

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS DATE 6/18/15

**SUBMITTAL TO THE BOARD OF SUPERVISORS
 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

576A



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
JUN 18 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 192, Item 363. Last assessed to: Stephen J. Kfoury, a widower. District 5 [\$2,671] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:
 1. Approve the claim from Fidelity Recovery Service for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 350284003-9;
 (continued on page two)

BACKGROUND:
Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the March 20, 2012 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 11, 2012. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 6, 2012, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

Don Kent
 Don Kent
 Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 2,671	\$ 0	\$ 2,671	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale
Budget Adjustment: N/A
For Fiscal Year: 15/16

C.E.O. RECOMMENDATION: APPROVE
 BY: *Samuel Wong 7/13/15*
 County Executive Office Signature Samuel Wong

MINUTES OF THE BOARD OF SUPERVISORS

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: _____ District: 5 Agenda Number: _____

9-31

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 192, Item 363. Last assessed to: Stephen J. Kfoury, a widower. District 5 [\$2,671] Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 18 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Deny the claim from Found Extra Money, LLC, assignee for Stephen J. Kfoury, last assessee;
3. Authorize and direct the Auditor-Controller to issue a warrant to Fidelity Recovery Service in the amount of \$2,671.44 no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

The Treasurer-Tax Collector has received two claims for excess proceeds:

1. Claim from Fidelity Recovery Service based on an Abstract of Judgment-Civil and Small Claims recorded March 10, 2008 as Instrument No. 2008-0115932.
2. Claim from Found Extra Money, LLC, assignee for Stephen J. Kfoury based on an Assignment of Right to Collect Excess Proceeds dated May 8, 2013 and an Affidavit-Death of Joint Tenant recorded June 30, 2011 as Instrument No. 2011-0291429.

Pursuant to Section 4675 (a) & (b) & (e) of the California Revenue and Taxation Code, it is the recommendation of this office that Fidelity Recovery Service be awarded excess proceeds in the amount of \$2,671.44. Since the amount claimed by Fidelity Recovery Service exceeds the amount of excess proceeds available there are no funds available for consideration for the claim from Found Extra Money, LLC, assignee for Stephen J. Kfoury. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Citizens and Businesses

Excess proceeds are being released to a lien holder of the property.

ATTACHMENTS (if needed, in this order):

Copies of the Excess Proceeds Claim forms and supporting documentation are attached.

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 192 Item 363 Assessment No.: 350284003-9

Assessee: KFOURY, STEPHEN J

Situs: 23881 WELLS PL CANYON LAKE

Date Sold: March 20, 2012

Date Deed to Purchaser Recorded: May 11, 2012

Final Date to Submit Claim: May 13, 2013

RECEIVED
2012 JUN 13 PM 5:23
RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 4170.88 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 20080115932; recorded on 3/10/08. A copy of this document is attached here to. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

ABSTRACT of Judgment, CASE No. CIVR5704526

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 12th day of June, 2012 at CHINO, CALIFORNIA
County, State

Ronald F. Adler, President
Signature of Claimant

FIDELITY RECOVERY SERVICE
RONALD F. ADLER
Print Name

5670 Schaefer Ave, Ste 0
Street Address

CHINO, CA 91710
City, State, Zip

909 902-9595
Phone Number

Signature of Claimant

Print Name NA

Street Address

City, State, Zip

Phone Number

AP



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):

Recording requested by and return to:

MONTE S. GORDON, BAR NO. 52426
LAW OFFICES OF MONTE S. GORDON
11355 WEST OLYMPIC BLVD., SUITE 30
SUITE 300
LOS ANGELES, CALIFORNIA 90064
(310) 914-9500

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDIN

STREET ADDRESS: 8303 N. HAVEN AVENUE

MAILING ADDRESS: P.O. BOX 5000

CITY AND ZIP CODE: RANCHO CUCAMONGA, CALIFORNIA 91730

BRANCH NAME: RANCHO CUCAMONGA DISTRICT

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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M	(A)	L	485	426	PCOR	NCOR	SMF	NCHG	EXAM
NOTICE SENT							T:	CTY	UNI

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049

PLAINTIFF: FIDELITY RECOVERY SERVICE

CASE NUMBER:

CIVRS 704526

DEFENDANT: STEPHEN J. KFOURY individually & dba OC BLOCK WORKS

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS

Amended

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

STEPHEN J. KFOURY individually & dba OC BLOCK WORKS
8 McLauren, Unit H
Irvine, CA 92618-2818

b. Driver's license no. [last 4 digits] and state: 7006

Unknown

c. Social security no. [last 4 digits]: 7826

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): SAME AS ABOVE

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):

FIDELITY RECOVERY SERVICE; 5670 SCHAEFER AVENUE, SUITE 0; CHINO, CA 91710

5. Original abstract recorded in this county:

Date: February 29, 2008

a. Date:

b. Instrument No.:

MONTE S. GORDON

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed: \$ 4,170.88

10. An execution lien attachment lien is endorsed on the judgment as follows:

a. Amount: \$

b. In favor of (name and address):

7. All judgment creditors and debtors are listed on this abstract.

8. a. Judgment entered on (date): 2/15/08

b. Renewal entered on (date):

9. This judgment is an installment judgment.

11. A stay of enforcement has

a. not been ordered by the court.

b. been ordered by the court effective until (date):

12. a. I certify that this is a true and correct abstract of the judgment entered in this action.

b. A certified copy of the judgment is attached.

Clerk, by

Edward Robles Deputy



This abstract issued on (date):

MAR 05 2008

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS

Legal Solutions Co. Plus

PLAINTIFF: FIDELITY RECOVERY SERVICE	CASE NUMBER:
DEFENDANT: STEPHEN J. KFOURY individually & dba OC BLOCK WORKS	CIVRS 704526

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (name and address):
14. Judgment creditor (name and address):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

<p>16. Name and last known address</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>	<p>17. Name and last known address</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>
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<p>18. Name and last known address</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>	<p>19. Name and last known address</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (address):</p>
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20. Continued on Attachment 20.



State of California

Kevin Shelley

Secretary of State

STATEMENT OF INFORMATION (Domestic Stock Corporation)

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 CORPORATE NAME. (Please do not alter if name is preprinted.)

DUE DATE: DECEMBER 12, 2003

2524387

F. R. S. COLLECTIONS

This Space For Filing Use Only

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code Section 1502)

2 CHECK HERE IF THE CORPORATION IS PUBLICLY TRADED. IF PUBLICLY TRADED, COMPLETE THIS STATEMENT OF INFORMATION AND THE CORPORATE DISCLOSURE STATEMENT (FORM SI-PTSUPP). SEE ITEM 2 OF INSTRUCTIONS.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be PO Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE: 5670 Schaefer Ave, Suite 0 CHINO CA ZIP CODE 91710

4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY: 5670 Schaefer Ave. CHINO CA STATE CA ZIP CODE 91710

5. MAILING ADDRESS: 5670 Schaefer Ave, Suite 0 CHINO CA ZIP CODE 91710

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, please do not alter the preprinted title on this statement.)

6. CHIEF EXECUTIVE OFFICER: RONALD F. Adler 12216 Nectarine Ave CHINO CA ZIP CODE 91710

7. SECRETARY: LINDA M. Adler 12216 Nectarine Ave CHINO CA ZIP CODE 91710

8. CHIEF FINANCIAL OFFICER: RONALD F. Adler 12216 Nectarine Ave CHINO CA ZIP CODE 91710

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

9. NAME: RONALD F. Adler ADDRESS: 12216 Nectarine Ave CITY AND STATE: CHINO CA ZIP CODE: 91710

10. NAME: ADDRESS: CITY AND STATE: ZIP CODE:

11. NAME: ADDRESS: CITY AND STATE: ZIP CODE:

12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

LIST THE AGENT FOR SERVICE OF PROCESS (If an individual, the person named as agent must be a resident of California.)

13. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS
 AN INDIVIDUAL RESIDING IN CALIFORNIA
 A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME: Ronald F. Adler
5670 Schaefer Ave, Suite 0 CHINO CA ZIP CODE 91710

14. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA IF AN INDIVIDUAL: COMMERCIAL COLLECTION AGENCY CITY: STATE: CA ZIP CODE:

15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION:

16. THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT YES

Ronald F. Adler TYPE OR PRINT NAME OF OFFICER OR AGENT
Ronald F. Adler SIGNATURE
President TITLE
5/5/04 DATE



San Bernardino County
Recorder - Clerk
222 W. Hospitality Lane, 1st Floor
San Bernardino CA 92415-0022
855 REC-CLRK
www.sbcounty.gov/rec

DENNIS DRAEGER
ASSESSOR - RECORDER - CLERK

Doc#: 20140006181

DocType: FBN



Pages: 2

Fees: \$55.00

EcgID - 194315

PUBLICATION IS REQUIRED
IF FIRST TIME FILING, REFILEING
WITH CHANGES, OR FILING EXPIRED

FICTITIOUS BUSINESS NAME STATEMENT

NEW FILING - this is a: First Filing New Amended Filing Renewal

ABANDONMENT: County of Original Filing _____ Date of Original Filing _____ File No. _____

Fee \$55.00 includes one registrant (please mark check payable to "County Clerk")
\$10.00 ea. additional FBN name filed on same statement and operating at same location.
\$10.00 ea. additional registrant.

Print TYPE or PRINT lightly and clearly in DARK INK on white paper. Signatures made for filing a fictitious business name. The return of a signature or other information required by this statement is the RESPONSIBILITY OF THE REGISTRANT. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1	FICTITIOUS BUSINESS NAME (shown as shown in the 7th section of this form)	Registrant No. (if applicable)	County of Principal Place of Business
1	FIDELITY RECOVERY SERVICE		SAN BERNARDINO
2	Street Address of Principal Place of Business (P.O. Box or POB number not acceptable) 5670 SCHAEFER AVENUE, SUITE O City CHINO State CA Zip Code 91710 Mailing Address (Optional) City CHINO State CA Zip Code 91710		

(1) Name of Individual Registrant (First name) Last name	(2) Name of corporation or limited liability company as shown in the Articles of Incorporation/Reg. F. R. S. COLLECTIONS State of Inc./Org./ Reg. CA Inc./Org./ Reg. No. C2524387 Residence Street Address/Corporation or LLC Street Address 5670 SCHAEFER AVENUE, SUITE O City CHINO State CA Zip Code 91710
(3) Name of Individual Registrant (First name) Last name	(4) Name of corporation or limited liability company as shown in the Articles of Incorporation/Reg. State of Inc./Org./ Reg. Inc./Org./ Reg. No. Residence Street Address/Corporation or LLC Street Address City State Zip Code

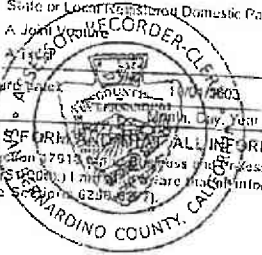
List any additional names on additional forms:

- CHECK ONE ONLY (The business name is considered):
- An individual
 - A General Partnership
 - A Limited Partnership
 - A Limited Liability Company
 - A Limited Liability Partnership
 - An Unincorporated Assoc. Other Than a Partnership
 - A Corporation
 - Copartners
 - A Married Couple
 - Sole or Local Registered Domestic Partners
 - A Joint Venture

5 Registrant commenced to transact business under the fictitious business name or names listed above on (do not enter a future date) _____ (If registrant has not yet commenced to transact business, insert the statement "Not applicable").

6 BY SIGNING BELOW, I DECLARE THAT I HAVE READ AND UNDERSTAND THE REVERSE SIDE OF THIS FORM AND ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. A registrant who declares as true any material matter pursuant to Section 27912.5 of the California Public Records Act (Government Code Section 6254.2) and who is guilty of a misdemeanor pursuant to the California Public Records Act (Government Code Section 6254.2) shall be liable for the cost of this statement becomes public record upon filing pursuant to the California Public Records Act (Government Code Section 6254.2).

Signature: Ronald Adler
Printed Name of Person Signing: RONALD ADLER
Title of Person Signing: PRESIDENT OF F. R. S. COLLECTIONS
Date: MAY 20, 2014



NOTICE: IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17911, A FICTITIOUS BUSINESS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT AS PROVIDED IN SUBDIVISION (a) OF SECTION 17926, WHERE IT EXPIRES 30 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COUNTY LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

MAY 30 2014

FIDELITY RECOVERY SERVICE
670 Schaefer Ave., Suite - O
Chino, CA 91710
(909) 902-9595 Facsimile: (909) 902-9727
Email: ron.frs@verizon.net

STATEMENT

AS OF 9/30/14

STEPHEN KFOURI
CIVIL CASE CIVRS 704526

APN: 3502844003-9
TC 192 ITEM 363

JUDGMENT BALANCE DUE \$ 4170.88

No Payments Have been made.

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 192 Item 363 Assessment No.: 350284003-9

Assessee: KFOURY, STEPHEN J

Situs: 23881 WELLS PL CANYON LAKE

Date Sold: March 20, 2012

Date Deed to Purchaser Recorded: May 11, 2012

Final Date to Submit Claim: May 13, 2013

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$5000.00 (100%) from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 0291429; recorded on 6/30/2011. A copy of this document is attached here to. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

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

Executed this 10TH day of MAY, 2013 at LOS ANGELES, CA
County, State

Dennis A. Mucker
Signature of Claimant

Signature of Claimant

DENNIS A. MUCKER
Print Name

Print Name

9420 RESEA BLVD, #830
Street Address

Street Address

NORTHRIDGE, CA 91324
City, State, Zip

City, State, Zip

(888) 867-4785
Phone Number

Phone Number

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to _____ my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number _____ sold at public auction on _____ I understand that the total of excess proceeds available for refund is \$ _____ and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

[Signature]
(Signature of Party of Interest/Assignor)

STEPHEN KFOURY
(Name Printed)

4172 BELVEDELE ST.
(Address)

IRVINE, CA 92604
(City/State/Zip)

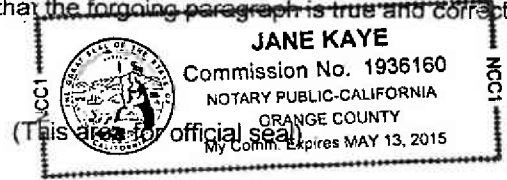
(949) 355-4887
(Area Code/Telephone Number)

STATE OF CALIFORNIA)ss.
COUNTY OF Orange

On May 8 2013 before me, Jane Kaye, Notary Public, personally appeared Stephen Kfoury, 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 of Notary)



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 right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

[Signature]
(Signature of Assignee)
FOUND EXTRA MONEY, LLC

DENNIS A. MURPHY
(Name Printed)

9420 RESEDA BLVD, #830
(Address)

NORBRIDGE, CA 91324
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF _____

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, 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.

WITNESS my hand and official seal.

(Signature of Notary)

(This area for official seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles }

On 5-10-13 before me, Paula Gomez, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Dennis A. Murkey
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal
 Signature Paula Gomez
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment of Right to Collect Excess Proceeds.

Document Date: _____ Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

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



Signer Is Representing: _____

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



Signer Is Representing: _____

DOC # 2011-0291429
06/30/2011 03:44P Fee:18.00

RECORDING REQUESTED BY:

Page 1 of 2
Recorded in Official Records
County of Riverside
Larry U. Ward
Assessor, County Clerk & Recorder



AND WHEN RECORDED MAIL TO:

STEPHEN KFOURNY
472 BELVEDERE ST
IRVINE, CA. 92604

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			2						5
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
PUBLIC RECORD									002
									UNI

Order No.:

Escrow No.:

APN: 350-284-003-9
AFFIDAVIT - DEATH OF JOINT TENANT

23
C
002

STATE OF CALIFORNIA)
COUNTY OF ORANGE) SS.

STEPHEN J. KFOURNY of legal age, being first duly sworn, deposes and says:

MARCIA A. KFOURNY is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain deed dated JULY 18, 1989, executed by AMADO JARAMILLO AND GUADALUPE JARAMILLO

STEPHEN J. KFOURNY AND MARCIA A. KFOURNY as joint tenants, recorded on AUG. 17, 1989, as Instrument No. 279449, Official Records of RIVERSIDE County, California, describing the following real property:

LOT 3 BLOCK 9 OF LAKE ELSINORE LODGE
No. 3 AS PER MAP RECORDED IN BOOK 13
PAGES 13 AND 14, RECORDS OF RIVERSIDE COUNTY,
CALIFORNIA.

Dated: JUNE 30, 2011

STEPHEN J. KFOURNY

Subscribed and sworn to (or affirmed) before me on this 30th day of June, 2011, by STEPHEN J. KFOURNY, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Socorro E. Tingson



(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

3-9a-30-000849

CERTIFICATE OF DEATH

I. NAME OF DECEASED - First Name		A. Middle		B. Last Name	
MARCIA		ANNE		KPOUKY	
D. DATE OF BIRTH 03/29/1950		E. AGE 43		F. SEX YES	
G. DATE OF DEATH 01/14/1994		H. HOUR 0038			
II. MARITAL STATUS		III. MARRIAGE		IV. MARRIAGE	
1. NONE		2. MARRIED		3. DIVORCED	
GADASTAN		MARRIED		16	
V. OCCUPATION		VI. PLACE OF BIRTH		VII. TYPE OF DEATH	
LIBRARIAN		LIBRARY		0	
VIII. ADDRESS AND PHONE NO. AT DEATH		IX. CITY		X. STATE	
4172 BELVEDERE STREET		IRVINE		CALIFORNIA	
XI. COUNTY		XII. ZIP CODE		XIII. COUNTY	
ORANGE		92714		24	
XIV. NAME AND ADDRESS OF NEXT OF KIN		XV. NAME AND ADDRESS OF NEXT OF KIN		XVI. NAME AND ADDRESS OF NEXT OF KIN	
STEPHEN KPOUKY - HUSBAND		6172 BELVEDERE IRVINE, CALIF 92714			
XVII. NAME AND ADDRESS OF NEXT OF KIN		XVIII. NAME AND ADDRESS OF NEXT OF KIN		XIX. NAME AND ADDRESS OF NEXT OF KIN	
STEPHEN		KPOUKY		II	
FRANK		CHICHELE		III	
AVIS		JACOBSON		IV	
XX. DATE OF BIRTH		XXI. PLACE OF BIRTH		XXII. NAME AND ADDRESS OF NEXT OF KIN	
01/21/1994		IRVINE, CALIF 92714			
XXIII. TYPE OF DEATH		XXIV. CAUSE OF DEATH		XXV. MANNER OF DEATH	
CR/MS		NOT DETERMINED			
XXVI. NAME AND ADDRESS OF PHYSICIAN		XXVII. NAME AND ADDRESS OF PHYSICIAN		XXVIII. NAME AND ADDRESS OF PHYSICIAN	
THE REPTUNE SOCIETY HERBARK		701289		01/17/94	
XXIX. PLACE OF DEATH		XXX. TYPE OF DEATH		XXXI. MANNER OF DEATH	
RESIDENCE		IRVINE			
4172 BELVEDERE STREET		16 MOS		94-00347 EX	
XXXII. CAUSE OF DEATH		XXXIII. MANNER OF DEATH		XXXIV. MANNER OF DEATH	
METASTATIC MELANOMA		16 MOS		94-00347 EX	
XXXV. MANNER OF DEATH		XXXVI. MANNER OF DEATH		XXXVII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXVIII. MANNER OF DEATH		XXXIX. MANNER OF DEATH		XXXX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXI. MANNER OF DEATH		XXXXII. MANNER OF DEATH		XXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXIV. MANNER OF DEATH		XXXXV. MANNER OF DEATH		XXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXVII. MANNER OF DEATH		XXXXVIII. MANNER OF DEATH		XXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXX. MANNER OF DEATH		XXXXXI. MANNER OF DEATH		XXXXXII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXIII. MANNER OF DEATH		XXXXXIV. MANNER OF DEATH		XXXXXV. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXVI. MANNER OF DEATH		XXXXXVII. MANNER OF DEATH		XXXXXVIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXIX. MANNER OF DEATH		XXXXXX. MANNER OF DEATH		XXXXXXI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXII. MANNER OF DEATH		XXXXXXIII. MANNER OF DEATH		XXXXXXIV. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXV. MANNER OF DEATH		XXXXXXVI. MANNER OF DEATH		XXXXXXVII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXVIII. MANNER OF DEATH		XXXXXXIX. MANNER OF DEATH		XXXXXXX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
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XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
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XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
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XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXI. MANNER OF DEATH		XXXXXXXII. MANNER OF DEATH		XXXXXXXIII. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXIV. MANNER OF DEATH		XXXXXXXV. MANNER OF DEATH		XXXXXXXVI. MANNER OF DEATH	
NONE		NONE		NONE	
XXXXXXXVII. MANNER OF DEATH		XXXXXXXVIII. MANNER OF DEATH		XXXXXXXIX. MANNER OF DEATH	
NONE		NONE		NONE	

072972



STATE OF CALIFORNIA
COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **JUN 28 2011** *Tor Daly*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

TOM DALY
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERING OR ERASURE VOIDS THIS CERTIFICATE

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.com

Email: Richard@foundextramoney.com

LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362
Las Vegas, NV 89139
Toll Free: (888) 867-4785
Fax No: (702) 331-4992

LOS ANGELES OFFICE

9420 Reseda Blvd. #830
Northridge, CA 91324
Toll Free: (888) 867-4785
Fax No.: (818) 701-7184

PLEASE REPLY TO LOS ANGELES OFFICE

February 21, 2013

Mr. Don Kent
Riverside County Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502

RE: Excess Proceeds Claim: Parcel Number 350-294-003; Claimant: Stephen J. Kfoury; in the approximate amount of \$5,000.00; Recorded on May 11, 2012

Dear Mr. Kent:

Enclosed for your reference please find the following documents in support of our claim(s) for the excess proceeds resulting from the tax sale of the above-referenced property at the Tax Collector's Public Tax Auction held on March 20, 2012:

1. Certified copy of the deed naming "Stephen J. Kfoury" as Party in Interest and last Assessed;
2. Excess Proceeds Claim Form signed by Mr. Stephen J. Kfoury that discloses the parcel number, situs, and claimant's affidavit.
3. Assignment of Rights Agreement executed by Mr. Kfoury that authorizes the payment of 90% of the excess proceeds funds in the approximate amount of \$4,500.00 to Stephen J. Kfoury, and 10 % in the approximate amount of \$500.00 to FEM, LLC.
4. Please issue separate checks for the amounts indicated in Item #3.

Please do not hesitate to contact me at 888-867-4785 if you have any questions or if I can be of further assistance.

Thank you.

Sincerely,



Richard/FEM, LLC.

RFM/ck

DUC TRAN
11355 ARTESIA BLVD
CERRITOS, CA 90703

DOC # 2012-0218487
05/11/2012 12:58P Fee: 15.00
Page 1 of 1 Doc T Tax Paid
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NO SMF						T:	CTY	UNI	026

15

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026

TRA 026-172

Doc. Trans. Tax - computed on full value of property conveyed \$ 6.60

Don Kent, Tax Collector

Don Kent
Signature of Declarant

TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY

On which the legally levied taxes were a lien for Fiscal Year 2005-2006

and for nonpayment were duly declared to be in default 2006-350284003-0000

Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and
DUC TRAN, A MARRIED MAN AS HIS SOLE & SEPARATE PROPERTY

("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing
before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real
property described herein which the SELLER sold to the PURCHASER at a public auction held on MARCH 20, 2012
pursuant to a statutory power of sale in accordance with the provisions of Division 1, Part 6,
Chapter 7, Revenue and Taxation Code, for the sum of \$6,000.00
NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real
property situated in said county, State of California, last assessed to
KFOURY, STEPHEN J., described as follows:

350284003-9
Assessor's Parcel Number

IN THE CITY OF MENIFEE

LOT 3 IN BLOCK 9 IN TRACT 3 OF LAKE ELSINORE LODGE NO. 3 AS SHOWN BY MAP ON FILE IN BOOK 13, PAGES 13
THROUGH 14 INCLUSIVE, OF MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

State of California Executed on
County of Riverside MARCH 20, 2012

By Don Kent
Tax Collector

On May 1, 2012, before me, Larry W. Ward, Assessor, Clerk-Recorder, personally appeared Don Kent, Treasurer and Tax Collector for
Riverside County, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and
acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity
upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.
Larry W. Ward, Assessor, Clerk Recorder

By: AD Taylor Seal
Deputy



CLAIM FOR EXCESS PROCEEDS
(Rev. & Tax Code, Section 4675)

To: Riverside County Treasurer-Tax Collector

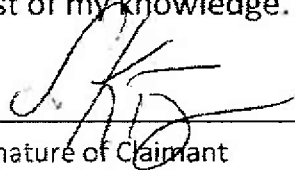
Re: Claim for Excess Proceeds

I hereby certify that I am a party of interest in the following parcel:

Parcel Number: 350-284-003
Assessee: Stephen J. Kfoury
Situs: 23881 Wells Place, Canyon Lake, CA 92587
Date Sold: 3/20/12
Date Deed to Purchaser Recorded: 5/11/12

I claim excess proceeds under *Revenue and Taxation Code* section 4675. Enclosed is documentation supporting my claim.

I affirm, under penalty of Perjury, that the foregoing is true and correct to the best of my knowledge.



Signature of Claimant

Stephen J. Kfoury
Name of Claimant (please print)

Mailing Address:

4172 BELVEDERE ST.
IRVINE, CA
92604

Daytime Phone: 949-
355-4887



1/23/13
SJK

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

8022 S. Rainbow Blvd. #362

Las Vegas, NV 89139

Toll Free: (888) 867-4785

Fax: (702) 331-4992

www.FoundExtraMoney.com

Email: Richard@foundextramoney.com

AUTHORIZATION AND FEE AGREEMENT

The undersigned hereby authorizes Found Extra Money, LLC ("Company") to act as its exclusive agent in the preparation and execution of all documents to recover unclaimed funds owed to Claimant(s) directly, or indirectly, either as an individual, trustee, authorized agent for a business entity, or personal agent or representative or heir of an estate.

The undersigned also agrees to pay Company the amount of **10% (TEN PERCENT)** of any amount collected.

Company agrees to pay all processing costs, documentation costs and filing fees.

No fee will be charged and no costs will be owed by Claimant if there is no recovery.

Claimant(s) agree to sign and return all documents necessary to process this claim within three (3) business days of Company's request.

This agreement may be signed in counterparts and a signed copy received electronically, or by fax, shall be deemed an original.

I/we agree to the above.

DATE: Jan. 23, 2013

DATE: 1/24/13

Stephen J. Kfoury
NAME: (Please Print)

FOUND EXTRA MONEY, LLC

Stephen J. Kfoury
SIGNATURE:

BY: Dennis [Signature]

PLEASE FAX TO (702) 331-4992 OR (818) 701-7184 OR SEND BY E-MAIL TO RICHARD@FOUNDEXTRA MONEY.COM

FOUND EXTRA MONEY, LLC
"FEM, LLC"

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.com

Email: Richard@foundextramoney.com

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LOS ANGELES OFFICE

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Northridge, CA 91324

Toll Free: (888) 867-4785

Fax No.: (818) 701-7184

PLEASE REPLY TO: LOS ANGELES OFFICE.

TO: RIVERSIDE COUNTY TREASURER AND TAX COLLECTOR:

RE: CLAIM FOR EXCESS PROCEEDS AND ASSIGNMENT OF RIGHTS (10% TO FEM,LLC):

I HEREBY CERTIFY THAT I AM A PARTY OF INTEREST IN THE FOLLOWING DESCRIBED PARCEL AND CLAIM 90%, OF THE TOTAL AMOUNT OF EXCESS PROCEEDS AVAILABLE TO ME, AS CLAIMANT/ASSIGNOR, AND HEREBY ASSIGN AN ADDITIONAL 10% OF THE TOTAL AMOUNT OF EXCESS PROCEEDS TO FEM, LLC, AS ASSIGNEE, PURSUANT TO REVENUE AND TAX CODE SECTION 4675:

CLAIMANT/ASSESSEE: Stephen J. Kfoury

PARCEL NO.: 350-294-003

SITUS: 23881 Wells Place, Canyon Lake, CA 92587

DATE SOLD: 3/20/2012 DATE RECORDED: 5/11/2012

MY ASSIGNMENT OF RIGHTS TO FEM, LLC, TO CLAIM THE AMOUNT OF 10% OF TOTAL AMOUNT OF EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY:

FOR VALUABLE CONSIDERATION I, THE UNDERSIGNED (ASSIGNOR), HEREBY ASSIGNS TO FEM, LLC, (ASSIGNEE) ALL RIGHTS, TITLE AND INTEREST TO COLLECT TEN PERCENT (10%) OF THE EXCESS PROCEEDS WHICH I AM ENTITLED TO CLAIM.

I/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.

TOTAL AMOUNT OF EXCESS PROCEEDS ELIGIBLE FOR DISTRIBUTION IS \$5,000.00/(approx)
PAYABLE AS FOLLOWS:

90% TO CLAIMANT/ASSIGNOR IN THE AMOUNT OF \$4,500.00

10% TO FEM, LLC. AS ASSIGNEE IN THE AMOUNT OF \$500.00

ENCLOSED IS DOCUMENTATION SUPPORTING MY CLAIM. PLEASE ISSUE SEPARATE CHECKS TO EACH PARTY. PLEASE CONTACT FEM, LLC IF ANY QUESTIONS. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING AND ALL ENCLOSURES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THANK YOU.

DATED THIS 11 DAY OF APRIL, 2013.

SIGNATURE:

[Handwritten Signature]

STATE OF _____

COUNTY OF _____

On _____ before me, _____ personally appeared _____, 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.

Date: 04/11/13 Signature: _____

[Handwritten Signature]

Name (print): Stephen J. Kfoury

Address: 4172 Belvedere St.

City/State/Zip Code: Irvine, Ca 92604

Phone: (949)355-4887

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

See Attached For Notary
SIGNATURE *KC 4/11/13*

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State Of California
County Of Orange

On 4/11/13 before me, Kevin Cannon, a notary public personally appeared

Stephen J. Kfoury

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.



(Optional) Found Extra Money, LLC "FEM, LLC"

Title/Type of the document: Unclaimed Money Consultants

Document Date: 4/11/13

Number of Pages 2 + 1

Signer(s) other than named above _____

Signer's Capacity: _____

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

8022 S. Rainbow Blvd. #362

Las Vegas, NV 89139

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WWW.FoundExtraMoney.com

Email:Richard@foundextramoney.com

April 15, 2013

Mr. Don Kent
Riverside County Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502

Re: Excess Proceeds Claim: Parcel Number 350-294-003; Claimant: Stephen J. Kfoury

The attached notarized Claim for Excess Proceeds and Assignment of Rights satisfies the requirements as specified in the California Revenue and Tax Code Section 4675, and should be included in the initial claim package that was sent to your office on February 21, 2013.

If you have any questions, please do not hesitate to contact me at (888) 867-4785.

Sincerely,

Richard/FEM, LLC>