

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS DATE 5/13/15

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

588A



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
 MAY 13 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 194, Item 22. Last assessed to: Jose Rodriguez. District 5 [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

- Deny the claims from the State of California, Employment Development Department for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 313143010-8;

(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 February 4, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded April 1, 2013. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on April 24, 2013, 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	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS:	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: 5

Agenda Number:

9-43

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 194, Item 22. Last assessed to: Jose Rodriguez. District 5 [\$0]

DATE: MAY 13 2015

PAGE: Page 2 of 3

RECOMMENDED MOTION:

2. Deny the claim from the County of San Bernardino, Department of Child Support Services;
3. Deny the claim from Harlan Reese, Esq. for Ford Motor Credit Company;
4. Deny the claim from Barry A. Smith, Esq. for Altura Credit Union;
5. Deny the claim from Leo A. Badger, attorney for The Press-Enterprise Company;
6. Deny the claim from Chad W. Sallade, attorney for Butte County Department of Child Support Services;
7. Deny the claim from the Diana M. Lemons, attorney for Imperial County Department of Child Support Services;
8. Deny the claim from Professional Collection Consultants;
9. Deny the claim from Robert Scott Kennard, attorney for Cach, LLC;
10. Deny the claim from Harvey M. Moore, Esq. for Citibank (South Dakota), N.A.;
11. Deny the claim from Ventura County Department of Child Support Services;
12. Deny the claim from the County of Contra Costa, Department of Child Support Services;
13. Deny the claim from Karen Kremling-Calabrese, Esq. for Cape May at Harveston Co., Inc.;
14. Deny the claim from Jacqueline A Dao, attorney for Casa La Paz Homeowners Association;
15. Deny the claim from Harlan Reese Esq. for Wells Fargo Bank N.A.;
16. Deny the claim from Alexis Shkabara, attorney for Wells Fargo Bank N.A.;
17. Deny the claims, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.
18. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$5,521.87 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 Accurant (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 April 1, 2013.

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

1. Claim from the State of California, Employment Development Department based on an Abstract of Judgment recorded April 2, 2004 as Instrument No. 2004-0238454.
2. Claim from the County of San Bernardino, Department of Child Support Services based on an Abstract of Support Judgment recorded April 3, 2007 as Instrument No. 2007-0223539.

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 194, Item 22. Last assessed to: Jose Rodriguez. District 5 [50]

DATE: MAY 13 2015

PAGE: Page 3 of 3

BACKGROUND:

Summary (continued)

3. Claim from the State of California, Employment Development Department based on an Abstract of Judgment recorded April 19, 2007 as Instrument No. 2007-0266096.
4. Claim from Harlan Reese, Esq. for Ford Motor Credit Company based on an Abstract of Judgment recorded February 20, 2008 as Instrument No. 2008-0080469.
5. Claim from Barry A. Smith, Esq. for Altura Credit Union based on an Abstract of Judgment-Civil and Small Claims recorded April 29, 2008 as Instrument No. 2008-0218123.
6. Claim from Leo A. Badger, attorney for The Press-Enterprise Company based on an Abstract of Judgment-Civil and Small Claims recorded February 24, 2009 as Instrument No. 2009-0089203.
7. Claim from Chad W. Sallade, attorney for Butte County Department of Child Support Services based on an Abstract of Support Judgment recorded July 29, 2009 as Instrument No. 2009-0393761.
8. Claim from Diana M. Lemons, attorney for Imperial County Department of Child Support Services based on an Abstract of Support Judgment recorded September 17, 2010 as Instrument No. 2010-0448316.
9. Claim from Professional Collection Consultants based on an Abstract of Judgment recorded October 6, 2010 as Instrument No. 2010-0479842.
10. Claim from Robert Scott Kennard, attorney for Cach, LLC based on an Abstract of Judgment recorded December 29, 2010 as Instrument No. 2010-0623846.
11. Claim from the State of California, Employment Development Department based on an Abstract of Judgment recorded March 8, 2011 as Instrument No. 2011-0105765.
12. Claim from Harvey M. Moore, Esq. for Citibank (South Dakota), N.A. based on an Abstract of Judgment recorded March 30, 2011 as Instrument No. 2011-0139504.
13. Claim from Ventura County Department of Child Support Services based on an Abstract of Support Judgment recorded June 3, 2011 as Instrument No. 2011-0245323.
14. Claim from the County of Contra Costa, Department of Child Support Services based on an Abstract of Support Judgment August 18, 2011 as Instrument No. 2011-0366309.
15. Claim from Karen Kremling-Calabrese, Esq. for Cape May at Harveston Co., Inc. based on an Abstract of Judgment-Civil and Small Claims recorded September 28, 2011 as Instrument No. 2011-0428568.
16. Claim from the State of California, Employment Development Department based on an Abstract of Judgment recorded November 17, 2011 as Instrument No. 2011-0513435.
17. Claim from Jacqueline A Dao, attorney for Casa La Paz Homeowners Association based on an Abstract of Judgment-Civil and Small Claims recorded December 1, 2011 as Instrument No. 2011-0529671.
18. Claim from the State of California, Employment Development Department based on an Abstract of Judgment recorded January 20, 2012 as Instrument No. 2012-0024186.
19. Claim from Harlan Reese Esq. for Wells Fargo Bank N.A. based on an Abstract of Judgment recorded May 2, 2012 as Instrument No. 2012-0199137
20. Claim from Alexis Shkabara Esq. for Wells Fargo Bank N.A. based on an Abstract of Judgment recorded May 2, 2012 as Instrument No. 2012-0199137.

Pursuant to Section 4675 (a) & (e) of the California Revenue and Taxation Code, it is the recommendation of this office that the above claims be denied since the liens filed are not associated with our assessee. Since there are no other claimants the unclaimed excess proceeds in the amount of \$5,521.87 will be transferred to the county general fund. 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

The excess proceeds are being transferred to the county general fund.

ATTACHMENTS (if needed, in this order):

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



April 30, 2013

RIVERSIDE COUNTY TREASURER
ATTN: CLAIM TO EXCESS FORECLOSURE PROCEEDS
PO BOX 12005
RIVERSIDE, CA 92502-2205

EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY

APN: 313143010-8
EDD REFERENCE NO.:

Enclosed is the completed Statement of Claim for Excess Proceeds From The Sale of Tax-Defaulted Property for JOSE ROBER RODRIGUEZ.

To ensure proper credit to the account, please note the EDD account number listed above on the payment.

SEND PAYMENT TO:
EDD
PO BOX 826806
SACRAMENTO CA 94206

If you have any questions concerning the claim, you may contact me at (916) 464-1261.

Sincerely,

A handwritten signature in cursive script that reads "A. Reed".

A. Reed
Department Representative

Enclosure

CLAIM FOR EXCESS FROM THE SALE OF TAX-DEFAULTED PROPERTY

COUNTY OF RIVERSIDE TREASURER-TAX COLLECTOR
PO BOX 12005
RIVERSIDE, CA 92502-2205
Attn: TAX COLLECTION DIVISION

Trustor Name: JOSE ROBER RODRIGUEZ
APN NO.: 313143010-8
ITEM NO.: 22
SALE DATE.: FEBRUARY 4, 2013
Claimant: EMPLOYMENT DEVELOPMENT DEPARTMENT
Reference No.:
Address: PO BOX 826218, SACRAMENTO, CA 94230-6218
Phone No.: (916) 464-1261

The following amounts were secured by a Deed of Trust or lien on the above-referenced property immediately prior to the Tax Collector's Power of sale for non-payment of taxes, and these amounts remain outstanding to this date:

Principle Balance	\$	880.10
Interest from 10/10/03 to 02/01/13 10% per annum.	\$	1,001.51
Other Charges: (Costs)	\$	300.30
Less Credit(s) received	\$	67.00
Total Due	\$	<u>2,114.91</u>

- Document evidencing the claim (Attached)
 The claim has been fully released (Attached)

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

Dated April 30, 2013

Signature: A Reed
A. REED Department Representative

RECORDING REQUESTED BY:

X STATE OF CALIFORNIA S040305060
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218
TELEPHONE NO: 1-800-676-5737

WHEN RECORDED MAIL TO:

X STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218

DOC # 2004-0238454 ✓

04/02/2004 08:00A Fee:NC

Page 1 of 3

Recorded in Official Records

County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



0YS

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

M
YS

ABSTRACT OF JUDGMENT ✓

DOCUMENT TITLE

SEPARATE PAGE, PURSUANT TO GOVT. CODE 27361.6

Public Record

EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):
 Recording requested by and return to:
TEL NO.: 1-800-676-5737
S040305060

STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-8218

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO

STREET ADDRESS: 720 NINTH STREET, ROOM 104

MAILING ADDRESS: 720 NINTH STREET, ROOM 104

CITY AND ZIP CODE: SACRAMENTO, CA 95814

BRANCH NAME: SACRAMENTO - LIMITED CIVIL

FOR RECORDER'S USE ONLY

PLAINTIFF: STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT

DEFENDANT: JOSE ROBERTO RODRIGUEZ

ABSTRACT OF JUDGMENT

Amended

CASE NUMBER

04ED05060

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

JOSE ROBERTO RODRIGUEZ
2464 CORONA AVE
NORCO, CA 92860-2748

b. Driver's license No. and state:

Unknown

c. Social security No.:

Unknown

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

(Same as line 1.a. above.)

e. Original abstract recorded in this county:

(1) Date:

(2) Instrument No.:

f. Information on additional judgment debtors is shown on page two.

Date: 3/2/04

S. Allen

(TYPE OR PRINT NAME)

S. Allen

(SIGNATURE OF APPLICANT OR ATTORNEY)

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

b. A certified copy of the judgment is attached.

3. Judgment creditor (name and address):

State of California, Employment Development Department
P.O. Box 826218, Sacramento, CA 92430-8218

4. Judgment debtor (full name as it appears in judgment):

JOSE ROBERTO RODRIGUEZ

(Per USPS)

6. Total amount of judgment as entered or last renewed:
\$ 1,094.71

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

a. Amount: \$

b. In favor of (name and address):

(SEAL)



5. a. Judgment entered on

(date): 3/2/04

b. Renewal entered on

(date):

8. A stay of enforcement has

a. not been ordered by the court.

b. been ordered by the court effective until

(date):

9. This judgment is an installment judgment.

This abstract issued on (date):

3/2/04

Clerk, by

R. Sweeten

R. Sweeten, Deputy

PLAINTIFF:	CASE NUMBER:
DEFENDANT:	

INFORMATION REGARDING ADDITIONAL JUDGMENT DEBTORS:

10. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

14. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

11. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

15. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

12. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

16. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

13. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

17. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

18. Continued on Attachment 18.

Account Reconciliation 04/29/13

SSN	<u>Date</u>	<u>Code</u>	<u>Credits</u>	<u>Debits</u>	<u>Transaction Detail</u>
	10/10/03	00		\$880.10	Overpayment
	03/02/04	00		\$7.00	Court Costs
	03/02/04	36		\$18.00	Court Costs
	03/02/04	00		\$165.30	Court Costs
Account Summary	03/29/04	00		\$8.10	Interest
	04/01/04	00		\$0.90	Interest
	05/03/04	00		\$9.60	Interest
	06/01/04	00		\$8.70	Interest
	07/01/04	00		\$9.00	Interest
Liability Amount	08/02/04	00		\$9.60	Interest
\$880.10	09/01/04	00		\$9.00	Interest
PreJudg Interest	10/01/04	00		\$9.00	Interest
\$24.31	11/01/04	00		\$9.30	Interest
Court Costs	12/01/04	00		\$9.00	Interest
\$300.30	01/03/05	00		\$9.90	Interest
Interest	02/01/05	00		\$8.70	Interest
\$977.20	03/01/05	00		\$8.40	Interest
Credits/Payments	04/01/05	00		\$9.30	Interest
-\$67.00	05/02/05	00		\$9.30	Interest
Amount Due	06/01/05	00		\$9.00	Interest
\$2,114.91	07/01/05	00		\$9.00	Interest
	08/01/05	00		\$9.30	Interest
	09/01/05	00		\$9.30	Interest
	10/03/05	00		\$9.60	Interest
	11/01/05	00		\$8.70	Interest
	12/01/05	00		\$9.00	Interest
	01/03/06	00		\$9.90	Interest
	02/01/06	00		\$8.70	Interest
	03/01/06	00		\$8.40	Interest
	04/03/06	00		\$9.90	Interest
	05/01/06	00		\$8.40	Interest
	06/01/06	00		\$9.30	Interest
	07/03/06	00		\$9.60	Interest
	08/01/06	00		\$8.70	Interest
	09/01/06	00		\$9.30	Interest
	10/02/06	00		\$9.30	Interest
	11/01/06	00		\$9.00	Interest
	12/01/06	00		\$9.00	Interest
	01/02/07	00		\$9.60	Interest
	02/01/07	00		\$9.00	Interest
	03/01/07	00		\$8.40	Interest
	04/02/07	00		\$9.60	Interest
	05/01/07	00		\$8.70	Interest
	06/01/07	00		\$9.30	Interest
	07/03/07	00		\$9.60	Interest
	08/01/07	00		\$8.70	Interest
	09/04/07	00		\$10.20	Interest
	10/01/07	00		\$8.10	Interest

Account Reconciliation 04/29/13

11/01/07	00		\$9.30	Interest
12/03/07	00		\$9.60	Interest
01/02/08	00		\$9.00	Interest
02/01/08	00		\$9.00	Interest
03/03/08	00		\$9.30	Interest
04/02/08	00		\$9.00	Interest
05/01/08	00		\$8.70	Interest
06/02/08	00		\$9.60	Interest
07/01/08	00		\$8.70	Interest
08/01/08	00		\$9.30	Interest
09/02/08	00		\$9.60	Interest
10/01/08	00		\$8.70	Interest
11/03/08	00		\$9.90	Interest
12/01/08	00		\$8.40	Interest
01/02/09	00		\$9.60	Interest
01/15/09	01	-\$67.00		Benefit Offset
02/02/09	00		\$8.97	Interest
03/02/09	00		\$7.88	Interest
04/01/09	00		\$8.45	Interest
05/01/09	00		\$8.45	Interest
06/01/09	00		\$8.73	Interest
07/01/09	00		\$8.45	Interest
08/03/09	00		\$9.29	Interest
09/02/09	00		\$8.45	Interest
10/02/09	00		\$8.45	Interest
11/24/09	00		\$25.00	Court Costs
11/24/09	00		\$14.92	Interest
11/25/09	00		\$30.00	Court Costs
12/01/09	00		\$2.07	Interest
01/04/10	00		\$10.09	Interest
02/01/10	00		\$8.31	Interest
03/01/10	00		\$8.31	Interest
04/01/10	00		\$9.20	Interest
05/05/10	00		\$10.09	Interest
06/01/10	00		\$8.01	Interest
07/01/10	00		\$8.90	Interest
08/02/10	00		\$9.49	Interest
09/03/10	00		\$9.49	Interest
10/01/10	00		\$8.31	Interest
11/01/10	00		\$9.20	Interest
12/01/10	00		\$8.90	Interest
01/03/11	00		\$9.79	Interest
02/01/11	00		\$8.60	Interest
03/01/11	00		\$8.31	Interest
04/11/11	00		\$12.16	Interest
05/11/11	00		\$25.00	Court Costs
05/11/11	00		\$8.90	Interest
05/18/11	00		\$30.00	Court Costs
06/01/11	00		\$6.49	Interest

Account Reconciliation 04/29/13

07/01/11	00	\$9.35	Interest
08/01/11	00	\$9.66	Interest
09/01/11	00	\$9.66	Interest
10/03/11	00	\$9.97	Interest
11/01/11	00	\$9.04	Interest
12/24/11	00	\$16.52	Interest
01/03/12	00	\$3.12	Interest
02/01/12	00	\$9.04	Interest
03/01/12	00	\$9.04	Interest
04/02/12	00	\$9.97	Interest
05/01/12	00	\$9.04	Interest
06/01/12	00	\$9.66	Interest
07/03/12	00	\$9.97	Interest
08/01/12	00	\$9.04	Interest
09/04/12	00	\$10.60	Interest
10/01/12	00	\$8.42	Interest
11/01/12	00	\$9.66	Interest
12/04/12	00	\$10.29	Interest
01/02/13	00	\$9.04	Interest
02/01/13	00	\$9.35	Interest

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

RECEIVED
2014 MAR 17 AM 7:06
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$72,963.34 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. 2007-0223539; recorded on 04/03/07. 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.

- Stipulation and Order filed in San Bernardino County on 12/06/06 under case # SDA158026; Case Audit Report showing the balance owing as of the date of sale in 02/13 was \$72,963.34.

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 _____ day of _____, 20__ at _____ County, State



Signature of Claimant

Signature of Claimant

Brad Davis, supervising child support officer
an Bernardino County Dept. of Child Support Services

Print Name

Print Name

10417 Mountain View Ave

Street Address

Street Address

Loma Linda, CA 92354

City, State, Zip

City, State, Zip

(909) 478-7437

Phone Number

Phone Number

DOC # 2007-0223539 ✓
04/03/2007 08:00A Fee:NC
Page 1 of 2
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



RECORDING REQUESTED BY

DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 33

WHEN RECORDED MAIL TO

✓ DEPARTMENT OF CHILD SUPPORT SERVICES
10417 MOUNTAIN VIEW AVE
LOMA LINDA, CA 92354

030
M
030
✓

NOTICE OF SUPPORT JUDGMENT ✓

NOTICE OF SUPPORT JUDGMENT
DCSS 0239 (09/01/06)

STATE OF CALIFORNIA- HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICES

ABSTRACT OF SUPPORT JUDGMENT
(Code of Civil Procedure, §§ 674, 697.320, 700.190, Family Code § 4506)

7595/AUG 08 BATCH LAS005ENF

Case number: 1007109



Public Record

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: JEFF WASS CHIEF CHILD SUPPORT ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES 10417 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354	1007109 BATCH	FOR RECORDER'S USE ONLY
TELEPHONE NO.: (888) 402-3944 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD COUNTY: 33	SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 351 NORTH ARROWHEAD AVE MAILING ADDRESS: CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0240 BRANCH NAME: SAN BERNARDINO DISTRICT	
PETITIONER/PLAINTIFF: THE COUNTY OF SAN BERNARDINO RESPONDENT/DEFENDANT: JOSE A RODRIGUEZ		CASE NUMBER: SDA158026
ABSTRACT OF SUPPORT JUDGMENT ✓		FOR COURT USE ONLY

(This document is a notice under Family Code Section 4506. Court stamp not required.)

Any electronic signature affixed below has been officially adopted by the requesting governmental agency.

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

a. Judgment debtor's

Name and last known address

JOSE A RODRIGUEZ
14084 TICONDEROGA CT
FONTANA, CA 92336-3551
UNITED STATES

b. Driver's license No. and state: CA

c. Social Security number:

d. Birthdate: 11/25/1959

unknown
 unknown
 unknown

Date: 03-19-2007

RALPH OH
 (TYPE OR PRINT NAME)

Ralph Oh
 (SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name):

COUNTY OF SAN BERNARDINO
DEPARTMENT OF CHILD SUPPORT SERVICES ✓
 whose address appears on this form above the court's name.

4. The support is ordered to be paid to the following county officer (name and address):

COUNTY OF SAN BERNARDINO
DEPARTMENT OF CHILD SUPPORT SERVICES
CA STATE DISBURSEMENT UNIT
PO BOX 989067
WEST SACRAMENTO, CA 95798-9067

5. Judgment debtor (full name as it appears in judgment):
JOSE A RODRIGUEZ ✓

6. a. A judgment was entered on (date):

b. Renewal was entered on (date):

c. Renewal was entered on (date):

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

a. Amount: \$

b. In favor of (name and address):

8. A stay of enforcement has

a. not been ordered by the court.

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

9. This is an installment judgment.

(Seal)

This document is a notice under Family Code Section 4506. No court seal required.

This abstract issued on (date): No date required under FC § 4506.

This document is a notice under Family Code section 4506.
 Clerk, by No signature required., Deputy

NOTICE OF SUPPORT JUDGMENT*
 DCSS 0239 (09/01/05)

(Code of Civil Procedure, §§ 674, 697.320, 700.190,
 Family Code § 4506)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
 DEPARTMENT OF CHILD SUPPORT SERVICES

7595/AUG 06 BATCH LAS005 ENF

Case number: 1007109



Doc 57m

26

FL-625

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): JEFF WASS CHIEF CHILD SUPPORT ATTORNEY DEPARTMENT OF CHILD SUPPORT SERVICES 10417 MOUNTAIN VIEW AVE LOMA LINDA, CA 92354 TELEPHONE NO (866) 402-3944 E-MAIL ADDRESS (Optional) CHILD-SUPPORT-MAILBOX@CS.SB.COURTS.GOV ATTORNEY FOR (Name)	1007109 387LC1 FOR COURT USE ONLY FILED SUPERIOR COURT COUNTY OF SAN BERNARDINO SAN BERNARDINO DISTRICT DEC 06 2006 BY <u>Pamela Anderson</u> DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 351 NORTH ARROWHEAD AVE MAILING ADDRESS 351 NORTH ARROWHEAD AVE CITY AND ZIP CODE SAN BERNARDINO, CA 92415-0240 BRANCH NAME: SAN BERNARDINO DISTRICT	
PETITIONER/PLAINTIFF: THE COUNTY OF SAN BERNARDINO RESPONDENT/DEFENDANT: JOSE A RODRIGUEZ OTHER PARENT: MARIA RODRIGUEZ	
STIPULATION AND ORDER	CASE NUMBER SDA158026

1. This matter proceeded as follows:
- a. By written stipulation without court appearance.
 - b. By court hearing, appearances as follows:

(1) Date:	Dept.:	Judicial Officer:
(2) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/>	Attorney present (name):
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/>	Attorney present (name):
(4) <input type="checkbox"/> Other parent present	<input type="checkbox"/>	Attorney present (name):
(5) Local child support agency (Family Code, §§ 17400, 17406) by (name):		
(6) <input type="checkbox"/> Other (specify):		
 - c. The obligor (the parent ordered to pay support) is the petitioner/plaintiff respondent/defendant other parent.

2. This order is based on the attached documents (specify):

3. The parties agree that
- a. All orders previously made in this action shall remain in full force and effect except as specifically modified below.
 - b. The amount of support payable by obligor as calculated under the guideline is: \$ 2126.00 per month.
 - We agree to guideline support.
 - The guideline amount should be rebutted because of the following:
 - (1) We have been fully informed of the guideline amount of support; we agree voluntarily to child support of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below guideline, no change of circumstances need be shown to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
 - (2) Other rebutting factors (specify):

DW/DP

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.



PETITIONER/PLAINTIFF: THE COUNTY OF SAN BERNARDINO	CASE NUMBER
RESPONDENT/DEFENDANT: JOSE A RODRIGUEZ	SDA158026
OTHER PARENT: MARIA RODRIGUEZ	

3. l. The following person (the "other parent") is added as a party to this action under Family Code section 17404 (name):

m. Other (specify): The parents shall equally share reasonable uninsured health care costs for the children.

Date: 11-30-06
CHARLES DUNBAR

 (TYPE OR PRINT NAME)



 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PETITIONER)

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date: 11-30-06
JOSE A RODRIGUEZ

 (TYPE OR PRINT NAME)



 (SIGNATURE OF RESPONDENT)

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF OTHER PARENT)

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

ORDER

4. THE COURT SO ORDERS.

Date: **DEC 06 2006**

DIANE I. ANDERSON

 JUDICIAL OFFICER

5. Number of pages attached: _____

SIGNATURE FOLLOWS LAST ATTACHMENT.

Guideline Calculation Results Summary

Monthly Support Totals	NCP	Other Parent				
Monthly Child Support Amount	2126.00	.00				
Basic Child Support Amount	2126.00	.00				
Child Support Add-Ons Amount	.00	.00				
Child Care	.00	.00				
Visit/Travel Expenses	.00	.00				
School Expenses	.00	.00				
Uninsured Health Expenses	.00	.00				
Total Arrears Support Amount	.00	.00				
Monthly Tax/Income Information (Tax Year: 2005)	NCP	Other Parent				
Monthly Net Disposable Income	3221.00	1503.00				
Monthly Taxable Gross Income	4462.00	1647.00				
Monthly Non-Taxable Gross Income	.00	.00				
Tax Filing Status	SINGLE	HEAD OF HOUSEHOLD				
Number of Tax Exemptions	1	9				
Federal Tax Liabilities	667.00	.00				
State Tax Liabilities	184.00	.00				
FICA	341.00	126.00				
CASDI	48.00	18.00				
TANF/CalWORKS	NO	NO				
Imputed Income	ALL	NONE				
Other Monthly Deduction Totals	NCP	Other Parent				
Child Support Paid (Other Relationships)	.00	.00				
Required Union Dues	.00	.00				
Mandatory Retirement	.00	.00				
Other Guideline Deductions	.00	.00				
Health Insurance Premium	.00	.00				
Hardship Deduction Amount	.00	.00				
Hardship Deduction Children	0.0	0.0				
Necessary Job-Related Expenses	.00	.00				
Extraordinary Health Expenses	.00	.00				
Uninsured Catastrophic Losses	.00	.00				
Monthly Support Amounts Per Child						
Child Name	DOB	Prior Period Date Range	% Time with NCP	Arrears	NCP	Other Parent
MARIA RODRIGUEZ	03/22/1993	Not Applicable	7.0%	.00	96.00	.00
EDWARD R RODRIGUEZ	04/28/1995	Not Applicable	7.0%	.00	97.00	.00
TONY J RODRIGUEZ	09/24/1996	Not Applicable	7.0%	.00	155.00	.00
ALEXANDER D RODRIGUEZ	05/11/1998	Not Applicable	7.0%	.00	232.00	.00
ESMERALDA A RODRIGUEZ	01/07/2001	Not Applicable	7.0%	.00	309.00	.00
JESSE S RODRIGUEZ	07/28/2002	Not Applicable	7.0%	.00	464.00	.00
RUBY S RODRIGUEZ	06/02/2005	Not Applicable	7.0%	.00	773.00	.00
			%			
			%			
			%			
Average % Time with NCP			7.0%			

JOSE A RODRIGUEZ is required to pay MARIA RODRIGUEZ \$2126.00 in CURRENT SUPPORT

Case Audit Report - Simple

CSE Case Number: 0711007109-01
 Court Case Number: ALL
 Debt Type: ALL
 CSE Case Number: 0711007109-01
 Obligor Name: RODRIGUEZ, JOSE A
 Court Case Number: SDASS158026
 Obligee Name: RODRIGUEZ, MARIA
 Managing County: SAN BERNARDINO

Debt Type: CHILD SUPPORT

Combined Balances

MM-CCYY	Current Changes	Ad St	Payments to Principal	Payments to Interest	Ending Principal Balance	Monthly Interest	Ending Interest Balance	Total Balance
04-2008	0.00	ON	0.00	0.00	26,824.35	213.51	2,185.48	28,009.84
05-2008	812.00	ON	0.00	0.00	27,636.35	227.20	2,412.69	30,049.04
06-2008	812.00	ON	0.00	0.00	28,448.35	226.51	2,639.20	31,087.55
07-2008	812.00	ON	0.00	0.00	29,260.35	240.95	2,880.15	32,140.50
08-2008	812.00	ON	0.00	0.00	30,072.35	247.83	3,127.98	33,200.33
09-2008	812.00	ON	0.00	0.00	30,884.35	246.49	3,374.47	34,258.82
10-2008	812.00	ON	0.00	0.00	31,696.35	261.58	3,636.05	35,332.40
11-2008	812.00	ON	0.00	0.00	32,508.35	259.80	3,895.85	36,404.20
12-2008	812.00	ON	0.00	0.00	33,320.35	275.34	4,171.19	37,491.54
01-2009	812.00	ON	0.00	0.00	34,132.35	283.00	4,454.19	38,586.54
02-2009	812.00	ON	0.00	0.00	34,944.35	281.84	4,716.03	39,660.38
03-2009	812.00	ON	0.00	0.00	35,756.35	286.78	5,012.81	40,769.16
04-2009	812.00	ON	0.00	0.00	36,568.35	293.89	5,306.70	41,875.05
05-2009	812.00	ON	0.00	0.00	37,380.35	310.58	5,617.28	42,997.63
06-2009	812.00	ON	0.00	0.00	38,192.35	307.24	5,924.52	44,116.87
07-2009	812.00	ON	0.00	0.00	39,004.35	324.37	6,246.89	45,253.24
08-2009	812.00	ON	0.00	0.00	39,816.35	331.27	6,580.16	46,396.51
09-2009	812.00	ON	0.00	0.00	40,628.35	327.25	6,907.41	47,535.76

Case Audit Report - Simple

CSE Case Number: 0711007109-01
 Court Case Number: ALL
 Debt Type: ALL
 CSE Case Number: 0711007109-01
 Obligor Name: RODRIGUEZ, JOSE A
 Court Case Number: SDASS158026
 Obligee Name: RODRIGUEZ, MARIA
 Managing County: SAN BERNARDINO

Debt Type: CHILD SUPPORT

Combined Balances

MM-CCYY	Current Charges	Aid to Principal	Payments to Principal	Payments to Interest	Ending Principal Balance	Ending Interest Balance	Monthly Interest	Total Balance
10-2009	812.00	ON	0.00	0.00	41,440.35	7,252.48	345.07	48,692.83
11-2009	812.00	ON	0.00	0.00	42,252.35	7,593.09	340.61	49,845.44
12-2009	812.00	ON	0.00	0.00	43,064.35	7,951.94	358.85	51,016.29
01-2010	812.00	ON	0.00	0.00	43,876.35	8,317.70	365.76	52,194.05
02-2010	812.00	ON	0.00	0.00	44,688.35	8,654.28	336.58	53,342.63
03-2010	812.00	ON	0.00	0.00	45,500.35	9,033.82	378.54	54,534.17
04-2010	812.00	ON	0.00	0.00	46,312.35	9,407.79	373.97	55,720.14
05-2010	812.00	ON	0.00	0.00	47,124.35	9,801.13	393.34	56,925.48
06-2010	812.00	ON	0.00	0.00	47,936.35	10,166.46	387.33	58,124.81
07-2010	812.00	ON	0.00	0.00	48,748.35	10,595.59	407.13	59,343.94
08-2010	812.00	ON	(200.00)	0.00	48,560.35	11,009.61	414.02	60,368.96
09-2010	812.00	ON	0.00	0.00	50,172.35	11,415.32	405.71	61,587.67
10-2010	812.00	ON	0.00	0.00	50,984.35	11,841.45	426.13	62,825.80
11-2010	812.00	ON	0.00	0.00	51,796.35	12,260.50	419.05	64,056.85
12-2010	812.00	ON	0.00	0.00	52,608.35	12,700.41	439.91	65,308.76
01-2011	812.00	ON	(1,000.00)	0.00	52,420.35	13,145.62	445.21	65,565.97
02-2011	812.00	ON	(612.00)	0.00	52,420.35	13,547.73	402.11	65,968.08
03-2011	812.00	ON	(800.00)	0.00	52,332.35	13,992.19	444.48	66,324.54

Case Audit Report - Simple

CSE Case Number: 0711007108-01
 Court Case Number: ALL
 Debt Type: ALL
 CSE Case Number: 0711007108-01
 Obligor Name: RODRIGUEZ, JOSE A
 Court Case Number: SDASS158026
 Obligee Name: RODRIGUEZ, MARIA
 Managing County: SAN BERNARDINO

Debt Type: CHILD SUPPORT

Combined Balances

MM-CCYY	Current Charge	Adm SI	Payments to Proprietary	Payments to Interest	Ending Principal Balance	Monthly Interest	Ending Interest Balance	Total Balance
04-2011	812.00	ON	(900.00)	0.00	52,244.36	429.42	14,421.61	66,666.96
05-2011	812.00	ON	(7,646.89)	(815.11)	45,408.46	385.69	13,992.19	59,401.65
06-2011	775.00		0.00	0.00	46,184.46	373.24	14,365.43	60,548.89
07-2011	775.00		(1,550.00)	0.00	45,408.46	385.66	14,751.11	60,160.57
08-2011	775.00		(800.00)	0.00	45,384.46	385.45	15,136.56	60,521.02
09-2011	775.00		(900.00)	0.00	45,259.46	371.99	15,508.55	60,768.01
10-2011	775.00		(909.01)	0.00	45,125.45	383.27	15,891.82	61,017.27
11-2011	775.00		(900.00)	0.00	45,000.45	369.87	16,261.69	61,262.14
12-2011	775.00		(900.00)	0.00	44,875.45	381.13	16,642.82	61,518.27
01-2012	775.00		(900.00)	0.00	44,750.45	379.03	17,021.85	61,772.30
02-2012	775.00		(900.00)	0.00	44,625.45	353.60	17,375.45	62,000.90
03-2012	775.00		(37.72)	0.00	45,362.73	377.95	17,753.40	63,116.13
04-2012	775.00		(900.00)	0.00	45,237.73	370.81	18,124.21	63,361.94
05-2012	775.00		0.00	0.00	46,012.73	383.13	18,507.34	64,520.07
06-2012	775.00		0.00	0.00	46,787.73	377.17	18,884.51	65,672.24
07-2012	775.00		0.00	0.00	47,562.73	396.25	19,260.76	66,843.48
08-2012	738.00		0.00	0.00	48,300.73	402.83	19,683.59	67,984.32
09-2012	738.00		0.00	0.00	49,038.73	395.91	20,079.50	69,118.23

Case Audit Report - Simple

CSE Case Number: 0711007109-01
Court Case Number: ALL
Debt Type: ALL

CSE Case Number: 0711007109-01
Obligor Name: RODRIGUEZ, JOSE A

Court Case Number: SDASS158026
Obligee Name: RODRIGUEZ, MARIA

Managing County: SAN BERNARDINO

Debt Type: CHILD SUPPORT

Combined Balances

MM-CCYY	Current Charges	Acc SE	Payments to Principal	Payments to Interest	Ending Principal Balance	Monthly Interest	Ending Interest Balance	Total Balance
10-2012	738.00	0.00	0.00	0.00	49,776.73	415.33	20,494.83	70,271.56
11-2012	738.00	(560.00)	0.00	0.00	49,954.73	408.01	20,902.84	70,857.57
12-2012	738.00	(448.00)	0.00	0.00	50,244.73	423.09	21,325.93	71,570.66
01-2013	738.00	(672.00)	0.00	0.00	50,310.73	426.73	21,752.66	72,063.39
02-2013	738.00	(224.00)	0.00	0.00	50,924.73	385.95	22,138.61	72,963.34
03-2013	738.00	(336.00)	0.00	0.00	58,453.65	493.04	22,631.65	81,085.30
04-2013	892.00	(672.00)	0.00	0.00	58,673.65	480.44	23,112.09	81,785.74
05-2013	892.00	(672.00)	0.00	0.00	58,893.65	498.32	23,610.41	82,504.06
06-2013	892.00	(448.00)	0.00	0.00	58,337.65	484.06	24,094.47	83,432.12
07-2013	892.00	(448.00)	0.00	0.00	58,781.65	503.95	24,598.42	84,380.07
08-2013	892.00	(276.00)	0.00	0.00	60,397.65	507.73	25,106.15	85,503.80
09-2013	892.00	(279.00)	0.00	0.00	61,010.65	496.42	25,602.57	86,613.22
10-2013	892.00	(558.00)	0.00	0.00	61,344.65	518.18	26,120.75	87,465.40
11-2013	892.00	(91.00)	0.00	0.00	62,145.65	504.21	26,624.96	88,770.61
12-2013	892.00	(317.00)	0.00	0.00	62,720.65	527.80	27,152.76	89,873.41
01-2014	892.00	(784.00)	0.00	0.00	62,828.65	532.69	27,665.45	90,514.10
02-2014	892.00	0.00	0.00	0.00	63,720.65	481.99	28,167.44	91,888.09
03-2014	892.00	0.00	0.00	0.00	64,612.65	0.00	28,167.44	92,780.09

Financial

Case Audit Report - Simple

CSE Case Number: 0711007109-01

Court Case Number: ALL

Debt Type: ALL

Totals \$57,502.00 (\$26,940.62) (\$815.11) \$27,010.57

County of San Bernardino
F1 Dept of Child Support Services
— 10417 Mountain View Ave
— Loma Linda, CA 92354

ATTN A. POTENCIANO - EXCESS PROCEEDS

DATE 3/13/14

ASSESSMENT NUMBER

3	1	3	1	4	3	0	1	0	-	8
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TREASURER-TAX COLLECTOR

MAR 14 2014

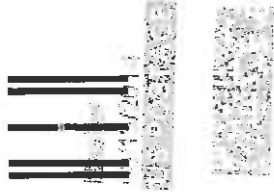
RECEIVED

RIVERSIDE COUNTY TREASURER
P.O. BOX 12005
RIVERSIDE, CA 92502-2205

BY1-LMB 92502

POSTNET barcode

PLACE STAMP
HERE
POST OFFICE
WILL NOT
DELIVER
WITHOUT
PROPER
POSTAGE



09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

RETURN
SERVICE
REQUESTED

\$00

ZIP CODE
91101292967



April 30, 2013

RIVERSIDE COUNTY TREASURER
ATTN: CLAIM TO EXCESS FORECLOSURE PROCEEDS
PO BOX 12005
RIVERSIDE, CA 92502-2205

EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY

APN: 313143010-8
EDD REFERENCE NO.:

Enclosed is the completed Statement of Claim for Excess Proceeds From The Sale of Tax-Defaulted Property for JOSE A ANAYA-RODRIGUE.

To ensure proper credit to the account, please note the EDD account number listed above on the payment.

SEND PAYMENT TO:
EDD
PO BOX 826806
SACRAMENTO CA 94206

If you have any questions concerning the claim, you may contact me at (916) 464-1261.

Sincerely,

A handwritten signature in cursive script that reads "A. Reed".

A. Reed
Department Representative

Enclosure

CLAIM FOR EXCESS FROM THE SALE OF TAX-DEFAULTED PROPERTY

COUNTY OF RIVERSIDE TREASURER-TAX COLLECTOR
PO BOX 12005
RIVERSIDE, CA 92502-2205
Attn: TAX COLLECTION DIVISION

Trustor Name: JOSE A ANAYA-RODRIGUE
APN NO.: 313143010-8
ITEM NO.: 22
SALE DATE.: FEBRUARY 4, 2013
Claimant: EMPLOYMENT DEVELOPMENT DEPARTMENT
Reference No.:
Address: PO BOX 826218, SACRAMENTO, CA 94230-6218
Phone No.: (916) 464-1261

The following amounts were secured by a Deed of Trust or lien on the above-referenced property immediately prior to the Tax Collector's Power of sale for non-payment of taxes, and these amounts remain outstanding to this date:

Principle Balance	\$	405.60
Interest from 06/19/06 to 02/01/13 10% per annum.	\$	155.04
Other Charges: (Costs)	\$	258.00
Less Credit(s) received	\$	722.28
Total Due	\$	<u>96.36</u>

- Document evidencing the claim (Attached)
 The claim has been fully released (Attached)

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

Dated April 30, 2013

Signature: 
A. REED Department Representative

S070330489

RECORDING REQUESTED BY:

X
STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218
TELEPHONE NO: 1-800-676-5737

WHEN RECORDED MAIL TO:

X
STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218

DOC # 2007-0266096 X

X 04/19/2007 08:00A Fee:NC
Page 1 of 3

Recorded in Official Records
County of Riverside
Larry W. Ward

Assessor, County Clerk & Recorder



⊕
M
036
036

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

ABSTRACT OF JUDGMENT X

DOCUMENT TITLE

SEPARATE PAGE, PURSUANT TO GOVT. CODE 27361.6

EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number): 1-800-676-5737
Recording requested by and return to: S070330489

STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO

STREET ADDRESS: 720 NINTH STREET, ROOM 104
MAILING ADDRESS: 720 NINTH STREET, ROOM 104
CITY AND ZIP CODE: SACRAMENTO, CA 95814

FOR RECORDER'S USE ONLY

BRANCH NAME: SACRAMENTO - LIMITED CIVIL

PLAINTIFF: STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
DEFENDANT: JOSE A. ANAYA-RODRIGUEZ ✓

CASE NUMBER:
07ED30489 ✓

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

JOSE A. ANAYA-RODRIGUEZ
1128 CLEVELAND CT
LAKE ELSINORE CA 92530-5305

- b. Driver's license No. and state: Unknown
c. Social security No.: Unknown
d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): (Same as line 1.a. above)

2. Information on additional judgment debtors is shown on page 2.
3. Judgment creditor (name and address):
State of California
Employment Development Department
P.O. Box 826218, Sacramento, CA 94230-6218
4. Information on additional judgment creditors is shown on page 2.
5. Original abstract recorded in this county:
a. Date:
b. Instrument No.:

Date: 3/29/2007

94230-6218
(Per USPS)

S. Allen

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 639.52
7. All judgment creditors and debtors are listed on this abstract.
8. a. Judgment entered on (date): 03/15/07
b. Renewal entered on (date):
9. This judgment is an installment judgment.
10. An execution lien attachment lien is endorsed on the judgment as follows:
a. Amount: \$
b. in favor of (name and address):
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.

(SEAL)



This abstract issued on (date):

03/15/07

Clerk, by S. Allen, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
EA-001 (Rev. January 1, 2006)

ABSTRACT OF JUDGMENT—CIVIL
AND SMALL CLAIMS

Page 1 of 2
Code of Civil Procedure §§ 485.480,
674, 700.190

Public Record

PLAINTIFF:	CASE NUMBER:
DEFENDANT: JOSE A. ANAYA-RODRIGUEZ	

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:

16. Name and last known address

--

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

17. Name and last known address

--

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

18. Name and last known address

--

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

19. Name and last known address

--

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

20. Name and last known address

--

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

21. Name and last known address

--

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

22. Continued on Attachment 22.

Account Reconciliation 04/29/13

SSN:	<u>Date</u>	<u>Code</u>	<u>Credits</u>	<u>Debits</u>	<u>Transaction Detail</u>
	06/19/06	00		\$405.60	Overpayment
	03/15/07	00		\$15.00	Court Costs
	03/15/07	36		\$18.00	Court Costs
	04/02/07	00		\$3.15	Interest
Account Summary	05/01/07	00		\$5.08	Interest
	06/01/07	00		\$5.43	Interest
	07/03/07	00		\$5.61	Interest
	08/01/07	00		\$5.08	Interest
	09/04/07	00		\$5.96	Interest
	10/01/07	00		\$4.73	Interest
	11/01/07	00		\$5.43	Interest
	12/05/07	00		\$5.96	Interest
	01/02/08	00		\$4.91	Interest
	02/01/08	00		\$5.26	Interest
Liability Amount					
				\$405.60	
PreJudg Interest					
				\$20.92	
Court Costs					
				\$258.00	
Interest					
				\$134.12	
Credits/Payments					
				-\$722.28	
Amount Due					
				\$96.36	
	03/03/08	00		\$5.43	Interest
	04/02/08	00		\$5.26	Interest
	05/01/08	00		\$5.08	Interest
	06/13/08	00		\$15.00	Court Costs
	06/13/08	00		\$7.54	Interest
	06/18/08	00		\$30.00	Court Costs
	07/01/08	00		\$3.34	Interest
	08/01/08	00		\$5.81	Interest
	09/02/08	00		\$6.00	Interest
	10/01/08	00		\$5.44	Interest
	11/03/08	00		\$6.19	Interest
	12/01/08	00		\$5.25	Interest
	01/02/09	00		\$6.00	Interest
	01/06/09	03	-\$138.48		Payment
	01/15/09	03	-\$12.92		Payment
	02/02/09	00		\$4.73	Interest
	02/04/09	03	-\$94.63		Payment
	02/11/09	03	-\$121.21		Payment
	03/02/09	00		\$2.79	Interest
	03/04/09	03	-\$148.04		Payment
	03/10/09	03	-\$159.91		Payment
	03/26/09	03	-\$47.09		Payment
	04/01/09	00		\$0.58	Interest
	05/01/09	00		\$0.17	Interest
	06/01/09	00		\$0.18	Interest
	07/01/09	00		\$0.17	Interest
	08/03/09	00		\$0.19	Interest
	09/02/09	00		\$0.17	Interest
	10/02/09	00		\$0.17	Interest
	11/02/09	00		\$0.18	Interest
	12/01/09	00		\$0.17	Interest
	01/04/10	00		\$0.20	Interest
	02/01/10	00		\$0.16	Interest
	03/01/10	00		\$0.16	Interest

Account Reconciliation 04/29/13

04/01/10	00	\$0.18	Interest
05/05/10	00	\$0.20	Interest
06/01/10	00	\$0.16	Interest
07/01/10	00	\$0.17	Interest
08/02/10	00	\$0.18	Interest
09/03/10	00	\$0.18	Interest
10/01/10	00	\$0.16	Interest
11/01/10	00	\$0.18	Interest
12/01/10	00	\$0.17	Interest
01/03/11	00	\$0.19	Interest
02/01/11	00	\$0.17	Interest
03/01/11	00	\$0.16	Interest
04/11/11	00	\$0.24	Interest
05/02/11	00	\$0.12	Interest
06/01/11	00	\$0.17	Interest
07/01/11	00	\$0.17	Interest
08/01/11	00	\$0.18	Interest
09/01/11	00	\$0.18	Interest
10/03/11	00	\$0.18	Interest
11/01/11	00	\$0.17	Interest
12/24/11	00	\$0.30	Interest
01/03/12	00	\$0.06	Interest
02/01/12	00	\$0.17	Interest
03/01/12	00	\$0.17	Interest
04/02/12	00	\$0.18	Interest
05/01/12	00	\$0.17	Interest
06/01/12	00	\$0.18	Interest
07/03/12	00	\$0.18	Interest
08/01/12	00	\$0.17	Interest
09/04/12	00	\$0.20	Interest
10/01/12	00	\$0.16	Interest
11/01/12	00	\$0.18	Interest
12/04/12	00	\$0.19	Interest
01/02/13	00	\$0.17	Interest
02/01/13	00	\$0.17	Interest

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 3776.37 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. 200804505, recorded on 2-20-08. 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

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 1 day of May, 2013 at San Diego CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

HARLAN REESE Ely
Print Name

Print Name

6725 Moraga Ridge Rd #240
Street Address

Street Address

San Diego CA 92121
City, State, Zip

City, State, Zip

558-550-0328/204
Phone Number

Phone Number

PLEASE COMPLETE THIS INFORMATION
RECORDING IS REQUESTED BY:

FORD MOTOR CREDIT COMPANY

AND WHEN RECORDED MAIL TO:

Harlan M. Reese & Associates
Harlan M. Reese, Esq. (Bar #118226)
9444 Waples Street, Ste. 405
San Diego, CA 92121
File #1057219

DOC # 2008-0080469

02/20/2008 08:00A Fee:18.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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(23)

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065

ABSTRACT OF JUDGMENT

Title of Document

THIS PAGE IS ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number): 858-530-0389

Recording requested by and return to:

HARLAN M. REESE & ASSOCIATES, Harlan M. Reese, Esq. 118226

9444 Waples St. Suite 405

San Diego, CA 92121 1057219

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

FOR RECORDER'S USE ONLY

STREET ADDRESS: 46-200 Oasis Street

MAILING ADDRESS: 46-200 Oasis Street

CITY AND ZIP CODE: Indio, CA 92201

BRANCH NAME: DESERT BRANCH/INDIO DIVISION

PLAINTIFF: FORD MOTOR CREDIT COMPANY

DEFENDANT: MARIA GUADALUPE RODRIGUEZ, Et al.

ABSTRACT OF JUDGMENT—CIVIL Amended AND SMALL CLAIMS

CASE NUMBER: INC065511

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

FOR COURT USE ONLY

a. Judgment debtor's

Name and last known address

MARIA GUADALUPE RODRIGUEZ
32950 AURORA VISTA #A
CATHEDRAL CITY CA 92234

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

c. Social security No. [last 4 digits]:

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): MARIA GUADALUPE RODRIGUEZ
32950 AURORA VISTA #A
CATHEDRAL CITY CA 92234

Unknown
 Unknown

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

3. Judgment creditor (name and address):
FORD MOTOR CREDIT COMPANY
1335 S Clearview Ave Mesa, Arizona 85208

Date: January 14, 2008

Harlan M. Reese, Esq.

(TYPE OR PRINT NAME)

4. Information on additional judgment creditors is shown on page 2.
5. Original abstract recorded in this county:
a. Date:
b. Instrument No.:

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$2,450.37

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

8. a. Judgment entered on (date): December 6, 2007
b. Renewal entered on (date):

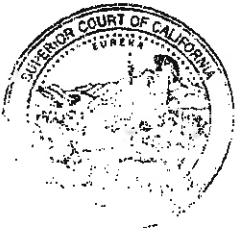
9. This judgment is an installment judgment.

10. An execution lien attachment lien is endorsed on the judgment as follows:
a. Amount: \$
b. In favor of (name and address):

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.

[SEAL]



This abstract issued on (date):

01/31/08

Clerk by

[Handwritten Signature]

Deputy

PLAINTIFF: FORD MOTOR CREDIT COMPANY
DEFENDANT: MARIA GUADALUPE RODRIGUEZ, et al.

CASE NUMBER:
INC065511

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:

16. Name and last known address
JOSE I RODRIGUEZ AKA JOSE ISABEL RODRIGUEZ
AKA ISABEL GARZA
32950 AURORA VISTA #A
CATHEDRAL CITY CA 92234

17. Name and last known address

Driver's license No. [last 4 digits] and state: UNKNOWN Unknown

Driver's license No. [last 4 digits] and state: Unknown

Social security No. [last 4 digits]: Unknown

Social security No. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):
JOSE I RODRIGUEZ AKA JOSE ISABEL RODRIGUEZ AKA
ISABEL GARZA
32950 AURORA VISTA #A
CATHEDRAL CITY CA 92234

Summons was personally served at or mailed to (address):

18. Name and last known address

19. Name and last known address

Driver's license No. [last 4 digits] and state: Unknown

Driver's license No. [last 4 digits] and state: Unknown

Social security No. [last 4 digits]: Unknown

Social security No. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

20. Continued on Attachment 22.

FROM

REESE LAW GROUP
6725 MESA RIDGE ROAD, SUITE 240
SAN DIEGO, CA 92121
ZIP CODE

ATTN A. POTENCIANO - EXCESS PROCEEDS

DATE 5-1-13

ASSESSMENT NUMBER

313 143019-8

SAN DIEGO CA 921

01 MAY 2013 PM 1 T

Postage from 02121
U.S. POSTAGE

PLACE STAMP
HERE
POST OFFICE
WILL NOT
DELIVER
WITHOUT
PROPER
POSTAGE

TREASURER-TAX COLLECTOR

MAY 06 2013

RECEIVED

RIVERSIDE COUNTY TREASURER
P.O. BOX 12005
RIVERSIDE, CA 92502-2205



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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$17,374.51 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. 2008-0218123; recorded on 04/29/2008. 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.

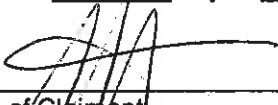
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Abstract of Judgment recorded in Riverside County
On April 29, 2008 as instrument number 2008-0218123.

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 1st day of May, 2013 at Los Angeles, CA
County, State


Signature of Claimant

Barry A. Smith, Esq. of Buchalter
Nemer, Attorneys for Altura Credit Union

Print Name

1000 Wilshire Blvd., Ste. 1500
Street Address

Los Angeles, CA 90017
City, State, Zip

213.841.5265
Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



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

Recording requested by and return to:

JENNIFER A. SMITH, ESQ./BARRY A. SMITH, ESQ. 185377/48697
BUCHALTER NEMER
1000 WILSHIRE BLVD., SUTIE 1500
LOS ANGELES, CA 90017

(hp)

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

STREET ADDRESS: 303 WEST 3RD ST.

MAILING ADDRESS:

CITY AND ZIP CODE: SAN BERNARDINO, CA 92415

BRANCH NAME:

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PLAINTIFF: ALTURA CREDIT UNION

DEFENDANT: JOSE M. RODRIGUEZ and GUADALUPE RODRIGUEZ

CASE NUMBER:
CIVSS 707074

23

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043

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

JOSE M. RODRIGUEZ
1400 CORAL TREE RD.
COLTON, CA 92324

b. Driver's license no. [last 4 digits] and state: 2755 CALIFORNIA Unknown

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

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): JOSE M. RODRIGUEZ
1400 CORAL TREE RD., COLTON, CA 92324

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):
ALTURA CREDIT UNION, c/o BUCHALTER NEMER, 1000 WILSHIRE BLVD., STE. 1500, LOS ANGELES, CA 90017

5. Original abstract recorded in this county:

a. Date:

b. Instrument No.:

Date: APR 9, 2008

BARRY A. SMITH

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 11,477.59

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): MAR 10, 2008

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 J. Pope, Deputy

[SEAL]



This abstract issued on (date):

APR 21 2008

PLAINTIFF: DEFENDANT:	CASE NUMBER:
------------------------------	--------------

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:

16. Name and last known address

GUADALUPE RODRIGUEZ
 1400 CORAL TREE RD.
 COLTON, CA 92324

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

GUADALUPE RODRIGUEZ

1400 CORAL TREE RD.
 COLTON, CA 92324

17. Name and last known address

[Empty]

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

18. Name and last known address

[Empty]

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

19. Name and last known address

[Empty]

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

20. Continued on Attachment 20.

FROM Buchalter Nemer
1000 Wilshire Blvd, Ste 1500
Los Angeles, CA 90017
 ZIP CODE 90017
 ATTN A. POTENCIANO - EXCESS PROCEEDS
 DATE 5.1.13
 ASSESSMENT NUMBER

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TREASURER-TAX COLLECTOR
 MAY 06 2013

RECEIVED

RIVERSIDE COUNTY TREASURER
 P.O. BOX 12005
 RIVERSIDE, CA 92502-2205

U.S. POSTAGE
 POST OFFICE
 WILL NOT
 DELIVER
 WITHOUT
 PROPER
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PLACED STAMP
 HERE
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 PROPER
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MAY 06 2013

R0051-0229



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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

RECEIVED
2014 JAN 29 PM 2:46
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 7907.58 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. 09-0089203; recorded on 2/24/09. 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.

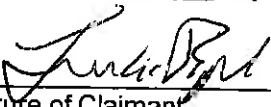
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

ABSTRACT OF JUDGMENT

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 27th day of JANUARY, 2014 at RIVERSIDE, CALIFORNIA
County, State



Signature of Claimant

Signature of Claimant

LEO A. BADGER, ATTORNEY
THE PRESS-ENTERPRISE COMPANY

Print Name

5055 CANYON CREST DR

Street Address

RIVERSIDE CA 92507

City, State, Zip

951-684-6911; fax 951-684-1538

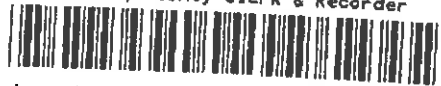
Phone Number

Print Name

Street Address

City, State, Zip

Phone Number



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M	(A)	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):
 Recording requested by and return to State Bar No. 157212
BADGER LAW OFFICE
 5005 La Mart Dr., Suite 101
 Riverside CA 92507 (951) 684-6911

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUPERIOR
 STREET ADDRESS: 4050 MAIN ST
 MAILING ADDRESS:
 CITY AND ZIP CODE: RIVERSIDE 92501
 BRANCH NAME: CIVIL

PLAINTFF: THE PRESS-ENTERPRISE COMPANY, et al. ✓
 DEFENDANT: ALEJANDRO LUIS ALCALA, et al. ✓
ABSTRACT OF JUDGMENT-CIVIL AND SMALL CLAIMS Amended

CASE NUMBER
 RIC 511506 ✓
 FOR COURT USE ONLY
 27
M
 061

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
ALEJANDRO LUIS ALCALA, aka ALEX LUIS ALCALA, individually, and as a partner dba CORONA LEARNING CENTER
 850 MOUNTAIN SHADOWS DR
 CORONA, CA 92881

b. Driver's license no. [last 4 digits] and state: Unknown
 c. Social security no. [last 4 digits]: Unknown
 d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): **ALEJANDRO LUIS ALCALA, aka ALEX LUIS ALCALA, individually, and as a partner dba CORONA LEARNING CENTER**
 850 MOUNTAIN SHADOWS DR, CORONA, CA 92881

2. Information on additional judgment debtors is shown on page 2.
 3. Judgment creditor (name and address): **THE PRESS-ENTERPRISE COMPANY**
 c/o 5005 La Mart Dr 101 RIVERSIDE CA 92517
 Date: February 10, 2009
 Leo A. Badger ✓

4. Information on additional judgment creditors is shown on page 2.
 5. Original abstract recorded in this county:
 a. Date:
 b. Instrument No.:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
 \$ 7,907.58
 7. All judgment creditors and debtors are listed on this abstract.
 8. a. Judgment entered on (date): 02/06/2009
 b. Renewal entered on (date):
 9. This judgment is an installment judgment.

10. An execution lien attachment lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

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 Blupex Deputy



This abstract issued on (date):
FEB 13 2009

ABSTRACT OF JUDGMENT-CIVIL AND SMALL CLAIMS

Form Adopted for Mandatory Use
 Judicial Council of California
 EJ-001 (Rev. January 1, 2008)

PLAINTIFF: THE PRESS-ENTERPRISE COMPANY, et al.	CASE NUMBER: RIC 511506
DEFENDANT: ALEJANDRO LUIS ALCALA, et al.	

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:

16. Name and last known address

17. Name and last known address

X JOSE LUIS RODRIGUEZ,
individually, and as a partner
dba CORONA LEARNING CENTER
24413 SAGECREST CIRCLE
MURRIETA, CA 92562

X CORONA LEARNING CENTER, a
partnership
24413 SAGECREST CIRCLE
MURRIETA, CA 92562

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

Unknown

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

X Unknown

Social security no. [last 4 digits]

Unknown

Social security no. [last 4 digits]

X Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

24413 SAGECREST CIRCLE ✓
MURRIETA, CA 92562

24413 SAGECREST CIRCLE ✓
MURRIETA, CA 92562

18. Name and last known address

19. Name and last known address

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

Unknown

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

Unknown

Social security no. [last 4 digits]

Unknown

Social security no. [last 4 digits]

Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

224-09

Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):
Recording requested by and return to State Bar No. 157212
BADGER LAW OFFICE
5005 La Mart Dr., Suite 101
Riverside CA 92507 (951) 684-6911

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUPERIOR
STREET ADDRESS: 4050 MAIN ST
MAILING ADDRESS:
CITY AND ZIP CODE: RIVERSIDE 92501
BRANCH NAME: CIVIL

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			2			5	5		
M	(A)	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NOTICE SENT						T:	CTY	UNI	Del

PLAINTIFF: THE PRESS-ENTERPRISE COMPANY, et al.

DEFENDANT: ALEJANDRO LUIS ALCALA, et al.

CASE NUMBER
RIC 511506

ABSTRACT OF JUDGMENT-CIVIL AND SMALL CLAIMS Amended

FOR COURT USE ONLY

2
M
061

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
ALEJANDRO LUIS ALCALA, aka ALEX LUIS ALCALA, individually, and as a partner dba CORONA LEARNING CENTER
850 MOUNTAIN SHADOWS DR
CORONA, CA 92881

b. Driver's license no. [last 4 digits] and state: Unknown
c. Social security no. [last 4 digits]: Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): ALEJANDRO LUIS ALCALA, aka ALEX LUIS ALCALA, individually, and as a partner dba CORONA LEARNING CENTER
850 MOUNTAIN SHADOWS DR, CORONA, CA 92881

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): THE PRESS-ENTERPRISE COMPANY
c/o 5005 La Mart Dr 101 RIVERSIDE CA 92517
Date: February 10, 2009
Leo A. Badger

5. Original abstract recorded in this county:
a. Date:
b. Instrument No.:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 7,907.58

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

7. All judgment creditors and debtors are listed on this abstract.
8. a. Judgment entered on (date): 02/06/2009
b. Renewal entered on (date):

a. Amount: \$
b. In favor of (name and address):

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):



This abstract issued on (date):
FEB 13 2009

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 [Signature] Deputy

PLAINTIFF: THE PRESS-ENTERPRISE COMPANY, et al.	CASE NUMBER: RIC 511506
DEFENDANT: ALEJANDRO LUIS ALCALA, et al.	

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:

16. Name and last known address
 JOSE LUIS RODRIGUEZ,
 individually, and as a partner
 dba CORONA LEARNING CENTER
 24413 SAGECREST CIRCLE
 MURRIETA, CA 92562
 Driver's license no. [last 4 digits]
 and state: Unknown
 Social security no. [last 4 digits] Unknown
 Summons was personally served at or mailed to (address):
 24413 SAGECREST CIRCLE
 MURRIETA, CA 92562

17. Name and last known address
 CORONA LEARNING CENTER, a
 partnership
 24413 SAGECREST CIRCLE
 MURRIETA, CA 92562
 Driver's license no. [last 4 digits]
 and state: Unknown
 Social security no. [last 4 digits] Unknown
 Summons was personally served at or mailed to (address):
 24413 SAGECREST CIRCLE
 MURRIETA, CA 92562

18. Name and last known address

 Driver's license no. [last 4 digits]
 and state: Unknown
 Social security no. [last 4 digits] Unknown
 Summons was personally served at or mailed to (address):

19. Name and last known address

 Driver's license no. [last 4 digits]
 and state: Unknown
 Social security no. [last 4 digits] Unknown
 Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

FROM Badger Law Office
5055 Canyon Crest Dr
RIVERSIDE CA
ZIP CODE 92507
Excess Proceeds
ATTN _____
DATE 1/27/14
ASSESSMENT NUMBER

3	1	3	1	4	3	0	1	0	-	8
---	---	---	---	---	---	---	---	---	---	---



SAN BERNARDINO CA 924
27 JAN 2014 PM 2

TREASURER-TAX COLLECTOR
JAN 29 2014
RECEIVED

RIVERSIDE COUNTY TREASURER
P.O. BOX 12005
RIVERSIDE, CA 92502-2205



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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 41,592.66 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. 2009-0393761; recorded on 7/29/09. 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.

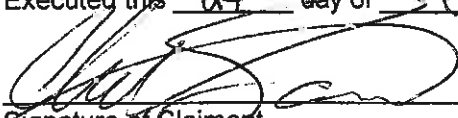
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

- | | | |
|------------------------------------|--------------------------|--|
| 1) <u>Stipulation and Order</u> | Filed: <u>11/16/2005</u> | 7) <u>Abstract of Support Judgment</u> |
| 2) <u>Notice of Registration</u> | Filed: <u>06/04/2008</u> | Recorded: <u>07/29/2009</u> |
| 3) <u>Notice Regarding Payment</u> | Filed: <u>06/25/2008</u> | 8) <u>Audit Summary</u> |
| 4) <u>Minutes and Order</u> | Filed: <u>07/14/2009</u> | Dated: <u>06/21/2013</u> |
| 5) <u>Minutes and Order</u> | Filed: <u>01/12/2010</u> | |
| 6) <u>Minutes and Order</u> | Filed: <u>02/19/2013</u> | |

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 24th day of June, 2013 at Butte, Orville, CA
County, State


Signature of Claimant

Signature of Claimant

Chad W. Sallade
Print Name Butte Co. Attorney

Print Name

78 Table Mtn Blvd.
Street Address

Street Address

Orville, CA 95965
City, State, Zip

City, State, Zip

(530) 538-6243
Phone Number

Phone Number

DOC # 2009-0393761

07/29/2009 08 00A Fee NC

Page 1 of 2

Recorded in Official Records

County of Riverside

Larry W Ward

Assessor, County Clerk & Recorder



RECORDING REQUESTED BY

BUTTE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE 0600700

WHEN RECORDED MAIL TO

BUTTE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

1474 MYERS ST

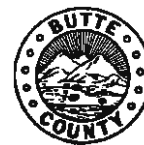
OROVILLE CA 95965-4930

0
M
039
09

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT

DEPARTMENT OF CHILD SUPPORT SERVICES BUTTE
COUNTY
78 TABLE MOUNTAIN BLVD
OROVILLE CA 95965-3578



06/24/2013

RIVERSIDE COUNTY TREASURER
PO BOX 12005
RIVERSIDE CA 92502-2205

CSE Case Number: 0650611301-01
Custodial Party:
MARIA RODRIGUEZ
Noncustodial Parent/ *Assessee*:
JOSE RODRIGUEZ
Court Case Number: DFL022330

Dear RIVERSIDE COUNTY TREASURER:

Please see the enclosed claim regarding the excess proceeds from the sale of tax defaulted property sold on 02/04/2013. Your assessment No. 313143010-8. The date deed to purchaser recorded on 04/01/2013. Please advise if you require more information. Thank you.

Please contact us at (866) 901-3212 with the above case number if you have any questions.

Sincerely,

ELSA LARSEN
Child Support Representative



GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) RIVERSIDE COUNTY DEPT OF CH & SUPP. SVCS JOHN REPLOGLE, DIRECTOR 2041 IOWA AVENUE RIVERSIDE, CA 92507 TELEPHONE NO.: 951-955-4100 FAX NO. (Optional): E-MAIL ADDRESS (Optional):		FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE NOV 16 2005 D. SIGORDIA:
ATTORNEY FOR (Name): PURSUANT TO FAMILY CODE §17400 SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 4175 MAIN STREET MAILING ADDRESS: P.O. BOX 431 CITY AND ZIP CODE: RIVERSIDE, CALIFORNIA 92501 BRANCH NAME:		
PETITIONER/PLAINTIFF: <i>JOSE LUIS RODRIGUEZ</i> RESPONDENT/DEFENDANT: <i>MARIA GUADALUPE RODRIGUEZ</i> OTHER PARENT:		
STIPULATION AND ORDER		

1. This matter proceeded as follows:

- a. By written stipulation without court appearance.
- b. By court hearing, appearances as follows:
- | | | |
|--|---|--|
| (1) Date: <i>11/7/05</i> | Dept: <i>DCS/F-2</i> | Judicial officer: <i>HON. B. MOYER</i> |
| (2) <input checked="" type="checkbox"/> Petitioner/Plaintiff present | <input checked="" type="checkbox"/> Attorney present (name): <i>JANET STAUDER BRANDIN</i> | |
| (3) <input type="checkbox"/> Respondent/Defendant present | <input type="checkbox"/> Attorney present (name): | |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> Attorney present (name): | |
| (5) Local child support agency (Family Code, §§ 17400, 17406) (name): <i>LLUOD B. PORTER</i> | | |
| (6) <input type="checkbox"/> Other (specify): | | |

- c. The Obligor (the parent ordered to pay support) is the Petitioner/Plaintiff Respondent/Defendant Other Parent.
2. This order is based on the attached documents (specify):

3. The parties agree that:

- a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. The amount of support payable by obligor as calculated under the guideline is: \$ *837.00* — per month.
- We agree to guideline support.
- The guideline amount should be rebutted because of the following:
- (1) We have been fully informed of the guideline amount of support; we agree voluntarily to child support of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below guideline, no change of circumstances need be shown to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
- (2) Other rebutting factors (specify):

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year.

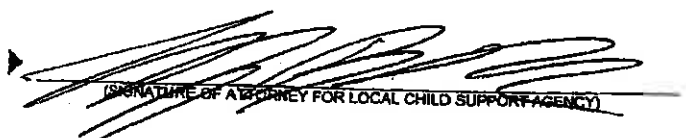
C# pending

PETITIONER/PLAINTIFF:	CASE NUMBER: RID 211024
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

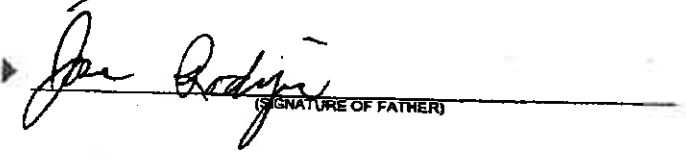
3.l. The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (name):

m. Other (specify): **SEE ATTACHED ADDITIONAL ORDERS**

Date: 11/7/05
LLOYD B. PORTER
(TYPE OR PRINT NAME)


(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date: 11/7/05
JOSE LUIS RODRIGUEZ
(TYPE OR PRINT NAME)


(SIGNATURE OF FATHER)

Date: 11/7/05
JANET STOUWER BRANDON
(TYPE OR PRINT NAME)


(SIGNATURE OF ATTORNEY FOR FATHER)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF MOTHER)

Date: _____
(TYPE OR PRINT NAME)

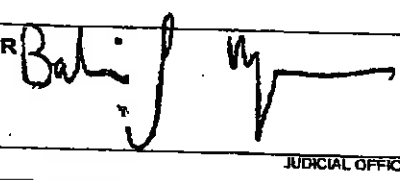
(SIGNATURE OF ATTORNEY FOR MOTHER)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR OTHER PARENT)

4. The court so orders.

Date: **NOV 16 2005**

ORDER 
JUDICIAL OFFICER

5. Number of pages attached: 3

SIGNATURE FOLLOWS LAST ATTACHMENT

SHORT TITLE:

CASE NUMBER:

RID 211024

1 4. [] The support obligor represents that his/her total gross monthly income is \$ _____,
2 his/her net monthly income is \$ _____ and this Stipulation is based upon said amounts. The
3 support obligor shall have the right to modify this Stipulation retroactive to the commencement date of
4 any support orders in this Stipulation if the support obligor's gross or net monthly income is determined
5 to be greater than the amounts represented above.

6 5. [X] The parties acknowledge that they are fully informed of their rights (concerning child support)
7 and that the child support amount is being agreed to without coercion or duress. The parties declare
8 that (a) the agreement is in the best interest of the child(ren) involved and (b) their child(ren)'s needs will
9 be adequately met by the stipulated amount.

10 6. [] The parties acknowledge that the right to support has neither been assigned to any county
11 pursuant to Section 11477 of the Welfare and Institutions Code, nor is any public assistance application
12 pending and that no change of circumstances need be demonstrated to obtain a modification of the
13 support order to the applicable guideline level or above.

14 7. [X] Should the support obligor be confined for any period in excess of 90 consecutive days in any
15 jail or prison facility operated by any law enforcement entity of any State or by the federal government
16 and said facility is located within the United States of America or its possessions, and the support obligor
17 promptly notifies Riverside County Department of Child Support Services of said confinement, including
18 the name and location of the facility in which the support obligor is confined and the expected date of
19 release, and provided such notice is given as specified above, it is further stipulated and agreed that
20 support obligor's obligation to pay current support under the terms of this stipulation that may be due
21 and owing to Riverside County only, and not due or owing to the custodial parent, shall be reduced to
22 zero. However, child support shall continue as ordered and shall not be reduced to zero for any period or
23 periods the support obligor participates in a work furlough or work release program during his/her period
24 of incarceration.

25 8. [X] That within 10 days of release from incarceration, the support obligor shall provide to Riverside
26 (Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line
27 numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

Page 2 of 3

(THIS FORM IS FOR COURT USE ONLY)

FL-651

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE STREET ADDRESS 1 COURT ST MAILING ADDRESS 1 COURT ST CITY AND ZIP CODE OROVILLE 95965-3303 BRANCH NAME BUTTE COUNTY COURTHOUSE	FOR REGISTERING COURT USE ONLY FILED Butte County Superior Court JUN 04 2008 Sharol Strickland, Clerk By C. WALDIE Deputy FILED
PETITIONER JOSE LUIS RODRIGUEZ RESPONDENT MARIA GUADALUPE RODRIGUEZ OTHER	CASE NUMBER DFL022330

NOTICE OF REGISTRATION OF CALIFORNIA SUPPORT ORDER

Support Order Order for Earnings Assignment

CASE NUMBER
DFL022330

FOR COURT RECEIVING NOTICE ONLY

- 1 a To registering court (specify) **BUTTE COUNTY SUPERIOR COURT**
for case number **DFL022330**
- b To courts where support order was previously issued or registered
(specify) **RIVERSIDE COUNTY SUPERIOR COURT** for case number
RI0211024
- c To courts where support order was previously issued or registered
(specify) for case number
- d To courts where support order was previously issued or registered
(specify) for case number

CASE NUMBER
RI0211024

A California Support Order California Order for Earnings Assignment
in the above actions has been registered with this court. A copy of the Statement for Registration of California Support Order (FL-650, or use FL-440 if the obligee has registered the order) is attached

CLERK'S CERTIFICATE OF MAILING

2 I certify that I am not a party to this cause and that a copy of the notice of registration and statement for registration were sent by first-class mail to each of the courts named in item 6 of the statement for registration. The copies were enclosed in an envelope with postage fully prepaid. The envelope was addressed to the court named in item 6 of the Statement for Registration of California Support Order (FL-650, or FL-440), sealed and deposited with the United States Postal Service

at (place) **OROVILLE**
on (date) **JUN 16 2008**

3 Copies were sent to the following local child support agencies and courts on (date)
(Notice must be sent to the local child support agency in each county specified in item 1) **JUN 16 2008**

Date **JUN 16 2008**

S. STRICKLAND

Clerk by **C. WALDIE**, Deputy

NOTICE Each court that receives this notice must file it in the court file of the appropriate case. All future proceedings regarding the registered support order must be filed in the court specified above under Family Code section 5601



GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406) RIVERSIDE COUNTY DEPT OF CH & SUPP SVCS JOHN REPLOGLE, DIRECTOR 2041 IOWA AVENUE RIVERSIDE, CA 92507 TELEPHONE NO 951-955-4100 FAX NO. (Optional) E MAIL ADDRESS (Optional)		FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE NOV 16 2005 D. SIGROIA
ATTORNEY FOR (Name) PURSUANT TO FAMILY CODE §17400 SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS 4175 MAIN STREET MAILING ADDRESS P.O BOX 431 CITY AND ZIP CODE RIVERSIDE, CALIFORNIA 92501 BRANCH NAME		
PETITIONER/PLAINTIFF <i>JOSE LUIS RODRIGUEZ</i> RESPONDENT/DEFENDANT <i>MARIA GUADALUPE RODRIGUEZ</i> OTHER PARENT		
STIPULATION AND ORDER		

1 This matter proceeded as follows:

- a By written stipulation without court appearance
- b By court hearing, appearances as follows
 - (1) Date *11/7/05* Dept *DCS/F-2* Judicial officer *HON. B MOYER*
 - (2) Petitioner/Plaintiff present Attorney present (name) *JANET STAUDER BRANDON*
 - (3) Respondent/Defendant present Attorney present (name)
 - (4) Other parent present Attorney present (name)
 - (5) Local child support agency (Family Code, §§ 17400, 17406)(name) *LLOYD B PORTER*
 - (6) Other (specify)

- c The Obligor (the parent ordered to pay support) is the Petitioner/Plaintiff Respondent/Defendant Other Parent
- 2 This order is based on the attached documents (specify)

3 The parties agree that

- a All orders previously made in this action remain in full force and effect except as specifically modified below
- b The amount of support payable by obligor as calculated under the guideline is \$ *837.00* per month
 - We agree to guideline support
 - The guideline amount should be rebutted because of the following
 - (1) We have been fully informed of the guideline amount of support, we agree voluntarily to child support of \$ _____ per month, the agreement is in the best interest of the children, the needs of the children will be met adequately by the agreed amount, the children are not receiving public assistance, no application for public assistance is pending, and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below guideline, no change of circumstances need be shown to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order
 - (2) Other rebutting factors (specify)

NOTICE Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year.

C# pending

PETITIONER/PLAINTIFF	CASF NUMBER
RESPONDENT/DEFENDANT	RID 211024
OTHER PARENT	

3) The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (name)

m Other (specify) SEE ATTACHED ADDITIONAL ORDERS

Date 11/7/05
 LLOYD B PORTER
 (TYPE OR PRINT NAME)


 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date 11/7/05
 JOSE LUIS RODRIGUEZ
 (TYPE OR PRINT NAME)


 (SIGNATURE OF FATHER)

Date 11/7/05
 JANET STODER BRANDAN
 (TYPE OR PRINT NAME)


 (SIGNATURE OF ATTORNEY FOR FATHER)

Date
 (TYPE OR PRINT NAME)


 (SIGNATURE OF MOTHER)

Date
 (TYPE OR PRINT NAME)

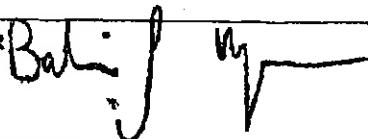

 (SIGNATURE OF ATTORNEY FOR MOTHER)

Date
 (TYPE OR PRINT NAME)


 (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

4 The court so orders.

Date NOV 16 2005

ORDER 
 JUDICIAL OFFICER

5 Number of pages attached. 3

SIGNATURE FOLLOWS LAST ATTACHMENT

SHORT TITLE

CASE NUMBER

RID 811024

1 4. [] The support obligor represents that his/her total gross monthly income is \$ _____,
2 his/her net monthly income is \$ _____ and this Stipulation is based upon said amounts. The
3 support obligor shall have the right to modify this Stipulation retroactive to the commencement date of
4 any support orders in this Stipulation if the support obligor's gross or net monthly income is determined
5 to be greater than the amounts represented above.

6 5. [X] The parties acknowledge that they are fully informed of their rights (concerning child support)
7 and that the child support amount is being agreed to without coercion or duress. The parties declare
8 that (a) the agreement is in the best interest of the child(ren) involved and (b) their child(ren)'s needs will
9 be adequately met by the stipulated amount.

10 6 [] The parties acknowledge that the right to support has neither been assigned to any county
11 pursuant to Section 11477 of the Welfare and Institutions Code, nor is any public assistance application
12 pending and that no change of circumstances need be demonstrated to obtain a modification of the
13 support order to the applicable guideline level or above.

14 7 [X] Should the support obligor be confined for any period in excess of 90 consecutive days in any
15 jail or prison facility operated by any law enforcement entity of any State or by the federal government
16 and said facility is located within the United States of America or its possessions, and the support obligor
17 promptly notifies Riverside County Department of Child Support Services of said confinement, including
18 the name and location of the facility in which the support obligor is confined and the expected date of
19 release, and provided such notice is given as specified above, it is further stipulated and agreed that
20 support obligor's obligation to pay current support under the terms of this stipulation that may be due
21 and owing to Riverside County only, and not due or owing to the custodial parent, shall be reduced to
22 zero. However, child support shall continue as ordered and shall not be reduced to zero for any period or
23 periods the support obligor participates in a work furlough or work release program during his/her period
24 of incarceration.

25 8. [X] That within 10 days of release from incarceration, the support obligor shall provide to Riverside
26 *(Required for verified pleading)* The items on this page stated on information and belief are *(specify item numbers, not line*
27 *numbers).*

This page may be used with any Judicial Council form or any other paper filed with the court.

Page 2 of 3

GOVERNMENTAL AGENCY (under Family Code §§ 17400-17406)
 RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO
 DEPARTMENT OF CHILD SUPPORT SERVICES BUTTE COUNTY
 1474 MYERS ST
 OROVILLE CA 95965-4930

0650611301-01

TELEPHONE NO (866) 901 3212 FAX NO (530) 538-6500

FOR RECORDER'S USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE STREET ADDRESS 1 COURT ST MAILING ADDRESS 1 COURT ST CITY AND ZIP CODE OROVILLE 95965-3303 BRANCH NAME BUTTE COUNTY COURTHOUSE	FOR COURT USE ONLY <b style="font-size: 2em; vertical-align: middle;">FILED
PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT MARIA RODRIGUEZ	Butte County Superior Court JUN 25 2008 Sharol Strickland, Clerk By C. WALDIE Deputy
<input type="checkbox"/> NOTICE OF ASSIGNED SUPPORT <input checked="" type="checkbox"/> SUBSTITUTION OF PAYEE	CASE NUMBER DFL022330

1 The obligor (the person paying support) in this proceeding is (name and last known address)

JOSE RODRIGUEZ
 Address on file with Butte DCSS
 Per FL17212(b)(3)

2 a The local child support agency is providing the following services (check all that apply)

- (1) Current support
- (2) Support arrears
- (3) Medical support

b The local child support agency is no longer providing the services under the title IV-D of the Social Security Act

3 The substituted payee is

- a The local child support agency (specify) Butte County
- b Other (specify)

4 An abstract or notice of support judgment or support judgment was recorded as follows

<u>County</u>	<u>Date of recording</u>	<u>Instrument number</u>	<u>Book number</u>	<u>Page number</u>
---------------	--------------------------	--------------------------	--------------------	--------------------

5 All payments must be made as follows (check all that apply)

- a Income withholding payments must be directed to the State Disbursement Unit at (specify address)
 PO BOX 989067, WEST SACRAMENTO CA 95798-9067
- b All current support payments other than income withholding payments must be sent to (specify)
 State Disbursement Unit
 PO BOX 989067, WEST SACRAMENTO CA 95798-9067

THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE STREET ADDRESS ONE COURT STREET MAILING ADDRESS ONE COURT STREET CITY AND ZIP CODE OROVILLE, CA 95965 BRANCH NAME		FILED -FOR COUNTY OF BUTTE Superior Court JUL 14 2009 By Cassie Waldie d, Clerk Deputy
PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT		
<input checked="" type="checkbox"/> MINUTES AND	<input checked="" type="checkbox"/> ORDER <input type="checkbox"/> JUDGMENT <input type="checkbox"/> RECOMMENDED ORDER	CASE NUMBER DFL022330

This form may be used for preparation of court minutes and/or as an alternative to form FL-615, FL-625, FL-665, or FL-687. If this form is prepared as both court minutes and an alternative to one of these forms, then the parties do not need to prepare any additional form of order.

- 1 This matter proceeded as follows: Uncontested By stipulation Contested
- a Date 7/14/09 Time 1 30 PM Department B05
- b Judicial officer (name) JAMES REILLEY Judge Pro Tempore Commissioner
 Court reporter (name)
 Court clerk (name) CASSIE WALDIE Bailiff (name) JIM NORMAN
- c Interpreter(s) present (name) A CUEVAS (PREVIOUSLY SWORN)
 for (name) RESPONDENT (specify language) SPANISH
- d Petitioner present Attorney present (name)
- e Respondent present Attorney present (name)
- f Other parent present Attorney present (name)
- g Attorney for local child support agency (name) CATHERINE JEDLICKA
- h The obligor (parent ordered to pay support) for purposes of this order is the petitioner respondent other parent
- i Other (specify)

- 2 This is a recommended order/judgment based on the objection of (specify name)
- 3 a This matter is taken off calendar
- b This entire matter is denied with without prejudice
- c This matter is continued at the request of the local child support agency petitioner respondent other parent to
- Date 1/12/10 Time 1 30 PM Department B10
 (Specify issues) REVIEW
- Petitioner Respondent Other parent is ordered to appear at that date and time
- d The court takes the following matters under submission (specify)

- 4 Order of examination
- The petitioner respondent other (specify) was sworn and examined
- Examination was held outside of court

- 5 Referrals
- a The parties are referred to Family Court Services or mediation
- b Petitioner Respondent Other parent is referred to the family law facilitator
- c Other (specify)

THE COURT FINDS

- 6 Respondent Petitioner Other parent was was not served regarding this matter
- 7 Respondent Petitioner Other parent admits denies parentage
- 8 The parents of the children named below in item 14(a) are (specify names)

PETITIONER/PLAINTIFF	JOSE LUIS RODRIGUEZ	CASE NUMBER	
RESPONDENT/DEFENDANT	MARIA GUADALUPE RODRIGUEZ		DFL022330
OTHER PARENT			

- 15 Obligor may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed
- 16 Petitioner Respondent Other parent must pay to petitioner respondent other parent
- as spousal support family support \$ _____ per month, beginning (date) _____ day of each month
- payable on the _____ day of each month

- 17 Obligor must pay child support for past periods and in the following amounts set forth below
- | <u>Name</u> | <u>Period of support</u> | <u>Amount</u> |
|-------------|--------------------------|---------------|
|-------------|--------------------------|---------------|

- a Other (specify) _____
- b For a total of \$ _____ payable on the _____ day of each month beginning (date) _____
- c Interest accrues on the entire principal balance owing and not on each installment as it becomes due

- 18 Obligor owes support as follows, as of (date) _____
- a Child support \$ _____ Spousal support \$ _____ Family support \$ _____ Other \$ _____
- b Interest is not computed and is not waived
- c Payable _____ on the _____ day of each month beginning (date) _____
- d Interest accrues on the entire principal balance owing and not on each installment as it becomes due

19 No provision of this judgment can operate to limit any right to collect all sums owing in this matter as otherwise provided by law

20 All payments except as otherwise ordered must be made to (name and address of agency)
 STATE DISBURSEMENT UNIT, PO BOX 989067, WEST SACRAMENTO, CA 95798-9067

21 An earnings assignment order is issued

22 Obligor Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage, (2) if health insurance is not available, provide coverage when it becomes available, (3) within 20 days of the local child support agency's request, complete and return a health insurance form, (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children, (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services to the children, (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a health insurance coverage assignment will issue

23 Job search (specify name(s)) _____ must seek employment for at least (specify number) _____ jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or e-mail

24 For purposes of the licensing issue only, the obligor is found to be in compliance with the support order in this action. The local child support agency must issue a release of license(s)

25 Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the obligor warrant a conditional release. The local child support agency must issue a release of license(s). Such release is effective only as long as the obligor complies with all payment terms of this order

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

FL-692

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1 Notice You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2 Proof of full payment If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3 Proof of partial payment If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4 Payment by notified parent If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders, or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5 Disputed charges If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6 Court-ordered insurance coverage If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a Burden to prove The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b Cost of additional coverage If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7 Preferred health providers If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

CSE
#0650611301-01

FL-692

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE STREET ADDRESS ONE COURT STREET MAILING ADDRESS ONE COURT STREET CITY AND ZIP CODE OROVILLE, CA 95965 BRANCH NAME		FOR COURT USE ONLY FILED Butte County Superior Court JAN 12 2010 Sharol Strickland Clerk By <u>J. BENT</u> Deputy
PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT		CASE NUMBER DFL022330
<input checked="" type="checkbox"/> MINUTES AND <input checked="" type="checkbox"/> ORDER <input type="checkbox"/> JUDGMENT <input type="checkbox"/> RECOMMENDED ORDER		

This form may be used for preparation of court minutes and/or as an alternative to form FL-615, FL-625, FL-665, or FL-687. If this form is prepared as both court minutes and an alternative to one of these forms, then the parties do not need to prepare any additional form of order.

- 1 This matter proceeded as follows Uncontested By stipulation Contested
- a Date 1/12/10 Time 1 30 PM Department B10
- b Judicial officer (name) DAVID E GUNN Judge pro Tempore Commissioner
 Court reporter (name)
 Court clerk (name) ISAIAH BENT Bailiff (name) BRENDAN MCDUGAL
- c Interpreter(s) present (name) for (name) (specify language)
- d Petitioner present Attorney present (name)
- e Respondent present Attorney present (name)
- f Other parent present Attorney present (name)
- g Attorney for local child support agency (name) CATHERINE JEDLICKA
- h The parent ordered to pay support for purposes of this order is the petitioner respondent other parent
- i Other (specify)
- 2 This is a recommended order/judgment based on the objection of (specify name)
- 3 a This matter is taken off calendar
- b This entire matter is denied with without prejudice
- c This matter is continued at the request of the local child support agency petitioner respondent
 other parent to
 Date Time Department
 (Specify issues)
 Petitioner Respondent Other parent is ordered to appear at that date and time
- d The court takes the following matters under submission (specify)
- 4 Order of examination
 The petitioner respondent other (specify) was sworn and examined
 Examination was held outside of court
- 5 Referrals
- a The parties are referred to family court services or mediation
- b Petitioner Respondent Other parent is referred to the family law facilitator
- c Other (specify)
- THE COURT FINDS
- 6 Respondent Petitioner Other parent was was not served regarding this matter
- 7 Respondent Petitioner Other parent admits denies parentage
- 8 The parents of the children named below in item 14a are (specify names)

PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT	CASE NUMBER DFL022330
--	---------------------------------

15 The parent ordered to pay support may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed

16 Petitioner Respondent Other parent must pay to petitioner respondent
 other parent
 as spousal support family support \$ _____ per month, beginning (date) _____
 payable on the _____ day of each month

17 The parent ordered to pay support must pay child support for the following past periods and in the following amounts

Name of child	Period of support	Amount
---------------	-------------------	--------

- a Other (specify) _____
- b For a total of \$ _____ payable on the _____ day of each month beginning (date) _____
- c Interest accrues on the entire principal balance owing and not on each installment as it becomes due

18 The parent ordered to pay support owes support as follows, as of (date) _____

- a Child support \$ _____ Spousal support \$ _____ Family support \$ _____ Other \$ _____
- b Interest is not computed and is not waived
- c Payable \$ _____ on the _____ day of each month beginning (date) _____
- d Interest accrues on the entire principal balance owing and not on each installment as it becomes due

19 No provision of this judgment can operate to limit any right to collect all sums owing in this matter as otherwise provided by law

20 All payments except as otherwise ordered must be made to (name and address of agency)
STATE DISBURSEMENT UNIT, PO BOX 989067, WEST SACRAMENTO, CA 95798-9067

21 **An earnings assignment order is issued.**

22 In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly

23 The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage, (2) if health insurance is not available, provide coverage when it becomes available, (3) within 20 days of the local child support agency's request, complete and return a health insurance form, (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children, (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children, and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance

24 If "The parent ordered to pay support" box is checked in item 23, a health insurance coverage assignment must issue

NOTICE OF RIGHTS AND RESPONSIBILITIES

FL-692

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders, or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a Burden to prove. The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b Cost of additional coverage. If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE STREET ADDRESS: 1 COURT ST MAILING ADDRESS: 1 COURT ST CITY AND ZIP CODE: OROVILLE 95965-3303 BRANCH NAME: BUTTE COUNTY COURTHOUSE 0650611301-01	FOR COURT USE ONLY Superior Court of California County of Butte FEB 19 2013 Amberly Feher, Clerk By <i>[Signature]</i> Deputy
PETITIONER/PLAINTIFF: JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT: MARIA GUADALUPE RODRIGUEZ OTHER PARENT:	CASE NUMBER: DFL022330
<input checked="" type="checkbox"/> MINUTES AND <input checked="" type="checkbox"/> ORDER <input type="checkbox"/> JUDGMENT <input type="checkbox"/> RECOMMENDED ORDER	

This form may be used for preparation of court minutes and/or as an alternative to form FL-615, FL-625, FL-630, FL-665, or FL-687. If this form is prepared as both court minutes and an alternative to one of these forms, then the parties do not need to prepare any additional form of order.

1. This matter proceeded as follows: Uncontested By stipulation Contested
- a. Date: 02/19/2013 Time: 8:30 AM Department: B10
- b. Judicial officer (name): DAVID E. GUNN Judge pro Tempore Commissioner
 Court reporter (name):
 Court clerk (name): T SIMON Bailiff (name):
- c. Interpreter(s) present (name):
 for (name): (specify language):
- d. Petitioner present Attorney present (name):
- e. Respondent present Attorney present (name):
- f. Other parent present Attorney present (name):
- g. Attorney for local child support agency (name): CHAD W. SALLADE
- h. The parent ordered to pay support for purposes of this order is the petitioner respondent other parent.
- i. Other (specify):

2. This is a recommended order/judgment based on the objection of (specify name):
3. a. This matter is taken off calendar.
 b. This entire matter is denied with without prejudice.
 c. This matter is continued at the request of the local child support agency petitioner respondent
 other parent to:
 Date: Time: Department:
 (Specify issues):
 Petitioner Respondent Other parent is ordered to appear at that date and time.
 d. The court takes the following matters under submission (specify):

4. Order of examination
 The petitioner respondent other (specify): was sworn and examined.
 Examination was held outside of court.

5. Referrals
- a. The parties are referred to family court services or mediation.
 b. Petitioner Respondent Other parent is referred to the family law facilitator.
 c. Other (specify):

THE COURT FINDS

6. Respondent Petitioner Other parent was was not served regarding this matter.
 7. Respondent Petitioner Other parent admits denies parentage.
 8. The parents of the children named below in item 14a are (specify names):

PETITIONER/PLAINTIFF: JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT: MARIA GUADALUPE RODRIGUEZ OTHER PARENT:	CASE NUMBER: DFL022330
---	---------------------------

14. f. For a total of \$ 396.00 payable on the 1st day of each month beginning (date): 1-1-13
- g. The low-income adjustment applies.
 The low-income adjustment does not apply because (specify reasons):
- h. Any support ordered will continue until further order of court, unless terminated by operation of law.
- i. As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.
15. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
16. The parent ordered to pay support may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed.
17. Petitioner Respondent Other parent must pay to petitioner respondent other parent
 as spousal support family support \$ _____ per month, beginning (date): _____
 payable on the _____ day of each month.
18. The parent ordered to pay support must pay child support for the following past periods and in the following amounts:
- | Name of child | Period of support | Amount |
|--------------------|-------------------|--------|
| CRYSTAL RODRIGUEZ | | |
| LILIANA RODRIGUEZ | | |
| JENNIFER RODRIGUEZ | | |
- a. Other (specify):
- b. For a total of \$ _____ payable \$ _____ on the _____ day of each month beginning (date): _____
- c. Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
19. The parent ordered to pay support owes support arrears as follows, as of (date): FEB 19 2013
- a. Child support: \$ _____ Spousal support: \$ _____ Family support: \$ _____ Other: \$ _____
- b. Interest is not computed and is not waived.
- c. Payable: \$ 5.00 on the 1st day of each month beginning (date): 3-1-12
- d. Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
20. No provision of this judgment can operate to limit any right to collect all sums owing in this matter as otherwise provided by law.
21. All payments, unless specified in items 14b, c, and d above, must be made to the State Disbursement Unit at the address listed below (specify address): CALIFORNIA STATE DISBURSEMENT UNIT
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

**IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE
 REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS
 AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:**

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. Burden to prove. The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. Cost of additional coverage. If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

SHORT TITLE: JOSE LUIS RODRIGUEZ vs MARIA GUADALUPE RODRIGUEZ	CASE NUMBER: DFL022330
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ATTACHMENT (Number): 14a

(This Attachment may be used with any Judicial Council form.)

ADDITIONAL CHILDREN (continued from Item #14a)

Name of child	Date of birth	Monthly basic support amount
JONATHAN RODRIGUEZ	05/20/2002	\$ 197.00

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Court Case Number: DFL022330
 Petitioner Name: JOSE LUIS RODRIGUEZ
 Respondent Name: MARIA GUADALUPE RODRIGUEZ
 Other Parent Name:

Guideline Calculation Results Detail		
	NCP	Other Parent
Tax Setting Details		
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA	YES	YES
Include Medicare	YES	YES
Include Advanced Earned Income Credit	YES	YES
Number of Children for Child Care Credits	3	3
Number of Children for Earned Income Credits	3	3
Number of Children for Child Tax Credits	3	3
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or older	NO	NO
Married Filing Separately, Lived with Spouse Part of the year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	YES
California State Disability Insurance	YES	YES
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	YES	YES
Number of Children for Child Tax Credits	3	3
Include Other State Income Taxes	NO	NO
Other State Tax Rate		
Other State Tax Amount		
Deduction type when NCP and Other Parent are Married Filing Separately		
	NCP	Other Parent
Monthly Income Information		
Wages/Salary	1040.00	0.00
NCP: Based on earned income: \$1040.00 MONTHLY		
Other Parent: Based on earned income: \$0.00 MONTHLY		
Self-Employment Income	0.00	0.00
Unemployment Compensation	0.00	0.00
Disability (Taxable)	0.00	0.00
Imputed Income	NONE	NONE
Other Taxable Income	0.00	0.00
Interest Received	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Other Income	0.00	0.00
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Rental Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 1250 Gains	0.00	0.00
Royalties	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New-Spouse Income	0.00	0.00
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

SHORT TITLE:

JOSE LUIS RODRIGUEZ vs. MARIA GUADALUPE RODRIGUEZ

CASE NUMBER:

DFL022330

1 ATTACHMENT A - STANDARD ORDERS ATTACHMENT:

2 1. EACH OBLIGATED PARENT IS RESPONSIBLE FOR PAYING ALL CHILD SUPPORT PAYMENTS AS OF
3 THE EFFECTIVE DATE OF THE ORDER, WHETHER OR NOT AN ORDER/NOTICE TO WITHHOLD INCOME
4 FOR CHILD SUPPORT IS IN PLACE.

5 2. IF AN ARREARS PAYMENT AMOUNT IS NOT OTHERWISE ADDRESSED IN THE JUDGMENT,
6 IMMEDIATELY UPON AN OBLIGOR PARENT ACCRUING AN ARREARS BALANCE THE COURT HEREBY
7 ORDERS AN ARREARS PAYMENT IN THE AMOUNT OF FIFTY (\$50) DOLLARS PER MONTH UNTIL ALL
8 ARREARS HAVE BEEN PAID.

9 3. CURRENT CHILD SUPPORT SHALL BE MODIFIED AND SET AT ZERO DOLLARS (\$) PER MONTH
10 STARTING ON THE FIRST DAY OF THE MONTH WHEN ONE OF THE FOLLOWING CONDITIONS OCCUR
11 FOR THIRTY (30) OR MORE CONSECUTIVE DAYS:

12 (A) THE GRANT OF SSI TO AN OBLIGOR WHO HAS NO OTHER SOURCE OF INCOME;

13 (B) THE INCARCERATION OF AN OBLIGOR AND THE OBLIGOR HAS NO OTHER SOURCE OF INCOME.

14 CURRENT CHILD SUPPORT SHALL RESUME AS PREVIOUSLY SET BY COURT ORDER ON THE FIRST
15 DAY OF THE SECOND MONTH AFTER THE OBLIGOR'S RELEASE; OR,

16 (C) ENTRANCE OF OBLIGOR INTO A LIVE-IN DRUG OR LIVE-IN ALCOHOL TREATMENT PROGRAM AND
17 THE PROGRAM TERMS PREVENT THE OBLIGOR FROM WORKING OUTSIDE THE PROGRAM, EXCEPT
18 FOR INCOME THAT IS PAID TO THE PROGRAM AS A TERM OF THE PROGRAM AND THE OBLIGOR
19 SUCCESSFULLY COMPLETES THE TREATMENT PROGRAM. CURRENT CHILD SUPPORT SHALL RESUME
20 AS PREVIOUSLY SET BY COURT ORDER ON THE FIRST DAY OF THE SECOND MONTH AFTER
21 OBLIGOR'S COMPLETION OF THE LIVE-IN PROGRAM.

22 4. THE COURT RESERVES JURISDICTION TO RETROACTIVELY MODIFY AND SET CHILD SUPPORT FOR
23 ANY PERIODS THAT THE OBLIGOR IS INCARCERATED OR IN A LIVE-IN PROGRAM IF THE COURT
24 DETERMINES THAT WHILE INCARCERATED OR WHILE IN THE LIVE-IN PROGRAM, THE OBLIGOR HAD AN
25 ABILITY TO PAY CURRENT SUPPORT.

26 *(Required for verified pleading)* The items on this page stated on information and belief are *(specify item numbers, not line numbers):*

27 This page may be used with any Judicial Council form or any other paper filed with the court.

Page _____

Audit Summary

Case	0650611301-01-1
Managing Cnty	Butte
Custodial Party	MARIA RODRIGUEZ
Non-Custodial Party	JOSE RODRIGUEZ
Court Order	DFL022330

Total Support Charges 61,114.00
 Total Principal Arrears/Adjustments 0.00
 Total Interest Charges/Adjustments 14,471.12

Total Charges	75,585.12
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Total Amount Paid (principal / interest)	34,070.40
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Total Principal Due 29,858.22
 Total Interest Due 11,656.50

Total Balance Due	41,514.72
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MONTHLY SUPPORT CHARGES

Obligation Type	Start Date	End Date	Monthly Charge	Aid Status	Total Charges for Period
Child Support	Sep-05	Jan-06	837.00	Aid	4,185.00
Child Support	Feb-06	Apr-09	837.00	Non-Aid	32,643.00
Child Support	May-09	Aug-09	190.00	Aid	760.00
Child Support	Sep-09	Jun-10	600.00	Aid	6,000.00
Child Support	Jul-10	May-11	600.00	Non-Aid	6,600.00
Child Support	Jun-11	Dec-12	450.00	Non-Aid	8,550.00
Child Support	Jan-13		396.00	Non-Aid	2,376.00

TOTAL SUPPORT CHARGES 61,114.00

ARREARS/ADJUSTMENTS

Obligation Type	Effective Date	Description	Aid Status	Total Amount

TOTAL ARREARS/ADJUSTMENTS 0.00

Court Case Number: DFL022330
 Petitioner Name: JOSE LUIS RODRIGUEZ
 Respondent Name: MARIA GUADALUPE RODRIGUEZ
 Other Parent Name:

Guideline Calculation Results Detail	NCP	Other Parent
Monthly Deduction Information	0.00	0.00
Child Support Paid (Other Relationships)	0.00	0.00
Spousal Support Paid (This Relationship)	0.00	0.00
Property Tax	0.00	0.00
Mortgage Interest	0.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductible Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Health Insurance Premium	0.00	0.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	0.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	0.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments	0.00	0.00
State Adjustments to income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction	0.00	0.00
Hardship Deduction Amount	0.0	0.0
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses	0.00	0.00
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

FL-192

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* or FL-683 *Order to Show Cause (Governmental)* and
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is not open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* or FL-300, *Order to Show Cause and*
- FL-310, *Application for Order and Supporting Declaration* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* or FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over — not you — must serve the other parent copies of your filed court forms at least 16 court days before the hearing. Add 5 calendar days if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). Court days are weekdays when the court is open for business (Monday through Friday except court holidays). Calendar days include all days of the month, including weekends and holidays. To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* and FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing and*
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

FL-192 (Rev. July 1, 2007)

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

Page 2 of 2

PETITIONER/PLAINTIFF: JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT: MARIA GUADALUPE RODRIGUEZ OTHER PARENT:	CASE NUMBER: DFL022330
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- 22. An earnings assignment order is issued.
- 23. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount if past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- 24. If "The parent ordered to pay support" box is checked in item 15, a health insurance coverage assignment must issue.
- 25. Job search. (Specify name(s)): _____ must seek employment for at least (specify number): _____ jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or e-mail.
- 26. For purposes of the licensing issue only, the parent ordered to pay support is found to be in compliance with the support order in this action. The local child support agency must issue a release of license(s).
- 27. Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the party ordered to pay support warrant a conditional release. The local child support agency must issue a release of license(s). Such release is effective only as long as the parent ordered to pay support complies with all payment terms of this order.
- 28. A warrant of attachment/bench warrant issues for (specify name): _____
 - a. Bail is set in the amount of \$ _____
 - b. Service is stayed until (date): _____
- 29. The court retains jurisdiction to make orders retroactive to (date): _____
- 30. The court reserves jurisdiction over all issues the issues of (specify): _____
- 31. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- 32. The Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order (form FL-192) are attached and incorporated.
- 33. The following person (the "other parent") is added as a party to this action (name): _____
- 34. The court further orders (specify): _____

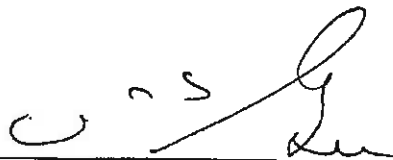
Approved as conforming to court order.

Date: _____

▶ _____
(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

▶ _____
(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date: _____



JUDICIAL OFFICER

Number of pages attached: _____ Signature follows last attachment.

PETITIONER/PLAINTIFF: JOSE LUIS RODRIGUEZ	CASE NUMBER:
RESPONDENT/DEFENDANT: MARIA GUADALUPE RODRIGUEZ	DFL022330
OTHER PARENT:	

9. Respondent Petitioner Other parent has read, understands, and has signed the *Advisement and Waiver of Rights for Stipulation (Governmental)* (form FL-694). He or she gives up those rights and freely agrees that a judgment may be entered in accordance with these findings.

10. a. Guideline support amount: \$ 396.00
- b. This order is is not based on the guideline.
- c. The attached *Guideline Findings Attachment (Governmental)* (form FL-693) is incorporated into these findings.
- d. A printout, which shows the calculation of child support payable, is attached and must become the court's findings.
- e. The child support agreed to by the parents is below above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interest of the children. If the order is below the guideline, no change of circumstance will be required for the court to modify this order. If the order is above the guideline, a change of circumstance will be required for the court to modify this order.
- f. The low-income adjustment applies.
 The low-income adjustment does not apply because (specify reasons):

11. Arrearages from (specify date): _____ through (specify date): _____
are \$ _____ including interest interest not computed and not waived.

THE COURT ORDERS

12. All orders previously made in this action must remain in full force and effect except as specifically modified below.
13. Genetic testing must be coordinated by the local child support agency.
- a. Respondent Petitioner Mother of the children
 Other (specify): _____
and the minor children must each submit to genetic testing as directed by the local child support agency.
- b. The parent ordered to pay support must reimburse the local child support agency for genetic testing costs of \$ _____
14. a. The parent ordered to pay support is the parent of the children listed below and must pay current child support for them.
- The court finds that there is sufficient evidence that the parent ordered to pay support is the parent of the children listed below and therefore there is sufficient evidence to enter a support order.
- | Name of child | Date of birth | Monthly basic support amount |
|------------------------------|-----------------------|------------------------------|
| CRYSTAL RODRIGUEZ | 01/25/1993 | |
| LILIANA RODRIGUEZ | 07/21/1996 | \$ 80.00 |
| JENNIFER RODRIGUEZ | 10/15/1999 | \$ 19.00 |
- Additional children are listed on an attached page.
- b. The parent ordered to pay support must pay additional support monthly for actual child-care costs:
 (specify amount): \$ _____ one-half (specify percent): _____ percent of said costs.
Payments must be made to the State Disbursement Unit other party child-care provider.
- c. The parent ordered to pay support must pay reasonable uninsured health-care costs for the children:
 (specify amount): \$ _____ one-half (specify percent): _____ percent of said costs.
Payments must be made to the State Disbursement Unit other party health-care provider.
- d. The parent ordered to pay support must pay additional support monthly for the following (specify):
 (specify amount): \$ _____ one-half (specify percent): _____
Payments must be made to the State Disbursement Unit other party.
- e. Other (specify): See attachment A, the Standard Orders Attachment is attached herewith. Notwithstanding Family Code Section 4007.5, paragraph 14 i. is hereby replaced in its entirety by paragraph 3(B) of the Standard Orders Attachment that is attached herewith and incorporated by reference.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

Aviso Sobre Derechos y Responsabilidades
Procedimientos relativos a costos de salud y devolución de dichos costos

FL-692

Si usted tiene una orden de manutención de menores que disponga la devolución de costos incurridos por servicios de salud para menores y costos no cubiertos por el seguro médico, la ley dice lo siguiente:

1 Aviso Se debe dar al otro padre una factura detallada relacionando los costos cobrados por servicios de salud que no estén cubiertos por seguro médico. Esta factura se le debe dar al otro padre con antelación razonable y no más tarde de 30 días después de haber recibido dichos cobros de pago.

2 Comprobante de pago total Si usted ya pagó todos los costos de salud correspondientes a individuos no asegurados, deberá (1) proporcionar al otro padre el comprobante de haber pagado y (2) pedirle al otro padre que le pague la porción de los costos que al otro padre le corresponda, según la orden del tribunal.

3 Comprobante de pago parcial. Si sólo pagó su porción de los costos no cubiertos por el seguro, debe (1) darle al otro padre un comprobante indicando que ya pagó dicha porción, (2) pedir al otro padre que pague directamente al proveedor de servicios médicos la parte de los costos que al otro padre le corresponda y (3) darle al otro padre la información necesaria para que pague la factura.

4 Pago que le corresponde al padre notificado Si usted recibe notificación del otro padre indicando costos incurridos por servicios de salud para individuos sin seguro, deberá pagar la porción que le corresponde a usted dentro del plazo ordenado por el tribunal, o si el tribunal no especifica un plazo, usted deberá pagar dichos costos, ya sea, (1) a más tardar en 30 días, desde la fecha en que recibió la notificación sobre los costos por pagar, (2) según un horario de pagos fijado por el proveedor de servicios de salud, (3) según un horario acordado por escrito entre usted y el otro padre o (4) según el horario adoptado por el tribunal.

5. Cuando se disputan los costos Si usted disputa un costo, puede presentar al tribunal una moción (o pedimento) para resolver la disputa. Sólo podrá hacer esto, si paga el costo antes de presentar la moción. Si su reclamo consiste en que la otra parte no le ha pagado a usted por un costo, o que no le ha pagado al proveedor de servicios de salud después de la notificación apropiada, usted puede presentar una moción ante el tribunal para resolver la disputa.

El tribunal asumirá que si los costos ya se han pagado, dichos costos han sido razonables. Si una persona se comporta de una manera que no sea razonable, el tribunal puede imponerle que pague honorarios de abogado.

6. Cobertura de seguro por orden de tribunal Si un padre tiene seguro de salud por orden del tribunal, ese seguro se usará todo el tiempo, siempre que esté disponible para cubrir los costos de servicios de salud.

a Responsabilidad de comprobar La responsabilidad de comprobar ante el tribunal que la cobertura de servicios de salud es inadecuada para los menores recae sobre la parte que reclama que es inadecuada.

b Costos de cobertura adicional. Si uno de los padres compra un seguro de salud adicional al que haya sido ordenado por el tribunal, tal padre deberá pagar todo el costo de la cobertura adicional. Y si uno de los padres usa una manera alterna para cubrir gastos médicos que cuestan más que la cobertura dispuesta por el tribunal, dicho padre tendrá que pagar la diferencia.

7 Proveedor preferido para servicios de salud Si la orden del tribunal especifica un proveedor preferido para servicios de salud, dicho proveedor deberá usarse siempre, según los términos de la póliza del seguro de salud. Si una de las partes decide usar un proveedor que no sea el preferido e incurre costos que podrían haber sido cubiertos por el proveedor preferido si se hubieran utilizado sus servicios, dicha parte asumirá la responsabilidad de cubrir los costos incurridos.

PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT	JOSE LUIS RODRIGUEZ MARIA GUADALUPE RODRIGUEZ	CASE NUMBER DFL022330
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- 25 **Job search.** (Specify name(s)) _____ must seek employment for at least (specify number) _____ jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or e-mail.
- 26 For purposes of the licensing issue only, the parent ordered to pay support is found to be in compliance with the support order in this action. The local child support agency must issue a release of license(s).
- 27 Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the party ordered to pay support warrant a conditional release. The local child support agency must issue a release of license(s). Such release is effective only as long as the parent ordered to pay support complies with all payment terms of this order.
- 28 A warrant of attachment/bench warrant issues for (specify name) _____
 - a Bail is set in the amount of \$ _____
 - b Service is stayed until (date) _____
- 29 The court retains jurisdiction to make orders retroactive to (date) _____
- 30 The court reserves jurisdiction over all issues the issues of (specify) _____
- 31 The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- 32 The Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order (form FL-192) are attached and incorporated.
- 33 The following person (the "other parent") is added as a party to this action (name) _____
- 34 The court further orders (specify) _____
 14a continued
 JONATHAN RODRIGUEZ 5/20/02 \$150

THE COURT FINDS THE GUIDELINE SUPPORT AMOUNT IS UNREASONABLE. THE GUIDELINE SUPPORT AMOUNT EXCEEDS 50% OF PETITIONER'S TAKE-HOME PAY.

Approved as conforming to court order
Date _____
_____ (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)
_____ (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date **JAN 12 2010**

DAVID E. GUNN
 JUDICIAL OFFICER

Number of pages attached _____

Signature follows last attachment

PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT	CASE NUMBER DFL022330
--	---------------------------------

9 Respondent Petitioner Other parent has read, understands, and has signed the *Advisement and Waiver of Rights for Stipulation (Governmental)* (form FL-694) He or she gives up those rights and freely agrees that a judgment may be entered in accordance with these findings

10 a Guideline support amount \$
 b This order is is not based on the guideline
 c The attached *Guideline Findings Attachment (Governmental)* (form FL-693) is incorporated into these findings
 d A printout, which shows the calculation of child support payable, is attached and must become the court's findings
 e The child support agreed to by the parents is below above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interest of the children. If the order is below the guideline, no change of circumstance will be required for the court to modify this order. If the order is above the guideline, a change of circumstance will be required for the court to modify this order.

f The low-income adjustment applies
 11 Arrearages from (specify date) _____ through (specify date) _____ are \$ _____ including interest interest not computed and not waived

THE COURT ORDERS

12 All orders previously made in this action must remain in full force and effect except as specifically modified below

13 Genetic testing must be coordinated by the local child support agency
 a Respondent Petitioner Mother of the children Other (specify) _____ and the minor children must each submit to genetic testing as directed by the local child support agency
 b The parent ordered to pay support must reimburse the local child support agency for genetic testing costs of \$ _____

14 a The parent ordered to pay support is the parent of the children listed below and must pay current child support for them
 The court finds that there is sufficient evidence that the parent ordered to pay support is the parent of the children listed below and therefore there is sufficient evidence to enter a support order

Name of child	Date of birth	Monthly basic support amount
CRYSTAL RODRIGUEZ	1/25/93	\$150
LILIANA RODRIGUEZ	7/21/96	\$150
JENNIFER RODRIGUEZ	10/15/99	\$150

Additional children are listed on an attached page
 b The parent ordered to pay support must pay additional support monthly for actual child-care costs (specify amount) \$ _____ one-half (specify percent) _____ percent of said costs. Payments must be made to the local child support agency other party child-care provider
 c The parent ordered to pay support must pay reasonable uninsured health-care costs for the children (specify amount) \$ _____ one-half (specify percent) _____ percent of said costs. Payments must be made to the local child support agency other party health-care provider
 d The parent ordered to pay support must pay additional support monthly for the following (specify) (specify amount) \$ _____ one-half (specify percent) _____. Payments must be made to the local child support agency other party
 e Other (specify) _____
 f For a total of \$ 600 payable on the 1ST day of each month beginning (date) 9/1/09
 g The low-income adjustment applies The low-income adjustment does not apply because (specify reasons) _____

h Any support ordered will continue until further order of court, unless terminated by operation of law

NOTICE Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year

Procedimientos relativos a costos de salud y devolución de dichos costos

Si usted tiene una orden de manutención de menores que disponga la devolución de costos incurridos por servicios de salud para menores y costos no cubiertos por el seguro médico, la ley dice lo siguiente

- 1 Aviso** Se debe dar al otro padre una factura detallada relacionando los costos cobrados por servicios de salud que no estén cubiertos por seguro médico. Esta factura se le debe dar al otro padre con antelación razonable y no más tarde de 30 días después de haber recibido dichos cobros de pago.
- 2 Comprobante de pago total** Si usted ya pagó todos los costos de salud correspondientes a individuos no asegurados, deberá (1) proporcionar al otro padre el comprobante de haber pagado y (2) pedirle al otro padre que le pague la porción de los costos que al otro padre le corresponda, según la orden del tribunal.
- 3 Comprobante de pago parcial** Si solo pagó su porción de los costos no cubiertos por el seguro, debe (1) darle al otro padre un comprobante indicando que ya pagó dicha porción, (2) pedir al otro padre que pague directamente al proveedor de servicios médicos la parte de los costos que al otro padre le corresponda y (3) darle al otro padre la información necesaria para que pague la factura.
- 4 Pago que le corresponde al padre notificado** Si usted recibe notificación del otro padre indicando costos incurridos por servicios de salud para individuos sin seguro, deberá pagar la porción que le corresponde a usted dentro del plazo ordenado por el tribunal, o si el tribunal no especifica un plazo, usted deberá pagar dichos costos, ya sea, (1) a más tardar en 30 días, desde la fecha en que recibió la notificación sobre los costos por pagar, (2) según un horario de pagos fijado por el proveedor de servicios de salud, (3) según un horario acordado por escrito entre usted y el otro padre o (4) según el horario adoptado por el tribunal.
- 5 Cuando se disputan los costos** Si usted disputa un costo, puede presentar al tribunal una moción (o pedimento) para resolver la disputa. Solo podrá hacer esto, si paga el costo antes de presentar la moción. Si su reclamo consiste en que la otra parte no le ha pagado a usted por un costo, o que no le ha pagado al proveedor de servicios de salud después de la notificación apropiada, usted puede presentar una moción ante el tribunal para resolver la disputa.

El tribunal asumirá que si los costos ya se han pagado, dichos costos han sido razonables. Si una persona se comporta de una manera que no sea razonable, el tribunal puede imponerle que pague honorarios de abogado.

6 Cobertura de seguro por orden de tribunal Si un padre tiene seguro de salud por orden del tribunal, ese seguro se usará todo el tiempo, siempre que este disponible para cubrir los costos de servicios de salud.

a Responsabilidad de comprobar La responsabilidad de comprobar ante el tribunal que la cobertura de servicios de salud es inadecuada para los menores recae sobre la parte que reclama que es inadecuada.



b Costos de cobertura adicional Si uno de los padres compra un seguro de salud adicional al que haya sido ordenado por el tribunal, tal padre deberá pagar todo el costo de la cobertura adicional. Y si uno de los padres usa una manera alterna para cubrir gastos médicos que cuestan más que la cobertura dispuesta por el tribunal, dicho padre tendrá que pagar la diferencia.

7 Proveedor preferido para servicios de salud Si la orden del tribunal especifica un proveedor preferido para servicios de salud, dicho proveedor deberá usarse siempre, según los términos de la póliza del seguro de salud. Si una de las partes decide usar un proveedor que no sea el preferido e incurre costos que podrían haber sido cubiertos por el proveedor preferido si se hubieran utilizado sus servicios, dicha parte asumirá la responsabilidad de cubrir los costos incurridos.

PETITIONER/PLAINTIFF	JOSE LUIS RODRIGUEZ	FL-692
RESPONDENT/DEFENDANT	MARIA GUADALUPE RODRIGUEZ	CASE NUMBER
OTHER PARENT		DFL022330

- 26 A warrant of attachment/bench warrant issues for (specify name)
 a Bail is set in the amount of \$
 b Service is stayed until (date)
- 27 The court retains jurisdiction to make orders retroactive to (date) 5/1/09
- 28 The court reserves jurisdiction over all issues the issues of (specify)
 CHILD SUPPORT
- 29 The parents must notify the local child support agency in writing within 10 days of any change in residence or employment
- 30 The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* are attached and incorporated
- 31 The following person (the "other parent") is added as a party to this action under Family Code sections 17400 and 17406 (specify name)
- 32 The court further orders (specify)
 14(a) ADDITIONAL CHILD
 JONATHAN RODRIGUEZ (DOB 5/20/02) CHILD SUPPORT \$83
 CHILD SUPPORT ORDER IS TEMPORARY

33 Number of pages attached _____

Approved as conforming to court order
Date

_____ (SIGNATURE OF ATTORNEY FOR OBLIGOR)

_____ (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date **JUL 14 2009**

JAMES F. REILLEY
 JUDICIAL OFFICER

Signature follows last attachment

PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT	CASE NUMBER DFL022330
--	---------------------------------

- 9 Respondent Petitioner Other parent has read, understands, and has signed the *Advisement and Waiver of Rights for Stipulation* (form FL-694) attachment. He or she gives up those rights and freely agrees that a judgment may be entered in accordance with these findings.
- 10 a Guideline support amount \$
- b This order is is not based on the guideline
- c The attached *Guideline Findings Attachment* (form FL-693) is incorporated into these findings
- d A printout, which shows the calculation of child support payable, is attached and must become the court's findings
- e The child support agreed to by the parents is below above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interest of the children. If the order is below the guideline, no change of circumstance will be required to modify this order. If the order is above the guideline, a change of circumstance will be required to modify this order.
- f The low-income adjustment applies
- 11 Arrearages from (specify date) _____ through (specify date) _____ are \$ _____ including interest interest not computed and not waived

THE COURT ORDERS

- 12 All orders previously made in this action must remain in full force and effect except as specifically modified below
- 13 Genetic testing must be coordinated by the local child support agency
- a Respondent Petitioner Mother of the children
 Other (specify) _____ and the minor children must each submit to genetic testing as directed by the local child support agency
- b Obligor must reimburse the local child support agency for genetic testing costs of \$ _____
- 14 a Obligor is the parent of the following children and must pay current child support for them
- There is sufficient evidence that the obligor is the parent of the following children to enter a support order
- | Name | Date of birth | Monthly basic support amount |
|--------------------|---------------|------------------------------|
| CRYSTAL RODRIGUEZ | 1/25/93 | \$25 |
| LILIANA RODRIGUEZ | 7/21/96 | \$33 |
| JENNIFER RODRIGUEZ | 10/15/99 | \$49 |
- Additional children are listed on an attached page
- b Obligor must pay additional support monthly for actual child-care costs
- (specify amount) \$ _____ one-half (specify percent) _____ percent of said costs
- Payments must be made to the local child support agency other party child-care provider
- c Obligor must pay reasonable uninsured health-care costs for the children
- (specify amount) \$ _____ one-half (specify percent) _____ percent of said costs
- Payments must be made to the local child support agency other party health-care provider
- d Obligor must pay additional support monthly for the following (specify)
- (specify amount) \$ _____ one-half (specify percent) _____
- Payments must be made to the local child support agency other party
- e Other (specify) _____
- f For a total of \$ 190 payable on the 1ST day of each month beginning (date) 5/1/09
- g The low-income adjustment applies
 The low-income adjustment does not apply because (specify reasons) _____
- h Any support ordered will continue until further order of court, unless terminated by operation of law

NOTICE Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year

PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT MARIA RODRIGUEZ	CASE NUMBER DFL022330
--	--------------------------

- c All arrears payments other than income withholding payments must be sent to (specify)
State Disbursement Unit
PO BOX 989067, WEST SACRAMENTO CA 95798-9067
 - d Other (specify)
- 6 An assignment of support rights by operation of law under Welfare and Institutions Code section 11477(a) has been made to the county of (specify) BUTTE
- 7 a Each parent must notify the local child support agency in writing within 10 days of any change in residence or employment
- b Each parent must complete a *Child Support Case Registry Form* (FL-191) and deliver it to the court within 10 days of any change in residence or employment

Date 06/24/2008

_____ KATHY HAMMONS _____
(TYPE OR PRINT NAME)

_____  _____
(SIGNATURE)

ACKNOWLEDGMENT
(To be completed only when this form is recorded)

STATE OF CALIFORNIA
COUNTY OF _____

On _____, before me,
Notary Public, personally appeared _____

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

WITNESS my hand and official seal

(SIGNATURE OF NOTARY)

(Seal)

SHORT TITLE	CASE NUMBER <i>RID 211024</i>
-------------	----------------------------------

1 County Department of Child Support Services written notice of his/her release date and/or beginning
 2 date of employment Notice of employment shall include the name and address of the employer and the
 3 rate of pay If the support obligor fails to provide notice pursuant to this paragraph, it is understood and
 4 agreed the start date of any subsequent child support order may be made retroactive to the date notice
 5 under this paragraph was required to be given

6 9 [] The Complaint and all the pleadings herein are amended to show the support obligor's true name
 7 as _____

8 10 [X] A Commissioner of the Superior Court may sign this Stipulation as a Temporary Judge

9 11 [X] Each parent shall pay one-half of all unreimbursed medical, dental and vision expenses for the
 10 minor child(ren) in this order

11 12 [✓] Other THIS IS A WELFARE CASE. CHILD SUPPORT
 12 FINDINGS ARE AS FOLLOWS: 4 CHILDREN
 13 PRIMARY CUSTODY WITH MOM 20% VISITATION
 14 TIME SHARE FOR DAD. DAD INCOME \$2080 PER MO,
 15 MOM INCOME \$1170 PER MO EACH PARENT TO
 16 TAKE 2 CHILDREN AS TAX DEDUCTIONS.
 17 THE RIGHT TO SUPPORT IS ASSIGNED TO THE
 18 COUNTY OF RIVERSIDE.

26 (Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line numbers)

SHORT TITLE

ASE NUMBER.

R10 211024

ADDITIONAL ORDERS

1
2 1. [] The support obligor shall pay to the obligee the sum of \$ _____ on account of
3 arrears/accrued child support on the State of _____ order
4 filed/dated _____ for the period from _____ through _____ payable in the
5 amount of \$ _____ per month, one-half on the 1st and one-half on the 15th days of each
6 month commencing _____.

7 2 [] The support obligor shall pay the sum of \$ _____, less any payment previously made to
8 the Riverside County Department of Child Support Services as reimbursement for costs advanced for
9 paternity genetic testing in this action. Said sum shall be paid forthwith by money order, cashier's
10 check or attorney's trust account check made payable and mailed to the Riverside County Department of
11 Child Support Services, Post Office Box 19990, Riverside, California 92502. This payment shall include
12 on its face that it is for GENETIC TEST COSTS.

13 3 [X] The support obligor is residing at (CONFIDENTIAL)
14 _____
15 _____
16 is employed by _____
17 _____
18 _____

19 and is ordered to advise the Riverside County Department of Child Support Services, in writing, within
20 ten (10) days of every change of residence by providing a new address and every change of
21 employment by providing the name and address of the new employer. If the support obligor becomes
22 unemployed or is currently unemployed, he/she will report his/her employment status to the Riverside
23 County Department of Child Support Services in writing or in person on the first day of each month,
24 commencing the month after which he/she becomes unemployed. Each report shall consist of names
25 and addresses of all prospective employers.

26 (Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line
27 numbers)

This page may be used with any Judicial Council form or any other paper filed with the court.

Page 1 of 3

PETITIONER/PLAINTIFF	C. NUMBER
RESPONDENT/DEFENDANT	RID 211024
OTHER PARENT	

3 c Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

d Obligor must pay current child support as follows

Name	Date of birth	Monthly support amount
CHILD 1		\$101.00
CHILD 2		\$147.00
CHILD 3		\$212.00
CHILD 4		\$377.00

(1) Other (specify)

(2) For a total of \$ 837.00 one-half payable on the 1st and 15th day of each month beginning (date) 9/1/05

(3) The low-income adjustment applies.

The low-income adjustment does not apply because (specify reasons).

(4) Any support ordered must continue until further order of court, unless terminated by operation of law

e Obligor owes support arrears as follows, as of (date) 10/31/05

(1) Child support: \$ 1,474.00 Spousal support \$ Family support \$

(2) Interest is not included and is not waived

(3) Payable: \$ 25.00 per mo. 1/2 on the 1st and 15th day of each month beginning (date) 12/1/05

(4) Interest accrues on the entire principal balance owing and not on each installment as it becomes due

f No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments must be made to (name and address of agency)
DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. BOX 19990

RIVERSIDE, CA 92502

C# PENDING

h An Order/Notice to Withhold Income for Child Support (form FL-195) will issue.

i Obligor Obligees must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage, (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form, (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children, (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children, (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a health insurance coverage assignment will issue.

j Both parents must complete a Child Support Case Registry Form (form FL-191) and send (mail or deliver) it to the local child support agency within 10 days of the date of this order. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.

k The form Notice of Rights and Responsibilities-Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order (form FL-192) is attached.

GOVERNMENTAL AGENCY (under Family Code §§ 17400-17406) SHARON A. STONE DIRECTOR DEPARTMENT OF CHILD SUPPORT SERVICES BUTTE COUNTY 1474 MYERS ST OROVILLE CA 95965-4930 TELEPHONE NO (866) 901 3212 FAX NO (530) 538-6500 0850611301 01	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE STREET ADDRESS 1 COURT ST MAILING ADDRESS 1 COURT ST CITY AND ZIP CODE OROVILLE 95965-3303 BRANCH NAME BUTTE COUNTY COURTHOUSE	
PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ OTHER PARENT	
STATEMENT FOR REGISTRATION OF CALIFORNIA SUPPORT ORDER <input checked="" type="checkbox"/> Support Order <input type="checkbox"/> Order for Earnings Assignment	CASE NUMBER

The local child support agency's statement to register a California support order a California order for earnings assignment is as follows

1 The Obligor (the parent ordered to pay support) is Petitioner/Plaintiff Respondent/Defendant Other parent

2 An endorsed file copy of the most recent support order or order for earnings assignment (or a copy) is attached

- 3 a An affidavit or declaration of Obligor's payment history is attached
- b A Declaration of Payment History (form FL-420) is attached
- c The arrearage balance is unknown

4 The local child support agency's post office address is (specify)
 1474 MYERS ST
 OROVILLE CA 95965-4930

5 Obligor's last known place of residence or mailing address, or address in the records of the California Department of Motor Vehicles, is (specify)
 PO BOX 70368
 RIVERSIDE, CA 92513-0368

6 States and counties in which the original order for support or order for earnings assignment, and any modifications, are registered (specify)
 RIVERSIDE COUNTY, CA

None, or unknown

NOTICE TO OBLIGOR

1 You have 20 days after the date of mailing of this *Statement for Registration of California Support Order* to petition the court to cancel (vacate) this registration or for other relief (Family Code, § 5603) (See the accompanying document to determine the date of mailing)

2 The local child support agency may seek a health insurance coverage assignment enrolling the children in an appropriate health insurance plan pursuant to Family Code section 3761

SHORT TITLE:

CASE NUMBER:

RID 211024

1 County Department of Child Support Services written notice of his/her release date and/or beginning
2 date of employment. Notice of employment shall include the name and address of the employer and the
3 rate of pay. If the support obligor fails to provide notice pursuant to this paragraph, it is understood and
4 agreed the start date of any subsequent child support order may be made retroactive to the date notice
5 under this paragraph was required to be given.

6 9. [] The Complaint and all the pleadings herein are amended to show the support obligor's true name
7 as _____.

8 10. [X] A Commissioner of the Superior Court may sign this Stipulation as a Temporary Judge.

9 11. [X] Each parent shall pay one-half of all unreimbursed medical, dental and vision expenses for the
10 minor child(ren) in this order.

11 12. [✓] Other: THIS IS A WELFARE CASE. CHILD SUPPORT
12 FINDINGS ARE AS FOLLOWS: 4 CHILDREN
13 PRIMARY CUSTODY WITH MOM 20% VISITATION
14 TIME SHARE FOR DAD. DAD INCOME \$2080 PER MO,
15 MOM INCOME \$1170 PER MO. EACH PARENT TO
16 TAKE 2 CHILDREN AS TAX DEDUCTIONS.
17 THE RIGHT TO SUPPORT IS ASSIGNED TO THE
18 COUNTY OF RIVERSIDE.

26 (Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line
27 numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

Page 3 of 3

SHORT TITLE:

ASE NUMBER:

R10 211024

ADDITIONAL ORDERS

1. [] The support obligor shall pay to the obligee the sum of \$ _____ on account of arrears/accrued child support on the State of _____ order filed/dated _____ for the period from _____ through _____ payable in the amount of \$ _____ per month, one-half on the 1st and one-half on the 15th days of each month commencing _____.

2. [] The support obligor shall pay the sum of \$ _____, less any payment previously made to the Riverside County Department of Child Support Services as reimbursement for costs advanced for paternity genetic testing in this action. Said sum shall be paid forthwith by money order, cashier's check or attorney's trust account check made payable and mailed to the Riverside County Department of Child Support Services, Post Office Box 19990, Riverside, California 92502. This payment shall include on its face that it is for GENETIC TEST COSTS.

3. [X] The support obligor is residing at (CONFIDENTIAL) _____

_____ is employed by _____

and is ordered to advise the Riverside County Department of Child Support Services, in writing, within ten (10) days of every change of residence by providing a new address and every change of employment by providing the name and address of the new employer. If the support obligor becomes unemployed or is currently unemployed, he/she will report his/her employment status to the Riverside County Department of Child Support Services in writing or in person on the first day of each month, commencing the month after which he/she becomes unemployed. Each report shall consist of names and addresses of all prospective employers.

(Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, not line numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

PETITIONER/PLAINTIFF:	C. NUMBER: <i>RID 211024</i>
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

3. c. Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

d. Obligor must pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
CHILD 1		\$101.00
CHILD 2		\$147.00
CHILD 3		\$212.00
CHILD 4		\$377.00

(1) Other (specify):

(2) For a total of: \$ *837.00 one-half* payable on the: *15th and 15th* day of each month beginning (date): *9/1/05*

(3) The low-income adjustment applies.

The low-income adjustment does not apply because (specify reasons):

(4) Any support ordered must continue until further order of court, unless terminated by operation of law.

e. Obligor owes support arrears as follows, as of (date): *10/31/05*

(1) Child support: \$ *1,474.00* Spousal support: \$ Family support: \$

(2) Interest is not included and is not waived.

(3) Payable: \$ *25.00 per mo., 1/2* on the: *15th and 15th* day of each month beginning (date): *12/1/05*

(4) Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

f. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments must be made to (name and address of agency):
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 19990
RIVERSIDE, CA 92502

C# *PENDING*

h. An Order/Notice to Withhold Income for Child Support (form FL-195) will issue.

i. Obligor Obligees must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a health insurance coverage assignment will issue.

j. Both parents must complete a Child Support Case Registry Form (form FL-191) and send (mail or deliver) it to the local child support agency within 10 days of the date of this order. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.

k. The form Notice of Rights and Responsibilities-Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order (form FL-192) is attached.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)</p> <p><input checked="" type="checkbox"/> Recording requested by and return to SHARON A STONE DIRECTOR</p> <p>BUTTE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 1474 MYERS ST OROVILLE CA 95965-4930</p> <p>TELEPHONE NO (866) 901-3212</p> <p><input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>0650611301-01</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE</p> <p>STREET ADDRESS 1 COURT ST MAILING ADDRESS 1 COURT ST CITY AND ZIP CODE OROVILLE 95965-3303 BRANCH NAME BUTTE COUNTY COURTHOUSE</p>	
<p>PETITIONER/PLAINTIFF JOSE LUIS RODRIGUEZ</p> <p>RESPONDENT/DEFENDANT MARIA GUADALUPE RODRIGUEZ</p>	

<p>ABSTRACT OF SUPPORT JUDGMENT</p>	<p>CASE NUMBER DFL022330</p>
--	----------------------------------

1 The judgment creditor assignee of record applies for an abstract of a support judgment and represents the following

a Judgment debtor's

Name and last known address

JOSE RODRIGUEZ
838 SCOTT AVE
EL CENTRO CA 92243-1710

b Driver's license No and state unknown

c Social Security number unknown

d Birthdate 05/20/1968 unknown

FOR COURT USE ONLY

(This document is a notice under Family Code Section 4506 Court stamp not required)

Any electronic signature affixed below has been officially adopted by the requesting governmental agency

Date 7/13/09
CATHERINE M. JEDLICKA
(TYPE OR PRINT NAME)

Catherine M. Jedlicka
(SIGNATURE OF APPLICANT OR ATTORNEY)

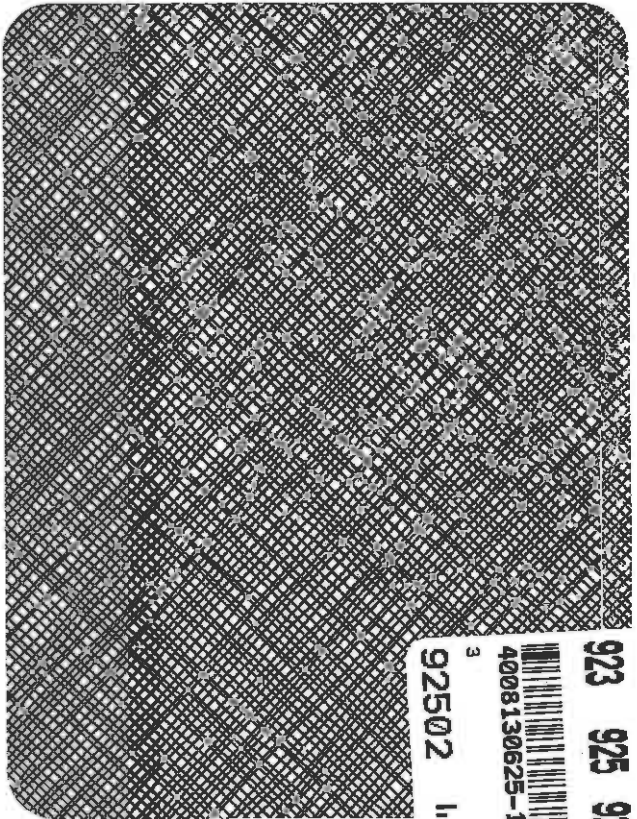
<p>2 I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.</p> <p>3 Judgment creditor (name) BUTTE County Department of Child Support Services whose address appears on this form above the court's name</p> <p>4 <input checked="" type="checkbox"/> The support is ordered to be paid to the following county officer (name and address) BUTTE County Department of Child Support Services PO BOX 989067 WEST SACRAMENTO CA 95798-9067</p>	<p>5 Judgment debtor (full name as it appears in judgment) JOSE LUIS RODRIGUEZ</p> <p>6 a A judgment was entered on (date) 11/16/2005 b Renewal was entered on (date) c Renewal was entered on (date)</p> <p>7 <input type="checkbox"/> An execution lien is endorsed on the judgment as follows a Amount \$ b In favor of (name and address)</p> <p>8 A stay of enforcement has a <input checked="" type="checkbox"/> not been ordered by the court b <input type="checkbox"/> been ordered by the court effective until (date)</p> <p>9 <input type="checkbox"/> This is an installment judgment</p>
---	--

[Seal]

This document is a notice under Family Code Section 4506 No court seal required

This abstract issued on (date) No date required under FC § 4506

This document is a notice under Family Code section 4506
Clerk, by No signature required, Deputy



923 925 92502 N3-98



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92502



PRINT FIRST-CLASS MAIL
US POSTAGE PAID
MARVALLIE, CR
PERMIT# 086

TREASURER-TAX COLLECTOR

JUL 01 2013

RECEIVED

ADDRESS SERVICE REQUESTED

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$13,673.31 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. 2010-0448316; recorded on 9/17/10. 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.

Copy Abstract of Judgment referenced above

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 9th day of May, 2010 at Imperial, CA
County, State

[Signature]
Signature of Claimant

DIANE M. LEMONS, ATTY
IMPERIAL COUNTY DEPT. OF AG
Print Name SUPPORT SERVICES

2795 S, 4th St
Street Address

El Centro, CA 92243
City, State, Zip

760-482-2324
Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

X DOC # 2010-0448316 X
09/17/2010 08:00A Fee:NC
Page 1 of 2
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



f 043
M
043

RECORDING REQUESTED BY

IMPERIAL COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0602500

WHEN RECORDED MAIL TO

IMPERIAL COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
2795 S 4TH ST
EL CENTRO CA 92243-6013

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT X

NOTICE OF SUPPORT JUDGMENT
DCSS 0239 (09/01/05)

ABSTRACT OF SUPPORT JUDGMENT
(Code of Civil Procedure, §§674, 697.320, 700.190, Family Code § 4506)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICE
Page 1 of 2

ENFORCEMEN

Public Record

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: GUSTAVO ROMAN, DIRECTOR IMPERIAL COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 2795 S 4TH ST EL CENTRO CA 92243-6013 TELEPHONE NO.:(866) 901-3212 <input type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD</p>	<p>FOR RECORDER'S USE ONLY</p> <p>200000000008770</p> <p>CASE NUMBER: EFS12047 <input checked="" type="checkbox"/></p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL STREET ADDRESS: 939 W MAIN ST MAILING ADDRESS: 939 W MAIN ST CITY AND ZIP CODE: EL CENTRO 92243-2843 BRANCH NAME: EL CENTRO DEPARTMENT</p>	
<p>PETITIONER/PLAINTIFF: COUNTY OF IMPERIAL RESPONDENT/DEFENDANT: JOSE RODRIGUEZ</p>	
<p>ABSTRACT OF SUPPORT JUDGMENT <input checked="" type="checkbox"/></p>	

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

a. Judgment debtor's
 Name and last known address
 JOSE RODRIGUEZ
 924 E 5TH AVE
 ESCONDIDO CA 92025-4504

b. Driver's license No. and state: unknown
 c. Social Security number: unknown
 d. Birthdate: 01/15/1985 unknown

FOR COURT USE ONLY

(This document is a notice under Family Code Section 4506. Court stamp not required.)

Any electronic signature affixed below has been officially adopted by the requesting governmental agency.

Date: 09/13/2010
 GUSTAVO ROMAN
 (TYPE OR PRINT NAME)


 (SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name):
 IMPERIAL County Department of Child Support Services whose address appears on this form above the court's name.

4. The support is ordered to be paid to the following county officer (name and address):
 IMPERIAL County Department of Child Support Services
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

5. Judgment debtor (full name as it appears in judgment):
 JOSE RODRIGUEZ

6. a. A judgment was entered on (date): 10/28/2009
 b. Renewal was entered on (date):
 c. Renewal was entered on (date):

7. An execution lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):

9. This is an installment judgment.

[Seal]
 This document is a notice under Family Code Section 4506. No court seal required.

This abstract issued on (date): No date required under FC § 4506

This document is a notice under Family Code section 4506.
 Clerk, by No signature required. Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: GUSTAVO ROMAN, DIRECTOR IMPERIAL COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 2795 S 4TH ST EL CENTRO CA 92243-6013 TELEPHONE NO.:(866) 901-3212 <input type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY CASE NUMBER: EFS12047
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL STREET ADDRESS: 939 W MAIN ST MAILING ADDRESS: 939 W MAIN ST CITY AND ZIP CODE: EL CENTRO 92243-2843 BRANCH NAME: EL CENTRO DEPARTMENT	
PETITIONER/PLAINTIFF: COUNTY OF IMPERIAL RESPONDENT/DEFENDANT: JOSE RODRIGUEZ	
ABSTRACT OF SUPPORT JUDGMENT	

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

a. Judgment debtor's

	Name and last known address
JOSE RODRIGUEZ 924 E 5TH AVE ESCONDIDO CA 92025-4504	

b. Driver's license No. and state: unknown
 c. Social Security number: unknown
 d. Birthdate: 01/15/1985 unknown

FOR COURT USE ONLY

(This document is a notice under
 Family Code Section 4506.
 Court stamp not required.)

Any electronic signature affixed
 below has been officially adopted by
 the requesting governmental agency.

Date: 09/13/2010

GUSTAVO ROMAN
 (TYPE OR PRINT NAME)


 (SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name):
 IMPERIAL County Department of Child Support Services whose address appears on this form above the court's name.

4. The support is ordered to be paid to the following county officer (name and address):
 IMPERIAL County Department of Child Support Services
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

5. Judgment debtor (full name as it appears in judgment):
 JOSE RODRIGUEZ

6. a. A judgment was entered on (date): 10/28/2009
 b. Renewal was entered on (date):
 c. Renewal was entered on (date):

7. An execution lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):

9. This is an installment judgment.

[Seal]

This document is a notice under Family Code Section 4506. No court seal required.

This abstract issued on (date): No date required under FC § 4506

This document is a notice under Family Code section 4506.
 Clerk, by No signature required. Deputy

County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900
(951) 955-3990 - Fax

E-mail: ttc@co.riverside.ca.us
www.countytreasurer.org



**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

Palm Springs Office
997 E Tahquitz Canyon Way, Suite A
Palm Springs, CA 92262

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

April 24, 2013

IMPERIAL COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
CASE# EFS12047
P.O. BOX 989067
WEST SACRAMENTO, CA 95798-9067
Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 313143010-8 Item: 22
Situs Address:
Assessee: Rodriguez, Jose
Date Sold: February 4, 2013
Date Deed to Purchaser Recorded: April 1, 2013
Final Date to Submit Claim: April 1, 2014

MAY 7 2013

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3842.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Adrian Potenciano
Deputy

DEPARTMENT OF CHILD SUPPORT SERVICES IMPERIAL
COUNTY
2795 S 4TH ST
EL CENTRO CA 92243-6013



05/09/2013

County of Riverside Treasurer-Tax Collector
PO BOX 12005
RIVERSIDE CA 92502-2205

CSE Case Number: 200000000308770

Custodial Party:
ADRIANA C ENRIQUEZ

Noncustodial Parent:
JOSE RODRIGUEZ

Court Case Number: EFS12047

Dear County of Riverside Treasurer-Tax Collector:

Please contact us at (866) 901-3212 with the above case number if you have any questions.

Sincerely,

ARTURO GALEANA
Child Support Representative



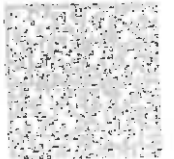
IMPERIAL COUNTY
DEPARTMENT OF CHILD SUPPORT SERVICES
2795 S. 4TH STREET
EL CENTRO, CA 92243

TREASURER-TAX COLLECTOR

MAY 13 2013

RECEIVED

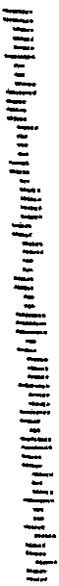
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MAY 13 2013
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RETURN SERVICE REQUESTED

9250282205 8500



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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 3997.85 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. 2010-0479842; recorded on 10/06/10. 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 30th day of April, 2013 at Culver City, CA
County, State

Signature of Claimant
Gary Condon, for
Professional Collection Consultants

Print Name
6700 S Centinela Ave., 3rd Floor

Street Address
Culver City, CA 90230

City, State, Zip
(310) 636-1001x129

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

PLEASE COMPLETE THIS INFORMATION.
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

PROFESSIONAL COLLECTION
CONSULTANTS.
P.O. BOX 45274
LOS ANGELES, CA. 90045

DOC # 2010-0479842

10/06/2010 08:00A Fee:21.00

Page 1 of 3

Recorded in Official Records
County of Riverside

Larry W. Ward
Assessor, County Clerk & Recorder



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043

ABSTRACT OF JUDGMENT

Title of Document

**THIS AREA FOR
RECORDER'S
USE ONLY**

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
(\$3.00 Additional Recording Fee Applies)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):
 Recording requested by and return to:
 SCOTT D. WU (SBN 199055)
 LAW OFFICES OF SCOTT D. WU
 8726-D SEPULVEDA BLVD., PMB 1321
 LOS ANGELES, CA 90045
 (626) 441-8660
 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
 STREET ADDRESS: 46200 OASIS STREET
 MAILING ADDRESS: SAME AS ABOVE
 CITY AND ZIP CODE: INDIO, CA 92201 760-863-8208
 BRANCH NAME: INDIO COURT-CIVIL DIVISION

FOR RECORDER'S USE ONLY

PLAINTIFF: PROFESSIONAL COLLECTION CONSULTANTS
 DEFENDANT: JOSE RODRIGUEZ

CASE NUMBER:
 INC10003917

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS Amended

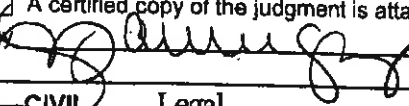
FOR COURT USE ONLY

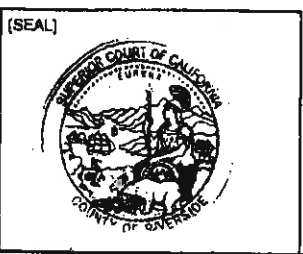
1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:
 a. Judgment debtor's Name and last known address
 JOSE RODRIGUEZ
 84023 LINGAYAN AVE
 INDIO, CA 92201
 b. Driver's license no. [last 4 digits] and state: Unknown
 c. Social security no. [last 4 digits]: Unknown
 d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): JOSE RODRIGUEZ
 84023 LINGAYAN AVE
 INDIO, CA 92201
 2. Information on additional judgment debtors is shown on page 2.
 3. Judgment creditor (name and address):
 PROFESSIONAL COLLECTION CONSULTANTS : 6700 S. CENTINELA AVE, CULVER CITY, CA 90230
 Date: 8/31/10
 SCOTT D. WU
 (TYPE OR PRINT NAME)


 (SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
 \$ 3,140.24
 7. All judgment creditors and debtors are listed on this abstract.
 8. a. Judgment entered on (date): 8/6/10
 b. Renewal entered on (date):
 9. This judgment is an installment judgment.

10. An execution lien attachment lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

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  Deputy



This abstract issued on (date):
 SEP 17 2010

PLAINTIFF: PROFESSIONAL COLLECTION CONSULTANTS	CASE NUMBER:
DEFENDANT: JOSE RODRIGUEZ	INC10003917

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:

16. Name and last known address

17. Name and last known address

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

Unknown

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

Unknown

Social security no. [last 4 digits]:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

18. Name and last known address

19. Name and last known address

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

Unknown

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

Unknown

Social security no. [last 4 digits]:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

PCC

6700 S. Centinela Ave., 3rd Floor
Culver City, CA 90230

(310) 636-1001
FAX (310) 636-4771

BREAKDOWN OF CLAIM FOR EXCESS PROCEEDS

TC 194 Item 22 Assessment No. 313143010-8

Judgment entered 8/6/10	\$3140.24
Interest at 10% 8/6/10 to 2/4/13	\$808.61
Costs for issuance and recording of Abstract	\$49.00
Total Claim	\$3997.85

FROM Per

6000 S CENTINIAS 34900000
SEVIER CITY 92220

ZIP CODE _____

ATTN A. POTENCIANO - EXCESS PROCEEDS

DATE 4-30-13

ASSESSMENT NUMBER

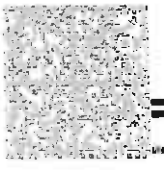
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TREASURER-TAX COLLECTOR

MAY 02 2013

RECEIVED

RIVERSIDE COUNTY TREASURER
P.O. BOX 12005
RIVERSIDE, CA 92502-2205



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00043 2094
MAY 02 2013

PLACE STAMP
HERE
POST OFFICE
WILL NOT
DELIVER
WITHOUT
PROPER
POSTAGE

**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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

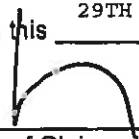
I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 5,931.67 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2010-0623846; recorded on 12/29/10. 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 29TH day of April, 2013 at Sacramento, California
County, State



Signature of Claimant

Robert Scott Kennard of Nelson & Kennard

Print Name

2180 Harvard Street, Ste. 160

Street Address

Sacramento, CA 95853

City, State, Zip

(916) 920-2295

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

TO BE RECORDED IN:
RIVERSIDE COUNTY

DOC # 2010-0623846

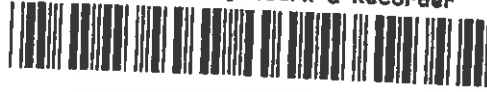
12/29/2010 05:00P Fee:26.00

Page 1 of 3

Recorded in Official Records
County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



FILE NO. 10-08648-0
RECORDING REQUESTED BY:
DONALD G. NELSON
WHEN RECORDED MAIL TO:
NELSON & KENNARD
P.O. BOX 13807
SACRAMENTO, CA 95853

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TITLE(S)

ABSTRACT OF JUDGMENT

(26)

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051

CACH, LLC v. JOSE RODRIGUEZ , et al.

RECD NOV 30 2010

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

Recording requested by and return to:
Donald G. Nelson, S.B.N. 72086
NELSON & KENNARD (916) 920-2295
2180 Harvard Street, Suite 160
Sacramento, CA 95815
File No. 10-08648-0

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, RIVERSIDE COUNTY
STREET ADDRESS: 4050 Main Street
MAILING ADDRESS: 4050 Main Street
CITY AND ZIP CODE: Riverside, CA 92501-3704
BRANCH NAME: RIVERSIDE COURT - LIMITED CIVIL CASE

FOR RECORDER'S USE ONLY

PLAINTIFF: CACH, LLC

DEFENDANT: JOSE RODRIGUEZ, et al.

CASE NUMBER:

RIC10012207

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

JOSE RODRIGUEZ
25428 Valley View Ln
Moreno Valley, California 92557-6506

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

Unknown

c. Social security no. [last 4 digits]: ***-**-****

Unknown

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

JOSE RODRIGUEZ, 25428 Valley View Ln, Moreno Valley, California 92557-6506

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):

CACH, LLC,

5. Original abstract recorded in this county:

c/o NELSON & KENNARD P.O. Box 13807, Sacramento, CA 95853

Date: November 8, 2010

Donald G. Nelson

a. Date:

b. Instrument No.:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 4,768.68

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

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

a. Amount: \$

8. a. Judgment entered on (date): October 26, 2010

b. In favor of (name and address):

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.

(SEAL)



This abstract issued on (date):

DEC 06 2010

Clerk, by

, Deputy

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:

16. Name and last known address

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

Social security no. [last 4 digits]: ****-**-0000 Unknown

Summons was personally served at or mailed to (address):

17. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

18. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

19. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.



April 30, 2013

RIVERSIDE COUNTY TREASURER
ATTN: CLAIM TO EXCESS FORECLOSURE PROCEEDS
PO BOX 12005
RIVERSIDE, CA 92502-2205

EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY

APN: 313143010-8
EDD REFERENCE NO.:

Enclosed is the completed Statement of Claim for Excess Proceeds From The Sale of Tax-Defaulted Property for JOSE E RODRIGUEZ.

To ensure proper credit to the account, please note the EDD account number listed above on the payment.

SEND PAYMENT TO:
EDD
PO BOX 826806
SACRAMENTO CA 94206

If you have any questions concerning the claim, you may contact me at (916) 464-1261.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. Reed".

A. Reed
Department Representative

Enclosure

CLAIM FOR EXCESS FROM THE SALE OF TAX-DEFAULTED PROPERTY

COUNTY OF RIVERSIDE TREASURER-TAX COLLECTOR
PO BOX 12005
RIVERSIDE, CA 92502-2205
Attn: TAX COLLECTION DIVISION

Trustor Name: JOSE E RODRIGUEZ
APN NO.: 313143010-8
ITEM NO.: 22
SALE DATE.: FEBRUARY 4, 2013
Claimant: EMPLOYMENT DEVELOPMENT DEPARTMENT
Reference No.:
Address: PO BOX 826218, SACRAMENTO, CA 94230-6218
Phone No.: (916) 464-1261

The following amounts were secured by a Deed of Trust or lien on the above-referenced property immediately prior to the Tax Collector's Power of sale for non-payment of taxes, and these amounts remain outstanding to this date:

Principle Balance	\$	14,472.90
Interest from 07/28/10 to 02/01/13 10% per annum.	\$	3,538.50
Other Charges: (Costs)	\$	433.00
Less Credit(s) received	\$	0.00
Total Due	\$	<u>18,444.40</u>

- Document evidencing the claim (Attached)
 The claim has been fully released (Attached)

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

Dated April 30, 2013

Signature: 
A. REED Department Representative

S110207059

RECORDING REQUESTED BY:

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218
TELEPHONE NO: 1-800-676-5737

WHEN RECORDED MAIL TO:

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218

DOC # 2011-0105765

03/08/2011 03:04P Fee:NC

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

M
026
026

ABSTRACT OF JUDGMENT

DOCUMENT TITLE

SEPARATE PAGE, PURSUANT TO GOVT. CODE 27361.6

Public Record

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number): 1-800-676-5737
Recording requested by and return to: S110207059

STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
800 CAPITOL MALL, P.O. BOX 826218, SACRAMENTO, CA 94230-6218

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO

STREET ADDRESS: 720 NINTH STREET, ROOM 104
MAILING ADDRESS: 720 NINTH STREET, ROOM 104
CITY AND ZIP CODE: SACRAMENTO, CA 95814
BRANCH NAME: SACRAMENTO - CIVIL

FOR RECORDER'S USE ONLY

PLAINTIFF: STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT ✓
DEFENDANT: JOSE E. RODRIGUEZ ✓

CASE NUMBER: 34-2011-90007059 ✓

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

JOSE E. RODRIGUEZ
7686 MAGNOLIA AVE
RIVERSIDE CA 92504-3640

b. Driver's license no. (last 4 digits) and state:

Unknown

c. Social security no. (last 4 digits): XXX-XX-

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): (Same as line 1.a. 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):

State of California
Employment Development Department
P.O. Box 826218, Sacramento, CA 94230-6218

5. Original abstract recorded in this county:

a. Date:
b. Instrument No.:

Date: 02/23/11

R. Leon

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 15,421.98

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

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

a. Amount: \$

b. In favor of (name and address):

8. a. Judgment entered on (date): 02/23/11

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.

(SEAL)



This abstract issued on (date):

02/23/11

Clerk, by [Signature], Deputy

PLAINTIFF:	CASE NUMBER:
DEFENDANT: JOSE E. RODRIGUEZ	

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> <div style="border: 1px solid black; width: 100%; height: 60px; margin-bottom: 10px;"></div> <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 (<i>address</i>):</p>	<p>17. Name and last known address</p> <div style="border: 1px solid black; width: 100%; height: 60px; margin-bottom: 10px;"></div> <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 (<i>address</i>):</p>
--	--

<p>18. Name and last known address</p> <div style="border: 1px solid black; width: 100%; height: 60px; margin-bottom: 10px;"></div> <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 (<i>address</i>):</p>	<p>19. Name and last known address</p> <div style="border: 1px solid black; width: 100%; height: 60px; margin-bottom: 10px;"></div> <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 (<i>address</i>):</p>
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20. Continued on Attachment 20.

Account Reconciliation 04/29/13

SSN.	<u>Date</u>	<u>Code</u>	<u>Credits</u>	<u>Debits</u>	<u>Transaction Detail</u>
	07/28/10	00		\$3,003.00	Overpayment
	08/16/10	00		\$1,341.60	Overpayment
	08/16/10	00		\$5,616.00	Overpayment
	08/16/10	00		\$1,404.00	Overpayment
Account Summary	08/16/10	00		\$3,108.30	Overpayment
	02/23/11	00		\$25.00	Court Costs
	02/23/11	36		\$13.00	Court Costs
	03/01/11	00		\$5.81	Interest
	04/11/11	00		\$39.67	Interest
Liability Amount	05/02/11	00		\$88.73	Interest
\$14,472.90	06/01/11	00		\$126.75	Interest
PreJudg Interest	07/01/11	00		\$126.75	Interest
\$541.08	08/01/11	00		\$130.99	Interest
Court Costs	09/01/11	00		\$130.99	Interest
\$433.00	10/03/11	00		\$135.21	Interest
Interest	11/01/11	00		\$122.53	Interest
\$2,997.42	12/24/11	00		\$223.93	Interest
Credits/Payments	01/03/12	00		\$42.26	Interest
	02/01/12	00		\$122.53	Interest
Amount Due	03/01/12	00		\$122.53	Interest
\$18,444.40	04/02/12	00		\$135.21	Interest
	05/29/12	00		\$25.00	Court Costs
	05/29/12	00		\$240.84	Interest
	06/01/12	00		\$12.70	Interest
	07/03/12	00		\$135.42	Interest
	08/01/12	00		\$122.73	Interest
	09/04/12	00		\$143.90	Interest
	10/01/12	00		\$114.28	Interest
	11/01/12	00		\$131.20	Interest
	12/04/12	00		\$139.66	Interest
	01/02/13	00		\$122.73	Interest
	02/01/13	00		\$126.96	Interest

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 31,583.49 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. 20110139504; recorded on 2/30/11. 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 15th day of May, 2013 at Orange County, CA
County, State

Signature of Claimant

Signature of Claimant

Print Name

Print Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

Harvey M. Moore, Esq.

3710 S. Susan St. Ste 210

Santa Ana, CA 92704

714-431-2031

DOC # 2011-0139504
03/30/2011 10:15A Fee:26.00
Page 1 of 3

Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



RECORDING REQUESTED BY:
The Moore Law Group, APC
P.O. Box 25145
Santa Ana, CA 92799-2652

AND WHEN RECORDED MAIL TO:
The Moore Law Group, APC
P.O. Box 25145
Santa Ana, CA 92799-2652

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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NOTICE SENT						T:	CTY	UNI	

ABSTRACT OF JUDGMENT
Title of Document

27



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number).
 Recording requested by and return to:
 Harvey M. Moore, Esq. (101128)
 Elaina Moore, Esq. (265636) Farida Chehata, Esq. (272117)
 The Moore Law Group, A Professional Corporation
 3710 S. Susan St., Ste. 210
 P.O. Box 25145, Santa Ana, CA 92799-5145
 800-506-2652

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Riverside**
 STREET ADDRESS: **4050 Main Street, Third Floor**
 MAILING ADDRESS:
 CITY AND ZIP CODE: **Riverside CA 92501**
 BRANCH NAME:

FOR RECORDER'S USE ONLY

2011-0138504
 03/29/2011 10:19A
 2 of 3

PLAINTIFF: **Citibank (South Dakota), N.A.**
 DEFENDANT: **Jose P Rodriguez, an individual**

CASE NUMBER:
RIC10018166

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
Jose P Rodriguez, an individual
921 Lakeview Dr
Corona CA 92880-6745

b. Driver's license no. [last 4 digits] and state: Unknown
 c. Social security no. [last 4 digits]: *****-**-****** Unknown
 d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): **Jose P Rodriguez, an individual**
921 Lakeview Dr
Corona CA 92880-6745

2. Information on additional judgment debtors is shown on page 2.
 3. Judgment creditor (name and address):
Citibank (South Dakota), N.A.
C/O The Moore Law Group, A Professional Corporation
P.O. Box 25145, Santa Ana, CA 92799-5145

4. Information on additional judgment creditors is shown on page 2.
 5. Original abstract recorded in this county.
 a. Date:
 b. Instrument No.:

Date: **February 4, 2011**
Elaina Moore, Esq./Farida Chehata, Esq.
 (TYPE OR PRINT NAME)


 (SIGNATURE OF APPLICANT OR ATTORNEY)

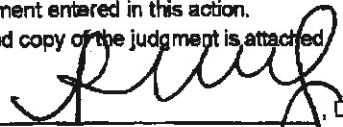
6. Total amount of judgment as entered or last renewed:
\$ 2820.53
 7. All judgment creditors and debtors are listed on this abstract.
 8. a. Judgment entered on (date): **January 3, 2011**
 b. Renewal entered on (date):
 9. This judgment is an installment judgment.

10. An execution lien attachment lien is endorsed on the judgment as follows:
 a. Amount: **\$ 0.00**
 b. In favor of (name and address):

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



This abstract issued on (date):
FEB 22 2011

Clerk, by  Deputy

PLAINTIFF: Citibank (South Dakota), N.A.	CASE NUMBER: RIC10018166
DEFENDANT: Jose P Rodriguez, an individual	

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:

16. Name and last known address

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

Social security no. [last 4 digits]: ***-**-**** Unknown

Summons was personally served at or mailed to (address):

17. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

18. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

19. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.



2011-0133504
03/30/2011 10:15A
3 of 3

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

RECEIVED
2014 FEB 11 AM 7:30
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 15,472.03 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. 2011-0245323; recorded on 06/03/2011. 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.

ABSTRACT OF SUPPORT JUDGMENT FOR COURT CASE NUMBER
D344999, RECORDED IN RIVERSIDE COUNTY.

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 6th day of February, 2014 at Ventura, CA.
County, State


Signature of Claimant

Signature of Claimant

JOHN CARDOZA

Print Name

Print Name

5171 VERDUGO WAY
Street Address

Street Address

CAMARILLO CA 93012
City, State, Zip

City, State, Zip

805-437-8110
Phone Number

Phone Number

CASE #0290315592-01

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of VENTURA

On 02/06/14 before me, LISA M. PULIDO, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared JOHN ANTHONY CARDOZA
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/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.



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

WITNESS my hand and official seal.

Signature: [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp 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: CLAIM FOR EXCESS PROCEEDS

Document Date: 02/06/14 Number of Pages: 5 pgs att.

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

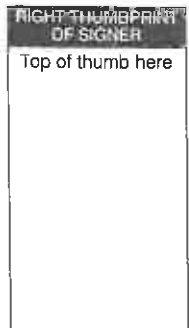
Signer's Name: _____ Signer's Name: _____

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



Signer Is Representing: _____

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



Signer Is Representing: _____

X DOC # 2011-0245323 X
06/03/2011 01:43P Fee:NC

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

RECORDING REQUESTED BY

VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0611100

0
M
059

WHEN RECORDED MAIL TO

X VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
4651 TELEPHONE RD STE 101
VENTURA CA 93003-8393

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT X

NOTICE OF SUPPORT JUDGMENT
DCSS 0239 (09/01/05)

ABSTRACT OF SUPPORT JUDGMENT
(Code of Civil Procedure, §§874, 887.320, 700.190, Family Code § 4506)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICE
Page 1 of 2

FULL SPECT

Public Record

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):
 Recording requested by and return to:
 KAREN C. QUESADA, MANAGING ATTORNEY
 VENTURA COUNTY
 DEPARTMENT OF CHILD SUPPORT SERVICES
 4651 TELEPHONE RD STE 101
 VENTURA CA 93003-6393
 TELEPHONE NO.: (866) 901-3212
 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

FOR RECORDER'S USE ONLY
 0290315592-01

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA
 STREET ADDRESS: 800 S VICTORIA AVE
 MAILING ADDRESS: 800 S VICTORIA AVE
 CITY AND ZIP CODE: VENTURA 93009-0001
 BRANCH NAME: VENTURA COUNTY SUPERIOR COURT

PETITIONER/PLAINTIFF: COUNTY OF KERN
 RESPONDENT/DEFENDANT: JOSE J RODRIGUEZ

ABSTRACT OF SUPPORT JUDGMENT

CASE NUMBER: D344999

1. The judgment creditor assignee of record applies for an abstract of a support judgment and represents the following:
 a. Judgment debtor's
 Name and last known address
 JOSE J RODRIGUEZ
 1182 AQUAMARINE LN
 CORONA CA 92882-3848
 b. Driver's license No. and state: unknown
 c. Social Security number: unknown
 d. Birthdate: 03/19/1970 unknown

FOR COURT USE ONLY
 (This document is a notice under Family Code Section 4506. Court stamp not required.)
 Any electronic signature affixed below has been officially adopted by the requesting governmental agency.

Date: 05/19/2011

KAREN C. QUESADA
 (TYPE OR PRINT NAME)

Karen C. Quesada
 (SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.
 3. Judgment creditor (name):
 VENTURA County Department of Child Support Services whose address appears on this form above the court's name.
 4. The support is ordered to be paid to the following county officer (name and address):
 VENTURA County Department of Child Support Services
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

5. Judgment debtor (full name as it appears in judgment):
 JOSE J RODRIGUEZ
 6. a. A judgment was entered on (date): 08/05/2010
 b. Renewal was entered on (date):
 c. Renewal was entered on (date):
 7. An execution lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):
 8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):
 9. This is an installment judgment.

[Seal]
 This document is a notice under Family Code Section 4506. No court seal required.

This abstract issued on (date): No date required under FC § 4506

This document is a notice under Family Code section 4506.
 Clerk, by _____, Deputy

NOTICE OF SUPPORT JUDGMENT
 DCSS 0239 (09/01/05)

(Code of Civil Procedure, §§674, 697.320, 700.190,
 Family Code § 4506)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
 DEPARTMENT OF CHILD SUPPORT SERVICE
 Page 2 of 2

FULL SPECT

Public Record

RECORDING REQUESTED BY

VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0611100

WHEN RECORDED MAIL TO

VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

4651 TELEPHONE RD STE 101

VENTURA CA 93003-8393

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: KAREN C. QUESADA, MANAGING ATTORNEY VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 4651 TELEPHONE RD STE 101 VENTURA CA 93003-8393 TELEPHONE NO.:(866) 901-3212 <input type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY CASE NUMBER: <div style="text-align: right;">D344999</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 S VICTORIA AVE MAILING ADDRESS: 800 S VICTORIA AVE CITY AND ZIP CODE: VENTURA 93009-0001 BRANCH NAME: VENTURA COUNTY SUPERIOR COURT	
PETITIONER/PLAINTIFF: COUNTY OF KERN RESPONDENT/DEFENDANT: JOSE J RODRIGUEZ	
ABSTRACT OF SUPPORT JUDGMENT	

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

a. Judgment debtor's

Name and last known address	
<input type="checkbox"/> JOSE J RODRIGUEZ <input type="checkbox"/> 1182 AQUAMARINE LN <input type="checkbox"/> CORONA CA 92882-3848	

b. Driver's license No. and state: unknown

c. Social Security number:) unknown

d. Birthdate: 03/19/1970 unknown

FOR COURT USE ONLY

(This document is a notice under
 Family Code Section 4506.
 Court stamp not required.)

Any electronic signature affixed
 below has been officially adopted by
 the requesting governmental agency.

Date: 05/19/2011

KAREN C. QUESADA
 (TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name):
 VENTURA County Department of Child Support Services whose address appears on this form above the court's name.

4. The support is ordered to be paid to the following county officer (name and address):
 VENTURA County Department of Child Support Services
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

5. Judgment debtor (full name as it appears in judgment):
 JOSE J RODRIGUEZ

6. a. A judgment was entered on (date): 08/05/2010
 b. Renewal was entered on (date):
 c. Renewal was entered on (date):

7. An execution lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):

9. This is an installment judgment.

[Seal]

This document is a notice under Family Code Section 4506. No court seal required.

This abstract issued on (date): No date required under FC: § 4506

This document is a notice under Family Code section 4506.
 Clerk, by No signature required. Deputy

Case Balance History
 Case Number: 0290315592-01 Managing County: VENTURA NCP: RODRIGUEZ, JOSE L CP: RODRIGUEZ, MARIA C

View Options
 Balance Month Range: 12 Months All Months

Case Balance History Month	Assistance Status	Managing Office	Beginning Balance (\$)	Obligations (\$)	Current Obligations (\$)	Current Interest (\$)	Collections (\$)	Adjusted Collections (\$)	Other Balance Changes (\$)	Balance (\$)
05/2013	CA(MXD)	Ventura LCSA	15,602.08	527.00	527.00	0.00	213.76	0.00	0.00	15,915.32
04/2013	CA(MXD)	Ventura LCSA	15,651.37	527.00	527.00	104.01	680.30	0.00	0.00	15,602.08
03/2013	CA(MXD)	Ventura LCSA	15,695.99	527.00	527.00	108.68	680.30	0.00	0.00	15,651.37
02/2013	CA(MXD)	Ventura LCSA	15,749.96	527.00	527.00	99.33	680.30	0.00	0.00	15,695.99
01/2013	CA(MXD)	Ventura LCSA	16,132.13	527.00	527.00	111.28	1,020.45	0.00	0.00	15,749.96
12/2012	CA(MXD)	Ventura LCSA	16,170.27	527.00	527.00	115.16	680.30	0.00	0.00	16,132.13
11/2012	CA(MXD)	Ventura LCSA	16,210.86	527.00	527.00	112.71	680.30	0.00	0.00	16,170.27
10/2012	CA(MXD)	Ventura LCSA	16,245.40	527.00	527.00	117.76	680.30	0.00	0.00	16,210.86
09/2012	CA(MXD)	Ventura LCSA	16,284.48	527.00	527.00	115.22	680.30	0.00	0.00	16,246.40
08/2012	CA(MXD)	Ventura LCSA	16,309.25	527.00	527.00	120.35	672.12	0.00	0.00	16,284.48
07/2012	CA(MXD)	Ventura LCSA	16,811.65	527.00	527.00	121.58	1,150.98	0.00	0.00	16,309.25
06/2012	CA(MXD)	Ventura LCSA	17,028.75	527.00	527.00	122.78	866.95	0.00	0.00	16,811.65

[View](#)

VENTURA COUNTY DEPT. OF CHILD SUPPORT SERVICES
(VDCSS)
5171 VERDUGO WAY
CAMARILLO CA 93012-8603



05/16/2013

Don Kent, Treasurer-Tax Collector
ATTN: EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

CSE Case Number: 0290315592-01
Custodial Party:
MARIA C RODRIGUEZ
Noncustodial Parent:
JOSE J RODRIGUEZ
Court Case Number: D344999

Dear Don Kent, Treasurer-Tax Collector:
Please see the attached Claim for Excess Proceeds.

Please contact us at (866) 437-8255 with the above case number if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Sagar".

JASON SAGAR
Child Support Representative



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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 110,590.60 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. 94033423, recorded on 06/18/1996. 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 15th day of July, 2013 at Contra Costa County, CA

Department of Child Support Services County, State
OBO Miranda, Valerie A.

Signature of Claimant

Signature of Claimant

Shawna Teague

Print Name
50 Douglas Dr. STE 100

Print Name

Street Address

Martinez, CA, 94509

Street Address

City, State, Zip

(925) 313-4495

City, State, Zip

Phone Number

Phone Number

X DOC # 2011-0366309 X
08/18/2011 04:31P Fee:NC
Page 1 of 2
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



RECORDING REQUESTED BY

CONTRA COSTA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0601300

062 **M** 062

WHEN RECORDED MAIL TO

CONTRA COSTA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

50 DOUGLAS DR STE 100

X MARTINEZ CA 94553-8500

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT X

NOTICE OF SUPPORT JUDGMENT
DCSS 0238 (12/15/10)

ABSTRACT OF SUPPORT JUDGMENT
(Code of Civil Procedure, §§674, 637.320, 700.190, Family Code § 4506)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICE
Page 1 of 2
ENFORCEMEN

Public Record

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address): <input checked="" type="checkbox"/> Recording requested by and return to: MELINDA R. SELF, SUPERVISING ATTORNEY CONTRA COSTA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 50 DOUGLAS DR STE 100 MARTINEZ CA 94553-8500 TELEPHONE NO: (866) 901-3212 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY 0137141790-01
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA STREET ADDRESS: 751 PINE ST MAILING ADDRESS: PO BOX 911 CITY AND ZIP CODE: MARTINEZ 94553-0091 BRANCH NAME: FAMILY LAW CENTER	
PETITIONER/PLAINTIFF: VALERIE RODRIGUEZ RESPONDENT/DEFENDANT: JOSE RODRIGUEZ	

ABSTRACT OF SUPPORT JUDGMENT <input checked="" type="checkbox"/>	CASE NUMBER: <input checked="" type="checkbox"/> D93-04214
---	---

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

a. Judgment debtor's name and last known address

JOSE RODRIGUEZ
 607 E 14TH ST
 PITTSBURG CA 94565-2714

b. Driver's license no. and state: Unknown

c. Social security number: XXX-XX (provide only last four digits) Unknown

d. Birth date: 04/27/1967 Unknown

FOR COURT USE ONLY

This document is a notice under Family Code Section 4506.
Court stamp not required.

Any electronic signature affixed below has been officially adopted by the requesting governmental agency.

Date: 07/13/2011

MELINDA R. SELF (TYPE OR PRINT NAME)

Melinda (SIGNATURE OF APPLICANT OR ATTORNEY)

2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.

3. Judgment creditor (name): County of CONTRA COSTA Department of Child Support Services
 whose address appears on this form above the court's name.

4. The support is ordered to be paid to the following county officer (name and address):
 CONTRA COSTA
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

5. Judgment debtor (full name as it appears in judgment): JOSE RODRIGUEZ

6. a. A judgment was entered on (date): 06/18/1996
 b. Renewal was entered on (date):
 c. Renewal was entered on (date):

7. An execution lien is endorsed on the judgment, as follows:
 a. Amount: \$
 b. In favor of (name and address):

8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):

9. This is an installment judgment.

This document is a notice under Family Code Section 4506.

Clerk, by No signature required. Deputy

[Seal]

This document is a notice under Family Code Section 4506.
No court seal required.

This abstract issued on (date): **No date required under FC § 4506**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address): <input checked="" type="checkbox"/> Recording requested by and return to: MELINDA R. SELF, SUPERVISING ATTORNEY CONTRA COSTA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 50 DOUGLAS DR STE 100 MARTINEZ CA 94553-8500 TELEPHONE NO.: (866) 901-3212 0137141790-01 <input type="checkbox"/> ATTORNEY FOR <input type="checkbox"/> JUDGMENT CREDITOR <input checked="" type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA STREET ADDRESS: 751 PINE ST MAILING ADDRESS: PO BOX 911 CITY AND ZIP CODE: MARTINEZ 94553-0091 BRANCH NAME: FAMILY LAW CENTER	
PETITIONER/PLAINTIFF: VALERIE RODRIGUEZ RESPONDENT/DEFENDANT: JOSE RODRIGUEZ	
ABSTRACT OF SUPPORT JUDGMENT	CASE NUMBER: D93-04214

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

a. Judgment debtor's

name and last known address JOSE RODRIGUEZ 607 E 14TH ST PITTSBURG CA 94565-2714	

b. Driver's license no. and state: Unknown

c. Social security number: XXX-XX (provide only last four digits) Unknown

d. Birth date: 04/27/1967 Unknown

FOR COURT USE ONLY

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Court stamp not required.

Any electronic signature affixed below has been officially adopted by the requesting governmental agency.

Date: 07/13/2011

MELINDA R. SELF
(TYPE OR PRINT NAME)


(SIGNATURE OF APPLICANT OR ATTORNEY)

- | | |
|--|---|
| 2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.
3. Judgment creditor (name): County of CONTRA COSTA
Department of Child Support Services
whose address appears on this form above the court's name.
4. <input checked="" type="checkbox"/> The support is ordered to be paid to the following county officer (name and address):
CONTRA COSTA
PO BOX 989067
WEST SACRAMENTO CA 95798-9067 | 5. Judgment debtor (full name as it appears in judgment):
JOSE RODRIGUEZ
6. a. A judgment was entered on (date): 06/18/1996
b. Renewal was entered on (date):
c. Renewal was entered on (date):
7. <input type="checkbox"/> An execution lien is endorsed on the judgment as follows:
a. Amount: \$
b. In favor of (name and address):
8. A stay of enforcement has
a. <input checked="" type="checkbox"/> not been ordered by the court.
b. <input type="checkbox"/> been ordered by the court effective until (date):
9. <input type="checkbox"/> This is an installment judgment. |
|--|---|

[Seal]

This document is a notice under Family Code Section 4506.
No court seal required.

This abstract issued on (date): **No date required under FC § 4506**

This document is a notice under Family Code Section 4506.

Clerk, by No signature required. Deputy

GOVERNMENTAL AGENCY (pursuant to Welf. and Inst. Code, §§ 11475.1 and 11478.2):
GARY T. YANCEY, DISTRICT ATTORNEY
By: *Brian H. Welch* DEPUTY D.A.
50 Douglas Drive, Suite 100
Martinez, California 94553

TELEPHONE NO.:
(510) 313-4200

FILED
FOR COUNTY USE ONLY

1996 JUN 18 A 9:33

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA
STREET ADDRESS: 725 COURT STREET
MAILING ADDRESS: P.O. BOX 911
CITY AND ZIP CODE: MARTINEZ, CALIFORNIA 94553
BRANCH NAME:

STATE OF CALIFORNIA, COUNTY CLERK
CONTRA COSTA COUNTY

PETITIONER/PLAINTIFF: VALERIE RODRIGUEZ
vs
RESPONDENT/DEFENDANT: JOSE RODRIGUEZ

CASE NUMBER:
D93-04214

ORDER AFTER HEARING

1. This matter proceeded as follows: uncontested by stipulation contested
 a. Date: *3-20-96* Dept.: *41* Judicial officer: *JOSANNA BERKOW, SUPERIOR COURT REFEREE*
 b. Plaintiff/Petitioner present in court Attorney present in court (name):
 c. Defendant/Respondent present in court Attorney present in court (name):
 d. Per Welfare & Institutions Code sections 11475.1 and 11478.2, Prosecuting Attorney (name): *Brian H. Welch, Deputy D.A.*

2. This order is based on the attached documents.
 3. The "obligor" for purposes of this order is Plaintiff/Petitioner Defendant/Respondent

4. THE COURT ORDERS, GOOD CAUSE APPEARING:

- a. All orders previously made in this action shall remain in full force and effect except as specifically modified below.
 b. Obligor is the parent of and shall pay child support for the following children:

Name	Date of birth	Monthly support amount
Samantha Rodriguez	05 11 86	\$ 182.00 child support
Kellie Rodriguez	03 24 88	\$ 175.00 child care

- (1) For a total of \$ *357.00* payable on the *1st* day of each month beginning (date): *2-1-96*
 (2) Other (specify): *Effective 10/1/95 thru 1/31/96, child support is \$170.00 per month, child care is \$175.00 per month*
 (3) Any support ordered shall continue until further order of court, unless terminated by operation of law.

- c. Obligor owes support arrears as follows, as of (date):
 Child support: \$ Spousal support: \$ Family support: \$
 Interest is not included and is not waived.
 Payable \$ *25.00* on the *1st* day of each month commencing (date): *5-1-96*

d. No provision of this order shall operate to limit any right to assess and collect interest and penalties as allowed by law. Interest accrues on the entire principal balance owing and not on installments as they become due. All liquidation payments shall be subject to modification. There shall be no limitation on collection of principal, interest, and penalties without further notice as allowed by law.

e. All payments shall be made to (name and address of agency): **AUDITOR-CONTROLLER ACCOUNT DR 681100**
P.O. BOX 2399
MARTINEZ, CA 94553-0239

- f. Obligor shall provide health insurance coverage for the children as obligated by law; a Health Insurance Coverage Assignment shall issue; and obligor shall complete a form DHS-6110 and return it to the Office of the District Attorney within 20 days.

no health order (BMW) 3/20/96

(Continued on reverse)

ORDER AFTER HEARING
(Governmental)

PROOF OF SERVICE BY MAIL

(C.C.P. 1012, 1013a, 1963(24), 2015.5)

VALERIE RODRIGUEZ

vs.

Re: JOSE RODRIGUEZNo. D93-04214

I, the undersigned, certify that I am over 18 years of age, and not a party to the within action. My business address is Contra Costa County District Attorney's Office, Family Support Division, 50 Douglas Drive, Suite 100, Martinez, California 94553.

I served a true copy of:

- STIPULATION AND ORDER
- WAGE AND EARNINGS ASSIGNMENT ORDER
- ORDER FOR HEALTH INSURANCE COVERAGE
- ORDER AFTER HEARING (3/20/96)

by placing said copy in a sealed envelope(s) with postage fully prepaid in the United State's mail at Martinez, California on (date) June 25, 1996. Said envelope(s) was addressed as follows:

Jose J. Rodriguez
431 E 9th St.
Pittsburg, CA 94565

Valerie A. Rodriguez
421 Hazelnut Drive
Oakley, CA 94561

Executed this day, June 25, 1996, at Martinez, California. I declare under penalty of perjury that the foregoing is true and correct.



SUSHILA NELSON (name)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):
PROPER
JOSE JAVIER RODRIGUEZ
431 E. 9TH ST.
PITTSBURG, CALIF. 94565

TELEPHONE NO.: _____

FOR COURT USE ONLY

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

FILED
SEP 29 1995

ATTEST:
SEP 29 1995
 STEPHEN L. WEIR, COUNTY CLERK
 CONTRA COSTA COUNTY
 BY Y. MARZETTE, DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA
 STREET ADDRESS: 725 COURT STREET
 MAILING ADDRESS: P.O. BOX 911
 CITY, STATE AND ZIP: MARTINEZ, CA 94553

PETITIONER/PLAINTIFF: **VANERIE RODRIGUEZ**

RESPONDENT/DEFENDANT: **JOSE J. RODRIGUEZ**

ORDER TO SHOW CAUSE FOR MODIFICATION
 Child Custody Visitation Injunctive Order
 Child Support Spousal Support Other (specify):
 Attorney Fees and Costs

CASE NUMBER: **681100**

1. TO (name): **VANERIE RODRIGUEZ**

2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed below.

a. Date: **12-28-95** Time: **1pm** Dept.: **41** Rm.: _____

b. Address of court same as noted above other (specify): _____

AT LEAST FIVE (5) COURT DAYS PRIOR TO THE HEARING CURRENTLY SCHEDULED, ALL INCOME INFORMATION MUST BE FURNISHED TO THE OTHER PARTY IN ACCORDANCE WITH RULE 12 G. OF THE LOCAL RULES OF COURT.

3. IT IS FURTHER ORDERED that a completed Application for Order and Supporting Declaration, a blank Responsive Declaration, and the following documents shall be served with this order:

(1) Completed Income and Expense Declaration and a blank Income and Expense Declaration
 (2) Completed Property Declaration and a blank Property Declaration
 (3) Points and authorities
 (4) Other (specify): _____

a. Time for service hearing is shortened. Service shall be on or before (date) _____ Any responsive declaration shall be served on or before (date) _____

b. You are ordered to comply with the temporary orders attached.

c. Other (specify): _____

Date: **SEP 29 1995**

PATRICIA R. SEPULVEDA
 JUDGE OF THE SUPERIOR COURT

Notice: If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise the child support order will be based on the information supplied by the other parent.

You do not have to pay any fee to file responsive declarations in response to this order to show cause (including a completed income and expense declaration that will show your finances). The original of the responsive declarations must be filed with the court and a copy served on the other party at least five court days before the hearing date.

MARRIAGE OF (last name, first name of parties):

CASE NUMBER: **D93-09214**
687160

RODRIGUEZ, JOSE J. VALERIA

(THIS IS NOT AN ORDER)

Petitioner Respondent Claimant requests the following orders be made:

CHILD CUSTODY

a. Child (name and age)

To be ordered pending the hearing

b. Request custody to (name)

c. Modify existing order

(1) filed on (date):

(2) ordering (specify):

2. CHILD VISITATION

To be ordered pending the hearing

a. Reasonable

b. Other (specify):

c. Neither party shall remove the minor child or children of the parties

(1) from the State of California. (2) other (specify):

d. Modify existing order

(1) filed on (date):

(2) ordering (specify):

3. CHILD SUPPORT (A Wage and Earnings Assignment Order will be issued.)

a. Child (name and age)

SAMANTHA 4 YRS
KELIE 7 YRS

b. Monthly amount

(if not by guideline)

\$ SUSPENDED

c. Modify existing order

(1) filed on (date):

(2) ordering (specify):

7/95
\$82.00 MONTH

4. SPOUSAL SUPPORT (A Wage and Earnings Assignment Order will be issued.)

a. Amount requested (monthly): \$

c. Terminate existing order

(1) filed on (date):

(2) ordering (specify):

b. Modify existing order

(1) filed on (date):

(2) ordering (specify):

5. ATTORNEY FEES AND COSTS a. Fees: \$

b. Costs: \$

6. RESIDENCE EXCLUSION AND RELATED ORDERS To be ordered pending the hearing

Petitioner Respondent must move out immediately and must not return to the family dwelling at

(address):

taking only clothing and personal effects needed until the hearing.

7. STAY-AWAY ORDERS To be ordered pending the hearing

a. Petitioner Respondent must stay at least (specify):

yards away from applicant and

the following places:

(1) applicant's residence (address optional)

(2) applicant's place of work (address optional)

(3) the children's school (address optional)

(4) other (specify):

b. Contacts relating to pickup and delivery of children pursuant to a court order or a stipulation of the parties arrived at during mediation shall be permitted.

8. RESTRAINT ON PERSONAL CONDUCT To be ordered pending the hearing

Petitioner Respondent

a. shall not molest, attack, strike, threaten, sexually or otherwise assault, or otherwise disturb the peace of the other party and any person under the care, custody, and control of the other party.

b. shall not contact or telephone the other party.

except that peaceful contacts relating to minor children of the parties shall be permitted.

(Continued on reverse)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <i>PROPER</i> JOSE JAVIER K. RODRIGUEZ 431 E 9TH ST PITTSBURGH, CA 95605		TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: <i>2ND COURT ST</i> MAILING ADDRESS: <i>P.O. BOX 911</i> CITY AND ZIP CODE: <i>MARTINE, CA 94503</i> BRANCH NAME:		FILED SEP 29 1995 STEPHEN L. WEIR, COUNTY CLERK CONTRA COSTA COUNTY BY Y. MARZETTA DEPUTY URTEGA	
PETITIONER/PLAINTIFF: <i>VALE... ..</i>		CASE NUMBER <i>681100</i>	
RESPONDENT/DEFENDANT: <i>JOSE J. RODRIGUEZ</i>		INCOME AND EXPENSE DECLARATION	

Step 1
Attachments to this summary

I have completed Income Expense Child Support information forms.
(If child support is not an issue, do not complete the Child Support Information Form. If your only income is AFDC, do not complete the Income Information Form.)

Step 2
Answer all questions that apply to you

1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?
 Receiving Applied for Intend to apply for No

2. What is your date of birth (month/day/year)? 4/27/67

3. What is your occupation? UNEMPLOYED

4. Highest year of education completed: 12th Gr

5. Are you currently employed? Yes No
a. if yes: (1) Where do you work? (name and address): _____
(2) When did you start work there (month/year)? _____
b. if no: (1) When did you last work (month/year)? 11/22/95
(2) What were your gross monthly earnings? _____

6. What is the total number of minor children you are legally obligated to support? 2

Step 3
Monthly income information

7. Net monthly disposable income (from line 16a of Income Information): \$ 0

8. Current net monthly disposable income (if different from line 7, explain below or on Attachment 8): \$ 0

Step 4
Expense information

9. Total monthly expenses from line 2q of Expense Information: \$ _____

10. Amount of these expenses paid by others: \$ _____

Step 5
Other party's income

11. My estimate of the other party's gross monthly income is: \$?

Step 6
Date and sign this form

I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.

Date: 9/29/95

JOSE JAVIER RODRIGUEZ
(TYPE OR PRINT NAME)

Jose Rodriguez
(SIGNATURE OF DECLARANT)

Petitioner Respondent

PETITIONER / PLAINTIFF: VANERIE RODRIGUEZ
 RESPONDENT / DEFENDANT: JOSE J. RODRIGUEZ
 EXPENSE INFORMATION OF (name): JOSE J. RODRIGUEZ CASE NUMBER: 681100

	name	age	relationship	gross monthly income
1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	1.			
	2.			
	3.			
	4.			
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1.			
	2.			
	3.			

2. MONTHLY EXPENSES

a. Residence payments
 (1) Rent or mortgage \$ 0
 (2) If mortgage, include:
 Average principle \$ 0
 Average interest \$ 0
 Impound for real property taxes \$ 0
 Impound for home-owner's insurance.. \$ 0
 (3) Real property taxes (if not included in item (2)) \$ 0
 (4) Homeowner's or renter's insurance (if not included in item (2)) \$ 0
 (5) Maintenance \$ 0
 b. Unreimbursed medical and dental expenses \$ 0
 c. Child care \$ 0
 d. Children's education \$ 0
 e. Food at home and household supplies ... \$ 0
 f. Food eating out \$ 0
 g. Utilities \$ 0
 h. Telephone \$ 0
 i. Laundry and cleaning \$ 0
 j. Clothing \$ 0
 k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) ... \$ 0
 l. Education (specify): \$ 0
 m. Entertainment \$ 0
 n. Transportation and auto expenses (insurance, gas, oil, repair) \$ 0
 o. Installment payments (insert total and itemize below in item 3) \$ 0
 p. Other (specify): FOOD STAMPS \$ 115.00
 q. TOTAL EXPENSES (a-p) \$ 0
 (do not include amounts in a(2))

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: \$ The source of this money was:
 b. I owe to date the following fees and costs over the amount paid:
 c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

 (SIGNATURE OF ATTORNEY)

.....
 (TYPE OR PRINT NAME OF ATTORNEY)

8. RESTRAINT ON PERSONAL CONDUCT

- a. I consent to the order requested.
- c. I do not consent to the order requested.

b. I consent to the following order:

9. PROPERTY RESTRAINT

- a. I consent to the order requested.
- c. I do not consent to the order requested.

b. I consent to the following order:

10. PROPERTY CONTROL

- a. I consent to the order requested.
- c. I do not consent to the order requested.

b. I consent to the following order:

11. OTHER RELIEF, AS REQUESTED IN ITEM 13 OF THE APPLICATION

- a. I consent to the order requested.
- c. I do not consent to the order requested.

b. I consent to the following order:

12. SUPPORTING INFORMATION

contained in the attached declaration.

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

Date:

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): GARY T. YANCEY, District Attorney Contra Costa County by: FRANCINE R. CARLEY, Deputy D.A., 50 Douglas Dr., Ste 100 460 Madison Road, Martinez, CA 94553 Plaintiff		TELEPHONE NO(S): (415) (510) 313-4200	LEVYING OFFICER (Name and Address): ALAMEDA COUNTY, SHERIFF 1225 Fallon Street Oakland, CA 94612
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA		LEVYING OFFICER FILE NO: 94-02838	COURT CASE NO: D93-04214
PLAINTIFF: VALERIE RODRIGUEZ			
DEFENDANT: JOSE RODRIGUEZ			
INTERVENOR: CONTRA COSTA COUNTY			
NOTICE OF TERMINATION OR MODIFICATION OF EARNINGS WITHHOLDING ORDER			

1. TO EMPLOYER: You are given notice that the Earnings Withholding Order is modified as follows:

<p>Name and address of employer</p> <p>CANNED FOOD INC., SERVICE CENTER PENSION PLAN 2000 5th St. Berkeley, CA 94710-1918</p> <p>Attri:</p> <p style="text-align: center;"><i>(Insert name above)</i></p>	<p>Name and address of employee</p> <p>JOSE RODRIGUEZ 2174 Goff Pittsburg, CA 94565</p> <p>Social Security Number (if known):</p>
--	--

2. THE EARNINGS WITHHOLDING ORDER IS

- a. terminated for all earnings payable on or after (date) **8-8-94**
- b. modified for all earnings payable on or after (date): _____ as follows:
 - (1) The sum to be withheld is (specify amount/weekly, monthly, etc.):
\$ _____
The amount withheld must not exceed the maximum permitted by law, as explained in the Employer's instructions.
 - (2) The sum necessary for the support of the judgment debtor and family is (specify amount/weekly, monthly, etc.):
\$ _____
All disposable earnings exceeding that amount are to be withheld, but the amount withheld must not exceed the maximum permitted by law, as explained in the Employer's instructions.
- c. Other orders (specify): _____

94 AUG 17 PM 1:14
 SHERIFF - CLERK
 CONTRA COSTA COUNTY

3. Withheld earnings presently in your possession should be paid in accordance with the terms of this notice.

Date:

Levying Officer, by _____ (TYPE OR PRINT NAME) _____ (SIGNATURE)

CREDITOR'S INSTRUCTION TO TERMINATE OR MODIFY EARNINGS WITHHOLDING ORDER

To the levying officer: You are directed to terminate or modify the Earnings Withholding Order as indicated above.

Date: August 8, 1994

~~FRANCINE R. CARLEY, Deputy D.A.~~ _____ (TYPE OR PRINT NAME) **Jose A. Marin** (SIGNATURE)

NOTICE OF TERMINATION OR MODIFICATION OF EARNINGS WITHHOLDING ORDER (Wage Garnishment)

GARY T. YANCEY, District Attorney
Contra Costa County by
FRANCINE CARLEY, Deputy DA
50 Douglas Drive Ste. 100
Martinez, California 94553

Phone: (510) 313-4200

Attorney for Plaintiff

FILED

FEB 18 A 8:58

STEPHEN L. WEIR, COUNTY CLERK
CONTRA COSTA COUNTY

Space above for State-Court-Clerk only

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA

VALERIE RODRIGUEZ

Plaintiff(s)

No. D93-04214

vs.

DECLARATION FOR ISSUANCE OF
WRIT OF EXECUTION AND ORDER

JOSE RODRIGUEZ

Intervenor; Contra Costa County Defendant(s)
(ABBREVIATED TITLE)

I declare that I am the Attorney for Contra Costa County in the above entitled cause; that the following (Judgment) (order) was made, and entered on November 8, 1993:

IT WAS ORDERED that petitioner and respondent are awarded joint legal custody of the minor children, namely, SAMANTHA RODRIGUEZ, born May 11, 1986, and KELLIE RODRIGUEZ, born March 24, 1988.

IT WAS FURTHER ORDERED that respondent shall pay to petitioner the sum of \$323.00 per month per child for a total of \$646.00 per month child support commencing the date this Judgment is executed by the Judge and continuing monthly thereafter on the first of each month, until death, emancipation, eighteen years of age, or nineteen years of age and a full time high school student residing with parent, or until further order of the court, whichever occurs first.

IT WAS FURTHER ORDERED that respondent shall pay to petitioner a portion of child care costs in the sum of \$175.00 per month commencing upon the date this Judgment is executed by the Judge and continuing monthly thereafter until further order of the court.

///

///

///

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name) (510)313-4200 TELEPHONE NO.

Recording requested by and return to: GARY T. YANCEY, District Attorney, Contra Costa County
By: FRANCINE CARLEY, Deputy DA
50 Douglas Dr., Ste. 100, Martinez, CA 94553

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD Intervenor

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA

STREET ADDRESS 725 Court Street
MAILING ADDRESS P. O. Box 911
CITY AND ZIP CODE: Martinez, Ca 94553
BRANCH NAME

PLAINTIFF: VALERIE RODRIGUEZ

DEFENDANT: JOSE RODRIGUEZ
Intervenor: Contra Costa County

CASE NUMBER
D93-04214
FOR COURT USE ONLY

WRIT OF EXECUTION (Money Judgment) POSSESSION OF Personal Property Real Property SALE

- 1. To the Sheriff or any Marshal or Constable of the County of: ALAMEDA
- You are directed to enforce the judgment described below with daily interest and your costs as provided by law.
- 2. To any registered process server: You are authorized to serve this writ only in accord with CCP 699.080 or CCP 715.040.
- 3. (Name): CONTRA COSTA COUNTY
is the judgment creditor assignee of record Intervenor
whose address is shown on this form above the court's name.
- 4. Judgment debtor (name and last known address):

DOMESTIC

JOSE RODRIGUEZ
2174 Goff
Pittsburg, CA 94565

- 9. See reverse for information on real or personal property to be delivered under a writ of possession or sold under a writ of sale.
- 10. This writ is issued on a sister-state judgment.
- 11. Total judgment \$ 2,463.00
- 12. Costs after judgment (per filed order or memo CCP 685.090) . . . \$ -0-
- 13. Subtotal (add 11 and 12) \$ 2,463.00
- 14. Credits \$ 465.00
- 15. Subtotal (subtract 14 from 13) . . \$ 1,998.00
- 16. Interest after judgment (per filed affidavit CCP 685.050) \$ 26.46
- 17. Fee for issuance of writ \$ -0-
- 18. Total (add 15, 16, and 17) \$ 2,024.46
- 19. Levying officer: Add daily interest from date of writ (at the legal rate on 15) of \$ -0-

- additional judgment debtors on reverse
- 5. Judgment entered on (date): 11/8/93
- 6. Judgment reviewed on (dates):
- 7. Notice of sale under this writ
a. has not been requested.
b. has been requested (see reverse).
- 8. Joint debtor information on reverse.

20. The amounts called for in items 11-19 are different for each debtor. These amounts are stated for each debtor on Attachment 20.

ISEAL

Issued on (date): FEB 18 1994

STEPHEN L. WEIR
Clark, by J. WILLIAMS, Deputy

- NOTICE TO PERSON SERVED: SEE REVERSE FOR IMPORTANT INFORMATION -

(Continued on reverse)

FILED

1994 FEB 10 P 3:36

STEPHEN L. WEIR, COUNTY CLERK
CONTRA COSTA COUNTY

BY _____ DEPUTY

1 GARY T. YANCEY, District Attorney
County of Contra Costa
2 By: FRANCINE CARLEY, Deputy D. A.
Family Support Division
3 50 Douglas Drive, Suite 100
Martinez, California 94553
4 Telephone: (510) 313-4200

5 Governmental Agency appearing pursuant
to W&I Code 11475.1, 11478.2
6
7

8 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 IN AND FOR THE COUNTY OF CONTRA COSTA

10 Petitioner/Plaintiff:

NO. D93-04214

11 VALERIE RODRIGUEZ

EX PARTE APPLICATION AND
DECLARATION FOR
INTERVENTION, CHANGE OF
PAYEE AND ORDER (Welfare
& Institutions Code
Section 11475.1; Civil
Code Sections 4702 & 4801.7
and 4390.5)

14 Respondent/Defendant:

15 JOSE RODRIGUEZ

15 INTERVENOR: CONTRA COSTA COUNTY

17 The undersigned declares as follows:

18 1. I am a Deputy District Attorney for Contra Costa County
19 assigned to the Family Support Division.

20 2. A case has been opened in this office on behalf of the
21 child(ren) for whom support has been ordered in this action.

22 3. Pursuant to Welfare & Institutions Code Section 11475.1
23 and Civil Code Sections 4702, 4801.7 and 4390.5, I request that the
24 Court issue an order as follows:

25 (1) That the District Attorney may intervene in this
26 action pursuant to CCP Section 387(b) by this ex parte application;

27 (2) That the person ordered to pay support in this
28 action be ordered to pay all unpaid sums to the Auditor-Controller

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address): VALERIE RODRIGUEZ 600 WILBUR AVENUE, NO. 2064 ANTIOCH, CA 94509		TELEPHONE NO.: (510)754-5608	FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> 1993 NOV -8 P 12:54 SUPERIOR COURT CLERK CONTRA COSTA COUNTY BY <u>MARY BUDA</u> DEPUTY
Attorney for (Name): VALERIE RODRIGUEZ SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA COUNTY			
STREET ADDRESS: 725 COURT STREET MAILING ADDRESS: POST OFFICE BOX 911 CITY AND ZIP CODE: MARTINEZ, CA 94553 BRANCH NAME: COUNTY OF CONTRA COSTA			
MARRIAGE OF PETITIONER: VALERIE RODRIGUEZ RESPONDENT: JOSE RODRIGUEZ			
JUDGMENT <input checked="" type="checkbox"/> Dissolution <input type="checkbox"/> Status only <input type="checkbox"/> Reserving Jurisdiction over termination of marital status Date marital status ends: 3-4-94		CASE NUMBER: D93-04214	
<input type="checkbox"/> Legal separation <input type="checkbox"/> Nullity			

1. This proceeding was heard as follows: default or uncontested by declaration under Civil Code, § 4511 contested
- a. Date: **EX PARTE** Dept: **16** Rm: **222**
- b. Judge (name): **PATRICIA K. SEPULVEDA** Temporary Judge
- c. Petitioner present in court Attorney present in court (name):
- d. Respondent present in court Attorney present in court (name):
- e. Claimant present in court (name): Attorney present in court (name):
2. The court acquired jurisdiction of the respondent on (date): **9/3/93**
- Respondent was served with process Respondent appeared
3. THE COURT ORDERS, GOOD CAUSE APPEARING:
- a. Judgment of dissolution be entered. Marital status is terminated and the parties are restored to the status of unmarried persons
- (1) on the following date (specify): **3-4-94**
- (2) on a date to be determined on noticed motion of either party or on stipulation.
- b. Judgment of legal separation be entered.
- c. Judgment of nullity be entered. The parties are declared to be unmarried persons on the ground of (specify):
- d. Wife's former name be restored (specify):
- e. This judgment shall be entered nunc pro tunc as of (date):
- f. Jurisdiction is reserved over all other issues and all present orders remain in effect except as provided below.
- g. Other (specify): **SEE ATTACHMENT 4.G. FOR FURTHER ORDERS OF THE COURT.**
- h. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: _____ JUDGE OF THE SUPERIOR COURT

4. Number of additional pages attached: _____ Signature follows last attachment

NOTICE

Please review your will, insurance policies, retirement benefit plans, credit cards, other credit accounts and credit reports, and other matters you may want to change in view of the dissolution or annulment of your marriage, or your legal separation. A debt or obligation may be assigned to one party as part of the division of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party. An earnings assignment will automatically be issued if child support, family support, or spousal support is ordered.

1 spousal support payable to petitioner.

2 The court's jurisdiction to award spousal support to
3 respondent shall terminate forthwith, and the court shall have no
4 jurisdiction to award spousal support at any time in the future.

5 **IV. DIVISION OF COMMUNITY PROPERTY ASSETS**

6 **A. Furniture, Furnishings and Appliances**

7 Each party is awarded one-half of all furniture,
8 furnishings and appliances as their sole and separate property.

9 **B. Vehicles**

10 1. Petitioner is awarded the 1988 Ford Escort as
11 her sole and separate property.

12 2. Respondent is awarded the 1982 GMC Truck as his
13 sole and separate property.

14 **C. Pension/Retirement**

15 Petitioner is awarded her one-half community
16 property interest in the pension/retirement benefits earned during
17 marriage through respondent's employment with Canned Foods Inc.

18 Date of Marriage: December 21, 1985

19 Date of Separation: February 23, 1993.

20 **III. DIVISION OF COMMUNITY OBLIGATIONS**

21 Petitioner and Respondent shall assume and be responsible
22 for payment of one-half of any and all community debts that existed
23 on date of separation. Each party indemnifies and holds the other
24 party free and harmless from their one-half liability relating
25 thereto.

26 Dated: NOV 5 1993

27 PATRICIA K. SEPULVEDA
28 JUDGE OF THE SUPERIOR COURT

DEPARTMENT OF CHILD SUPPORT SERVICES CONTRA
COSTA COUNTY
50 DOUGLAS DR STE 100
MARTINEZ CA 94553-8500



07/15/2013

Don Kent, Treasurer-Tax Collector
ATTENTION: EXCESS PROCEEDS
PO BOX 12005
RIVERSIDE CA 92502-2205

CSE Case Number: 0137141790-01

Custodial Party:
VALERIE A MIRANDA

Noncustodial Parent:
JOSE J RODRIGUEZ

Court Case Number: D93-04214

Dear Don Kent, Treasurer-Tax Collector:

Please see the enclosed documents regarding the Claim for Excess Proceeds. Thank you.

Please contact us at (866) 901-3212 with the above case number if you have any questions.

Sincerely,

S TEAGUE
Child Support Representative

FREE FORM CORRESPONDENCE
DCSS 0196 (08/16/04)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICES



DD2403216811

OP TEAM 3

Simple Report All Debt Types

Case: 0137141790-01-1
 Manage Cnty: Contra Costa
 CP: VALERIE MIRANDA
 NCP: JOSE RODRIGUEZ
 Court Order: D93-04214

Total Current Charges	61,678.00	Total Principal Due	43,351.92
Total Arrears/Adjustments (Principal)	0.00	Total Interest Due	67,246.68
Total Interest Charges	78,214.28	Balance Due	110,598.60
Total Arrears/Adjustments (Interest)	0.00		
Total Amount Paid	29,293.68		
Balance Due	110,598.60		

MM-CCYY	Current Charge	Aid St	Support Paid	Principal Balance	Monthly Interest	Interest Balance	Total Balance	
11-1993	821.00		0.00	0.00	821.00	6.84	6.84	827.84
12-1993	821.00		465.00	0.00	1,177.00	9.81	16.65	1,193.65
01-1994	821.00		0.00	0.00	1,998.00	16.65	33.30	2,031.30
02-1994	821.00		0.00	0.00	2,819.00	23.49	56.79	2,875.79
03-1994	821.00		0.00	0.00	3,640.00	30.33	87.12	3,727.12
04-1994	821.00		114.00	0.00	4,347.00	36.22	123.34	4,470.34
05-1994	821.00		228.00	0.00	4,940.00	41.17	164.51	5,104.51
06-1994	821.00		285.00	0.00	5,476.00	45.63	210.14	5,686.14
07-1994	821.00		0.00	0.00	6,297.00	52.47	262.61	6,559.61
08-1994	821.00		0.00	0.00	7,118.00	59.32	321.93	7,439.93
09-1994	821.00		0.00	0.00	7,939.00	66.16	388.09	8,327.09
10-1994	821.00		0.00	0.00	8,760.00	73.00	461.09	9,221.09
11-1994	821.00		0.00	0.00	9,581.00	79.84	540.93	10,121.93
12-1994	821.00		0.00	0.00	10,402.00	86.68	627.61	11,029.61
01-1995	821.00		0.00	0.00	11,223.00	93.52	721.13	11,944.13
02-1995	821.00		0.00	0.00	12,044.00	100.37	821.50	12,865.50
03-1995	821.00		0.00	0.00	12,865.00	107.21	928.71	13,793.71
04-1995	821.00		0.00	0.00	13,686.00	114.05	1,042.76	14,728.76
05-1995	821.00		0.00	0.00	14,507.00	120.89	1,163.65	15,670.65
06-1995	821.00		0.00	0.00	15,328.00	127.73	1,291.38	16,619.38
07-1995	821.00		0.00	0.00	16,149.00	134.57	1,425.95	17,574.95
08-1995	821.00		0.00	0.00	16,970.00	141.42	1,567.37	18,537.37
09-1995	821.00		0.00	0.00	17,791.00	148.26	1,715.63	19,506.63
10-1995	345.00		0.00	0.00	18,136.00	151.13	1,866.76	20,002.76
11-1995	345.00		0.00	0.00	18,481.00	154.01	2,020.77	20,501.77
12-1995	345.00		0.00	0.00	18,826.00	156.88	2,177.65	21,003.65
01-1996	345.00		0.00	0.00	19,171.00	159.76	2,337.41	21,508.41
02-1996	357.00		0.00	0.00	19,528.00	162.73	2,500.14	22,028.14
03-1996	357.00		0.00	0.00	19,885.00	165.71	2,665.85	22,550.85
04-1996	357.00		357.00	0.00	19,885.00	165.71	2,831.56	22,716.56
05-1996	357.00		0.00	0.00	20,242.00	168.68	3,000.24	23,242.24
06-1996	357.00		0.00	0.00	20,599.00	171.66	3,171.90	23,770.90
07-1996	357.00		0.00	0.00	20,956.00	174.63	3,346.53	24,302.53
08-1996	357.00		0.00	0.00	21,313.00	177.61	3,524.14	24,837.14
09-1996	357.00		0.00	0.00	21,670.00	180.58	3,704.72	25,374.72
10-1996	357.00		0.00	0.00	22,027.00	183.56	3,888.28	25,915.28
11-1996	357.00		0.00	0.00	22,384.00	186.53	4,074.81	26,458.81
12-1996	357.00		0.00	0.00	22,741.00	189.51	4,264.32	27,005.32
01-1997	357.00		0.00	0.00	23,098.00	192.48	4,456.80	27,554.80
02-1997	357.00		0.00	0.00	23,455.00	195.46	4,652.26	28,107.26
03-1997	357.00		0.00	0.00	23,812.00	198.43	4,850.69	28,662.69
04-1997	357.00		0.00	0.00	24,169.00	201.41	5,052.10	29,221.10
05-1997	357.00		0.00	0.00	24,526.00	204.38	5,256.48	29,782.48
06-1997	357.00		0.00	0.00	24,883.00	207.36	5,463.84	30,346.84
07-1997	357.00		0.00	0.00	25,240.00	210.33	5,674.17	30,914.17
08-1997	357.00		0.00	0.00	25,597.00	213.31	5,887.48	31,484.48
09-1997	357.00		0.00	0.00	25,954.00	216.28	6,103.76	32,057.76
10-1997	357.00		0.00	0.00	26,311.00	219.26	6,323.02	32,634.02
11-1997	357.00		0.00	0.00	26,668.00	222.23	6,545.25	33,213.25
12-1997	357.00		0.00	0.00	27,025.00	225.21	6,770.46	33,795.46

MM-CCYY	Current Charge	Aid St	Support Paid	Principal Balance	Monthly Interest	Interest Balance	Total Balance	
08-2003	357.00		0.00	0.00	51,301.00	427.51	29,063.92	80,364.92
09-2003	357.00		0.00	0.00	51,658.00	430.48	29,494.40	81,152.40
10-2003	357.00		0.00	0.00	52,015.00	433.46	29,927.86	81,942.86
11-2003	357.00		0.00	0.00	52,372.00	436.43	30,364.29	82,736.29
12-2003	357.00		0.00	0.00	52,729.00	439.41	30,803.70	83,532.70
01-2004	250.00		275.00	0.00	52,729.00	439.41	31,218.11	83,947.11
02-2004	250.00		275.00	0.00	52,729.00	439.41	31,632.52	84,361.52
03-2004	250.00		322.00	0.00	52,729.00	439.41	31,999.93	84,728.93
04-2004	250.00		275.00	777.00	52,729.00	439.41	31,637.34	84,366.34
05-2004	250.00		275.00	0.00	52,729.00	439.41	32,051.75	84,780.75
06-2004	250.00		275.00	0.00	52,729.00	439.41	32,466.16	85,195.16
07-2004	250.00		275.00	0.00	52,729.00	439.41	32,880.57	85,609.57
08-2004	250.00		275.00	0.00	52,729.00	439.41	33,294.98	86,023.98
09-2004	250.00		275.00	0.00	52,729.00	439.41	33,709.39	86,438.39
10-2004	250.00		275.00	0.00	52,729.00	439.41	34,123.80	86,852.80
11-2004	250.00		0.00	0.00	52,979.00	441.49	34,565.29	87,544.29
12-2004	250.00		275.00	0.00	52,979.00	441.49	34,981.78	87,960.78
01-2005	250.00		275.00	0.00	52,979.00	441.49	35,398.27	88,377.27
02-2005	250.00		275.00	0.00	52,979.00	441.49	35,814.76	88,793.76
03-2005	250.00		550.00	0.00	52,979.00	441.49	35,956.25	88,935.25
04-2005	250.00		275.00	0.00	52,979.00	441.49	36,372.74	89,351.74
05-2005	250.00		316.00	0.00	52,979.00	441.49	36,748.23	89,727.23
06-2005	250.00		275.00	337.00	52,979.00	441.49	36,827.72	89,806.72
07-2005	250.00		275.00	0.00	52,979.00	441.49	37,244.21	90,223.21
08-2005	250.00		275.00	0.00	52,979.00	441.49	37,660.70	90,639.70
09-2005	250.00		275.00	0.00	52,979.00	441.49	38,077.19	91,056.19
10-2005	250.00		275.00	0.00	52,979.00	441.49	38,493.68	91,472.68
11-2005	250.00		275.00	0.00	52,979.00	441.49	38,910.17	91,889.17
12-2005	250.00		275.00	0.00	52,979.00	441.49	39,326.66	92,305.66
01-2006	250.00		275.00	0.00	52,979.00	441.49	39,743.15	92,722.15
02-2006	250.00		275.00	0.00	52,979.00	441.49	40,159.64	93,138.64
03-2006	250.00		275.00	0.00	52,979.00	441.49	40,576.13	93,555.13
04-2006	250.00		0.00	0.00	53,229.00	443.57	41,019.70	94,248.70
05-2006	250.00		550.00	0.00	53,229.00	443.57	41,163.27	94,392.27
06-2006	250.00		275.00	0.00	53,229.00	443.57	41,581.84	94,810.84
07-2006	0.00		0.00	0.00	53,229.00	443.57	42,025.41	95,254.41
08-2006	0.00		100.00	0.00	53,229.00	443.57	42,368.98	95,597.98
09-2006	0.00		50.00	0.00	53,229.00	443.57	42,762.55	95,991.55
10-2006	0.00		100.00	0.00	53,229.00	443.57	43,106.12	96,335.12
11-2006	0.00		126.92	0.00	53,229.00	443.57	43,422.77	96,651.77
12-2006	0.00		353.84	0.00	53,229.00	443.57	43,512.50	96,741.50
01-2007	0.00		253.84	0.00	53,229.00	443.57	43,702.23	96,931.23
02-2007	0.00		253.84	0.00	53,229.00	443.57	43,891.96	97,120.96
03-2007	0.00		253.84	0.00	53,229.00	443.57	44,081.69	97,310.69
04-2007	0.00		253.84	0.00	53,229.00	443.57	44,271.42	97,500.42
05-2007	0.00		516.76	0.00	53,229.00	443.57	44,198.23	97,427.23
06-2007	0.00		253.84	0.00	53,229.00	443.57	44,387.96	97,616.96
07-2007	0.00		253.84	0.00	53,229.00	443.57	44,577.69	97,806.69
08-2007	0.00		253.84	0.00	53,229.00	443.57	44,767.42	97,996.42
09-2007	0.00		253.84	0.00	53,229.00	443.57	44,957.15	98,186.15
10-2007	0.00		380.76	0.00	53,229.00	443.57	45,019.96	98,248.96
11-2007	0.00		253.84	0.00	53,229.00	443.57	45,209.69	98,438.69
12-2007	0.00		253.84	0.00	53,229.00	443.57	45,399.42	98,628.42
01-2008	0.00		253.84	0.00	53,229.00	443.57	45,589.15	98,818.15
02-2008	0.00		253.84	0.00	53,229.00	421.76	45,757.07	98,986.07
03-2008	0.00		253.84	0.00	53,229.00	450.85	45,954.08	99,183.08
04-2008	0.00		401.76	0.00	53,229.00	436.30	45,988.62	99,217.62
05-2008	0.00		253.84	428.00	53,229.00	450.85	45,757.63	98,986.63
06-2008	0.00		253.84	600.00	53,229.00	436.30	45,340.09	98,569.09
07-2008	0.00		253.84	0.00	53,229.00	450.85	45,537.10	98,766.10
08-2008	0.00		253.84	0.00	53,229.00	450.85	45,734.11	98,963.11
09-2008	0.00		253.84	0.00	53,229.00	436.30	45,916.57	99,145.57
10-2008	0.00		380.76	0.00	53,229.00	450.85	45,986.66	99,215.66
11-2008	0.00		253.84	0.00	53,229.00	436.30	46,169.12	99,398.12
12-2008	0.00		253.84	0.00	53,229.00	450.85	46,366.13	99,595.13
01-2009	0.00		253.84	0.00	52,975.16	449.93	46,816.06	99,791.22
02-2009	0.00		253.84	0.00	52,721.32	404.44	47,220.50	99,941.82

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, and 17406):
George O. Nielsen, Child Support Attorney DCSS#: 714179-A / 3570/kw
 Contra Costa County - Department of Child Support Services
 50 Douglas Drive, Suite 100
 Martinez, CA 94553
 TELEPHONE NO.: (925) 957-7300 FAX NO.: (925) 335-3627
 ATTORNEY FOR (Name):

FOR COURT USE ONLY

FILED

2004 JAN 22 P 2:52

K. TO BE COMPLETED BY THE COURT CLERK

BY: _____

CASE NUMBER: **D93-04214**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA
 STREET ADDRESS: 751 Pine Street
 MAILING ADDRESS: P.O. Box 911
 CITY AND ZIP CODE: Martinez, CA 94553
 BRANCH NAME:

W PETITIONER/PLAINTIFF: VALERIE RODRIGUEZ *(MIRANDA)*
 RESPONDENT/DEFENDANT: JOSE RODRIGUEZ
 OTHER PARENT:

ORDER AFTER HEARING

1. This matter proceeded as follows: Uncontested By stipulation Contested
 a. Date: 12-18-03 Dept.: 52 Judicial officer: DONALD J. LIDDLE
 b. Petitioner/Plaintiff present Attorney present (name):
 c. Respondent/Defendant present Attorney present (name):
 d. Other parent present Attorney present (name):
 e. Local child support agency attorney (Family Code §§ 17400, 17406) (name): NANCY GORDON
 f. Other (specify):

g. The Obligor (the parent ordered to pay support) is Petitioner/Plaintiff Respondent/Defendant *ky*
 Other Parent

2. Attached is a computer printout showing the parents' income and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, shall become the court's findings.
 3. This order is based on the attached documents (specify):

4. THE COURT ORDERS

- a. All orders previously made in this action shall remain in full force and effect except as specifically modified below.
 b. Obligor is the parent of and shall pay current child support for the following children:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
SAMANTHA RODRIGUEZ	5/11/86	\$250.00
KELLIE RODRIGUEZ	3/24/88	

(1) Other (specify):

(2) For a total of: \$250.00 payable on the: 1ST day of each month
 beginning (date): 1-1-04

(3) The support order was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1,000.

(4) Any support ordered shall continue until further order of court, unless terminated by operation of law.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PETITIONER/PLAINTIFF: VALERIE RODRIGUEZ	CASE NUMBER:
RESPONDENT/DEFENDANT: JOSE RODRIGUEZ	D93-04214
OTHER PARENT:	

4. c. Obligor owes support arrears as follows, as of (date):
- (1) Child support: Spousal support: Family support:
- (2) Interest is not included and is not waived.
- (3) Payable: \$25.00 on 1ST day of each month beginning (date): 1-1-04
- (4) Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due.

d. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

e. All payments shall be made to (name and address of agency): **CONTRA COSTA COUNTY-DCSS**
 P.O. BOX 2399
 MARTINEZ, CA 94553-0239 **DCSS#: 714179-A**

f. An Order/Notice to Withhold Income for Child Support (form FL-195) must issue.

g. Obligor Obligees must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services to the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a Health Insurance Coverage Assignment must issue.

h. Both parents must complete the Child Support Case Registry Form (form FL-191) and send (deliver or mail) it to the local child support agency within 10 days of the date of this order. The parents must notify the local child support agency of any change in the information submitted on the form by submitting an updated form within 10 days of the change.

i. The form Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order (form FL-192) attached.

j. The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (name):
 (name):

k. The court further orders (specify):
 Respondent's driver's license is released conditioned on timely, monthly payments of child support and arrears payments.

Date: 1-21-04

5. Number of pages attached: 0

Approved as conforming to court order: Date:
(SIGNATURE OF ATTORNEY FOR OBLIGOR)

DONALD J. LIDDLE

JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

MM-CCYY	Current Charge	Aid St	Support Paid	Principal Balance	Monthly Interest	Interest Balance	Total Balance	
03-2009	0.00		253.84	0.00	52,467.48	445.61	47,666.11	100,133.59
04-2009	0.00		380.76	0.00	52,086.72	428.11	48,094.22	100,180.94
05-2009	0.00		253.84	0.00	51,832.88	440.22	48,534.44	100,367.32
06-2009	0.00		253.84	0.00	51,579.04	423.94	48,958.38	100,537.42
07-2009	0.00		253.84	0.00	51,325.20	435.91	49,394.29	100,719.49
08-2009	0.00		253.84	0.00	51,071.36	433.76	49,828.05	100,899.41
09-2009	0.00		380.76	0.00	50,690.60	416.64	50,244.69	100,935.29
10-2009	0.00		253.84	0.00	50,436.76	428.37	50,673.06	101,109.82
11-2009	0.00		253.84	0.00	50,182.92	412.46	51,085.52	101,268.44
12-2009	0.00		69.00	0.00	50,113.92	425.63	51,511.15	101,625.07
01-2010	0.00		414.00	0.00	49,699.92	422.11	51,933.26	101,633.18
02-2010	0.00		276.00	0.00	49,423.92	379.14	52,312.40	101,736.32
03-2010	0.00		414.00	0.00	49,009.92	416.25	52,728.65	101,738.57
04-2010	0.00		276.00	0.00	48,733.92	400.55	53,129.20	101,863.12
05-2010	0.00		276.00	0.00	48,457.92	411.56	53,540.76	101,998.68
06-2010	0.00		345.00	0.00	48,112.92	395.45	53,936.21	102,049.13
07-2010	0.00		276.00	0.00	47,836.92	406.29	54,342.50	102,179.42
08-2010	0.00		276.00	0.00	47,560.92	403.94	54,746.44	102,307.36
09-2010	0.00		276.00	0.00	47,284.92	388.64	55,135.08	102,420.00
10-2010	0.00		276.00	0.00	47,008.92	399.25	55,534.33	102,543.25
11-2010	0.00		345.00	0.00	46,663.92	383.54	55,917.87	102,581.79
12-2010	0.00		345.00	0.00	46,318.92	393.39	56,311.26	102,630.18
01-2011	0.00		207.00	0.00	46,111.92	391.64	56,702.90	102,814.82
02-2011	0.00		69.00	0.00	46,042.92	353.21	57,056.11	103,099.03
03-2011	0.00		552.00	0.00	45,490.92	386.36	57,442.47	102,933.39
04-2011	0.00		345.00	0.00	45,145.92	371.06	57,813.53	102,959.45
05-2011	0.00		276.00	0.00	44,869.92	381.09	58,194.62	103,064.54
06-2011	0.00		276.00	0.00	44,593.92	366.53	58,561.15	103,155.07
07-2011	0.00		276.00	0.00	44,317.92	376.40	58,937.55	103,255.47
08-2011	0.00		414.00	0.00	43,903.92	372.88	59,310.43	103,214.35
09-2011	0.00		276.00	0.00	43,627.92	358.59	59,669.02	103,296.94
10-2011	0.00		276.00	0.00	43,351.92	368.19	60,037.21	103,389.13
11-2011	0.00		0.00	0.00	43,351.92	356.32	60,393.53	103,745.45
12-2011	0.00		0.00	0.00	43,351.92	368.19	60,761.72	104,113.64
01-2012	0.00		0.00	0.00	43,351.92	367.19	61,128.91	104,480.83
02-2012	0.00		0.00	0.00	43,351.92	343.50	61,472.41	104,824.33
03-2012	0.00		0.00	0.00	43,351.92	367.19	61,839.60	105,191.52
04-2012	0.00		0.00	0.00	43,351.92	355.34	62,194.94	105,546.86
05-2012	0.00		0.00	0.00	43,351.92	367.19	62,562.13	105,914.05
06-2012	0.00		0.00	0.00	43,351.92	355.34	62,917.47	106,269.39
07-2012	0.00		0.00	0.00	43,351.92	367.19	63,284.66	106,636.58
08-2012	0.00		0.00	0.00	43,351.92	367.19	63,651.85	107,003.77
09-2012	0.00		0.00	0.00	43,351.92	355.34	64,007.19	107,359.11
10-2012	0.00		0.00	0.00	43,351.92	367.19	64,374.38	107,726.30
11-2012	0.00		0.00	0.00	43,351.92	355.34	64,729.72	108,081.64
12-2012	0.00		0.00	0.00	43,351.92	367.19	65,096.91	108,448.83
01-2013	0.00		0.00	0.00	43,351.92	368.19	65,465.10	108,817.02
02-2013	0.00		0.00	0.00	43,351.92	332.56	65,797.66	109,149.58
03-2013	0.00		0.00	0.00	43,351.92	368.19	66,165.85	109,517.77
04-2013	0.00		0.00	0.00	43,351.92	356.32	66,522.17	109,874.09
05-2013	0.00		0.00	0.00	43,351.92	368.19	66,890.36	110,242.28
06-2013	0.00		0.00	0.00	43,351.92	356.32	67,246.68	110,598.60
07-2013	0.00		0.00	0.00	43,351.92	0.00	67,246.68	110,598.60
Totals:	61,678.00		27,151.68	2,142.00		78,214.28		

MM-CCYY	Current Charge	Aid St	Support Paid	Principal Balance	Monthly Interest	Interest Balance	Total Balance	
01-1998	357.00		0.00	0.00	27,382.00	228.18	6,998.64	34,380.64
02-1998	357.00		0.00	0.00	27,739.00	231.16	7,229.80	34,968.80
03-1998	357.00		0.00	0.00	28,096.00	234.13	7,463.93	35,559.93
04-1998	357.00		0.00	0.00	28,453.00	237.11	7,701.04	36,154.04
05-1998	357.00		0.00	0.00	28,810.00	240.08	7,941.12	36,751.12
06-1998	357.00		0.00	0.00	29,167.00	243.06	8,184.18	37,351.18
07-1998	357.00		0.00	0.00	29,524.00	246.03	8,430.21	37,954.21
08-1998	357.00		0.00	0.00	29,881.00	249.01	8,679.22	38,560.22
09-1998	357.00		0.00	0.00	30,238.00	251.98	8,931.20	39,169.20
10-1998	357.00		0.00	0.00	30,595.00	254.96	9,186.16	39,781.16
11-1998	357.00		0.00	0.00	30,952.00	257.93	9,444.09	40,396.09
12-1998	357.00		0.00	0.00	31,309.00	260.91	9,705.00	41,014.00
01-1999	357.00		0.00	0.00	31,666.00	263.88	9,968.88	41,634.88
02-1999	357.00		0.00	0.00	32,023.00	266.86	10,235.74	42,258.74
03-1999	357.00		0.00	0.00	32,380.00	269.83	10,505.57	42,885.57
04-1999	357.00		0.00	0.00	32,737.00	272.81	10,778.38	43,515.38
05-1999	357.00		0.00	0.00	33,094.00	275.78	11,054.16	44,148.16
06-1999	357.00		0.00	0.00	33,451.00	278.76	11,332.92	44,783.92
07-1999	357.00		0.00	0.00	33,808.00	281.73	11,614.65	45,422.65
08-1999	357.00		0.00	0.00	34,165.00	284.71	11,899.36	46,064.36
09-1999	357.00		0.00	0.00	34,522.00	287.68	12,187.04	46,709.04
10-1999	357.00		0.00	0.00	34,879.00	290.66	12,477.70	47,356.70
11-1999	357.00		0.00	0.00	35,236.00	293.63	12,771.33	48,007.33
12-1999	357.00		0.00	0.00	35,593.00	296.61	13,067.94	48,660.94
01-2000	357.00		0.00	0.00	35,950.00	299.58	13,367.52	49,317.52
02-2000	357.00		0.00	0.00	36,307.00	302.56	13,670.08	49,977.08
03-2000	357.00		0.00	0.00	36,664.00	305.53	13,975.61	50,639.61
04-2000	357.00		0.00	0.00	37,021.00	308.51	14,284.12	51,305.12
05-2000	357.00		0.00	0.00	37,378.00	311.48	14,595.60	51,973.60
06-2000	357.00		0.00	0.00	37,735.00	314.46	14,910.06	52,645.06
07-2000	357.00		0.00	0.00	38,092.00	317.43	15,227.49	53,319.49
08-2000	357.00		0.00	0.00	38,449.00	320.41	15,547.90	53,996.90
09-2000	357.00		0.00	0.00	38,806.00	323.38	15,871.28	54,677.28
10-2000	357.00		0.00	0.00	39,163.00	326.36	16,197.64	55,360.64
11-2000	357.00		0.00	0.00	39,520.00	329.33	16,526.97	56,046.97
12-2000	357.00		0.00	0.00	39,877.00	332.31	16,859.28	56,736.28
01-2001	357.00		0.00	0.00	40,234.00	335.28	17,194.56	57,428.56
02-2001	357.00		0.00	0.00	40,591.00	338.26	17,532.82	58,123.82
03-2001	357.00		0.00	0.00	40,948.00	341.23	17,874.05	58,822.05
04-2001	357.00		0.00	0.00	41,305.00	344.21	18,218.26	59,523.26
05-2001	357.00		0.00	0.00	41,662.00	347.18	18,565.44	60,227.44
06-2001	357.00		0.00	0.00	42,019.00	350.16	18,915.60	60,934.60
07-2001	357.00		0.00	0.00	42,376.00	353.13	19,268.73	61,644.73
08-2001	357.00		0.00	0.00	42,733.00	356.11	19,624.84	62,357.84
09-2001	357.00		0.00	0.00	43,090.00	359.08	19,983.92	63,073.92
10-2001	357.00		0.00	0.00	43,447.00	362.06	20,345.98	63,792.98
11-2001	357.00		0.00	0.00	43,804.00	365.03	20,711.01	64,515.01
12-2001	357.00		0.00	0.00	44,161.00	368.01	21,079.02	65,240.02
01-2002	357.00		0.00	0.00	44,518.00	370.98	21,450.00	65,968.00
02-2002	357.00		0.00	0.00	44,875.00	373.96	21,823.96	66,698.96
03-2002	357.00		0.00	0.00	45,232.00	376.93	22,200.89	67,432.89
04-2002	357.00		0.00	0.00	45,589.00	379.91	22,580.80	68,169.80
05-2002	357.00		0.00	0.00	45,946.00	382.88	22,963.68	68,909.68
06-2002	357.00		0.00	0.00	46,303.00	385.86	23,349.54	69,652.54
07-2002	357.00		0.00	0.00	46,660.00	388.83	23,738.37	70,398.37
08-2002	357.00		0.00	0.00	47,017.00	391.81	24,130.18	71,147.18
09-2002	357.00		0.00	0.00	47,374.00	394.78	24,524.96	71,898.96
10-2002	357.00		0.00	0.00	47,731.00	397.76	24,922.72	72,653.72
11-2002	357.00		0.00	0.00	48,088.00	400.73	25,323.45	73,411.45
12-2002	357.00		0.00	0.00	48,445.00	403.71	25,727.16	74,172.16
01-2003	357.00		0.00	0.00	48,802.00	406.68	26,133.84	74,935.84
02-2003	357.00		0.00	0.00	49,159.00	409.66	26,543.50	75,702.50
03-2003	357.00		0.00	0.00	49,516.00	412.63	26,956.13	76,472.13
04-2003	357.00		0.00	0.00	49,873.00	415.61	27,371.74	77,244.74
05-2003	357.00		0.00	0.00	50,230.00	418.58	27,790.32	78,020.32
06-2003	357.00		0.00	0.00	50,587.00	421.56	28,211.88	78,798.88
07-2003	357.00		0.00	0.00	50,944.00	424.53	28,636.41	79,580.41

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name) #302: VALERIE RODRIGUEZ 600 WILBUR AVENUE, NO. 2064 ANTIOCH, CA 94509	TELEPHONE NO.: (510) 754-5608 FOR COURT USE ONLY
ATTORNEY FOR (Name): VALERIE RODRIGUEZ SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA COUN STREET ADDRESS: 725 COURT STREET MAILING ADDRESS: POST OFFICE BOX 911 CITY AND ZIP CODE: MARTINEZ, CA 94553 BRANCH NAME: COUNTY OF CONTRA COSTA	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">1993 NOV -8 P 12:55</div> <div style="font-size: 0.8em; margin-bottom: 5px;">CLERK OF SUPERIOR COURT CONTRA COSTA COUNTY</div> <div style="font-size: 0.8em; margin-bottom: 5px;">BY: <u> </u> CLERK</div>
PETITIONER/PLAINTIFF: VALERIE RODRIGUEZ RESPONDENT/DEFENDANT: JOSE RODRIGUEZ	CASE NUMBER: D93-04214
WAGE AND EARNINGS ASSIGNMENT ORDER <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Child Support <input type="checkbox"/> Spousal or Family Support	

TO THE PAYOR: This is a court order. You must withhold a portion of the earnings of (obligor's name and Social Security number):
JOSE RODRIGUEZ SOC. SEC. NUMBER
 and pay as directed below. (An explanation of this order is printed on the reverse.)

THE COURT ORDERS YOU TO

1. Pay part of the earnings of the employee or other person ordered to pay support as follows:

a. <input checked="" type="checkbox"/> \$821.00 per month current child support.	d. <input type="checkbox"/> \$ per month child support arrearages.
b. <input type="checkbox"/> \$ per month current spousal support.	e. <input type="checkbox"/> \$ per month spousal support arrearages.
c. <input type="checkbox"/> \$ per month current family support.	f. <input type="checkbox"/> \$ per month family support arrearages.
g. <input type="checkbox"/> \$ per month attorney fees, until the total of: \$ _____ has been paid.	
2. The payments ordered under items 1a, 1b, and 1c shall be paid to (name, address): **VALERIE RODRIGUEZ**
600 WILBUR AVENUE, NO. 2064, ANTIOCH, CA 94509
3. The payments ordered under item 1d, 1e, and 1f shall be paid to (name, address):
4. The payments ordered under item 1g shall be paid to (name, address):
5. The payments ordered under item 1 shall continue until further written notice from payee or the court.
6. This order modifies an existing order. The amount you must withhold may have changed. The existing order continues in effect until this modification is effective.
7. This order affects all earnings payable beginning as soon as possible but not later than 10 days after you receive it.
8. Give the obligor a copy of this order within 10 days.
9. Other (specify):

THE COURT FINDS the total arrearage to be as follows:

- | | <u>Amount</u> | <u>As of (date)</u> |
|--|---------------|---------------------|
| 10. a. <input type="checkbox"/> Child support: | | |
| b. <input type="checkbox"/> Spousal support: | | |
| c. <input type="checkbox"/> Family support: | | |

Date: **11-5-93**

PATRICIA K. SEPULVEDA
 JUDGE OF THE SUPERIOR COURT

(See reverse for information and instructions)

2 Attachment 4.f.

3 IT IS FURTHER ORDERED, ADJUDGED AND DECREED as follows:

4 I. CHILD CUSTODY AND VISITATION

5 Petitioner and respondent are awarded joint legal custody
6 of the minor children, namely, SAMANTHA RODRIGUEZ, born May 11,
7 1986, and KELLIE RODRIGUEZ, born March 24, 1988, with petitioner
8 being awarded physical custody of said minor children subject to
9 respondent's rights to reasonable visitation, upon reasonable
10 notice first given.

11 II. CHILD SUPPORT

12 Respondent shall pay to petitioner the sum of \$323.00 per
13 month per child for a total of \$646.00 per month child support
14 commencing the date this Judgment is executed by the Judge and
15 continuing monthly thereafter on the first of each month, until
16 death, emancipation, eighteen years of age, or nineteen years of
17 age and a full time high school student residing with parent, or
18 until further order of the court, whichever occurs first.

19 As and for additional child support, respondent shall pay
20 to petitioner a portion of child care costs in the sum of \$175.00
21 per month commencing upon the date this Judgment is executed by the
22 Judge and continuing monthly thereafter until further order of the
23 court.

24 Respondent is ordered to maintain his present medical,
25 dental insurance coverage for the benefit of the minor children.

26 III. SPOUSAL SUPPORT

27 The court shall reserve jurisdiction over the award of
28

1 of Contra Costa County, Finance Building Room 203, Martinez,
2 California, 94553. Account DR # 681100.

3 (3) That an Earnings Assignment issue directing the
4 employer of the person ordered to pay support to deduct each month
5 from the earnings due that person the amount ordered to be paid in
6 the attached support order, and remit said sums to the Auditor-
7 Controller of Contra Costa County, until further order of the
8 Court.

9 I declare under penalty of perjury, under the laws of the
10 State of California, that the foregoing is true and correct.

11
12 DATED: February 8, 1994


13 FRANCINE CARLEY,
14 Deputy District Attorney

15 ORDER

16 Good cause appearing therefore,

17 IT IS ORDERED THAT all unpaid support previously ordered in
18 this action shall be paid to the Auditor-Controller, Central
19 Collections, Room 203, Finance Building, Martinez, California
20 94553. Account DR # 681100.

21 IT IS FURTHER ORDERED that the District Attorney shall appear
22 in any action regarding support, pursuant to the authority granted
23 in Welfare & Institutions Code Section 11475.1.

24 IT IS FURTHER ORDERED that an earnings assignment shall issue,
25 as provided by Civil Code Section 4390.3.

26
27 DATED: FEB 10 1994

JOSANNA BERKOW

28 SUPERIOR COURT REFEREE

SHORT TITLE:

CASE NUMBER:

Items continued from the first page:

4. Additional judgment debtor (name and last known address):

7. Notice of sale has been requested by (name and address):

8. Joint debtor was declared bound by the judgment (CCP 989-994)

a. on (date):

a. on (date):

b. name and address of joint debtor:

b. name and address of joint debtor:

c. additional costs against certain joint debtors (itemize):

9. (Writ of Possession or Writ of Sale) Judgment was entered for the following:

(Check (1) or (2)):

a. Possession of real property: The complaint was filed on (date):

(1) The Prejudgment Claim of Right to Possession was served in compliance with CCP 415.46. The judgment includes all tenants, subtenants, named claimants, and other occupants of the premises.

(2) The Prejudgment Claim of Right to Possession was NOT served in compliance with CCP 415.46. (a) \$ _____ was the daily rental value on the date the complaint was filed.

(b) The court will hear objections to enforcement of the judgment under CCP 1174.3 on the following dates (specify):

b. Possession of personal property

If delivery cannot be had, then for the value (itemize in 9e) specified in the judgment or supplemental order.

c. Sale of personal property

d. Sale of real property

e. Description of property:

— NOTICE TO PERSON SERVED —

WRIT OF EXECUTION OR SALE. Your rights and duties are indicated on the accompanying Notice of Levy. WRIT OF POSSESSION OF PERSONAL PROPERTY. If the levying officer is not able to take custody of the property, the levying officer will make a demand upon you for the property. If custody is not obtained following demand, the judgment may be enforced as a money judgment for the value of the property specified in the judgment or in a supplemental order. WRIT OF POSSESSION OF REAL PROPERTY. If the premises are not vacated within five days after the date of service on the occupant or, if service is by posting, within five days after service on you, the levying officer will remove the occupants from the real property and place the judgment creditor in possession of the property. Personal property remaining on the premises will be sold or otherwise disposed of in accordance with CCP 1174 unless you or the owner of the property pays the judgment creditor the reasonable cost of storage and takes possession of the personal property not later than 15 days after the time the judgment creditor takes possession of the premises.

A Claim of Right to Possession form accompanies this writ (unless the Summons was served in compliance with CCP 415.46).

NOTE: Continued use of form EJ-130 (Rev. Jan. 1, 1989) is authorized until June 30, 1992, except if used as a Writ of Possession of Real Property.

(Where payments are ordered to be paid at different times, fill in data below; in other cases, strike out inapplicable portions). Failure to claim interest shall be deemed a waiver thereof.

That the installments ordered and interest thereon, and the installments paid and interest thereon, are as follows:

Installments Ordered date due	Paid		Installments Actually Paid		Balance Due	
	amount	interest	date paid	on principal	on principal	on interest
SEE ATTACHED SPREAD SHEET EXHIBIT "A"						

I, the undersigned state:

That there is actually due on said order the sum of \$1,998.00 principal, \$ 0 costs, \$ 0 attorney fees and \$ 26.46 interest, for which sum it is prayed that a writ of execution issue in favor of CONTRA COSTA COUNTY to ALAMEDA County.

Dated February 15, 1994

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

(Signature)
FRANCINE CARLEY, Deputy DA

PROOF OF SERVICE BY MAIL

(C.C.P. 1012, 1013a, 1963(24), 2015.5)

VALERIE RODRIGUEZ

JOSE RODRIGUEZ

Re: _____

No. D93-04214

I, the undersigned, certify that I am over 18 years of age, and not a party to the within action. My business address is Contra Costa County District Attorney's Office, Family Support Division, 50 Douglas Drive, Suite 100, Martinez, California 94553.

I served a true copy of:

- STIPULATION AND ORDER
- WAGE AND EARNINGS ASSIGNMENT ORDER
- ORDER FOR HEALTH INSURANCE COVERAGE
- DECLARATION OF POSITION CONTRA COSTA COUNTY RE
PROPOSED CHILD SUPPORT AND SPOUSAL SUPPORT ORDER

by placing said copy in a sealed envelope(s) with postage fully prepaid in the United State's mail at Martinez, California on (date) 12-18-95. Said envelope(s) was addressed as follows:

Jose Rodriguez
431 E 9th Street
Pittsburg, CA 94565

Executed this day, 12-18-95, at Martinez, California. I declare under penalty of perjury that the foregoing is true and correct.

Beverly Hubbard
(name)
Beverly Hubbard

ATTORNEY FOR PARTY WITHOUT ATTORNEY (Name and address): Valerie Rodriguez 4308 Kingsly Dr Pittsburg Ca 94565 ATTORNEY FOR (Name): _____ TELEPHONE NO.: _____	FOR COURT USE ONLY <h1 style="font-size: 2em; margin: 0;">FILED</h1> 1995 DEC 28 P 3:17 STEPHEN L. WYLLI, COUNTY CLERK CONTRA COSTA COUNTY BY _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA STREET ADDRESS: 725 COURT STREET MAILING ADDRESS: P.O. BOX 911 CITY, STATE AND ZIP: MARTINEZ, CA 94553	
PETITIONER/PLAINTIFF: Valerie Rodriguez RESPONDENT/DEFENDANT: Jose Rodriguez CLAIMANT: _____	
FINDINGS AND ORDER AFTER HEARING (Family Law – Domestic Violence Prevention – Uniform Parentage)	CASE NUMBER: D93-04214

1. This proceeding was heard on (date): **12/28/95** at (time): **2:55 pm** in Dept.: **41** Room: _____
 by Judge (name): _____ Temporary Judge
 Eileen Preuille Attorney present (name): _____
 Petitioner/plaintiff present Attorney present (name): _____
 Respondent/defendant present Attorney present (name): _____
 Claimant present _____ by (name): _____
 On the order to show cause or motion filed (date): _____

2. THE COURT ORDERS
3. Custody and visitation: As attached Not applicable
4. Child support: As attached Not applicable
5. Spousal-Family support: As attached Not applicable
6. Property orders: As attached Not applicable
7. Domestic Violence Miscellaneous Orders As attached Not applicable
8. Other orders: As attached Not applicable
9. Attorney fees (specify amount): \$ _____ payable as child support payable as spousal support
 Payable to (name and address): _____
 Payable forthwith other (specify): _____

10. All other issues are reserved until further order of court. **Continued to 3-20-96 @ 8:00**
Both ordered to appear. This order must be served on District Attorney.
 Date: **12-28-95**
 Approved as conforming to court order. **Eileen Preuille**
 JUDGE OF THE SUPERIOR COURT

SIGNATURE OF ATTORNEY FOR PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT
 (Continued)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)		TELEPHONE NO.
<i>In Proper</i> Jose J. Rodriguez 431 E. 9th St. Pittsburg, Calif. 94565		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA STREET ADDRESS: 725 Court Street MAILING ADDRESS: P. O. Box 911 CITY AND ZIP CODE: Martinez, Ca 94553 BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION		CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:

FOR COURT USE ONLY

1. CHILD CUSTODY
 - a. I consent to the order requested.

2. CHILD VISITATION
 - a. I consent to the order requested.

3. CHILD SUPPORT
 - a. I consent to the order requested.
 - c. I do not consent to the order requested, but I consent to the following order:
 (1) Guideline (2) Other (specify):

4. SPOUSAL SUPPORT
 - a. I consent to the order requested.
 - c. I do not consent to the order requested.

5. ATTORNEY FEES AND COSTS
 - a. I consent to the order requested.
 - c. I do not consent to the order requested.

6. RESIDENCE EXCLUSION
 - a. I consent to the order requested.
 - c. I do not consent to the order requested.

7. STAY-AWAY ORDERS
 - a. I consent to the order requested.
 - c. I do not consent to the order requested.

- b. I do not consent to the order requested but I consent to the following order:

- b. I do not consent to the order requested but I consent to the following order:

- b. I consent to guideline support.

- b. I consent to the following order:

- b. I consent to the following order:

- b. I consent to the following order:

- b. I consent to the following order:

(Continued on reverse)

PETITIONER / PLAINTIFF: <u>VALENTINA RODRIGUEZ</u> RESPONDENT / DEFENDANT: <u>JOSÉ J. RODRIGUEZ</u> INCOME INFORMATION OF (name): <u>JOSÉ J. RODRIGUEZ</u>	CASE NUMBER: <u>681100</u>
--	-------------------------------

- | | |
|---|-----------------|
| 1. Total gross salary or wages, including commissions, bonuses, and overtime paid during last 12 months: | 1. \$ <u>0</u> |
| 2. All other money received during last 12 months except welfare, AFDC, SSI, spousal support from this marriage, or any child support.
<i>Specify sources below</i>
<i>Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.</i>
<i>Include income from a business, rental properties, and reimbursement of job-related expenses.</i>
→ Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property. | 2a. \$ <u>0</u> |
| | 2b. \$ <u>0</u> |
| | 2c. \$ <u>0</u> |
| | 2d. \$ <u>0</u> |
| 3. Add lines 1 through 2d..... | 3. \$ <u>0</u> |
- Divide line 3 by 12 and place result on line 4a.

	Average last 12 months:	Last month:
4. Gross income.....	4a. \$ <u>0</u>	4b. \$ <u>0</u>
5. State income tax.....	5a. \$ <u>0</u>	5b. \$ <u>0</u>
6. Federal income tax.....	6a. \$ <u>0</u>	6b. \$ <u>0</u>
7. Social Security and Hospital Tax ("FICA" or "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits.....	7a. \$ <u>0</u>	7b. \$ <u>0</u>
8. Health insurance for you and any children you are required to support.....	8a. \$ <u>0</u>	8b. \$ <u>0</u>
9. State disability insurance.....	9a. \$ <u>0</u>	9b. \$ <u>0</u>
10. Mandatory union dues.....	10a. \$ <u>0</u>	10b. \$ <u>0</u>
11. Mandatory retirement and pension fund contributions..... <i>Do not include any deduction claimed in item 7.</i>	11a. \$ <u>0</u>	11b. \$ <u>0</u>
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that involved in this proceeding:	12a. \$ <u>0</u>	12b. \$ <u>0</u>
13. Necessary job-related expenses (attach explanation).....	13a. \$ <u>0</u>	13b. \$ <u>0</u>
14. Hardship deduction (Line 4d on Child Support Information Form).....	14a. \$ <u>0</u>	14b. \$ <u>0</u>
15. Add lines 5 through 14..... Total monthly deductions:	15a. \$	15b. \$
16. Subtract line 15 from line 4..... Net monthly disposable income:	16a. \$	16b. \$

- | | |
|---|----------------------|
| 17. AFDC, welfare, spousal support from this marriage, and child support from other relationships received each month:..... | 17. \$ <u>115.00</u> |
| 18. Cash and checking accounts:..... | 18. \$ <u>0</u> |
| 19. Savings, credit union, certificates of deposit, and money market accounts:..... | 19. \$ <u>0</u> |
| 20. Stocks, bonds, and other liquid assets:..... | 20. \$ <u>0</u> |
| 21. All other property, real or personal (specify below):..... | 21. \$ <u>0</u> |

→ Attach a copy of your three most recent pay stubs.

MARRIAGE OF (last name, first name of parties):

RODRIGUEZ JOSE J. & VALERIE

CASE NO.:

681100

9. PROPERTY RESTRAINT To be ordered pending the hearing
- a. The petitioner respondent claimant be restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
- and applicant be notified at least five business days before any proposed extraordinary expenditures and an accounting of such be made to the court.
- b. Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage including life, health, automobile, and disability held for the benefit of the parties or their minor children.
- c. Neither party shall incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

10. PROPERTY CONTROL To be ordered pending the hearing
- a. Petitioner Respondent be given the exclusive temporary use, possession, and control of the following property we own or are buying (specify):
- b. Petitioner Respondent be ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | Debt | Amount of payment | Pay to |
|------|-------------------|--------|
| | | |

11. LAW ENFORCEMENT AGENCIES I request that copies of orders be given to the following law enforcement agencies having jurisdiction over the locations where violence is likely to occur:
- | Law enforcement agency | Address |
|------------------------|---------|
| | |

12. I request that time for service of the Order to Show Cause and accompanying papers be shortened so that they may be served no less than (specify number) days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.

13. OTHER RELIEF (specify):

14. FACTS IN SUPPORT of relief requested and change of circumstances for any modification are (specify):
- contained in the attached declaration.

BEEN UNEMPLOYED FOR 2 YRS. NO SOURCE OF INCOME
NO MEANS TO PAY CHILD SUPPORT.

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

Date: 9/29/95

JOSE JAVIER RODRIGUEZ

(TYPE OR PRINT NAME)

Jose Rodriguez

(SIGNATURE OF APPLICANT)

**INFORMATION ABOUT THE
WAGE AND EARNINGS ASSIGNMENT ORDER**

1. DEFINITIONS OF IMPORTANT WORDS IN THIS INFORMATION:

- A. Obligor:** any person ordered by a court to pay child support, spousal support, or family support. Named before item 1 on the reverse.
- B. Oblige:** the person to whom the support is to be paid, including the District Attorney or other government agency in some cases. Named in item 2 on the reverse.
- C. Payor:** the person or entity, including an employer, that pays earnings to an obligor.
- D. Earnings:**
- (1) wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer;
 - (2) payments for services of independent contractors;
 - (3) dividends, rents, royalties, and residuals;
 - (4) patent rights and mineral or other natural resource rights;
 - (5) any payments due as a result of written or oral contracts for services or sales, regardless of their title; and
 - (6) any other payments or credits that result from an enforceable obligation.
- E. Wage and Earnings Assignment Order:** A court order issued in every court case where one person is ordered to pay for the support of another person. The support may be child, spousal, or family support. This order has top priority over any other orders such as garnishments or earnings withholding orders. Earnings should not be withheld for any other order until the amounts necessary to satisfy this order have been withheld in full.
- When this order is for child support, it has top priority over a similar order for spousal support. The front of this form tells which types of support this order is for.

2. INFORMATION FOR ALL PAYORS: Withhold money from the earnings payable to the obligor as soon as possible but not later than 10 days after you receive this order. Send it to the obligee within 10 days of the pay date. You may deduct \$1.00 from the obligor's earnings for each periodic payment you make.

When sending the withheld earnings to the payee, state the date that the earnings were withheld. If you are unable to pay the withheld amounts for six months or more because the person named in item 2 on the reverse has not notified you of a change of address, make no further payments under this order and return all undeliverable payments to the obligor. You will be liable for any amount you fail to withhold and can be cited for contempt of court.

You may combine amounts withheld for more than one obligor in a single payment to each obligee. If you identify the portion of that payment that is attributable to each obligor.

If you have more than one order for an obligor, you

must allocate among these orders following the multiple wage assignments procedure (Form 1285.70A).

3. SPECIAL COMPUTATION INSTRUCTIONS FOR PAYORS WHO ARE EMPLOYERS:

- A.** State and federal laws limit the amount of earnings that you should withhold and pay as directed by this order. This limitation applies only to earnings described in item 1D(1). The limitation is stated as a specified percentage of the employee's disposable earnings.

Disposable earnings are different from gross pay or take-home pay. Disposable earnings are the earnings left after subtracting the money that state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) social security, (3) state income tax, (4) state disability insurance, and (5) payments to public employees' retirement systems.

After the employee's disposable earnings are known, withhold the amount required by the order, **BUT NEVER WITHHOLD MORE THAN 50 PER CENT OF THE DISPOSABLE EARNINGS UNLESS THE COURT ORDER SPECIFIED A HIGHER PERCENTAGE.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.

- B.** If the employee is paid by a different time period from that specified in the order, prorate the amount ordered to be withheld so part of it is withheld from each of the employee's paychecks.
- C.** If the employee stops working for you, notify the obligee, not later than the date of the next payment by first class mail, giving the employee's last known address, and, if you know them, the name and address of any new employer.
- D.** California law prohibits you from firing, refusing to hire, or taking any disciplinary action against an employee because of a Wage and Earnings Assignment Order. Such action can lead to a \$500 civil penalty per employee.

4. INFORMATION FOR ALL OBLIGORS: Family Code section 5270 describes the procedures available for you to ask the court to quash this order. You may file a motion to quash this order but you must act within 10 days after you receive a copy of the order from the payor. See the procedure set forth in Family Code section 5271.

Family Code section 5240 describes the procedure by which an obligor may request the court to terminate the assignment order.

These laws may be found in any law library. Each California county has a law library.

5. SPECIAL INFORMATION FOR THE OBLIGOR WHO IS AN EMPLOYEE: Family Code section 5281 requires you to notify the obligee (item 2 on the reverse) if you change your employment. You must provide the name and address of your new employer.

PETITIONER/PLAINTIFF: <i>Rodriguez</i>	CASE NUMBER: <i>D98-04214</i>
RESPONDENT/DEFENDANT: <i>Rodriguez</i>	

- g. Obligor shall provide written notification to the superior court clerk of any change in residence and to the Office of the District Attorney of any change of residence, income, or employment within 10 days.
- h. A wage and earnings assignment shall issue.
- i. The court further orders (specify): If obligor fails to advise the District Attorney, Family Support Division, of a change in employment as herein requested, the child support may be increased retroactively to the level of obligor's ability to pay, from the date of change in obligor's employment.

Approved as conforming to court order:

Date: *3/20/94*

Brian M. Welch
 (SIGNATURE OF ATTORNEY FOR OBLIGOR) *Intervenor*
Brian M. Welch, Deputy D.A.
Jocanna Becken

5. Number of pages attached:

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

JUDICIAL OFFICER:
 Signature follows last attachment.

ATTEST JUN 18 1996

Stephen L. Weir, County Clerk and ex-officio
 Clerk of the Superior Court of the State of
 California, and for the County of Contra Costa.
 By *C. Morrison* Deputy Clerk

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large added amount.

RECORDING REQUESTED BY

CONTRA COSTA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0601300

WHEN RECORDED MAIL TO

CONTRA COSTA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

50 DOUGLAS DR STE 100

MARTINEZ CA 94553-8500

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT

County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900
(951) 955-3990 - Fax



**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

Palm Springs Office
997 E Tahquitz Canyon Way, Suite A
Palm Springs, CA 92262

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

E-mail: tto@co.riverside.ca.us
www.countytreasurer.org

April 24, 2013

COUNTY OF CONTRA COSTA DEPARTMENT OF CHILD SUPPORT SERVICES
C/O MELINDA R. SELF, SUPERVISING ATTORNEY - CASE# D93-04214
50 DOUGLAS DR. STE 100
MARTINEZ, CA 94553-8500

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 313143010-8 Item: 22
Situs Address:
Assessee: Rodriguez, Jose
Date Sold: February 4, 2013
Date Dccd to Purchaser Recorded: April 1, 2013
Final Date to Submit Claim: April 1, 2014

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3842.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Adrian Potenciano
Deputy

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 4,128.43 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 2011-0428568; recorded on 9/28/11. 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.

Judgment entered on 8/15/11 in amount of \$3,442.00; post judgment fees and costs \$86.00 to record lien No. 2011-0428568; Interest as allowed per CC3289 in the amount of \$600.43. Total amount due \$4,128.43.

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 30th day of April, 2013 at Irvine, Orange County, California
County, State

Signature of Claimant

Signature of Claimant

Karen Kremling-Calabrese, Esq.
Print Name

Print Name

2151 Michelson Drive, Suite 120
Street Address

Street Address

Irvine, CA., 92612
City, State, Zip

City, State, Zip

(949) 955-1011
Phone Number

Phone Number

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

Recording requested by and return to: #11-0225

THOMAS WELLS, ESQ. (SBN 47242)
KAREN KREMLING-CALABRESE, ESQ. (SBN 207629)
WELLS LAW GROUP, APC
2151 MICHELSON DRIVE, SUITE 120
IRVINE, CALIFORNIA, 92612
(949) 955-1011

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

STREET ADDRESS: 30755-D AULD ROAD, SUITE 1226

MAILING ADDRESS:

CITY AND ZIP CODE: MURRIETA, CALIFORNIA 92563

BRANCH NAME: SOUTHWEST JUSTICE CENTER

DOC # 2011-0428568
09/28/2011 08:00A Fee:21.00
Page 1 of 3

Recorded in Official Records
County of Riverside
Larry W. Ward

Assessor, County Clerk & Recorder



FOR RECORDER'S USE ONLY

PLAINTIFF: CAPE MAY AT HARVESTON CO., INC.

DEFENDANT: JOSE RODRIGUEZ

CASE NUMBER:

TEC1104822

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

JOSE RODRIGUEZ
40180 VILLAGE ROAD, #311,
TEMECULA, CALIFORNIA 92591

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

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

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): JOSE RODRIGUEZ
40180 VILLAGE ROAD, #311, TEMECULA, RIVERSIDE COUNTY, CALIFORNIA 92591

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):
CAPE MAY AT HARVESTON CO., INC. C/O WELLS LAW GROUP,
APC 2151 MICHELSON DRIVE, STE 120, IRVINE, CA., 92612

5. Original abstract recorded in this county:

a. Date:
b. Instrument No.:

Date: 9/8/11

THOMAS WELLS, ESQ. (SBN 47242)

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 3,442.00

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

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

8. a. Judgment entered on (date): 8/15/11

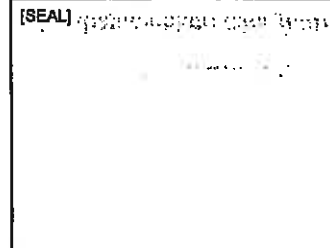
b. Renewal entered on (date):

a. Amount: \$
b. In favor of (name and address):

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):



This abstract issued on (date):

SEP 09 2011

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 M. Casal, Deputy

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

On April 30, 2013 before me, **J. FAHLMAN**, Deputy Clerk, personally appeared **A. REED**, 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: _____



J. Fahlman

[Seal]



PLAINTIFF: CAPE MAY AT HARVESTON CO., INC.	CASE NUMBER:
DEFENDANT: JOSE RODRIGUEZ 2 FEB 00 5011	TEC1104822

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:

16. Name and last known address

17. Name and last known address

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

Unknown

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

Unknown

Social security no. [last 4 digits]:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (*address*):

Summons was personally served at or mailed to (*address*):

18. Name and last known address

19. Name and last known address

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

Unknown

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

Unknown

Social security no. [last 4 digits]:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (*address*):

Summons was personally served at or mailed to (*address*):

20. Continued on Attachment 20.



April 30, 2013

RIVERSIDE COUNTY TREASURER
ATTN: CLAIM TO EXCESS FORECLOSURE PROCEEDS
PO BOX 12005
RIVERSIDE, CA 92502-2205

EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY

APN: 313143010-8
EDD REFERENCE NO.:

Enclosed is the completed Statement of Claim for Excess Proceeds From The Sale of Tax-Defaulted Property for JOSE S RODRIGUEZ.

To ensure proper credit to the account, please note the EDD account number listed above on the payment.

SEND PAYMENT TO:
EDD
PO BOX 826806
SACRAMENTO CA 94206

If you have any questions concerning the claim, you may contact me at (916) 464-1261.

Sincerely,

A handwritten signature in cursive script that reads "A. Reed".

A. Reed
Department Representative

Enclosure

CLAIM FOR EXCESS FROM THE SALE OF TAX-DEFAULTED PROPERTY

COUNTY OF RIVERSIDE TREASURER-TAX COLLECTOR
PO BOX 12005
RIVERSIDE, CA 92502-2205
Attn: TAX COLLECTION DIVISION

Trustor Name: JOSE S RODRIGUEZ
APN NO.: 313143010-8
ITEM NO.: 22
SALE DATE.: FEBRUARY 4, 2013
Claimant: EMPLOYMENT DEVELOPMENT DEPARTMENT
Reference No.:
Address: PO BOX 826218, SACRAMENTO, CA 94230-6218
Phone No.: (916) 464-1261

The following amounts were secured by a Deed of Trust or lien on the above-referenced property immediately prior to the Tax Collector's Power of sale for non-payment of taxes, and these amounts remain outstanding to this date:

Principle Balance	\$	507.00
Interest from 02/15/11 to 02/01/13 10% per annum.	\$	110.62
Other Charges: (Costs)	\$	263.00
Less Credit(s) received	\$	96.18
Total Due	\$	<u>784.44</u>

- Document evidencing the claim (Attached)
 The claim has been fully released (Attached)

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

Dated April 30, 2013

Signature: 
A. REED Department Representative

S111040486

RECORDING REQUESTED BY:

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-8218
TELEPHONE NO: 1-800-676-5737

DOC # 2011-0513435

11/17/2011 04:03P Fee:NC

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

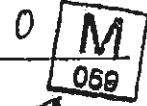
Assessor, County Clerk & Recorder



WHEN RECORDED MAIL TO:

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-8218

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)



ABSTRACT OF JUDGMENT

DOCUMENT TITLE

SEPARATE PAGE, PURSUANT TO GOVT. CODE 27361.6

Public Record

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number): 1-800-676-6737
Recording requested by and return to: S111040486

STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
800 CAPITOL MALL, P.O. BOX 826218, SACRAMENTO, CA 94230-6218

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO

STREET ADDRESS: 720 NINTH STREET, ROOM 104
MAILING ADDRESS: 720 NINTH STREET, ROOM 104
CITY AND ZIP CODE: SACRAMENTO, CA 95814
BRANCH NAME: SACRAMENTO - CIVIL

FOR RECORDER'S USE ONLY

PLAINTIFF: STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT V
DEFENDANT: JOSE S. RODRIGUEZ ✓

CASE NUMBER:
34-2011-90040486 ✓

ABSTRACT OF JUDGMENT - CIVIL Amended
AND SMALL CLAIMS

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

JOSE S. RODRIGUEZ
64625 PIERSON BLVD SPC E10
DSRT HOT SPGS CA 92240-2908

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

Unknown

c. Social security no. [last 4 digits]: XXX-XX

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): (Same as line 1.a. 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):
State of California
Employment Development Department
P.O. Box 826218, Sacramento, CA 92430-6218

5. Original abstract recorded in this county:
a. Date:
b. Instrument No.:

Date: 10/24/11

R. Leon

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 695.59

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

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

a. Amount: \$

b. In favor of (name and address):

8. a. Judgment entered on (date): 10/24/11

b. Renewal entered on (date):

11. A stay of enforcement has

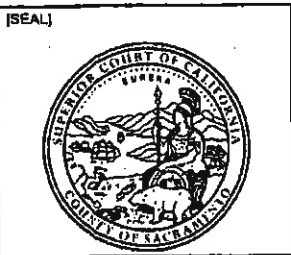
a. not been ordered by the court.

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

9. This judgment is an installment judgment.

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.



This abstract issued on (date):

10/24/11

Clerk, by Emmanuel Deputy

PLAINTIFF:	CASE NUMBER:
DEFENDANT: JOSE S. RODRIGUEZ	

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:

16. Name and last known address

Driver's license no. (last 4 digits) and state:

Unknown

Social security no. (last 4 digits):

Unknown

Summons was personally served at or mailed to (address):

17. Name and last known address

Driver's license no. (last 4 digits) and state:

Unknown

Social security no. (last 4 digits):

Unknown

Summons was personally served at or mailed to (address):

18. Name and last known address

Driver's license no. (last 4 digits) and state:

Unknown

Social security no. (last 4 digits):

Unknown

Summons was personally served at or mailed to (address):

19. Name and last known address

Driver's license no. (last 4 digits) and state:

Unknown

Social security no. (last 4 digits):

Unknown

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

Account Reconciliation 04/29/13

SSN	<u>Date</u>	<u>Code</u>	<u>Credits</u>	<u>Debits</u>	<u>Transaction Detail</u>
	02/15/11	00		\$507.00	Overpayment
	10/24/11	00		\$25.00	Court Costs
	10/24/11	36		\$13.00	Court Costs
	11/01/11	00		\$1.53	Interest
	12/24/11	00		\$10.10	Interest
	01/03/12	00		\$1.91	Interest
	02/01/12	00		\$5.53	Interest
	03/01/12	00		\$5.53	Interest
	04/02/12	00		\$6.10	Interest
	05/01/12	00		\$5.53	Interest
Liability Amount	06/01/12	00		\$5.91	Interest
\$507.00	07/03/12	00		\$6.10	Interest
PreJudg Interest	08/01/12	00		\$5.53	Interest
\$21.77	09/04/12	00		\$6.48	Interest
Court Costs	10/01/12	00		\$5.15	Interest
\$263.00	11/01/12	00		\$5.91	Interest
Interest	12/04/12	00		\$6.29	Interest
\$88.85	01/02/13	00		\$5.53	Interest
Credits/Payments	02/01/13	00		\$5.72	Interest
\$96.18					
Amount Due					
\$784.44					

2174-23

FIORE RACOBS & POWERS

— A PROFESSIONAL LAW CORPORATION —

DENNIS M. BURKE*
JACQUELINE A. DAO
ANDREW B. DAVIES
MICHELLE T. FERNANDEZ
RICHARD S. FIORE*
DAVID A. KLINE
CANG N. LE
JOHN R. MACDOWELL*
ERIN A. MALONEY*
UYENHAI N. (LEAH) NGUYEN
JANET L.S. POWERS*
PETER E. RACOBS*
MARGARET G. WANGLER*
SHEBA S. YAQOOT

ASSESSMENT COLLECTION DEPARTMENT
15635 ALTON PARKWAY, SUITE 200
IRVINE, CALIFORNIA 92618

TELEPHONE (949) 379-2229
FAX (949) 727-3311

[HTTP://WWW.FIORELAW.COM](http://www.fiorelaw.com)

INLAND EMPIRE OFFICE
6820 INDIANA AVENUE, SUITE 140
RIVERSIDE, CALIFORNIA 92506-7202
(951) 369-6300
FAX (951) 369-6355

COACHELLA VALLEY OFFICE
74-130 COUNTRY CLUB DRIVE, SUITE 102
PALM DESERT, CALIFORNIA 92260
(760) 776-6511
FAX (760) 776-6517

May 9, 2013

File No. 63470-14

*DENOTES SHAREHOLDER

Don Kent, Treasurer-Tax Collector
Riverside County Treasurer
P.O. Box 12005
Riverside, CA 92502-2205

Re: Casa La Paz Homeowners Association v. Rodriguez
Orange County Superior Court Case No.: 30-2011-00447021
Assessee: Jose Rodriguez
Assessment No.: 313143010-8
Item: 22

Subject: CLAIM FOR EXCESS PROCEEDS

Dear Mr. Kent:

This firm represents Casa La Paz Homeowners Association ("Association").

The following is in response to a Notice of Excess Proceeds from Sale of Tax Defaulted Property, dated April 24, 2013. Pursuant to Revenue and Taxation Code Section 4675, we hereby claim excess proceeds in the amount of \$12,425.58 for the outstanding sums owed to Casa La Paz Homeowners Association. The amounts due through June 10, 2013, are as set out below:

Judgment (9/20/11)	\$ 9,250.56
Interest on Judgment	1,725.33
Post-Judgment Attorneys' Fees	<u>1,449.69</u>
TOTAL AMOUNT OWING TO ASSOCIATION	\$ 12,425.58

Payment should be made payable to "Fiore, Racobs & Powers Trust Account" and delivered to this firm at the above address. The \$12,425.58 amount is the balance on this account provided payment is received by this office on or before June 10, 2013.

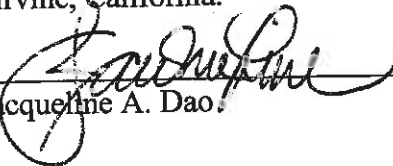
As you know, the Association is a junior lien holder by virtue of its Judgment Lien recorded on December 1, 2011, as Instrument No. 2011-0529671. (A copy of the Association's Judgment Lien (Abstract) is enclosed herewith for your reference.)

Don Kent, Treasurer-Tax Collector
May 9, 2013
Page 2

If you have any questions regarding the above, please do not hesitate to call.

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

Executed this 9th day of May, 2013, at Irvine, California.



Jacqueline A. Dao

JAD:vkj
Enclosure: Judgment Lien (Riverside Abstract)

cc: Board of Directors,
Casa La Paz Homeowners Association

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

Recording requested by and return to:

Sarah M. Reed (SBN:242989)
Fiore, Racobs & Powers
A Professional Law Corporation
38 Technology Drive, Suite 250
Irvine, CA 92618
949-727-3111

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange
STREET ADDRESS: 23141 Moulton Parkway

MAILING ADDRESS:

CITY AND ZIP CODE: Laguna Hills, CA 92653-1206

BRANCH NAME: Harbor Justice Center-Laguna Hills

DOC # 2011-0529671
12/01/2011

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

PLAINTIFF: Casa La Paz Homeowners Association, a California nonprofit mutual benefit corporation
DEFENDANT: Jose Rodriguez

CASE NUMBER:

30-2011-00447021

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

Jose Rodriguez
28188 Moulton Pkwy., Apt. 513
Laguna Niguel, CA 92677

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

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

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

21622 Marguerite Parkway, Apt. 447, Mission Viejo, CA 92692

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

3. Judgment creditor (name and address):

CASA LA PAZ HOMEOWNERS ASSOCIATION, a California nonprofit mutual benefit corporation; c/o Fiore, Racobs & Powers, 38 Technology Dr., 250

Date: October 17, 2011

Sarah M. Reed

(TYPE OR PRINT NAME)

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

5. Original abstract recorded in this county:

a. Date:

b. Instrument No.:

Irvine, CA 92618

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 9,250.56

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

8. a. Judgment entered on (date): September 20, 2011

b. Renewal entered on (date):

9. This judgment is an installment judgment.

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

a. Amount: \$

b. In favor of (name and address):

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.

A certified copy of the judgment is attached.

Clerk, by

N. STROM
Deputy



This abstract issued on (date):

NOV 19 2011

ALAN CARLSON

PLAINTIFF: Casa La Paz Homeowners Association, a
California nonprofit mutual benefit corporation
DEFENDANT: Jose Rodriguez

CASE NUMBER:

30-2011-00447021

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:

16. Name and last known address

17. Name and last known address

Driver's license no. [last 4 digits]
and state: Unknown
Social security no. [last 4 digits]: Unknown
Summons was personally served at or mailed to (*address*):

Driver's license no. [last 4 digits]
and state: Unknown
Social security no. [last 4 digits]: Unknown
Summons was personally served at or mailed to (*address*):

18. Name and last known address

19. Name and last known address

Driver's license no. [last 4 digits]
and state: Unknown
Social security no. [last 4 digits]: Unknown
Summons was personally served at or mailed to (*address*):

Driver's license no. [last 4 digits]
and state: Unknown
Social security no. [last 4 digits]: Unknown
Summons was personally served at or mailed to (*address*):

20. Continued on Attachment 20.

TDW-22



April 30, 2013

RIVERSIDE COUNTY TREASURER
ATTN: CLAIM TO EXCESS FORECLOSURE PROCEEDS
PO BOX 12005
RIVERSIDE, CA 92502-2205

EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY

APN: 313143010-8
EDD REFERENCE NO.:

Enclosed is the completed Statement of Claim for Excess Proceeds From The Sale of Tax-Defaulted Property for JOSE H RODRIGUEZ.

To ensure proper credit to the account, please note the EDD account number listed above on the payment.

SEND PAYMENT TO:
EDD
PO BOX 826806
SACRAMENTO CA 94206

If you have any questions concerning the claim, you may contact me at (916) 464-1261.

Sincerely,

A. Reed
Department Representative

Enclosure

CLAIM FOR EXCESS FROM THE SALE OF TAX-DEFAULTED PROPERTY

COUNTY OF RIVERSIDE TREASURER-TAX COLLECTOR
PO BOX 12005
RIVERSIDE, CA 92502-2205
Attn: TAX COLLECTION DIVISION

Trustor Name: JOSE H RODRIGUEZ
APN NO.: 313143010-8
ITEM NO.: 22
SALE DATE.: FEBRUARY 4, 2013
Claimant: EMPLOYMENT DEVELOPMENT DEPARTMENT
Reference No.:
Address: PO BOX 826218, SACRAMENTO, CA 94230-6218
Phone No.: (916) 464-1261

The following amounts were secured by a Deed of Trust or lien on the above-referenced property immediately prior to the Tax Collector's Power of sale for non-payment of taxes, and these amounts remain outstanding to this date:

Principle Balance	\$	1,303.90
Interest from 07/18/11 to 02/20/13 10% per annum.	\$	184.06
Other Charges: (Costs)	\$	263.00
Less Credit(s) received	\$	816.00
Total Due	\$	<u>934.96</u>

- Document evidencing the claim (Attached)
 The claim has been fully released (Attached)

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

Dated April 30, 2013

Signature: 
A. REED Department Representative

S111251892

RECORDING REQUESTED BY:

X STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218
TELEPHONE NO: 1-800-676-5737

X DOC # 2012-0024186 X
01/20/2012 09:07A Fee:NC
Page 1 of 3
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



WHEN RECORDED MAIL TO:

X STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

M
026
026

ABSTRACT OF JUDGMENT X

DOCUMENT TITLE

SEPARATE PAGE, PURSUANT TO GOVT. CODE 27361.6

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number): 1-800-676-5737
Recording requested by and return to: S111251892

STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
800 CAPITOL MALL, P.O. BOX 826218, SACRAMENTO, CA 94230-6218

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO

STREET ADDRESS: 720 NINTH STREET, ROOM 104
MAILING ADDRESS: 720 NINTH STREET, ROOM 104
CITY AND ZIP CODE: SACRAMENTO, CA 95814
BRANCH NAME: SACRAMENTO - CIVIL

FOR RECORDER'S USE ONLY

PLAINTIFF: STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
DEFENDANT: JOSE H. RODRIGUEZ ✓

CASE NUMBER: 34-2011-90051892 ✓

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

JOSE H. RODRIGUEZ
24501 SCHOOL RD APT 322
RIPLEY CA 92225-7804

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

Unknown

c. Social security no. [last 4 digits]: XXX-X

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): (Same as line 1.a. 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):
State of California
Employment Development Department
P.O. Box 826218, Sacramento, CA 92430-6218 ✓

5. Original abstract recorded in this county:
a. Date:
b. Instrument No.:

Date: 12/27/11

R. Leon

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 1,551.95

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

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

a. Amount: \$

b. In favor of (name and address):

8. a. Judgment entered on (date): 12/27/11
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.



This abstract issued on (date):
12/27/11

Clerk, by , Deputy

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

On April 30, 2013 before me, **J. FAHLMAN**, Deputy Clerk, personally appeared **A. REED**, 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: _____

 **J. Fahلمان**



[Seal]

PLAINTIFF:	CASE NUMBER:
DEFENDANT: JOSE H. RODRIGUEZ	

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:

16. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

17. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

18. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

19. Name and last known address

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

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

Account Reconciliation 04/29/13

SSN: <input type="text"/>	<u>Date</u>	<u>Code</u>	<u>Credits</u>	<u>Debits</u>	<u>Transaction Detail</u>
Account Summary Liability Amount \$1,303.90 PreJudg Interest \$39.05 Court Costs \$263.00 Interest \$145.01 Credits/Payments \$816.00 Amount Due \$934.96	07/18/11	00		\$1,303.90	Overpayment
	01/03/12	00		\$2.98	Interest
	02/01/12	00		\$12.33	Interest
	02/10/12	21	-\$172.00		State Tax Refund Offset
	02/21/12	03	-\$50.00		Payment
	03/01/12	00		\$11.27	Interest
	03/20/12	03	-\$50.00		Payment
	04/02/12	00		\$11.48	Interest
	05/01/12	00		\$10.17	Interest
	06/01/12	00		\$10.87	Interest
	07/03/12	00		\$11.22	Interest
	08/01/12	00		\$10.17	Interest
	09/04/12	00		\$11.92	Interest
	10/01/12	00		\$9.47	Interest
	11/01/12	00		\$10.87	Interest
	12/04/12	00		\$11.57	Interest
01/02/13	00		\$10.17	Interest	
02/01/13	00		\$10.52	Interest	
02/20/13	21	-\$490.00		State Tax Refund Offset	

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 8412.34 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. 2012-0179133, recorded on 5-2-2012. 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

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 1 day of May, 2013 at San Diego California
County, State

[Signature]
Signature of Claimant

Signature of Claimant

HARLAN REESE Esq
Print Name

Print Name

6725 Mesa Ridge Rd #240
Street Address

Street Address

San Diego CA 92121
City, State, Zip

City, State, Zip

858.550.0389 ext 204
Phone Number

Phone Number

PLEASE COMPLETE THIS INFORMATION
RECORDING IS REQUESTED BY:

WELLS FARGO BANK N.A.,

AND WHEN RECORDED MAIL TO:

Reese Law Group
Harlan M. Reese, Esq. (Bar #118226)
P.O. Box 720010
San Diego, CA 92172-0010
File #228914

DOC # 2012-0199137

05/02/2012 08:00A Fee:26.00

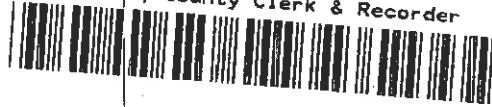
Page: 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NOTICE SENT					T:		CTY	UNI	del

ABSTRACT OF JUDGMENT
Title of Document

31 M
061

THIS PAGE IS ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING
INFORMATION

EJ-001

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

Recording requested by and return to:

REESE LAW GROUP 228914

Harlan M. Reese, Esq. (CA Bar No. 118226)
Joseph M. Pleasant, Esq. (CA Bar No. 179571)
Max A. Higgins, Esq. (CA Bar No. 270334)
Dana N. Meyers, Esq. (CA Bar No. 272640)
6725 Mesa Ridge Road, Ste. 240
San Diego, CA 92121
Tel. 858/550-0389

[X] ATTORNEY FOR [X] JUDGMENT CREDITOR [] ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

STREET ADDRESS: 41002 County Center Dr Ste 100
MAILING ADDRESS: 41002 County Center Dr Ste 100
CITY AND ZIP CODE: Temecula, California 92591
BRANCH NAME: TEMECULA BRANCH

FOR RECORDER'S USE ONLY

PLAINTIFF: WELLS FARGO BANK N.A., A NATIONAL BANKING ASSOCIATION

DEFENDANT: JOSE G RODRIGUEZ, et al.

CASE NUMBER:

TEC1100819

ABSTRACT OF JUDGMENT— CIVIL [] Amended AND SMALL CLAIMS

FOR COURT USE ONLY

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

a. Judgment debtor's

Name and last known address

[] JOSE G RODRIGUEZ

32504 STRIGEL CT

[] TEMECULA CA 92592-1144

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

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

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): JOSE G RODRIGUEZ SERVICED BY PUBLICATION

2. [X] 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): WELLS FARGO BANK N.A., A NATIONAL BANKING ASSOCIATION

5. [] Original abstract recorded in this county:

a. Date:
b. Instrument No.:

7000 Vista Dr West Des Moines, IA 50266

Date: Feb 28, 2012
Harlan M. Reese, Esq.

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed: \$8,705.92

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

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

a. Amount: \$
b. In favor of (name and address):

8. a. Judgment entered on (date): December 7, 2011
b. Renewal entered on (date):

9. [] This judgment is an installment judgment.

11. A stay of enforcement has
a. [X] not been ordered by the court.

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

12. a. [X] 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.

(SEAL)



This abstract issued on (date):

MAR 08 2012

Clerk, by [Signature] Deputy

PLAINTIFF: WELLS FARGO BANK N.A., DEFENDANT: JOSE G RODRIGUEZ, et al.	CASE NUMBER: TEC1100819
--	----------------------------

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:

16. Name and last known address

17. Name and last known address

SYLVIA E GUTIERREZ
AKA SYLVIA E RODRIGUEZ

 32504 STRIGEL CT
TEMECULA CA 92592

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

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

Social security no. [last 4 digits]: Unknown
***_*

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

SYLVIA E GUTIERREZ
AKA SYLVIA E RODRIGUEZ

32504 STRIGEL CT
TEMECULA, CA 92592

18. Name and last known address

19. Name and last known address

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

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

Social security no. [last 4 digits]: Unknown

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

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 194 Item 22 Assessment No.: 313143010-8

Assessee: RODRIGUEZ, JOSE

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 7,711.18 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. 2012-0199137; recorded on 5/01/2012. 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 Issued on 03/08/2012
DOC # 2012-0199137

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 10 day of May, 2013 at San Diego CA
County, State



Signature of Claimant

Signature of Claimant

Alexis Shikibara

Print Name

Print Name

6725 Mesa Ridge Rd, Suite 240

Street Address

Street Address

San Diego CA 92121

City, State, Zip

City, State, Zip

(858) 550-0389

Phone Number

Phone Number

PLEASE COMPLETE THIS INFORMATION
RECORDING IS REQUESTED BY:

WELLS FARGO BANK N.A.,

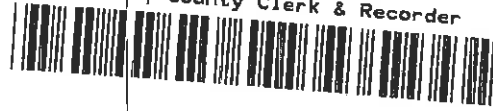
AND WHEN RECORDED MAIL TO:

Reese Law Group
Harlan M. Reese, Esq. (Bar #118226)
P.O. Box 720010
San Diego, CA 92172-0010
File #228914

DOC # 2012-0199137
05/02/2012 08:00A Fee:26.00
Page: 1 of 3

Recorded in Official Records
County of Riverside

Larry W. Ward
Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			3				5		
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NOTICE SENT					T:	CTY	UNI	Dei	

ABSTRACT OF JUDGMENT

Title of Document

31



THIS PAGE IS ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING
INFORMATION

EXHIBIT B

EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):
 Recording requested by and return to:
REESE LAW GROUP 228914
 Harlan M. Reese, Esq. (CA Bar No. 118226)
 Joseph M. Pleasant, Esq. (CA Bar No. 179571)
 Max A. Higgins, Esq. (CA Bar No. 270334)
 Dana N. Meyers, Esq. (CA Bar No. 272640)
 6725 Mesa Ridge Road, Ste. 240
 San Diego, CA 92121
 Tel. 358/550-0389

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
 STREET ADDRESS: 41002 County Center Dr Ste 100
 MAILING ADDRESS: 41002 County Center Dr Ste 100
 CITY AND ZIP CODE: Temecula, California 92591
 BRANCH NAME: TEMECULA BRANCH

FOR RECORDER'S USE ONLY

PLAINTIFF: WELLS FARGO BANK N.A., A NATIONAL BANKING ASSOCIATION
 DEFENDANT: JOSE G RODRIGUEZ, et al.

CASE NUMBER:
 TEC1100819

ABSTRACT OF JUDGMENT— CIVIL Amended
AND SMALL CLAIMS

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
 JOSE G RODRIGUEZ
 32504 STRIGEL CT
 TEMECULA CA 92592-1144

b. Driver's license no. [last 4 digits] and state: Unknown
 c. Social security no. [last 4 digits]: Unknown
 d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):
 JOSE G RODRIGUEZ
 SERVICED BY PUBLICATION

2. Information on additional judgment debtors is shown on page 2.
 3. Judgment creditor (name and address):
 WELLS FARGO BANK N.A., A NATIONAL BANKING ASSOCIATION
 7000 Vista Dr West Des Moines, IA 50266
 Date: Feb 28, 2012
 Harlan M. Reese, Esq.

4. Information on additional judgment creditors is shown on page 2.
 5. Original abstract recorded in this county:
 a. Date:
 b. Instrument No.:

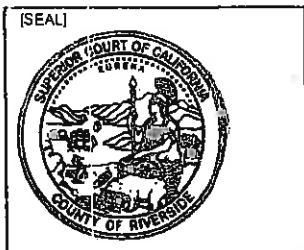
(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
 \$8,705.92
 7. All judgment creditors and debtors are listed on this abstract.
 8. a. Judgment entered on (date): December 7, 2011
 b. Renewal entered on (date):
 9. This judgment is an installment judgment.

10. An execution lien attachment lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):

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.



This abstract issued on (date):
 MAR 08 2012

Clerk, by Luide Lubman, Deputy

EXHIBIT C

PLAINTIFF: WELLS FARGO BANK N.A., DEFENDANT: JOSE G RODRIGUEZ, et al.	CASE NUMBER: TEC1100819
--	----------------------------

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:

16. Name and last known address

17. Name and last known address

SYLVIA E GUTIERREZ
AKA SYLVIA E RODRIGUEZ

32504 STRIGEL CT
TEMECULA CA 92592

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

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

Social security no. [last 4 digits]: Unknown
***_**

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

SYLVIA E GUTIERREZ
AKA SYLVIA E RODRIGUEZ

32504 STRIGEL CT
TEMECULA, CA 92592

18. Name and last known address

19. Name and last known address

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

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

Social security no. [last 4 digits]: Unknown

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

Reese Law Group
A Professional Law Corporation
6725 Mesa Ridge Road, Suite 240
San Diego, CA 92121
Telephone: (858) 550-0389
Facsimile: (858)550-0941
www.reeselawgroup.com

May 10, 2013

DON KENT, TREASURER- TAX COLLECTOR
POST OFFICE BOX 12005
RIVERSIDE, CA 92502-2205
ATTN: EXCESS PROCEEDS

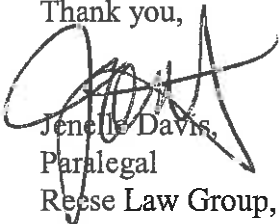
RE: WELLS FARGO BANK N.A., v.
JOSE G RODRIGUEZ
SYLVIA E GUTIERREZ
Case Number: TEC1100819
ASSESSMENT NO# 313143010-8

Our File Number: 228914
ABSTRACT: 2012-0199137

Dear Mr. Kent,

Our office received notice of excess sales proceeds on or around April 27, 2013 regarding the property listed below. Enclosed you will find a Statement of Claim for excess proceeds in regards to the above-named case. Should you require additional assistance please feel free to contact me at the extension listed below.

Thank you,


Jenelle Davis,
Paralegal
Reese Law Group, Ext 221

1 **REESE LAW GROUP**
2 Alexis Shkabara, Esq., Bar # 286208
3 6725 Mesa Ridge Road, Ste 240
4 San Diego, CA 92121-2925
5 Telephone 858/550-0389
6 Attorney for Plaintiff
7 WELLS FARGO BANK N.A., A NATIONAL BANKING ASSOCIATION

8 **SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

9 **TEMECULA BRANCH**

10 WELLS FARGO BANK N.A., A
11 NATIONAL BANKING ASSOCIATION

Case No. TEC1100819

12
13
14 Plaintiff,

DECLARATION REGARDING
STATEMENT OF CLAIM FOR EXCESS
PROCEEDS

15 v.
16 JOSE G RODRIGUEZ,
17 SYLVIA E GUTIERREZ,
et al.,

ASSESSMENT NO: 313143010-8

Defendant(s)

18
19 I, the undersigned, declare the following:

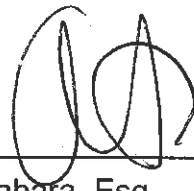
20 I am over the age of eighteen. I am one of the attorney's of record in this action for Plaintiff, and
21 I have personal knowledge of the following facts. If called to testify to the same, I could and would
22 be willing to do so.

23 On or around February 4, 2013, the property listed at 32504 STRIGEL CT TEMECULA, CA
24 92592-1144 was subjected to the Tax Collector's power of sale for non-payment of taxes. The
25 Assessee at the time of the sale was JOSE G RODRIGUEZ ("Defendant"). Pursuant to the
26 California Revenue and Taxation Code Section 4675, Plaintiff has a right to file a claim for any
27 excess proceeds that remain after the tax liens and the costs of the sale have been satisfied.
28 Plaintiff was a junior lien holder secured by the real property located at 32504 STRIGEL CT
TEMECULA, CA 92592-1144 (the "Property"). A claim is hereby made for the excess proceeds

1 in the amount of \$7,171.18. The amount requested includes: the unpaid principle balance of
2 \$8,705.92, less the later credits of \$1,534.74. A true and correct copy of the statement of account
3 is attached hereto as **Exhibit A**. A true and correct copy of the Judgment is attached hereto as
4 **Exhibit B**. A true and correct copy of the Abstract for Judgment is attached hereto as **Exhibit C**.

5 I declare under penalty of perjury under the laws of the State of California that the foregoing
6 is true and correct.

7
8 Dated: May 10, 2013



Alexis Shkabara, Esq.,
Attorney for Plaintiff,
WELLS FARGO BANK N.A., A NATIONAL
BANKING ASSOCIATION

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Wells Fargo Card Services

Vs.

RODRIGUEZ/JOSE G

Debtor Balance: \$8,705.92
CREDITS (\$1,534.74)
Total Due: \$7,171.18

Date	Description	Collected
2/21/2012	Direct Payment	\$709.09
2/25/2013	Collection	\$161.27
3/26/2013	Collection	\$332.25
4/26/2013	Collection	\$332.13
Totals:		\$1,534.74

EXHIBIT A

RIVERSIDE SUPERIOR COURT

PUBLIC ACCESS

[Print This Report](#)

[Close This Window](#)

Minute Order

Case TEC1100819 - WELLS FARGO VS RODRIGUEZ

**HEARING RE: MOTION FOR JUDGMENT ON PLEADINGS BY WELLS FARGO BANK NA
05/31/2011 10:00 AM DEPT. T1**

HONORABLE MICHAEL S. HIDER, PRESIDING

CLERK: M. THRONSON

COURT REPORTER: NONE

NO APPEARANCE BY: WELLS FARGO BANK NA

SYLVIA E GUTIERREZ REPRESENTED BY PRO/PER - IS PRESENT.

AT 10:49, THE FOLLOWING PROCEEDINGS WERE HELD:

MOTION BY PLAINTIFF RE JUDGMENT ON PLEADINGS IS CALLED FOR HEARING.

COURT HAS READ AND CONSIDERED MOVING PAPERS.

SUBMITTED ON DOCUMENTATION.

ARGUMENT PRESENTED BY DEFENDANT.

MOTION GRANTED

JUDGMENT FOR WELLS FARGO BANK NA.

JUDGMENT ENTERED AGAINST SYLVIA E GUTIERREZ

\$6,886.69 PRINCIPAL, \$686.23 INTEREST, \$0.00 COSTS, \$1,133.00 ATTORNEY FEES, TOTAL JUDGMENT
\$8,715.92

COSTS TO BE IMPOSED UPON THE FILING OF A MEMORANDUM OF COSTS.

JUDGMENT TO BE FILED.

ORDER TO SHOW CAUSE RE: DISMISSAL FOR FAILURE TO PROSECUTE DEFENDANT JOSE
RODRIGUEZ AS TO WELLS FARGO BANK NA SET 06/30/11 AT 01:30 IN DEPT. T1.

ORDER TO SHOW CAUSE ISSUED

NOTICE TO BE GIVEN BY CLERK

PRINT MINUTE ORDER

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REESE LAW GROUP
A Professional Law Corporation
Harlan M. Reese, Esq. # 118226
Joseph M. Pleasant, Esq. #179571
6725 Mesa Ridge Road, Ste. 240
San Diego, CA 92121

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

DEC 07 2011

Attorneys for plaintiff,
WELLS FARGO BANK N.A., A NATIONAL BANKING ASSOCIATION

L. VELASQUEZ

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

TEMECULA BRANCH

WELLS FARGO BANK N.A., A NATIONAL
BANKING ASSOCIATION
Plaintiff,

Case No. TEC1100819

JUDGMENT BY COURT

v.

JOSE G RODRIGUEZ, Et al.

Defendants,

After considering the evidence submitted, IT IS HEREBY ORDERED, ADJUDGED AND
DECREED that judgment is ordered for plaintiff, WELLS FARGO BANK N.A., A NATIONAL
BANKING ASSOCIATION and against defendant(s) JOSE G RODRIGUEZ (default judgment) and
SYLVIA E GUTIERREZ AKA SYLVIA E RODRIGUEZ (judgment on the pleadings), for principal of
\$6,886.69, interest of ~~\$922.22~~ ^{\$686.23}, plus court costs of ~~\$564.50~~ ⁰ and a reasonable attorney's fee of ~~\$1,130.00~~ ^{\$1,133.00},
for a total judgment of ~~\$9,503.51~~ ^{\$8,705.92}. The Clerk is ordered to enter the judgment accordingly.

Dated: 12-7-11

M. A. Heider
Judge of the Superior Court

County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900
(951) 955-3990 - Fax

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**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

Palm Springs Office
997 E Tahquitz Canyon Way, Suite A
Palm Springs, CA 92262

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

April 24, 2013

FORD MOTOR CREDIT COMPANY
C/O HARLAN M. REESE & ASSOCIATES
CASE# INC046579 & INC065511
9444 WAPLES ST. SUITE 405
SAN DIEGO, CA 92121

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 313143010-8 Item: 22
Situs Address:
Assessee: Rodríguez, Jose
Date Sold: February 4, 2013
Date Deed to Purchaser Recorded: April 1, 2013
Final Date to Submit Claim: April 1, 2014

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3842.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Adrian Potenciano
Deputy