Snyder - Son** 27. MAILING ADDRESS (STREET AND NUMBER OR PO BOX NUMBER, CITY OR TOWN, STATE, ZIP) **1310 Potter St., Martinez, CA 94553**

28. NAME OF SURVIVING SPOUSE—FIRST **Odette** 29. MIDDLE **Odette** 30. LAST (MAIDEN NAME) **Hegwer**

31. NAME OF FATHER—FIRST **Toohey** 32. MIDDLE **Toohey** 33. LAST **Toohey** 34. BIRTH STATE **OK**

35. NAME OF MOTHER—FIRST **Maddina** 36. MIDDLE **Maddina** 37. LAST (MAIDEN) **Maddina** 38. BIRTH STATE **OK**

39. DATE OF BIRTH **09/18/1997** 40. PLACE OF FINAL DISPOSITION **Memory Gardens Cemetery, Concord, CA**

41. TYPE OF DISPOSITION(S) **CR/BU** 42. SIGNATURE OF EMPALMER **Not Embalmed** 43. LICENSE NO. **154**

44. NAME OF FUNERAL DIRECTOR **Connolly & Taylor Chapel** 45. SIGNATURE OF LOCAL REGISTRAR **Charles Connolly** 46. DATE M/M/D/CCYY **09/18/1997**

47. PLACE OF DEATH **Merrichew Memorial Hospital** 48. STREET ADDRESS—STREET AND NUMBER OR LOCATION **2500 Alhambra Ave.**

49. IMMEDIATE CAUSE **CARDIO RESPIRATORY ARREST** 50. TIME INTERVAL BETWEEN ONSET AND DEATH **4 hrs** 51. DEATH REPORTED TO CORONER **NO**

52. DUE TO (A) **METASTATIC RENAL CELL CARCINOMA** 53. TIME INTERVAL BETWEEN ONSET AND DEATH **2 mos** 54. SIGNATURE PERFORMED **NO**

55. DUE TO (B) **RENAL CELL CARCINOMA** 56. TIME INTERVAL BETWEEN ONSET AND DEATH **2 mos** 57. AUTOPSY PERFORMED **NO**

58. DUE TO (C) **RENAL CELL CARCINOMA** 59. TIME INTERVAL BETWEEN ONSET AND DEATH **2 mos** 60. USED IN DETERMINING CAUSE **NO**

61. DUE TO (D) **NO** 62. TIME INTERVAL BETWEEN ONSET AND DEATH **NO** 63. USED IN DETERMINING CAUSE **NO**

64. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 **NO**

65. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE **LEFT NEPHRECTOMY 04/05/1995**

66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. OCCIDENT ATTENDED SINCE I RECEIVED LAST NEWS ALIVE M/M/D/CCYY **04/07/1997** 67. SIGNATURE AND TITLE OF CERTIFIER **Rakesh Bhutani** 68. LICENSE NO. **A36493** 69. DATE M/M/D/CCYY **09/18/1997**

70. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 71. MANNER OF DEATH **NATURAL** 72. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) **NO**

73. MANNER OF DEATH **NATURAL** 74. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) **NO**

75. SIGNATURE OF CORONER OR DEPUTY CORONER **Charles Connolly** 76. DATE M/M/D/CCYY **09/18/1997** 77. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER **Charles Connolly**

78. STATE REGISTRAR **Charles Connolly**

095446

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } COUNTY OF CONTRA COSTA

} SS

DATE ISSUED

12/01/1997

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **4807**

REGISTRAR'S NUMBER **02035**

STATE FILE NO.	1a. CHILD'S FIRST NAME John			1b. MIDDLE NAME Philip	1c. LAST NAME Snyder
2. SEX Male	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? --	4a. DATE OF BIRTH—MONTH, DAY, YEAR 6/14/53	4b. HOUR 11:22 P. M.	
5a. COUNTY Solano	5b. CITY OR TOWN Vallejo			<input type="checkbox"/> DELIVERED STATE WIDE <input checked="" type="checkbox"/> DELIVERED COUNTY WIDE	
6a. FULL NAME OF HOSPITAL OR INSTITUTION U. S. Naval Hospital, Mare Island, Vallejo, California			6b. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, THIS STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBER)		
7a. STATE California	7b. COUNTY Contra Costa	7c. CITY OR TOWN Martinez	<input type="checkbox"/> DELIVERED COUNTY WIDE ONLY <input type="checkbox"/> DELIVERED COUNTY WIDE ONLY 6b. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBER) 2127 Castro Street		
8a. MAIDEN NAME OF MOTHER—FIRST NAME Ireta	8b. MIDDLE NAME June	8c. LAST NAME Madding	8. COLOR OR RACE OF MOTHER Caucasian		
9. AGE OF MOTHER (AT TIME OF THIS BIRTH) 16 YEARS	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma	11. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM SPECIAL PATIENTS' HOME OR PLACE OF BIRTH) 2127 Castro Street, Martinez, California			
12a. NAME OF FATHER—FIRST NAME John	12b. MIDDLE NAME Richard	12c. LAST NAME Snyder	13. COLOR OR RACE OF FATHER Caucasian		
14. AGE OF FATHER (AT TIME OF THIS BIRTH) 20 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Carolina	16a. USUAL OCCUPATION SN	16b. KIND OF BUSINESS OR INDUSTRY USN		
INFORMANT'S CERTIFICATION I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	17a. SIGNATURE OF PARENT OR OTHER INFORMANT (IF OTHER THAN MOTHER) <i>Ireta June Snyder</i>		17b. DATE SIGNED BY PARENT OR OTHER INFORMANT June 15, 1953		
ATTENDANT'S CERTIFICATION I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	18. SIGNATURE OF ATTENDANT <i>F. B. ADAMS, JR., LT. MC. USNR.</i>		18a. ADDRESS U. S. Naval Hospital, Mare Island, Vallejo, Calif.		
REGISTRAR'S CERTIFICATION DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1953	20. SIGNATURE OF LOCAL REGISTRAR <i>Henry H. Wells, MD</i>		21. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		



000317554 CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY ASSESSOR/RECORDER

Jim Marug

DEPUTY DATE ISSUED

02/13/2008

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
(530) 621-5487

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

March 19, 2009

United Pacific Assets, LLC
Paul D. Tunison, Managing Member
1722 H Street
Modesto, CA 95354

Re: Excess Proceeds Claim from the Sale of Tax Defaulted Property of November 02, 2007
APN: 037-361-05-100 Default No: 077059 Excess Proc. Available: \$36,302.98

Please be advised that the Auditor-Controller will present to the Board of Supervisors only valid original claims for excess proceeds meeting the requirements of Revenue and Taxation (R&T) Code §4675 or other applicable authority. The Auditor-Controller will present all valid claims with a recommendation for distribution to a duly noticed Board of Supervisor's public hearing.

The Auditor-Controller will notify all claimants submitting valid claims of the scheduled public hearing at least 20 calendar days in advance. The notice will include the recommended distribution and copies of any other valid claims for the same property. Parties with valid claims are not required to attend the public hearing; however, you may do so if you wish. Any interested person(s) may attend the public hearing.

NOTICE OF HEARING

The El Dorado County Board of Supervisors will hold a public hearing on **April 21, 2009, beginning at 9:00 o'clock a.m.**, regarding the determination of distribution of the excess proceeds from the Sale of Tax Defaulted Property dated **November 02, 2007**. The hearing will be held at the Board of Supervisors chambers located in Building A, 330 Fair Lane, Placerville, California, 95667. All claims, proof, supporting documents, and relevant information, submitted by valid claimants meeting the requirements of R&T Code §4675, will be forwarded to the Board of Supervisors office prior to the public hearing.

Claimant(s) Names and Addresses:

United Pacific Assets, LLC for John P. Snyder
1722 H Street
Modesto, CA 95354

United Pacific Assets, LLC for Sherry Pevahouse
1722 H Street
Modesto, CA 95354

<u>Claimant</u>	<u>Type</u>	<u>\$ Claimed</u>	<u>Recommendation</u>
United Pacific Assets LLC (J. Snyder)	Assignee of Owner of Record	about 100%	18,151.49
United Pacific Assets LLC (S. Pevahouse)	Assignee of Owner of Record	about 100%	18,151.49
Unclaimed	R&T Code §4674	-0-	-0-

Following the determination of distribution for valid claims at the public hearing, the Auditor-Controller will notify valid claimants of the action taken by the Board of Supervisors. Pursuant to R&T Code §4675(b), any action or proceeding to review the decision of the Board of Supervisors must be commenced within 90 calendar days after the date of the Board of Supervisors decision. County warrants will be issued no sooner than 90 days after the date of the decision of the Board of Supervisors.

Please contact Sally Zutter, Accounting Division Manager, or myself, at the address above, or at 530/621-5470 with any questions.

Yours very truly,

A handwritten signature in black ink that reads "Joy Shaw". The signature is written in a cursive, flowing style.

Joy Shaw
Deputy Auditor-Controller

/js

TAX DEFUALTED PROPERTY CLAIM FOR EXCESS PROCEEDS

Sale Date: 11/2/2007 APN: 037-361-05-100
El Dorado County Tax Collector

We the undersigned claim about 100% of the excess that had been assigned to **UNITED PACIFIC ASSETS, LLC.**, 1722 H Street, Modesto, CA 95354

We claim status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

We affirm under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 23 day of September, 2008 at Modesto, California
City State

Signature [Handwritten Signature]
United Pacific Assets, LLC
Paul D Tunison, Managing Member
1722 H Street
Modesto CA 95354

State of California

County of Stanislaus

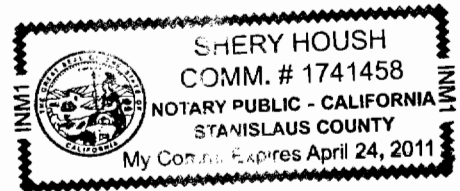
On 9-23-2008 before me, Shery Housh (Notary name) personally appeared Paul Daniel Tunison,

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

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

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



Assignment of Rights to Claim Excess Proceeds from The Sale of Tax-Defaulted Property

For valuable consideration, the undersigned Assignor(s) Sherry Pevahouse an individual and/or the heir to the Estate of Ireta J. Snyder hereby assigns to assignee United Pacific Assets, LLC, all rights, title and interest to collect 100% of the excess proceeds for which we are entitled to claim as a result of property which was sold at the El Dorado County, California, public auction of Tax Defaulted property, held on 11/2/2007 and described as parcel number 037-361-05-100

As the Assignor(s), I understand the TOTAL amount of the excess proceeds eligible for distribution is \$36,100.00+/-.

Assignee has advised Assignor of the right to file a claim for excess proceeds on their own behalf. The parties have disclosed to each other all facts each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code Section 4675.

As a party of interest Assignor 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 may have submitted for these excess proceeds.

Assignor declares the above to be true and correct with respect to this assignment of rights to claim excess proceeds to **UNITED PACIFIC ASSETS, LLC.**, 1722 H St, Modesto, Ca 95354.

Assignor declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct of Assignor knowledge.

Dated this 13th day of November 07.

Signature Sherry Pevahouse
Sherry Pevahouse
1537 Windwood Ct
Martinez, CA 94553

State of CA
County of Contra costa

On 11-13-07 before me, Tiffany Nicole Brunmeier, personally appeared Sherry Pevahouse, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Tiffany Nicole Brunmeier (Seal)



WE DECLARE ALL FACTS STATED ARE TRUE AND CORRECT UNDER
Penalty of Perjury By PHOENIX TUNISON "UPA" [Signature]

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

The undersigned states as follows:

1. Ireta J. Snyder died on or about 9/17/1997, in Contra Costa County.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached certified copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
5. There is no real property in the estate.
6. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

\$36,100.00+/- in cash from the sale of the decedent's property in El Dorado, California.
7. I, Sherry Pevahouse, am the am a successor of **50%** of the decedent's interest in the property described above, as defined in PC § 13006.
8. No other person(s) has a superior right to the interest of the decedent in the property described above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Signature: *Sherry Pevahouse* Date: *9/12/08*
Sherry Pevahouse
1537 Windwood Ct
Martinez, Ca 94553

State of CA
County of *Contra Costa*

On *9-12-2008* before me, *Tiffany Nicole Brunmeier* (Notary name), personally appeared *Sherry Pevahouse*, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature *Tiffany Nicole Brunmeier* (Seal)



060774

RECORDING REQUESTED BY

And When Recorded Mail This Deed and, Unless Otherwise Shown Below, Mail Tax Statements To:

NAME [Mr. John R. Snyder
STREET ADDRESS [Mrs. Ireta June Snyder
CITY, STATE, ZIP [1310 Potter Street
Martinez, CA 94553

OFFICIAL SEAL
EL DORADO COUNTY-CALIF.
RECORD REQUESTED BY:

ATTORNEYS

Dec 15 11 19 AM '86

COUNTY RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Title Order No. _____ Escrow No. _____

A.P. # 37-361-05

PCOS
FILED

DOCUMENTARY TRANSFER TAX None - No Consideration**

COMPUTED ON FULL VALUE OF PROPERTY CONVEYED.

OR COMPUTED ON FULL VALUE LESS LIENS AND ENCUMBRANCES REMAINING AT TIME OF SALE.

John R. Snyder
Signature of Declarant or Agent determining tax. Firm Name

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
JOHN R. SNYDER and IRETA JUNE SNYDER, husband and wife, as Joint Tenants,
hereby GRANT(S) to
JOHN R. SNYDER and IRETA JUNE SNYDER, husband and wife, as community property,

the following described real property in the unincorporated area
county of El Dorado , state of California:

Lot 2, Block 1, Audrain Subdivision filed October 20, 1953, Map Book "B", Page 24, El Dorado County Records.

**The purpose of this Deed is to establish the community property nature of the real property and sever the existing joint tenancy between the parties.

Dated November 26, 1986

STATE OF CALIFORNIA
COUNTY OF Contra Costa } ss.

On November 26, 1986 before me, the undersigned, a Notary Public in and for said County and State, personally appeared
John R. Snyder and Ireta June Snyder

John R. Snyder
JOHN R. SNYDER

Ireta June Snyder
IRETA JUNE SNYDER

_____ known to me to be the person B whose name B are subscribed to the within instrument and acknowledged that they executed the same.

Lucille M. Mullen

Lucille M. Mullen

Name (Typed or Printed)

Notary Public in and for Said County and State



(Space above for official [Notary] seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE: IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE

Name _____ Street Address _____ City & State _____

Form No. 2886

END DOCUMENT

BOOK 2674 PAGE 321

MAIL TO

Attorney or Party without Attorney (Name and Address):
 JOHN R. MULLEN, ESQ. #87922 (510) 256-3900
 LEO B. SIEGEL, ESQ. #116841
 540 LENNON LANE
 WALNUT CREEK, CA 94598
 Attorney for (Estate): IRETA J. SNYDER

For Court Use Only

3

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA
 STREET ADDRESS: 725 Court Street
 MAILING ADDRESS: P.O. Box 911
 CITY AND ZIP CODE: Martinez, CA 94553

JUL 08 1993

ESTATE OF (NAME): JOHN RICHARD SNYDER, also known as JOHN R. SNYDER
 Decedent

SPOUSAL PROPERTY ORDER

Case Number: P93-00776

1. Date of hearing: ~~7/8/93~~ JUL 8 1993 Time: 8:30 A.M. Dept: 8 Room:

THE COURT FINDS

2. All notices required by law have been given.

3. Decedent died on (date): January 5, 1993

- a. a resident of the California county named above.
 b. a nonresident of California and left an estate in the county named above.
 c. Intestate testate.

THE COURT FURTHER FINDS AND ORDERS

4. a. The property described in attachment 4a is property passing to the surviving spouse (name): IRETA J. SNYDER, and no administration of it is necessary.
 b. See attachment 4b for further order respecting transfer of the property to the surviving spouse.
5. To protect the interests of the creditors of (business name):
 an unincorporated trade or business, a list of all its known creditors and the amount owed each is on file.
 a. Within (specify) days from this date, the surviving spouse shall file an undertaking in the amount of \$ upon condition that the surviving spouse pay the known creditors of the business.
 b. See attachment 5b for further order protecting the interests of creditors of the business.
6. a. The property described in attachment 6a is property that belongs to the surviving spouse, (name): IRETA J. SNYDER, under Probate Code sections 100 and 101, and the surviving spouse's ownership is hereby confirmed.
 b. See attachment 6b for further order respecting transfer of the property to the surviving spouse.
7. All property described in the Spousal Property Petition that is not determined to be property passing to the surviving spouse, under Probate Code section 13500, or confirmed as belonging to the surviving spouse under Probate Code sections 100 and 101, shall be subject to administration in the estate described in attachment 7.
8. Other (specify):

Date: June 23, 1993

9. Number of pages attached:

JUDGE OF THE SUPERIOR COURT

Signature follows last attachment

Form Approved by the
 Judicial Council of California
 DC-526 (Rev. July 1, 1987)

SPOUSAL PROPERTY ORDER
 (PROBATE)

Probate Code, § 13656

BOOK 4083 PAGE 279

ENTERED ON MICROFILM JUL - 8 1993

PCOS
FILED

Spousal Property Order
Estate of JOHN R. SNYDER
Attachment 4a

A one-half interest in the property listed below is property belonging to the decedent that is passing to IRETA J. SNYDER, the surviving spouse of the decedent:

REAL PROPERTY:

1. All of that real property in the unincorporated area of the County of El Dorado, State of California, described as follows:

Lot 2, Block 1, Adrain Subdivision
filed October 20, 1953, Map Bk "B", Page 24,
El Dorado County Records.

2. All of that real property located in the City of Martinez, County of Contra Costa, State of California, described as follows:

Lot 11, Bloc 4, Martinez Land Company Tract
No. 1 filed September 12, 1915, Map Book 14, Page
282, Contra Costa County Records.

BUSINESS:

1. Dry cleaning business which trade name is: SUNSHINE CLEANERS, located in Lafayette, California.

Spousal Property Order
Estate of JOHN R. SNYDER
Attachment 6a

A one-half interest in the property listed below is property which is confirmed to the decedent's surviving spouse, IRETA J. SNYDER:

REAL PROPERTY:

1. All of that real property in the unincorporated area of the County of El Dorado, State of California, described as follows:

Lot 2, Block 1, Adrain Subdivision
filed October 20, 1953, Map Bok "B", Page 24,
El Dorado County Records.

2. All of that real property located in the City of Martinez, County of Contra Costa, State of California, described as follows:

Lot 11, Bloc 4, Martinez Land Company Tract
No. 1 filed September 12, 1915, Map Book 14, Page
282, Contra Costa County Records.

BUSINESS:

1. Dry cleaning business which trade name is: SUNSHINE CLEANERS, located in Lafayette, California.

443-00114

Dated: June 23, 1993

July 9, 1993

W O'Malley
JUDGE OF THE SUPERIOR COURT

48516

EL DORADO COUNTY CLERK
RECORD REQUESTED BY:

ATTORNEYS

93 AUG 16 AM 11:24

LCRITA J. BELL
COUNTY RECORDER-CLERK

1182

END DOCUMENT

This document is a correct copy
of the original on file in this office.
ATTEST:

JUL 15 1993

STEPHEN L. WEBB
County Clerk and ex-officio Clerk of the
Superior Court of the State of California
in and for the County of Contra Costa
By *[Signature]* Deputy Clerk

BOOK 4083 PAGE 281

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

39707004372

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEASED—FIRST (GIVEN): **CRISTA** 2. MIDDLE _____ 3. LAST (FAMILY) _____

4. DATE OF BIRTH MM/DD/YYYY: **11/23/1936** 5. SEX: **F** 6. AGE: **60** 7. DATE OF DEATH MM/DD/YYYY: **09/17/1997** 8. HOUR: **21:55**

9. STATE OF BIRTH: **OK** 10. SOCIAL SECURITY NO.: **411-58-7521** 11. MILITARY SERVICE: **NO** 12. MARITAL STATUS: **Widowed** 13. EDUCATION—YEARS COMPLETED: **14**

14. RACE: **Caucasian** 15. HISPANIC OR LATINO: **NO** 16. OCCUPATION: **Owner/Operator** 17. TYPE OF BUSINESS: **Dry Cleaning** 18. YEARS IN OCCUPATION: **35**

19. USUAL RESIDENCE: **1310 Potter St.** 20. RESIDENCE—STREET AND NUMBER (IF APPLICABLE): _____

21. CITY: **Martinez** 22. COUNTY: **Contra Costa** 23. ZIP CODE: **94553** 24. YEARS IN COUNTY: **47** 25. STATE OR FOREIGN COUNTRY: **CA**

26. NAME OF INFORMANT: **John P. Snyder - Son** 27. MAILING ADDRESS—STREET AND NUMBER OR RURAL BOX NO., CITY OR TOWN, STATE, ZIP: **1310 Potter St., Martinez, CA 94553**

28. NAME OF SURVIVING SPOUSE—FIRST: _____ 29. MIDDLE _____ 30. LAST (MAIDEN NAME) _____

31. NAME OF FATHER—FIRST: **Tooly** 32. MIDDLE _____ 33. LAST _____ 34. BIRTH STATE: **OK**

35. NAME OF MOTHER—FIRST: **Odette** 36. MIDDLE _____ 37. LAST (MAIDEN): **Magner** 38. BIRTH STATE: **OK**

39. DATE OF BIRTH MM/DD/YYYY: **09/17/1997** 40. PLACE OF FINAL DISPOSITION: **Memory Gardens Cemetery, Concord, CA**

41. TYPE OF DISPOSITION: **CR/BU** 42. SIGNATURE OF EMPALMER: _____ 43. LICENSE NO.: _____

44. NAME OF FUNERAL DIRECTOR: **Connolly & Taylor Chapel** 45. LICENSE NO.: **154** 46. SIGNATURE OF LOCAL REGISTRAR: _____ 47. DATE MM/DD/YYYY: **09/18/1997**

48. PLACE OF DEATH: **Merrithew Memorial Hospital** 49. IF HOSPITAL, EMPLOYER: **NO** 50. SECURITY OTHER THAN HOSPITAL: **NO** 51. COUNTY: **Contra Costa**

52. STREET ADDRESS—STREET AND NUMBER OR LOCATION: **2500 Alhambra Ave.** 53. CITY: **Martinez**

54. IMMEDIATE CAUSE: **CARDIO RESPIRATORY ARREST** 55. THIS INTERVAL BETWEEN ONSET AND DEATH: **4 hrs** 56. DEATH REFERRED TO CORONER: **NO**

57. DUE TO (A): **CHRONIC RENAL CELL CARCINOMA** 58. MOD: **Mo** 59. STOMACH PERFORMED: **NO**

60. DUE TO (B): **RENAL CELL CARCINOMA** 61. MOD: **2 yrs** 62. AUTOPSY PERFORMED: **NO**

63. DUE TO (C): **RENAL CELL CARCINOMA** 64. MOD: **2 yrs** 65. USED IN DETERMINING CAUSE: **NO**

66. DUE TO (D): _____ 67. MOD: _____ 68. USED IN DETERMINING CAUSE: **NO**

69. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: **NO**

70. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107? **NO** 71. TYPE OF OPERATION AND DATE: **LEFT NEPHRECTOMY 04/05/1995**

72. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE ABOVE STATED OCCURRENCE AND DECEASED WAS ALIVE IMMEDIATELY BEFORE: **04/07/1997** 73. SIGNATURE AND TITLE OF CERTIFIER: **Rakesh Rhuani, M.D.** 74. LICENSE NO.: **A36433** 75. DATE MM/DD/YYYY: **09/18/1997**

76. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED: **09/04/1997** 77. SIGNATURE AND TITLE OF CERTIFIER: **Rakesh Rhuani, M.D.** 78. LICENSE NO.: **A36433** 79. DATE MM/DD/YYYY: **09/18/1997**

80. MANNER OF DEATH: **NATURAL** 81. MANNER OF DEATH: **ACCIDENT** 82. MANNER OF DEATH: **HOMICIDE** 83. MANNER OF DEATH: **UNNATURAL** 84. MANNER OF DEATH: **OTHER**

85. SIGNATURE OF CORONER OR DEPUTY CORONER: _____ 86. DATE MM/DD/YYYY: _____ 87. TYPE AND TITLE OF CORONER OR DEPUTY CORONER: _____

88. STATE REGISTRAR: _____

095446

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } COUNTY OF CONTRA COSTA

DATE ISSUED

12/01/1997

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

CERTIFIED COPY OF BIRTH RECORD

DISTRICT NO. 0700 REGISTRAR'S No. 5475

Sherry Ann Snyder

FULL NAME OF CHILD		DATE IF NAME ADDED BY SUPPLEMENTAL REPORT	
Place of Birth: County <u>Contra Costa</u>		NAME OF HOSPITAL OR INSTITUTION	
CITY OR TOWN <u>Walnut Creek</u> <small>If outside city or town limits, write rural</small>		<u>Kaiser Foundation</u> <small>If not in hospital or institution, give street number or location</small>	
SEX	TWIN OR	IF SO-BORN	DATE OF BIRTH
<u>Female</u>	TRIPLET.....	1ST..... 2D..... 3D.....	<u>December 5, 1955</u> <u>3:49 PM</u>
FATHER OF CHILD		MOTHER OF CHILD	
FULL NAME <u>John Richard Snyder</u>		FULL MAIDEN NAME <u>Ireta June Madding</u>	
COLOR OR RACE <u>White</u>		COLOR OR RACE <u>White</u>	
BIRTHPLACE <u>South Carolina</u> AGE <u>23</u>		BIRTHPLACE <u>Oklahoma</u> AGE <u>19</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Dec 12, 1955</u>		I hereby certify that I attended the birth of this child, on the date above stated	
REGISTRAR'S SIGNATURE <u>H. L. Blum, MD</u>		ATTENDANT'S OWN SIGNATURE <u>Stephen C. Thomas, MD</u>	
BY <u>FB</u>		ADDRESS <u>1425 So. Main St.</u>	
		DATE SIGNED <u>Dec 7, 1955</u>	

CERTIFICATION BY LOCAL REGISTRAR OR COUNTY RECORDER

This is to Certify, That the foregoing is a true and correct copy of statements appearing on the recorded birth of the above named child, as filed in the local county records and is issued under the provisions of Section 10202, Health and Safety Code.

In Testimony Whereof, Witness my hand and seal this 15th day of June, 1959,

at Martinez, California.

FEE \$1.00

W. T. PAASCH

~~W. T. PAASCH~~

Filed in Volume 130 Register of Births, page 514

By Helew Cunningham
COUNTY RECORDER
DEPUTY RECORDER