

BOUGHT
HOUSE -
5-12-56

DONALD E. WILLIAMSON, ASSESSOR
172 W. THIRD STREET
SAN BERNARDINO, CA 92415
(909) 387-6740

CLAIM FOR HOMEOWNER'S PROPERTY TAX EXEMPTION

If eligible, sign and file this form with the Assessor on or before February 15, or on or before the 30th day following the Date of Notice of Supplemental Assessment, whichever comes first.



BALAZS, GEORGE JR

07/02/1998

P O BOX 403
YUCCA VALLEY CA 92286

0587 054 12 0 000 0002

01/01/1973
56121 YUMA
YVL

Print your Social Security number and name here:
(Please use black ink)

381 07 2354
GEORGE BALAZS JR.

Telephone No. (8 a.m. - 5 p.m.): 760-365-4571

If you are married and this property is both your and your spouse's principal residence, print your spouse's Social Security number and name here:

This claim form may be used to file for the Homeowners' Exemption for the Assessment Roll and the Supplemental Assessment Roll. Please carefully read the information and instructions before answering the questions listed below.

- 1. When did you acquire this property? 5-12-56
(Month/Day/Year)
- 2. Date you occupied or intend to occupy this property as your principal residence 5-12-'56
(Month/Day/Year)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon is true, correct and complete.

Date 7-21-'98

Signature

Date _____

Signature

Signature of co-owner occupant spouse (optional)

Only the owner or a co-owner occupant spouse of the above-described property (including a purchaser under contract of sale) or his legal representative may sign this claim. (Other co-owner occupants may wish to file separate claims; only one exemption will be allowed.) IF YOU ARE BUYING THIS PROPERTY UNDER AN UNRECORDED CONTRACT OF SALE AND THE ASSESSOR DOES NOT HAVE A COPY OF THE CONTRACT, YOU MUST ATTACH A COPY TO THE CLAIM. IF YOU DO NOT OCCUPY OR INTEND TO OCCUPY THIS PARCEL AS YOUR PRINCIPAL RESIDENCE, PLEASE DISCARD THIS FORM. The furnishing of Social Security numbers is mandatory as required by Revenue and Taxation Code, Section 218.5 and Title 18, California Code of Regulations, Section 135. (See Title 42 United States Code Section 405 (c)(2)(C)(i) which authorizes the use of social security numbers for identification purposes in the administration of any tax.) The numbers are used by the Assessor to verify the eligibility of persons claiming the exemption and by the State to prevent multiple claims in different counties and to verify the eligibility of persons claiming income tax renter's credits. The numbers are also used by the State Department of Justice's Parent Locator Services and the State Department of Social Services' Statewide Automated Child Support System for locating absent parents and locating property which is owned by persons who delinquent in their support payments, and by the State Department of Social Services to identify persons who own homes that have not been reported, if required, to the County Welfare Department. The failure of a person to enter his Social Security number as directed may result in delays in processing the claim or disallowance of the exemption. This exemption claim is not subject to public inspection.

GRANT DEED

INDIVIDUAL

*OLD GRANT
DEED.*

**SECURITY TITLE
INSURANCE COMPANY**



PLACE INTERNAL REVENUE STAMPS IN THIS

Grant Deed

I. R. S. § 2.20

JOHN B. HOOVER, Sr. and CLIFFIE C. HOOVER, husband and wife

(GRANTOR - GRANTORS)

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

Do es Hereby Grant To GEORGE BALAZS, JR. and EMILY B. BALAZS, husband and wife,
as Joint Tenants

the real property in the

County of San Bernardino, State of California, described as follows:

Lot 15, Tract No. 4155, Yucca Vista No. 3, as per plat
recorded in Book 53, Page 60 of Maps, Records of San Bernardino
County, State of California.

SUBJECT TO:

Covenants, conditions, restrictions, reservations, easements,
rights and rights-of way of record.

General and Special Taxes for the fiscal year, 1956-57, now
a lien, not yet due or payable

Deed of Trust now of record in the principal amount of \$6,250.00.

2-20

167

Dated May 12 19 56

John B. Hoover, Sr.
JOHN B. HOOVER, Sr.
Cliffie C. Hoover
CLIFFIE C. HOOVER

STATE OF CALIFORNIA
COUNTY OF }
San Bernardino } SS.

On May 12, 1956
before me, Ethel A. Mosher
a Notary Public in and for said County and State, personally appeared

John B. Hoover, Sr. and
~~Cliffie C. Hoover~~
known to me to be the person s whose name s are
subscribed to the within instrument and acknowledged that
they executed the same.

WITNESS my hand and official seal.

SEAL
Ethel A. Mosher
(Seal) _____
Notary Public in and for said County and State.

My Commission Expires May 25, 1958

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO
George Balazs, Jr.
P. O. Box 403, Yucca Valley, Calif.
ORDER No. 986558 ESCROW No. 1134

SPACE BELOW FOR RECORDER'S USE ONLY

INDEXED 167
RECORDED AT REQUEST OF
SECURITY TITLE INSURANCE CO.
JUN 28 1956 at 8 A.M.
BOOK **3974** PAGE **349**
OFFICIAL RECORDS
San Bernardino County, Calif.
TED R. CARPENTER, Recorder
Hazel Martin, Dep.

80
2

PHOTOSTATED
COMPARED

Recording Requested By

Western Pacific Financial Corp.

When Recorded Mail To

George Balazs, Jr.
P. O. Box 403
Yucca Valley, California 92284

RECORDED IN
OFFICIAL RECORDS

1221

1979 JUN 15 PM 12:56

SAN BERNARDINO
CO., CALIF.

3.00
D

Space above this line for Recorder's use.

FULL RECONVEYANCE

Number 26426

SOUTHERN CITIES ESCROW COMPANY, a corporation, the present Trustee under the deed of trust mentioned below, having been duly and legally ordered so to do does hereby as such Trustee quitclaim and reconvey to the person or persons legally entitled thereto, but without warranty, all of the property and estate now held by said Trustee under said deed of trust.

The date of said deed of trust, the name or names of the Trustor who executed the same, the County in the State of California, the Book and page of Official Records of said County where said deed of trust is recorded and the date of recordation and document number are as follows:

TRUSTOR: John B. Hoover, Sr. and Cliffie C. Hoover, husband and wife

Date of Deed of Trust: October 28, 1955

Recorded: County San Bernardino Book 3807 Page 5

Recordation Date: December 8, 1955 Document No. 179

Date of this Instrument: May 14, 1979

1221

SOUTHERN CITIES ESCROW COMPANY,
a corporation, Trustee

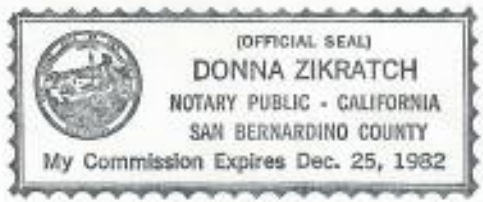
By *C. R. Eiland* Seal

C. R. EILAND, Vice President

STATE OF CALIFORNIA }
COUNTY OF SAN BERNARDINO } ss.

On May 14, 1979, before the undersigned, a Notary Public in and for said County and State, personally appeared C. R. Eiland, known to me to be the Vice President of SOUTHERN CITIES ESCROW COMPANY, a corporation, the corporation that executed the within instrument and acknowledged to me that such corporation executed the same.

WITNESS my hand and official seal.



Donna Zikratch Seal ✓
Notary Public in and for said County and State.

PACIFIC EAST AIR, INC.

STEERING WHEEL "CLUB"

1956

COPY: MILITARY DISCHARGE

PACIFIC EAST AIR. CLAIMS.

CHANGE OF HOUSE OWNERS

OLD GRANT DEED TO HOUSE.

PURCHASED HOUSE
MAY 12, 1956.

~~DEED JUL 13, 1978 - 2,534 sq ft~~

~~OLD GRANT DEED~~

98

PROPERTY TAX REFUND =
FOR 1998 = \$113.28

~~_____~~ (a)
COPY OF DEATH
CERTIFICATE.

~~_____~~

~~_____~~
(CITY)

EMILY TO CEMETERY IN
HAWAII ON MARCH 19, 1998.
(I LOVE HER VERY MUCH!!!)

"NATIONAL MEMORIAL CEMETERY
OF THE PACIFIC" - PUNCH BOWL.

~~_____~~
~~_____~~

~~TO HOUSE.~~

~~_____~~
OVER →

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY ON ENGLISH, WHITE OR ON ALTERATIONS
VS-11 (REV. 1997)

Copy

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER									
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE				3. LAST (FAMILY)					
EMILY		B.				BALASS					
4. DATE OF BIRTH M/M/D/D/C/C/Y		5. AGE YRS.		IF UNDER 1 YEAR		IF UNDER 24 HOURS		6. SEX		7. DATE OF DEATH M/M/D/D/C/C/Y	
09/22/1918		79		MONTHS DAYS		HOURS MINUTES		F		12/25/1997	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.			11. MILITARY SERVICE			12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED	
MI		383-01-3344			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			MARRIED		12	
14. RACE		15. HISPANIC—SPECIFY			16. USUAL EMPLOYER						
WHITE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			GLENN RESTAURANT						
17. OCCUPATION		18. KIND OF BUSINESS			19. YEARS IN OCCUPATION						
WAITRESS		RESTAURANT			30						
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)											
56121 YUMA TRAIL											
21. CITY		22. COUNTY			23. ZIP CODE		24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY		
YUCCA VALLEY		SAN BERNARDINO			92286		45		CA		
26. NAME, RELATIONSHIP				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)							
GEORGE BALASS—HUSBAND				P.O. BOX 403, YUCCA VALLEY, CA 92286							
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)							
GEORGE		-		BALASS							
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE					
RUDOLPH		F.		BAUSER		NJ					
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE					
EMILY		-		MASUCH		GERMANY					
39. DATE M/M/D/D/C/C/Y		40. PLACE OF FINAL DEPOSITION									
12/31/1997		RES: GEORGE BALASS 56121 YUMA TRAIL, YUCCA VALLEY, CA 92286									
41. TYPE OF DEPOSITION(S)				42. SIGNATURE OF EMBALMER				43. LICENSE NO.			
CR/RES				NOT EMBALMED				-			
44. NAME OF FUNERAL DIRECTOR				45. LICENSE NO.		46. SIGNATURE LOCAL REGISTRAR		47. DATE M/M/D/D/C/C/Y			
PALM SPRINGS MORT., CATHEDRAL CITY				FD 1513		Gary Feldman MD LA		12/31/1997			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY					
EISENHOWER MEDICAL CENTER		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA		<input type="checkbox"/> CORN. <input type="checkbox"/> REE. <input type="checkbox"/> OTHER		RIVERSIDE					
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY									
39000 BOB HOPE DR		RANCHO MIRAGE									
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						108. DEATH REPORTED TO CORONER					
IMMEDIATE CAUSE (A) STROKE						6 DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B) ATRIAL FIBRILLATION						WEEK		109. MOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) DILATED LEFT ATRIUM						YEARS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)								111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107											
CORONARY ARTERY DISEASE											
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.											
STATUS POST QUADRUPLE BYPASS 12/10/1997											
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE M/M/D/D/C/C/Y		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/D/D/C/C/Y					
12/20/1997		12/25/1997		Julian Kim M.D.		A60721		12/29/1997			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP									
		JULIAN KIM, MD 81719 DR. CARRISON BLVD., INDIO, CA 92201									
118. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/D/D/C/C/Y		122. HOUR		123. PLACE OF INJURY			
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO									
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> HANGING <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
125. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE MM/DD/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
770867 STATE REGISTRAR		A		B		C		D		E	
		F		G		H		FAK AUTH. #		723769	
										CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

01/08/1998

DATE ISSUED

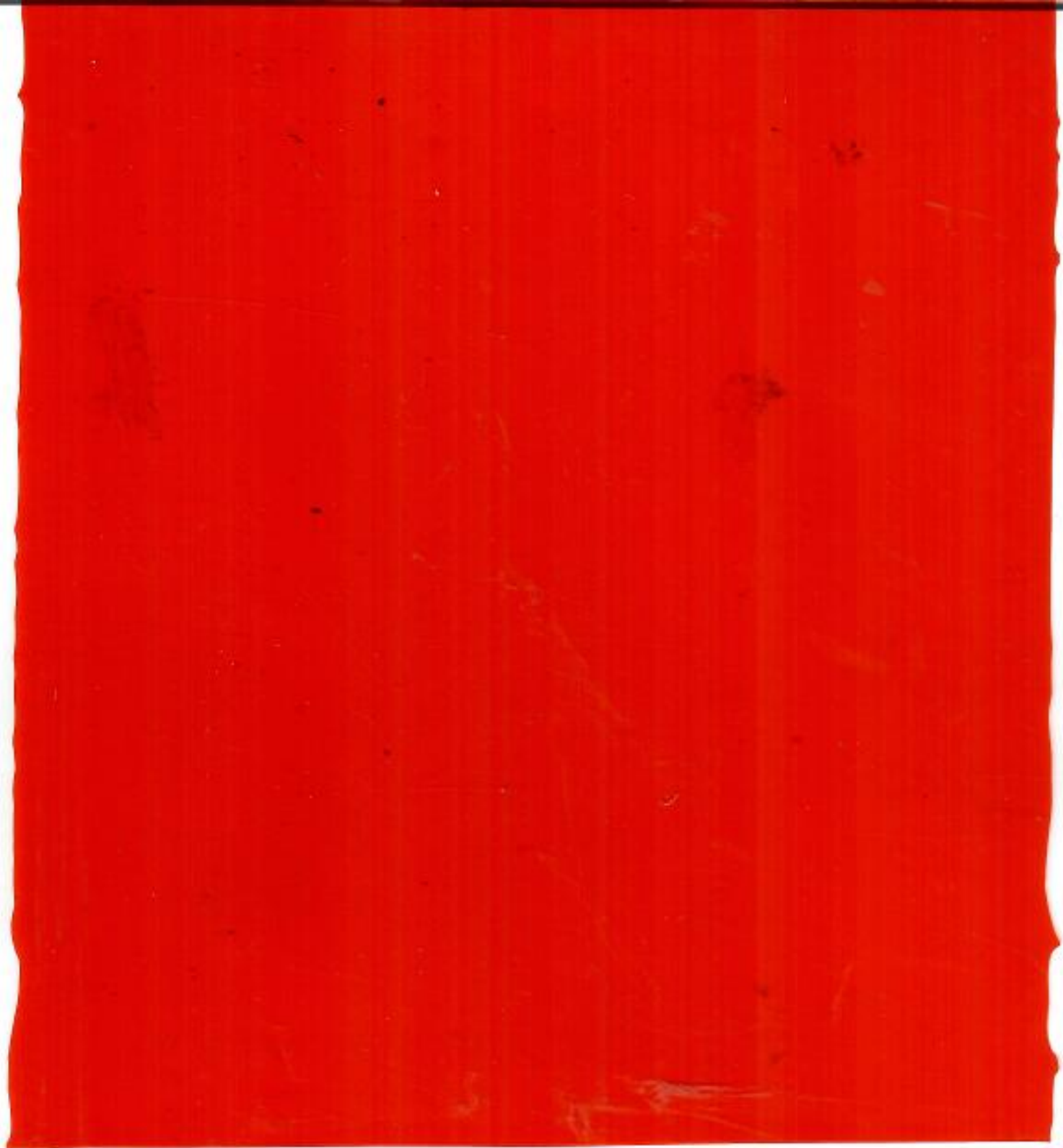
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Gary Feldman MD
Gary Feldman M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



Box 403,
Valley, CA
2286.

MR. GEORGE H. BALAZS.
992-A AWAAWAANOA PLACE.
HONOLULU, HAWAII. 96825.



CARBON PAPER.

Carter's X-PERT®
Carbon Paper

Carter's X-PERT®
Carbon Paper

For use with typewriters,
pencils and ball point pens.
8½" x 11½" black standard
weight
12 sheets

09 CNS2
LONGS
900500
\$1.93



0

5

71709 65200