

FORM APPROVED COUNTY COUNSEL
 BY: *G.P.P.* 7/29/15
 GREGORY P. PRIAMOS DATE

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

585A



SUBMITTAL DATE:
 JUN 29 2015

FROM: Don Kent, Treasurer/Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 192, Item 1119. Last assessed to: Domonic Delariva, one third (1/3rd); Conrad Delariva, one third (1/3rd); and Lance Delariva, one third (1/3rd). District 4 [\$5,121] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Found Extra Money, LLC, assignee for Domonic Delariva, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 768392005-8;

(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	\$ 5,121	\$ 0	\$ 5,121	\$ 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*
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.:

District: 4

Agenda Number:

9-40

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 1119. Last assessed to: Domonic Delariva, one third (1/3rd); Conrad Delariva, one third (1/3rd); and Lance Delariva, one third (1/3rd). District 4 [\$5,121] Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 29 2015

PAGE: Page 2 of 3

RECOMMENDED MOTION:

2. Approve the claim from MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 768392005-8;
3. Authorize and direct the Auditor-Controller to issue warrants to Found Extra Money, LLC, assignee for Domonic Delariva in the amount of \$2,560.75 and MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva in the amount of \$2,560.75 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.
4. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$2,560.75 to the county general fund pursuant to Revenue and Taxation Code Section 4674.

BACKGROUND:

Summary (continued)

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and taxation Code 4676 (c). The Treasurer-Tax Collector's Office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

- Examined title reports to notify all parties of interest attached to the parcel.
- Researched all last assessee's through the County's Property Tax System for any parties of interest.
- Used Accurint (people finder) to notify any new addresses that may be listed for our parties of interest.
- Advertised in newspapers for three consecutive weeks in the Desert Sun, Palo Verde Valley Times and the Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
- Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4675.

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on May 11, 2012.

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

1. Claim from Found Extra Money, LLC, assignee for Domonic Delariva based on an Assignment of Right to Collect Excess Proceeds dated May 8, 2013, an Order Approving First and Final Account and Report of Administrators; Order for Allowance of Compensation to Attorney for Administrators for Ordinary and Extraordinary Services and Order for Final Distribution Estate of Jose C. Delariva aka Joe De La Riva recorded September 28, 2011 as Instrument No. 2011-0429372 and the death certificate for Jose Chavez De La Riva.
2. Claim from MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva based on an Authorization for Agent to Collect Excess Proceeds dated May 10, 2013, an Order Approving First and Final Account and Report of Administrators; Order for Allowance of Compensation to Attorney for Administrators for Ordinary and Extraordinary Services and Order for Final Distribution Estate of Jose C. Delariva aka Joe De La Riva recorded September 28, 2011 as Instrument No. 2011-0429372, and the death certificate for Jose Chavez De La Riva.

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 1119. Last assessed to: Domonic Delariva, one third (1/3rd); Conrad Delariva, one third (1/3rd); and Lance Delariva, one third (1/3rd). District 4 [\$5,121] Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 29 2015

PAGE: Page 3 of 3

BACKGROUND:

Summary (continued)

Pursuant to Section 4675 (a) & (b) & (c) of the California Revenue and Taxation Code, it is the recommendation of this office that Found Extra Money, LLC, assignee for Domonic Delariva be awarded excess proceeds in the amount of \$2,560.75 and MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva be awarded excess proceeds in the amount of \$2,560.75. Since there are no other claimants the unclaimed excess proceeds in the amount of \$2,560.75 will be transferred to the county general fund. 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 the last assessesees of the property and transferred to the county general fund.

ATTACHMENTS (if needed, in this order):

Copies of the Excess Proceed 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 1119 Assessment No.: 768392005-8

Assessee: DELARIVA JOE ESTATE OF

Situs: 52390 CALLE AVILA COACHELLA

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 \$14,300.00 (Approx) 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. 2011-0429372; recorded on 9/28/2011. 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

Alvin J. Dwyer / FOUND EXTRAMONEY, LLC
Signature of Claimant

Signature of Claimant

DENNIS A. MURKEY
Print Name

Print Name

9420 RESEDA 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 FOUNDED EXTRA MONEY, LLC 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 768392005-8 sold at public auction on MARCH 20, 2012. I understand that the total of excess proceeds available for refund is \$4,300.00 (including interest) 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.

Dominic De La Riva
(Signature of Party of Interest/Assignor)

Dominic De La Riva
(Name Printed)

80-917 Rio Grande
(Address)

STATE OF CALIFORNIA)
COUNTY OF Riverside) ss.

Indio Ca. 92201
(City/State/Zip)

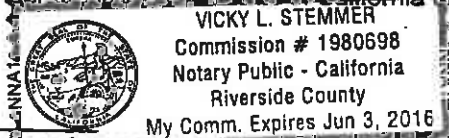
(760) 399-0883
(Area Code/Telephone Number)

On May 8, 2013 before me, Vicky L. Stemmer, Notary Public, personally appeared Dominic De La Riva, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Vicky L. Stemmer
(Signature of Notary)



See Attached CA Acknowledgment

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.

Dennis A. Murkey
(Signature of Assignee)
FOUND EXTRA MONEY, LLC

DENNIS A. MURKEY
(Name Printed)

9440 RESONA BLVD # 205
(Address)

STATE OF CALIFORNIA)
COUNTY OF _____) ss.

NORWEDGE, CA 91326
(City/State/Zip)

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

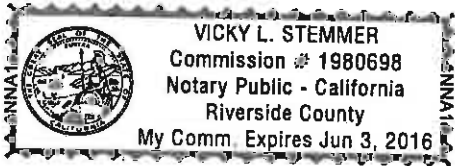
CIVIL CODE § 1189

State of California

County of Riverside

On May 8, 2013 before me, Vicky L. Stemmer, Notary Public

personally appeared Dominic De La Riva



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: Vicky L. Stemmer

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

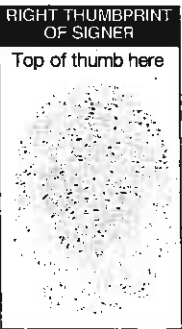
Document Date: May 8, 2013 Number of Pages: 1

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: Dominic De La Riva

- Individual
Partner - Limited General
Attorney in Fact
Trustee
Guardian or Conservator
Other:



Signer Is Representing:

Signer's Name:

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



Signer Is Representing:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

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

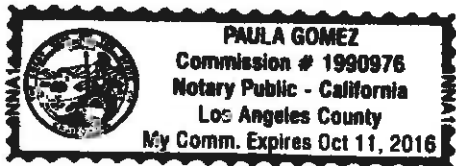
personally appeared Dennis A. Murrey.
Name(s) of Signer(s)

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

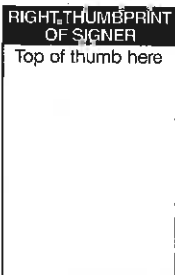
Document Date: - Number of Pages: 1

Signer(s) Other Than Named Above: -

Capacity(ies) Claimed by Signer(s)

Signer's Name: -

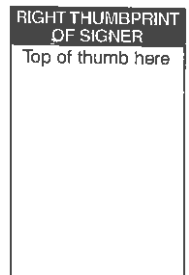
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



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: _____

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

April 1, 2013

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

Re: EXCESS Proceeds Claim: APN: 768-932-005/Claimant: Dominic Delariva/Sale Date: 03/20/2012/Recording Date: 5/11/2012/Excess Proceeds: approximately \$14,300.00

Dear Mr. Kent:

Enclosed for your reference please find the following documents in support of our claim for excess proceeds resulting from the tax sale of the above referenced property at the Tax Collector's Public Tax Auction held on 03/20/2012:

1. Copy of the original deed naming Claimant (Dominic Delariva) as party in interest;
2. Riverside County, California Excess Proceeds Claim Form;
3. Signed Agency Agreement between Claimant and FEM, LLC authorizing your payment of ninety (90%) of the excess proceeds funds to Dominic Delariva, and ten percent (10%) to FEM, LLC.
4. A signed and notarized Claim for Excess Proceeds and Assignment of Rights from Dominic Delariva assigning to FEM, LLC a right to claim 10% of the excess proceeds as per California law, and satisfying the requirements as specified in the California Revenue and Taxation Code Section 4675.
5. Please issue separate checks accordingly: \$12,870.00 (90%) to Dominic Delariva, and \$1,430.00 (10) to FEM, LLC.

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.

Richard/FEM, LLC.

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

To: Mr. Don Kent/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: 768-392-005
Assessee: Dominic Delariva
Situs: 52390 Calle Avila, Coachella, CA 92236
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.

 3/19/21
Signature of Claimant/Date

Dominic Delariva
Name of Claimant (please print)

Mailing Address:
80917 Rio Grande Ave.
Indio, CA 92201-5011

Daytime Phone: (760) 399-0883

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**

AUTHORIZATION AND FEE AGREEMENT

The undersigned hereby authorizes Found Extra Money, LLC ("FEM, LLC") 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 FEM, LLC the amount of **10% (TEN PERCENT)** of any amount collected. FEM, LLC agrees to pay all processing costs, documentation costs and filing fees. No fee or costs will be charged to Claimant(s) if there is no recovery.

Claimant(s) authorize holder of these funds to issue separate checks payable to Claimant(s) and to FEM, LLC according to the terms of this agreement.

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 have full force and effect and be deemed an original.

I/we agree to the above.

~~Domonic & Conrad Delariva~~
Domonic Delariva

(Print Name)

Domonic De La Riva
SIN

(Print Name)

3-17-13

FOUND EXTRA MONEY, LLC
"FEM, 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.

TO: RIVERSIDE COUNTY TREASURER-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: Dominic Delariva

PARCEL NO.: 768-932-005

SITUS: 52390 Calle Avila, Coachella, CA 92236

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 \$14,300.00/approx) PAYABLE AS FOLLOWS:

90% TO CLAIMANT/ASSIGNOR IN THE AMOUNT OF \$12,870.00

10% TO FEM, LLC. AS ASSIGNEE IN THE AMOUNT OF \$1,430.00

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 19th DAY OF March, 2013. Dominic De La Riva
SIGNATURE:

STATE OF California

COUNTY OF Riverside

On March 19, 2013 before me, Delsy Vargas Sorabia, notary public
personally appeared Dominic De La Riva, 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/hers/their authorized capacity(ies), and that by his/hers/their signature(s) on
the instrument the person(s) or the entity upon behalf of which the person(s) acted,
executed the instrument.

Date: 3-19-13 Signature: Dominic De La Riva

Name (print): Dominic De La Riva

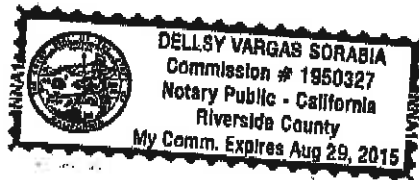
Address: 80917 Rio Grande Ave.

City/State/Zip Code: Indio, CA 92201-5011

Phone: (760) 399-0883

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
Delsy Vargas Sorabia
SIGNATURE



RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

BRIAN M. LEWIS
44-700 Village Court, Suite 100
Palm Desert, CA 92260

DOC # 2011-0429372
09/28/2011 11:19A Fee:51.00
Page 1 of 13
Recorded in Official Records
County of Riverside
Larry U. Ward
Assessor, County Clerk & Recorder



52

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY		
1			13						1		
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM		
								T:	CTY	UNI	802

M
802

**ORDER APPROVING FIRST AND FINAL ACCOUNT AND REPORT OF
ADMINISTRATORS; ORDER FOR ALLOWANCE OF COMPENSATION TO ATTORNEY
FOR ADMINISTRATORS FOR ORDINARY AND EXTRAORDINARY SERVICES AND
ORDER FOR FINAL DISTRIBUTION**

ESTATE OF JOSE C. DELARIVA aka

JOE DE LA RIVA

APN: 768-392-005

This page added to provide adequate space for recording information

(\$3.00 additional recording fee applies)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

BRIAN M. LEWIS, Bar No. 124025
44-700 Village Court, Suite 100
Palm Desert, California 92260
Telephone: (760) 568-9200
Telecopier: (760) 568-9211

Attorney for Petitioners
DOMONIC DELARIVA and ROMAN DELARIVA

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

SEP 22 2011



G. RUSHING

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF RIVERSIDE
DESERT REGION

In the Matter of the Estate of

JOSE C. DELARIVA, aka JOSE
DELARIVA, JOE C. DELARIVA
And JOE DELARIVA,

Decedent.

Case No. INP 021656
Judge: James A. Cox

ORDER APPROVING FIRST AND FINAL
ACCOUNT AND REPORT OF
ADMINISTRATORS; ORDER FOR
ALLOWANCE OF COMPENSATION TO
ATTORNEY FOR ADMINISTRATORS
FOR ORDINARY AND EXTRAORDINARY
SERVICES AND ORDER FOR FINAL
DISTRIBUTION [Probate Code Sections
10810, 11640, et. seq.]

Date: September 22, 2011
Time: 8:45 a.m.
Place: PS1

Petitioner, ROMAN DELARIVA, as one of the Administrators of the Estate of Jose
C. DeLaRiva, having filed his first and final report and petition for distribution, and the
report and petition coming on regularly for hearing on July 14, 2011, before the
Honorable James A. Cox, judge presiding, the Court finds that:

2011-0423372
09:28:2011 11:19H
2 of 13



2011-0423372
03/24/2011 11:58
18 of 13



1 Notwithstanding the foregoing, Domonic DeLaRiva owes the Estate the sum of
2 \$29,932.54 (advanced of \$9,018.14 plus the sum of \$20,914.40 as his share of the
3 litigation matter); Lance DeLaRiva owes the Estate the sum of \$20,914.41 as his share
4 of the litigation matter; and Conrad DeLaRiva owes the Estate the sum of \$600.00 for an
5 advance, such amounts should be deducted from their respective share of the Estate of
6 Jose DeLaRiva and distributed equally among the remaining beneficiaries.

7 Due to the commingling of assets between the Estate of Jose DeLaRiva
8 and the Estate of Myrna DeLaRiva and the monies owed by Domonic DeLaRiva, Lance
9 DeLaRiva and Conrad DeLaRiva, as well as the Assignment of Roman DeLaRiva filed
10 on August 29, 2011, and the Declaration of Domonic DeLaRiva, Roman DeLaRiva,
11 Conrad DeLaRiva and Lance DeLaRiva filed in this matter, the Administrators propose
12 that the remaining assets held in the Estate of Myrna DeLaRiva be distributed as follows:

13 Real Property:

- 14 A. One-third (1/3rd) to DOMONIC DELARIVA;
- 15 B. One-third (1/3rd) to CONRAD DELARIVA; and
- 16 C. One-third (1/3rd) to LANCE DELARIVA.

17 Available Cash/Not Now Known or Later Discovered Assets:

- 18 A. One-third (1/3rd) to DOMONIC DELARIVA;
- 19 B. One-third (1/3rd) to CONRAD DELARIVA; and
- 20 C. One-third (1/3rd) to LANCE DELARIVA.

21 **IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** as follows:

- 22 1. That notice of administration has been given as required by law.
- 23 2. That the report of the Administrators is settled, allowed and approved as
24 filed.
25
- 26 3. That all acts of Petitioners as Administrators are confirmed and approved;
- 27
- 28

2011-0423372
REVISED 2011.11.19H
11 of 13



1 4. That the Administrators be authorized and directed to pay Brian M. Lewis,
2 their attorney, the sum of \$6,717.73 as statutory compensation for services to Petitioners
3 and to the Estate of Jose DeLaRiva;

4 5. That the Administrators be authorized and directed to pay Brian M. Lewis,
5 their attorney, the sum of \$1,550.00 for extraordinary compensation for services to
6 Petitioners and to the Estate of Jose DeLaRiva

7 6. That the Administrators be authorized and directed to pay Brian M. Lewis,
8 their attorney, the sum of \$7,547.12 as statutory compensation for services to Petitioners
9 and to the Estate of Myrna DeLaRiva;

10 7. That the Administrators be authorized and directed to pay Brian M. Lewis,
11 their attorney, the sum of \$3,826.00 for extraordinary compensation for services to
12 Petitioners and to the Estate of Myrna DeLaRiva;

13 8. That the Administrators be authorized to retain \$400.00 in cash for closing
14 expenses of administration applicable to both the Estate of Jose DeLaRiva and the
15 Estate of Myrna DeLaRiva, and to deliver the unused part to the beneficiaries of the
16 estate, as set forth in the petition, without further order; after the closing expenses have
17 been paid;

18 9. That distribution of the Decedent's Estate in the hands of the
19 Administrators and any other property of the Decedent and or the Estate not now known
20 or discovered shall be made as follows:

21 That certain real property situate in the
22 City of Coachella, County of Riverside,
23 State of California, more particularly
 described as follows:

24 Lot 63 of Abdelhour Subdivision, as
25 shown by Map on file in Book 21, page
 19 of Maps, Riverside County Records.

26 Subject to:

27 Conditions, restrictions, reservations,
28 covenants, easements, rights and rights
 of way of record.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

More commonly known as:

52390 Calle Avila
Coachella, CA

Assessor's Parcel No. 768-392-005

shall be distributed as follows:

- A. One-third (1/3rd) to DOMONIC DELARIVA;
- B. One-third (1/3rd) to CONRAD DELARIVA; and
- C. One-third (1/3rd) to LANCE DELARIVA.

The remaining assets of the estate and not now known or later discovered assets shall be distributed as follows:

- A. One-third (1/3rd) to DOMONIC DELARIVA;
- B. One-third (1/3rd) to CONRAD DELARIVA; and
- C. One-third (1/3rd) to LANCE DELARIVA.

9. Such further orders as the court may deem just and proper.

Dated: Sept 22, 2011



JUDGE OF THE SUPERIOR COURT

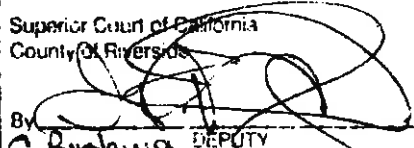
2011-0429372
09/28/2011 11:15am
12 of 17



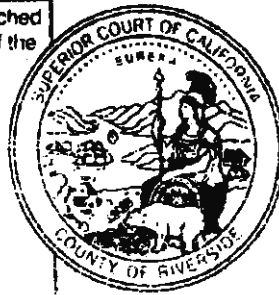
This must be in red to be a
"CERTIFIED COPY"

Each document to which this certificate is attached
is certified to be a full, true and correct copy of the
original on file and of record in my office.

Superior Court of California
County of Riverside

By: 
C. Rushing DEPUTY

Dated: 9-22-11



Certification must be in red to be a
"CERTIFIED COPY"



STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200733007838

1 NAME OF DECEASED - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
JOSE		CHAVEZ		DE LA RIVA	
4A ALSO KNOWN AS - Include NICKNAME (FIRST MIDDLE LAST)		5 DATE OF BIRTH month/day		6 AGE Y. M.	
		10/19/1944		62	
7 BIRTH STATE/FOREIGN COUNTRY		8 SOCIAL SECURITY NUMBER		9 EVER IN U.S. ARMED FORCES	
CALIFORNIA		UNKNOWN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10 EDUCATION - Highest completed (Do not work school on back)		11C WAS DECEASED HISPANIC/LATINO/SPANISH? (If "No," indicate race on back)		15 MARITAL STATUS (at time of death)	
SOME COLLEGE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MARRIED	
12 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		13 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)		14 DATE OF DEATH month/day	
SUPERINTENDENT		CITY WATER		07/29/2007	
16 DECEASED'S RACE - (Use in 3 races that be listed (see instructions on back))		17 HOURS (of hour)		18 MINUTES	
CAUCASIAN		2234			
19 DECEASED'S RESIDENCE (Street and number or location)		20 DECEASED'S RESIDENCE (Street and number or location)		21 YEARS IN COUNTY	
43-656 TOWNE ST.		43-656 TOWNE ST.		62	
22 CITY		23 COUNTY/PROVINCE		24 ZIP CODE	
INDIO		RIVERSIDE		92201	
25 INFORMANT'S NAME RELATIONSHIP		26 INFORMANT'S MAILING ADDRESS (Street and number, or street route number, city, or rural state, ZIP)		27 YEARS IN COUNTY	
JOE CONRAD DE LA RIVA, SON		53-380 AVENIDA RAMIREZ, LA QUINTA, CA 92253		62	
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (Middle Name)	
MYRNA		GLORIA		MESTAS	
31 NAME OF FATHER - FIRST		32 MIDDLE		33 LAST	
LUIS				DE LA RIVA	
34 NAME OF MOTHER - FIRST		35 MIDDLE		36 LAST (Middle)	
LUCY				CHAVEZ	
37 BIRTH STATE		38 BIRTH COUNTY		39 BIRTH CITY/TOWN	
MX		TX		TX	
40 DISPOSITION DATE month/day		41 PLACE OF FINAL DISPOSITION		42 SIGNATURE OF EMBLEMER	
08/06/2007		COACHELLA VALLEY CEMETERY 82-925 AVE 52, COACHELLA, CA 92236		PHILIP MOCSI	
43 TYPE OF DISPOSITION(S)		44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	
BURIAL		FITZHENRY FUNERAL HOME		FD967	
46 SIGNATURE OF LOCAL REGISTRAR		47 DATE month/day		48 LICENSE NUMBER	
ERIC K. FRYKMAN, M.D.		08/03/2007		EMB8459	
49 PLACE OF DEATH		50 COUNTY		51 CITY	
JOHN F. KENNEDY MEMORIAL HOSPITAL		RIVERSIDE		INDIO	
52 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		53 COUNTY		54 CITY	
47-111 MONROE ST.		INDIO		INDIO	
55 CAUSE OF DEATH		56 ICD-10 CODE		57 OTHER HOSPITAL SPECIFY ONE	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		I00		<input type="checkbox"/> IP <input checked="" type="checkbox"/> EP/OP <input type="checkbox"/> ODA <input type="checkbox"/> Homicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Fire <input type="checkbox"/> Other	
A) CARDIOPULMONARY ARREST		I00		<input type="checkbox"/> Home <input type="checkbox"/> Other	
B) MYOCARDIAL INFARCTION		I00			
C) CORONARY ARTERY DISEASE		I00			
58 OTHER SIGNIFICANT CONDITION(S) CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY ICD-10		59 DEATH REPORTED TO CORONER		60 DEATH REPORTED TO CORONER	
HYPERTENSION, HYPERLIPIDEMIA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2007-05339	
61 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 58? (If yes, list type of operation and date)		62 IF FEMALE (PREGNANT IN LAST YEAR)		63 BIRTH REPORTED TO CORONER	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		YRS	
64 SIGNATURE AND TITLE OF CERTIFIER		65 LICENSE NUMBER		66 DATE month/day	
JANET M. KERRIGAN, D.O.		20A5654		08/03/2007	
67 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		68 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		69 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
JANET M. KERRIGAN, D.O.		JANET M. KERRIGAN, D.O.		JANET M. KERRIGAN, D.O.	
70 MANNER OF DEATH		71 INJURY DATE month/day		72 HOUR (of hour)	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
73 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)		74 DESCRIBE HOW INJURY OCCURRED (e.g. while working, while driving)		75 LOCATION OF INJURY (Street and number, or location, and city and ZIP)	
76 SIGNATURE OF CORONER/DEPUTY CORONER		77 DATE month/day		78 TYPE NAME/TITLE OF CORONER/DEPUTY CORONER	

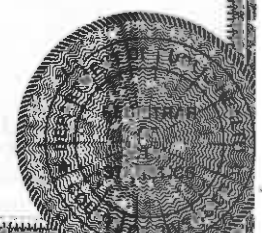
STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

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

DATE ISSUED **Aug 10, 2007** Eric Frykman, M.D. Local Registrar
 RIVERSIDE COUNTY, CALIFORNIA



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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
AFFIDAVIT TO AMEND A RECORD

3200733007838

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS
11

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1 NAME—FIRST (GIVEN) JOSE		2 MIDDLE CHAVEZ	3 LAST (FAMILY) DE LA RIVA
	4 SEX M	5 DATE OF EVENT—MM/DD/CCYY 07/29/2007	6 CITY OF OCCURRENCE INDIO	
ADDITIONAL INFORMATION TO LOCATE RECORD	7 COUNTY OF OCCURRENCE RIVERSIDE		8 FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL LUIS - DE LA RIVA	
	9 MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL LUCY - CHAVEZ			

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10 CERTIFICATE ITEM NUMBER	11 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12 INFORMATION AS IT SHOULD APPEAR
10	UNKNOWN	

REASON FOR CORRECTION
13 TO CORRECT THE RECORD

AFFIDAVITS AND SIGNATURES
We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON ▶ MARTHA ALVAREZ	15. TITLE/RELATIONSHIP TO PERSON IN PART I SECRETARY	16. DATE SIGNED—MM/DD/CCYY 08/06/2007
	17. AGE LEGAL	18. ADDRESS (STREET, CITY, STATE, ZIP) 82-975 REQUA AVE, INDIO, CA 92201	
USE BLACK INK ONLY	19. SIGNATURE OF SECOND PERSON ▶ WENDY ANDERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I SECRETARY	21. DATE SIGNED—MM/DD/CCYY 08/06/2007
	22. AGE LEGAL	23. ADDRESS (STREET, CITY, STATE, ZIP) 44635 SAN RAFAEL, PALM DESERT, CA 92260	
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR ▶ ERIC K. FRYKMAN, M.D.	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 08/06/2007	

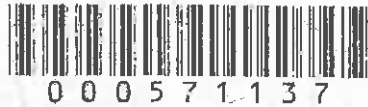
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS 24L (REV 1/05)
"022007000059242" 11

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 the County of Riverside, Department of Health

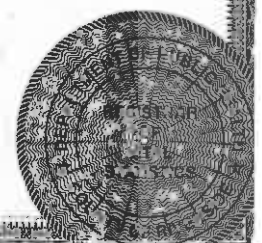


Aug 10, 2007

Eric Frykman
Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED

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



NATHAN T. MCINTYRE
11230 ARMOUR AVE
BEAUMONT, CA 92223

DOC # 2012-0219485

05/11/2012 04:13P 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

TRA 012-023

Doc. Trans. Tax - computed on full value of property conveyed \$ 23.10

Don Kent, Tax Collector

Don Kent
Signature of Declarant

15

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 2006-765163005-0000

Default Number



This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and
NATHAN T. MCINTYRE, A MARRIED MAN

("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 \$21,000.00

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
DELARIVA, DOMONIC & CONRAD & LANCE, described as follows: 768392005-8

Assessor's Parcel Number

IN THE CITY OF COACHELLA

LOT 63 OF ABDELNOUR SUBDIVISION IN THE CITY OF COACHELLA, AS SHOWN BY MAP ON FILE IN BOOK 21, PAGE 19 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 5, 2011, 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: L. Ward Seal
Deputy



CALIFORNIA DRIVER LICENSE



SEX [REDACTED]
EXP 03/16/2018

CLASS C
AND NONE

LN **RIVA**
FN **DOMINIC FELIX DE LA**
80817 RIO GRANDE
INDIO, CA 92201

DOB 03/16/1971
REST NONE

03161971

Donnic De La Riva

SEX M HAIR BRN EYES BRN
HT 5-06" WT 228 lb
ID: D3162134722018 03161971

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 1119 Assessment No.: 768392005-8

Assessee: DELARIVA JOE ESTATE OF

Situs: 52390 CALLE AVILA COACHELLA

Date Sold: March 20, 2012

Date Deed to Purchaser Recorded: May 11, 2012

Final Date to Submit Claim: May 13, 2013

TREASURER-TAX COLLECTOR

MAY 13 2013

RECEIVED *RP*

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 8,128.00 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. 2011-0429372; recorded on 4/28/2011. 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.

ORDER FOR FINAL DISTRIBUTION, DEATH CERTIFICATE

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 13th day of May, 2013 at Los Angeles Co., California
County, State

Raymond Polozzo agent for Joe C. Delariva
Signature of Claimant

Signature of Claimant

mariza Mendloza
Print Name

Print Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

AUTHORIZATION FOR AGENT 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 make MM Network Recovery Assets my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 768392005-8 sold at public auction on March 20, 2012. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$8,128.00, and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Joe Conrad Delariva
(Signature of Party of Interest)

Joe Conrad Delariva
(Name Printed)
43,656 Towne Street #1
(Address)
Indio, CA 92201-2456
(City/State/Zip)
(760) 698-5187
(Area Code/Telephone Number)

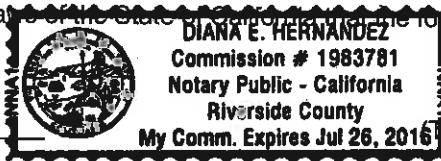
STATE OF CALIFORNIA)ss.
COUNTY OF Riverside)

On May 10, 2013, before me, Diana E. Hernandez Notary Public, personally appeared Joe Conrad De La Riva, 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 of Notary)



(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

(Signature of Agent)

MM Network Recovery Assets
(Name Printed)
P.O. Box 91609
(Address)
Los Angeles, CA 90009
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF LOS ANGELES)

On May 13, 2013, before me, the undersigned, a Notary Public in and for said State, personally appeared Mariza Mendosa, 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)

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

BRIAN M. LEWIS
44-700 Village Court, Suite 100
Palm Desert, CA 92260

DOC # 2011-0429372
09/26/2011

Customer Copy Label

The paper to which this label is
affixed has not been compared
with the recorded document

Larry W Ward
County of Riverside
Assessor, County Clerk & Recorder

Space above this line for Recorder's Use

**ORDER APPROVING FIRST AND FINAL ACCOUNT AND REPORT OF
ADMINISTRATORS; ORDER FOR ALLOWANCE OF COMPENSATION TO ATTORNEY
FOR ADMINISTRATORS FOR ORDINARY AND EXTRAORDINARY SERVICES AND
ORDER FOR FINAL DISTRIBUTION**

ESTATE OF JOSE C. DELARIVA aka

JOE DE LA RIVA

APN: 768-392-005

This page added to provide adequate space for recording information

(\$3.00 additional recording fee applies)

1 BRIAN M. LEWIS, Bar No. 124025
44-700 Village Court, Suite 100
2 Palm Desert, California 92260
Telephone: (760) 568-9200
3 Telecopier: (760) 568-9211

4 Attorney for Petitioners
DOMONIC DELARIVA and ROMAN DELARIVA
5
6
7
8

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

SEP 22 2011



G. RUSHING

9 SUPERIOR COURT OF THE STATE OF CALIFORNIA
10 COUNTY OF RIVERSIDE
11 DESERT REGION
12

13 In the Matter of the Estate of

14 JOSE C. DELARIVA, aka JOSE
15 DELARIVA, JOE C. DELARIVA
And JOE DELARIVA,

16 Decedent.
17
18
19

Case No. INP 021656
Judge: James A. Cox

ORDER APPROVING FIRST AND FINAL
ACCOUNT AND REPORT OF
ADMINISTRATORS; ORDER FOR
ALLOWANCE OF COMPENSATION TO
ATTORNEY FOR ADMINISTRATORS
FOR ORDINARY AND EXTRAORDINARY
SERVICES AND ORDER FOR FINAL
DISTRIBUTION [Probate Code Sections
10810, 11640, et. seq.]

20 Date: September 22, 2011
21 Time: 8:45 a.m.
Place: PS1
22

23
24 Petitioner, ROMAN DELARIVA, as one of the Administrators of the Estate of Jose
25 C. DeLaRiva, having filed his first and final report and petition for distribution, and the
26 report and petition coming on regularly for hearing on July 14, 2011, before the
27 Honorable James A. Cox, judge presiding, the Court finds that:
28

- 1 1. Notice of Hearing. Notice of the hearing of the petition has been given as
2 prescribed by law.
- 3 2. Petition True. All allegations of the petition for final distribution are true.
- 4 3. Date of Death and Domicile. Jose DeLaRiva died intestate on July 29,
5 2007, in Indio, California, and was a resident of the County of Riverside, State of
6 California, at the time of his death.
- 7 4. Letters of Administration. Decedent died intestate. DOMONIC DELARIVA
8 and ROMAN DELARIVA were appointed Administrators of the Decedent's Estate on
9 March 14, 2008, and Letters of Administration were duly issued to DOMONIC
10 DELARIVA and ROMAN DELARIVA on March 14, 2008.
- 11 5. Authority Granted Under IAEA. On March 14, 2008, the Court granted the
12 Administrators full authority to administer the Estate without court supervision under the
13 Independent Administration of Estates Act. This authority has not been revoked.
- 14 6. Compliance with Probate Code Section 9202. The Administrators served
15 notice on the California Department of Health Services in accordance with Probate Code
16 Section 9202(a); however, the Decedent did not receive and was not the surviving
17 spouse of a person who received any Medi-Cal benefits. In addition, the Administrators
18 know of no heir that is confined in a prison or facility under the jurisdiction of the
19 Department of Corrections or the Department of Youth Authority or confined in any
20 county or city jail, road camp, industrial farm or other local correctional facility to which
21 notice is required under Probate Code Section 9202(b); therefore, no notice is required
22 to be given to the Director of the California Victim Compensation and Government
23 Claims Board.
- 24 The notice required by Probate Code Section 9202(c) was not served on the
25 Franchise Tax Board as the Letters of Administration were issued prior to July 1, 2008.
- 26 7. Passage of Time Since Issuance of Letters of Administration. More than
27 four (4) months have elapsed since the issuance of Letters of Administration to the
28

1 appointed Administrators, DOMONIC DELARIVA and ROMAN DELARIVA. The time for
2 filing creditor's claims has expired.

3 8. Request for Special Notice. The following person has filed a Request for
4 Special Notice in this estate.

5 Alan K. Nicolette, Esq.
6 NORDSTROM, STEELE, NICOLETTE AND BLYTHE
7 17542 E. 17th Street, #250
8 Tustin, CA 92780-1976

9 9. Status of Estate. The Administrators performed all required duties as
10 Administrators of the Estate. All costs of administration incurred to date, including costs
11 of publication, have been paid, except compensation to the attorney for the Estate for
12 both ordinary and extraordinary services. The Estate is in a condition to be closed.

13 10. Inventory and Appraisal. The following Inventory and Appraisal has been
14 filed with the Court:

<u>Date</u>	<u>Type</u>	<u>Amount</u>
06/11/08	Final Inventory and Appraisal	\$190,591.16

16 The Administrators allege that such inventory totaling \$190,591.16 contains all the
17 assets of the Estate that have come to Administrators' knowledge or into their
18 possession.

19 11. Character of Estate Property. The Estate consists entirely of the
20 Decedent's separate property.

21 12. Deceased Spouse. Myrna DeLaRiva, the spouse of the Decedent, died on
22 August 16, 2007.

23 13. Commingling of Funds. Since Myrna DeLaRiva, the Decedent's spouse
24 died approximately two weeks after this Decedent, and because the Administrators
25 misunderstood the importance of maintaining a separate bank account for each Estate,
26 there was a commingling of funds between the two (2) estates. The accounting filed in
27

1 this Estate, as well as the accounting filed in the Estate of Myrna DeLaRiva, Case No.
2 INP 021655, indicate the expenses and receipts attributable to each estate.

3 14. Family or Affiliate Relationship. During the period covered by this report,
4 the Administrators did not hire any agent who had a family or affiliate relationship with
5 the Administrators with regard to administration issues; however, the Administrators did
6 hire Conrad DeLaRiva, brother of the Administrators, with regard to the repair work for
7 the residence of the Decedent's deceased spouse (which residence is an asset of the
8 Estate of Myrna DeLaRiva) which payments are set forth in the attached accounting.

9 15. Independent Action Taken Without Court Supervision. During the
10 administration of the estate, the Administrators did not take any actions without court
11 supervision.

12 16. Creditor's Claims. The following claims have been properly filed with the
13 Court and served on the Estate but have not been allowed:

<u>Claimant</u>	<u>Date Filed</u>	<u>Amt Claimed</u>	<u>Nature of Claim</u>	<u>Status of Claim</u>
D. DeLaRiva	06/13/08	\$ 7,580.11	Funeral Expenses	Paid
Maria Correa	07/11/08	\$100,000.00	Dog Bite	Rejected

17 An Allowance or Rejection of Creditor's Claim was properly served on Maria Correa and
18 litigation was then commenced in the matter of Maria Correa v. Estate of Jose C.
19 DeLaRiva, deceased; Estate of Myrna M. DeLaRiva, deceased; Domico Felix
20 DeLaRiva; Roman DeLaRiva, Lance Derek DeLaRiva and Does I through 50, Riverside
21 Superior Court, Indio Branch, Case No. INC 078763. Settlement has now been reached
22 in this matter whereby the Administrators paid the sum of \$29,950.00 as set forth in the
23 accounting filed in the Estate of Jose DeLaRiva. There are no other rejected claims and
24 no other claims have been filed with the Court.

25 17. All Debts Paid. The Estate is solvent and the Administrators have paid all
26 debts of the Decedent and the Estate, except closing expenses and statutory and
27 extraordinary attorney's fees.

28

1 18. Referee's Fee. The Probate Referee's fee in the amount of \$224.50 has
2 been paid in full.

3 19. Taxes Paid. All personal property taxes and all California and federal
4 income taxes due and payable by said Estate have been paid. No California estate tax
5 is due because no federal estate tax return has been or will be filed in which a state
6 death tax credit will apply for California property. No federal estate taxes are due.

7 20. 19513 Certificate. A certificate of the California Franchise Tax Board
8 required by Revenue and Taxation Code Section 19513 does not have to be filed,
9 because the assets of the Estate did not exceed \$1,000,000 at the Decedent's date of
10 death and no assets are distributable to nonresident beneficiaries.

11 21. Statutory Fees. The statutory attorneys' fees are 6,717.73, and is
12 computed as follows:

13	Inventory and Appraisal		<u>\$190,591.16</u>
14	Fee Base		\$190,591.16
15	Fee Calculation		
16	Fee on first	\$ 100,000.00 at 4%	4,000.00
17	Fee on the next	\$ 90,591.16 at 3%	<u>2,717.73</u>
18		\$ 190,591.16	\$ 6,717.73

19 22. Waiver of Statutory Compensation. The Administrators waived their fees
20 for statutory services and the Waivers of Right to Compensation are on file with the
21 Court.

22 23. Compensation for Extraordinary Services by Attorney. Brian M. Lewis,
23 attorney for the Administrators, rendered extraordinary services to the estate which are
24 described in the Declaration in Support of Extraordinary Attorney's Compensation on file
25 with this Court and should be allowed the sum of \$1,550.00, which amount has not been
26 paid.

27 24. Payment of Attorney's Fees For the Estate of Myrna DeLaRiva. Due to the
28 commingling of assets between the Estates of Jose DeLaRiva and Myrna DeLaRiva, the

1 Administrators request that the attorney's fees due from the Estate of Myrna DeLaRiva
2 be paid from the monies held in the Estate of Jose DeLaRiva.

3 25. Apartment Building. The Administrators did not receive any rent for the
4 apartment building during the period of this account and report as the apartment building
5 is not in a rentable condition.

6 26. Reserves for Closing Expenses. The Administrators request authorization
7 to withhold \$400.00 for closing expenses applicable to both the Estate of Jose DeLaRiva
8 and the Estate of Myrna DeLaRiva.

9 27. Names and Residences of Beneficiaries and Heirs. The following persons
10 are the beneficiaries and/or heirs of the Decedent:

	<u>Name and Relationship</u>	<u>Age</u>	<u>Address</u>
12 13 14	Roman DeLaRiva Son Beneficiary Administrator	Over 18	83156 Caribe Indio, CA 92201
15 16	Domonic DeLaRiva Son Beneficiary Administrator	Over 18	80917 Rio Grande Avenue Indio, CA 92201
17 18	Conrad DeLaRiva Son Beneficiary	Over 18	43-656 Towne Street Indio, CA 92201
19 20	Lance DeLaRiva Son Beneficiary	Over 18	40-204 Podova Drive Indio, CA 92203

21 28. Prior Distributions. No prior distributions have been made.

22 29. Settlement Agreement and Release of All Claims. An Order Approving
23 Reallocation and Settlement Agreement was entered by this Court on September 14,
24 2009, whereby the Court approved a Settlement Agreement and Release of All Claims
25 ("Settlement Agreement") entered into by and among the Administrators of the Estate of
26 Myrna DeLaRiva and the Estate of Jose DeLaRiva and all of the beneficiaries of the
27 Estates, a copy of which Settlement Agreement is on file with this Court. In accordance
28

1 with the terms of the Settlement Agreement, Lance DeLaRiva has agreed to cause the
2 Estates of Jose DeLaRiva and Myrna DeLaRiva to specifically allocate \$43,020.25 of the
3 CalPERS Benefits equally among CONRAD DELARIVA, DOMONIC DELARIVA and
4 ROMAN DELARIVA.

5 30. Allocation of Monies Paid Under Settlement Agreement. As stated in
6 Paragraph 16, above, the litigation entitled Maria Correa v. Estate of Jose C. DeLaRiva,
7 deceased; Estate of Myrna M. DeLaRiva, deceased; Domonic Felix DeLaRiva; Roman
8 DeLaRiva, Lance Derek DeLaRiva and Does I through 50, Riverside Superior Court,
9 Indio Branch, Case No. INC 078763, settled for the sum of \$29,950.00. In addition,
10 attorney's fees were paid to the law offices of Matt Morris in the sum of \$11,878.81
11 (whether out of the Estate of Jose DeLaRiva or the Estate of Myrna DeLaRiva) for their
12 services with regard to the litigation matter. The above-referenced litigation came about
13 as the result of a dog bite which incident occurred following the death of Jose DeLaRiva
14 and his wife, Myrna DeLaRiva. Therefore, the Administrators believe that because this
15 incident occurred following the death of both Mr. and Mrs. DeLaRiva, the settlement
16 monies and the attorney's fees are not an obligation of either estate but an obligation of
17 Domonic DeLaRiva and Lance DeLaRiva, the two individuals responsible for the dog
18 and consequently the sum of \$20,914.40 should be deducted from Domonic DeLaRiva's
19 share of this Estate and the sum of \$20,914.41 should be deducted from Lance
20 DeLaRiva's share of this Estate; however, in accordance with the Declaration of
21 Domonic DeLaRiva, Roman DeLaRiva, Conrad DeLaRiva and Lance DeLaRiva on file
22 this Court such amounts shall be deducted from their share of the distribution to which
23 they are entitled in the Estate of Myrna DeLaRiva.

24 31. Advances to Conrad DeLaRiva and Domonic DeLaRiva. Due to their
25 financial situation, it was necessary for Conrad DeLaRiva to receive an advance of
26 \$600.00 from the Estate of Jose DeLaRiva and for Domonic DeLaRiva to receive
27 advances of \$9,018.14 all as particularly set forth in the accounting on file in this matter.
28 Such advances shall be deducted from their share of the distribution due to them for the

1 Estate of Myrna DeLaRiva in accordance with the Declaration of Domonic DeLaRiva,
2 Romnan DeLaRiva, Conrad DeLaRiva and Lance DeLaRiva on file this Court.

3 32. Estate Assets. The assets on hand available for distribution are as follows:

4			
5	A.	Rabobank Account No. 1082612	\$ 21,449.91
6	B.	That certain real property situate in the City of Coachella, County of Riverside, State of California, more particularly described as follows:	
7		Lot 63 of Abdelhour Subdivision, as shown by Map on file in Book 21, page 19 of Maps, Riverside County Records.	
8		Subject to:	
9		Conditions, restrictions, reservations, covenants, easements, rights and rights of way of record.	
10		More commonly known as:	
11		52390 Calle Avila Coachella, CA	
12		Assessor's Parcel No. 768-392-005	\$170,000.00
13		TOTAL ASSETS ON HAND as of March 31, 2011	\$191,449.91

14 33. Gift/Transfer by Roman DeLaRiva. Roman DeLaRiva, the son of the
15 decedent and beneficiary of the Estate, has gifted/transferred any and all right, title and
16 interest to any and all assets of the decedent's Estate equally to his brothers.

17 34. Proposed Schedule of Distribution. Since the Decedent died intestate, the
18 Estate is distributable under the rules of intestate succession. Therefore, the property of
19 the Estate, together with any other property of the decedent not now known or
20 discovered, should be distributed as follows:

- 21 A. One-third (1/3rd) to DOMONIC DELARIVA;
- 22 B. One-third (1/3rd) to CONRAD DELARIVA; and
- 23 C. One-third (1/3rd) to LANCE DELARIVA.

1 Notwithstanding the foregoing, Domonic DeLaRiva owes the Estate the sum of
2 \$29,932.54 (advanced of \$9,018.14 plus the sum of \$20,914.40 as his share of the
3 litigation matter); Lance DeLaRiva owes the Estate the sum of \$20,914.41 as his share
4 of the litigation matter; and Conrad DeLaRiva owes the Estate the sum of \$600.00 for an
5 advance, such amounts should be deducted from their respective share of the Estate of
6 Jose DeLaRiva and distributed equally among the remaining beneficiaries.

7 Due to the commingling of assets between the Estate of Jose DeLaRiva
8 and the Estate of Myrna DeLaRiva and the monies owed by Domonic DeLaRiva, Lance
9 DeLaRiva and Conrad DeLaRiva, as well as the Assignment of Roman DeLaRiva filed
10 on August 29, 2011, and the Declaration of Domonic DeLaRiva, Roman DeLaRiva,
11 Conrad DeLaRiva and Lance DeLaRiva filed in this matter, the Administrators propose
12 that the remaining assets held in the Estate of Myrna DeLaRiva be distributed as follows:

13 Real Property:

- 14 A. One-third (1/3rd) to DOMONIC DELARIVA;
- 15 B. One-third (1/3rd) to CONRAD DELARIVA; and
- 16 C. One-third (1/3rd) to LANCE DELARIVA.

17 Available Cash/Not Now Known or Later Discovered Assets:

- 18 A. One-third (1/3rd) to DOMONIC DELARIVA;
- 19 B. One-third (1/3rd) to CONRAD DELARIVA; and
- 20 C. One-third (1/3rd) to LANCE DELARIVA.

21
22 **IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** as follows:

- 23 1. That notice of administration has been given as required by law.
- 24 2. That the report of the Administrators is settled, allowed and approved as
25 filed.
- 26 3. That all acts of Petitioners as Administrators are confirmed and approved;
- 27
- 28

1 4. That the Administrators be authorized and directed to pay Brian M. Lewis,
2 their attorney, the sum of \$6,717.73 as statutory compensation for services to Petitioners
3 and to the Estate of Jose DeLaRiva;

4 5. That the Administrators be authorized and directed to pay Brian M. Lewis,
5 their attorney, the sum of \$1,550.00 for extraordinary compensation for services to
6 Petitioners and to the Estate of Jose DeLaRiva

7 6. That the Administrators be authorized and directed to pay Brian M. Lewis,
8 their attorney, the sum of \$7,547.12 as statutory compensation for services to Petitioners
9 and to the Estate of Myrna DeLaRiva;

10 7. That the Administrators be authorized and directed to pay Brian M. Lewis,
11 their attorney, the sum of \$3,826.00 for extraordinary compensation for services to
12 Petitioners and to the Estate of Myrna DeLaRiva;

13 8. That the Administrators be authorized to retain \$400.00 in cash for closing
14 expenses of administration applicable to both the Estate of Jose DeLaRiva and the
15 Estate of Myrna DeLaRiva, and to deliver the unused part to the beneficiaries of the
16 estate, as set forth in the petition, without further order; after the closing expenses have
17 been paid;

18 9. That distribution of the Decedent's Estate in the hands of the
19 Administrators and any other property of the Decedent and or the Estate not now known
20 or discovered shall be made as follows:

21 That certain real property situate in the
22 City of Coachella, County of Riverside,
23 State of California, more particularly
 described as follows:

24 Lot 63 of Abdelhour Subdivision, as
25 shown by Map on file in Book 21, page
 19 of Maps, Riverside County Records.

26 Subject to:

27 Conditions, restrictions, reservations,
28 covenants, easements, rights and rights
 of way of record.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

More commonly known as:

52390 Calle Avila
Coachella, CA

Assessor's Parcel No. 768-392-005

shall be distributed as follows:

- A. One-third (1/3rd) to DOMONIC DELARIVA;
- B. One-third (1/3rd) to CONRAD DELARIVA; and
- C. One-third (1/3rd) to LANCE DELARIVA.

The remaining assets of the estate and not now known or later discovered assets shall be distributed as follows:

- A. One-third (1/3rd) to DOMONIC DELARIVA;
- B. One-third (1/3rd) to CONRAD DELARIVA; and
- C. One-third (1/3rd) to LANCE DELARIVA.

9. Such further orders as the court may deem just and proper.

Dated: Sept 22, 2011



JUDGE OF THE SUPERIOR COURT



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200733007838

STATE FILE NUMBER		STATE OF CALIFORNIA VITAL RECORDS DIVISION VETERAN'S BUREAU		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JOSE		CHAVEZ		DE LA RIVA	
4. AKA ALSO KNOWN AS - include 1st AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		10/19/1944		62	
6. BIRTH STATE/FOREIGN COUNTRY		7. SOCIAL SECURITY NUMBER		8. MARRITAL STATUS (at time of death)	
CALIFORNIA		UNKNOWN		MARRIED	
9. EDUCATION - Highest Achievement (see worksheet on back)		14. WAS DECEDENT HISP./HISPANIC/SPANISH? (see worksheet on back)		15. DATE OF DEATH mm/dd/yyyy	
SOME COLLEGE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		07/29/2007	
17. USUAL OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY (Type of work, most production, employment agency, etc.)		16. DECEDENT'S RACE - Up to 3 races (see worksheet on back)	
SUPERINTENDENT		CITY WATER		CAUCASIAN	
19. DECEDENT'S RESIDENCE (Street and number or location)		20. YEARS IN COUNTRY		21. YEARS IN OCCUPATION	
43-656 TOWNE ST		62		36	
21. CITY		22. COUNTY/PROVINCE		23. STATE/FOREIGN COUNTRY	
INDIO		RIVERSIDE		CA	
24. INFORMANT'S NAME (Relationship)		25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town state, ZIP)			
JOE CONRAD DE LA RIVA, SON		53-380 AVENIDA RAMIREZ, LA QUINTA, CA 92253			
26. NAME OF SURVIVING SPOUSE - FIRST		27. MIDDLE		28. LAST (Married Name)	
MYRNA		GLORIA		MESTAS	
29. NAME OF FATHER - FIRST		30. MIDDLE		31. LAST	
LUIS				DE LA RIVA	
32. NAME OF MOTHER - FIRST		33. MIDDLE		34. LAST (Married)	
LUCY				CHAVEZ	
35. DISPOSITION DATE mm/dd/yyyy		36. PLACE OF FINAL DISPOSITION			
08/06/2007		COACHELLA VALLEY CEMETERY 82-925 AVE 52, COACHELLA, CA 92236			
37. TYPE OF DISPOSITION		38. SIGNATURE OF EMPHASIS		39. LICENSE NUMBER	
BURIAL		PHILIP MCSCHI		EMB8459	
40. NAME OF FUNERAL ESTABLISHMENT		41. LICENSE NUMBER		42. SIGNATURE OF LOCAL REGISTRAR	
FITZHENRY FUNERAL HOME		FD967		ERIC K FRYKMAN, M.D.	
43. PLACE OF DEATH		44. IF HOSPITAL, SPECIFY ONE		45. IF OTHER THAN HOSPITAL, SPECIFY ONE	
JOHN F. KENNEDY MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
46. COUNTY		47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		48. CITY	
RIVERSIDE		47-111 MONROE ST		INDIO	
49. CAUSE OF DEATH		50. IMMEDIATE CAUSE (Final disease or condition resulting in death)		51. DEATH REPORTED TO CORONER?	
		CARDIOPULMONARY ARREST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		MYOCARDIAL INFARCTION		52. DEATH REPORTED TO MIN?	
		CORONARY ARTERY DISEASE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE IN 112		54. USUAL RESIDENCE AT TIME OF DEATH	
		HYPERTENSION, HYPERLIPIDEMIA		INDIO	
		55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		56. IF FEMALE, PREGNANT? (Last Year)	
		NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		58. SIGNATURE AND TITLE OF CERTIFIER		59. LICENSE NUMBER	
Decedent Attended Since		JANET M. KERRIGAN, D.O.		20A5654	
Decedent Last Seen Alive		60. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		61. DATE mm/dd/yyyy	
04/25/1994		10/30/2006		08/03/2007	
62. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		63. MANNER OF DEATH		64. INJURED AT WORK?	
		<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
65. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)		66. INJURY DATE mm/dd/yyyy		67. HOUR (24-Hour)	
68. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		69. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		70. SIGNATURE OF CORONER/DEPUTY CORONER	
				ERIC K FRYKMAN, M.D.	
71. SIGNATURE OF CORONER/DEPUTY CORONER		72. DATE mm/dd/yyyy		73. TYPE NAME/TITLE OF CORONER/DEPUTY CORONER	
				ERIC K FRYKMAN, M.D.	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				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 the County of Riverside, Department of Health

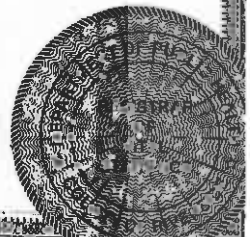
DATE ISSUED

Aug 10, 2007

Eric K Frykman, M.D. Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



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



**STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD**

COUNTY OF RIVERSIDE

**RIVERSIDE, CALIFORNIA
AFFIDAVIT TO AMEND A RECORD**

3200733007838

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

11

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1 NAME—FIRST (GIVEN)	2 MIDDLE	3 LAST (FAMILY)
	JOSE	CHAVEZ	DE LA RIVA
ADDITIONAL INFORMATION TO LOCATE RECORD	4 SEX	5 DATE OF EVENT—MM/DD/CCYY	6 CITY OF OCCURRENCE
	M	07/29/2007	INDIO
	7 COUNTY OF OCCURRENCE		RIVERSIDE
	8 FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL		9 MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL
	LUIS - DE LA RIVA		LUCY - CHAVEZ

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	10 CERTIFICATE ITEM NUMBER	11 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12 INFORMATION AS IT SHOULD APPEAR
		10	UNKNOWN

2 OF 2

13. REASON FOR CORRECTION: TO CORRECT THE RECORD

AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
	MARTHA ALVAREZ	SECRETARY	08/06/2007
USE BLACK INK ONLY	17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)	
	LEGAL	82-975 REQUA AVE., INDIO, CA 92201	
	19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
	WENDY ANDERSON	SECRETARY	08/06/2007
	22. AGE	23. ADDRESS (STREET, CITY, STATE, ZIP)	
	LEGAL	44635 SAN RAFAEL, PALM DESERT, CA 92260	
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY	
	ERIC K. FRYKMAN, M.D.	08/06/2007	

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

022007000059242 VS 2-01 (REV 1/05) 11

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 the County of Riverside, Department of Health.



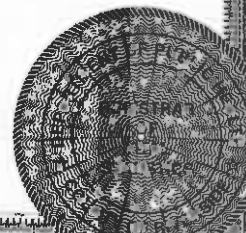
000571137

DATE ISSUED

Aug 10, 2007

Eric Frykman
Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

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



Statement:

I, Joe Conrad De La Riva am the same person as Conrad De La Riva who is listed as one of the sons of Jose (Joe) C. De La Riva on page 6 and page 9 of Document # 2011-0429372 ORDER APPROVING FIRST AND FINAL ACCOUNT AND REPORT OF ADMINISTRATORS; ORDER FOR ALLOWANCE OF COMPENSATION TO ATTORNEY FOR ADMINISTRATORS FOR ORDINARY AND EXTRAORDINARY SERVICES AND ORDER FOR FINAL DISTRIBUTION - ESTATE OF JOSE C. DELARIVA aka JOE DE LA RIVA - APN: 768-392-005

Joe C. De La Riva
(Signature of Party of Interest)

Joe Conrad DeLaRiva
(Name Printed)

43,656 Towne Street #1
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF Riverside

Indio, CA 92201-2456
(City/State/Zip)

760-698-1805
(Area Code/Telephone Number)

On Oct. 6, 2014, before me Diana E. Hernandez, Notary Public, personally appeared Joe Conrad De La Riva, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above 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 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

Diana E. Hernandez



(This area for official seal)

CALIFORNIA

IDENTIFICATION CARD

EXPIRES 04-23-13



JOE CONRAD DE LA RIVA
51315 AVENIDA VALLEJO
LA QUINTA CA 92253

SEX: M HAIR: BLK EYES: BRN
HT: 5-04 WT: 200 DOB: 09-23-65

Joe Conrad de la Riva

99/04/2008 578 CS FD/13

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED
BUSINESS TAX

ISSUED: 3/19/2012

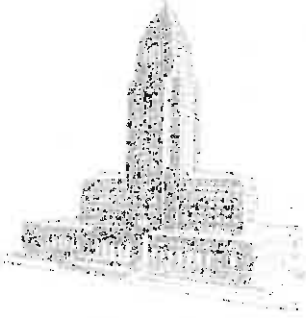
ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002190138-0002-4	L044	Retail Sales	01/20/2012	Active

DIRECTOR

MARIZA MENDOZA

8820 LILIENTHAL AVENUE
LOS ANGELES, CA 90045-4213

8820 LILIENTHAL AVENUE
LOS ANGELES, CA 90045-4213



ISSUED BY:

Antoinette D. Christoval

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS
FORM 2000 (rev. 6/01)

IMPORTANT - READ REVERSE SIDE

P.O. BOX 53200, LOS ANGELES CA 90053-0200

YOUR RETURN MAILING ADDRESS

NAME: MARIZA MENDOZA
ADDRESS: 8820 Lienthal Ave
CITY: Los Angeles STATE: CA ZIP CODE: 90045

2011 147451

FILED
Dec 13 2011
Dean C. Logan, Registrar - Registrar/County Clerk
Electronically signed by JUANITA CARPENTER

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT) New Filings- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
- Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
- \$5.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. MM Network Recovery Assets 2. _____
 ** 8820 Lienthal Ave Print Fictitious Business Name(s)
 Street address of principal place of business Mailing address if different
LA CA 90045
 City State Zip COUNTY City State Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON _____

*** REGISTERED OWNER(S):

1. MARIZA MENDOZA 2. _____
 Full Name/Corp/LLC (P.O. Box not accepted) Full Name/Corp/LLC (P.O. Box not accepted)
8820 Lienthal Ave Residence Address
LA CA 90045 City State Zip
 If Corporation or LLC - Print State of Incorporation/Organization

3. _____ 4. _____
 Full Name/Corp/LLC (P.O. Box not accepted) Full Name/Corp/LLC (P.O. Box not accepted)
 Residence Address Residence Address
 City State Zip City State Zip
 If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

**** THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual a General Partnership a Limited Partnership a Limited Liability Company
- an Unincorporated Association other than a Partnership a Corporation a Trust Copartners
- Husband and Wife Joint Venture State or Local Registered Domestic Partners a Limited Liability Partnership

***** The registrant commenced to transact business under the fictitious business name or names listed above on _____ (insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANT/CORP/LLC NAME (PRINT) MARIZA MENDOZA TITLE OWNER

REGISTRANT SIGNATURE [Signature] IF CORP OR LLC, PRINT NAME _____

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.
NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS 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 (b) OF SECTION 17920, WHERE IT EXPIRES 40 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 OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK BY: _____ Deputy



DUBAI C. L. ...
LOS ANGELES COUNTY, CALIFORNIA

1920

This is a true and certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Registrar-Recorder/County Clerk