

FORM APPROVED COUNTY COUNSEL
 BY: *G.P.P.* 6/29/15
 DATE: GREGORY P. PRIAMOS

Departmental Concurrence

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

598A



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

JUN 29 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 407. Last assessed to: Dorothy Ethlyn Thornton Waldie. District 5 [\$35,645] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from the Department of Health Care Services for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 535222017-1;

(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 April 29, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 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 July 17, 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	\$ 35,645	\$ 0	\$ 35,645	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

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

C.E.O. RECOMMENDATION: APPROVE

BY: *Samuel Wong 7/13/15*
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.:

District: 5

Agenda Number:

9-53

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 407. Last assessed to: Dorothy Ethlyn Thornton Waldie. District 5 [\$35,645] Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 29 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Deny the claim from Nationwide Asset Recovery Services, agent for Dorothy Ethlyn Thornton Waldie;
3. Authorize and direct the Auditor-Controller to issue a warrant to the Department of Health Care Services in the amount of \$35,645.94 no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

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

1. Claim from the Department of Health Care Services based on a Notice of Lien in Favor of California Department of Health Care Services recorded February 28, 2013 as Instrument No. 2013-0101334.
2. Claim from Nationwide Asset Recovery Services, agent for Dorothy Ethlyn Thornton Waldie based on an Authorization for Agent to Collect Excess Proceeds dated May 30, 2013 and a Quitclaim Deed recorded July 19, 2004 as Instrument 2004-0558489.

Pursuant to Section 4675 (a) & (c) & (e) of the California Revenue and Taxation Code, it is the recommendation of this office that the Department of Health Care Services be awarded excess proceeds in the amount of \$35,645.94. Since the amount claimed by the Department of Health Care Services exceeds the amount of excess proceeds available, there are no funds available for consideration for the claim from Nationwide Asset Recovery Services, agent for Dorothy Ethlyn Thornton Waldie. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Citizens and Businesses

Excess proceeds are being released to the lienholder of the property.

ATTACHMENTS (if needed, in this order):

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

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 196 Item 407 Assessment No.: 535222017-1

Assessee: ETHLYN, DOROTHY & WALDIE, THORNTON

Situs: 1087 N 1ST ST BANNING 92220

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 35,645.94 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. 20130101334; recorded on 02/28/2013. 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 1st day of October, 2013 at Sacramento, California
County, State



Signature of Claimant

for The Department of Health Care Services
Charlotte Todd

Print Name
1500 Capitol Ave., MS4720

Street Address
Sacramento, CA 95820

City, State, Zip
916-650-0571

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

RECORDING REQUEST BY:

California Department of Health Care Services
Estate Recovery Branch
MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425

WHEN RECORDED MAIL TO:

California Department of Health Care Services
Estate Recover Branch
MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425

Fees waived pursuant to Govt. Code §27383

DOC # 2013-0101334

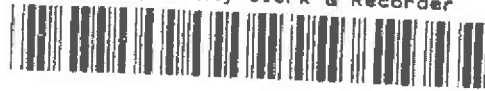
02/28/2013 04:32P Fee:NC

Page 1 of 4

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
							T:	CTY	UNI

062

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

M
062

All that real property located at:
APN 535-222-017
1087 N. 1st Street
Banning, CA 92220-2419

**NOTICE OF LIEN IN FAVOR OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES**

RECORDING REQUESTED BY:

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES
(916) 650-0490

When Recorded Mail to:

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES
ESTATE RECOVERY BRANCH
MS 4720
P.O. BOX 997425
SACRAMENTO, CA 95899-7425

State of California for the County of Riverside

NOTICE OF LIEN

DHCS ACCOUNT NUMBER:	P93011094A-001
MEDI-CAL RECIPIENT:	MILDRED THORNTON
RECIPIENT DATE OF BIRTH:	SEPTEMBER 14, 1919
RECIPIENT DATE OF DEATH:	MARCH 01, 2009
PROPERTY ADDRESS:	1087 NORTH 1 ST STREET BANNING, CA 92220
ASSESSOR'S PARCEL NUMBER:	535-222-017
OWNER(S) OF RECORD:	DOROTHY WALDIE
LIEN AMOUNT:	\$146,120.93

1. I, ISABEL M. MALDONADO, on information and belief, state that I am authorized by the State of California, Department of Health Care Services, herein referred to as "DHCS," to act on its behalf in the above-entitled matter.
2. On June 3, 2010, the Riverside County Superior Court entered Judgment against defendant Dorothy Waldie, in the amount of \$117,355.59. Pursuant to the Judgment, defendants are ordered to pay plaintiff, TOBY DOUGLAS, in his/her capacity as Director of DHCS, the sum of \$146,120.93 (including the principal amount of \$98,033.03 and prejudgment interest at seven percent (7%) per annum, plus post-judgment interest accruing at ten percent (10%) per annum until the judgment is satisfied in full. The entire balance, including all accrued interest, is due and payable immediately.
3. An abstract of judgment for \$117,355.59 against defendant Dorothy Waldie, was recorded on March 9, 2011.
4. The authority for this lien is found in Welfare and Institutions Code section 14009.5; California Code of Regulations, title 22, sections 50960-50966; and Code of Civil Procedure sections 695.010 - 695.070.

LEGAL DESCRIPTION OF PROPERTY

The real property situated at 1087 N 1st Street, Banning, Riverside County, California, is more particularly described as follows:

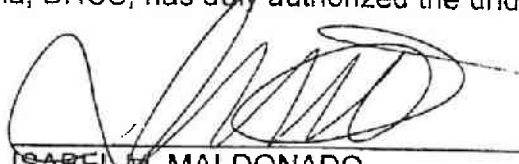
Lot 42 of Edmoll Place as shown in maps on file in book 15, page 23 of maps in the office of the recorder of Riverside County.

PROPERTY ADDRESS : 1087 N 1ST STREET
BANNING, CA 92220-2419

ASSESSOR'S PARCEL NUMBER : 535-222-017

5. Title to the above-described property is currently of record under the name Dorothy Ethlyn & Waldie Thornton.
6. The validity of this judgment lien is not dependent upon possession of the subject property (Civ. Code, § 2913), and DHCS reserves all rights at law and in equity to the subject property as security for the obligation it is owed.
7. In witness whereof, the State of California, DHCS, has duly authorized the undersigned to execute this notice in its name.

Date: 2/13/13



ISABEL M. MALDONADO
Staff Services Analyst
Estate Recovery Branch
Department of Health Care Services
Lien Claimant

ALL-PURPOSE ACKNOWLEDGEMENT

State of California
County of Sacramento

On February 13, 2013 before me, M. Hoffeditz Notary Public
(Date) (Name and Title of officer)

personally appeared Isabel Maldonado

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.

M. Hoffeditz
Signature of Notary Public

Place notary seal above

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgement to an unauthorized document.

CAPACITY CLAIMED BY SIGNER

- Individual
- Corporate Officer
- Partner(s)
- Attorney-In-Fact
- Trustee(s)
- Guardian or Conservator
- Other

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document

Number of Pages

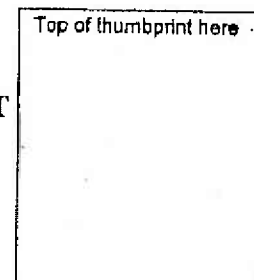
Date of Document

Other

SIGNER IS PREPRESENTING

Name of Person(s) or Entity(ies)

RIGHT THUMBPRINT
OF
SIGNER



State of California

EDMUND G. BROWN JR., Governor

=====
Department of Health Care Services
Recovery Section, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
(916) 341-7019

November 17, 2014

DON KENT
TREASURER - TAX COLLECTOR
ATTN: EXCESS PROCEEDS
P.O. BOX 12005
RIVERSIDE, CA 92502-2205

Dear TAX COLLECTOR:

DHCS ACCOUNT NUMBER : P93011094A-001
ESTATE OF : MILDRED THORNTON
 situs: 1087 N 1st St., 92220. Assessment # 535222017-1

CLAIM AMOUNT : \$35,645.94
BALANCE DUE : \$35,645.94 (INCLUDING INTEREST IF APPLICABLE)

The Department of Health Care Services (DHCS) presented a Medi-Cal claim on October 01, 2013, for \$35,645.94 against the above-referenced estate. To date, we have not received reimbursement for this claim.

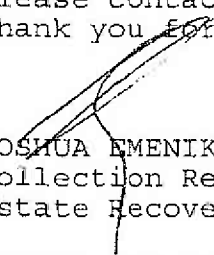
To make an Electronic Funds Transfer (EFT) payment:

1. Visit the www.paycalifornia.com website.
2. Click the "California Department of Health Care Services" link.
3. Enter the requested information.

Payments by check should include DHCS account number and be made payable to:

Department of Health Care Services
Recovery Branch - MS 4720
P.O. Box 997421
Sacramento, CA 95899-7421

Please contact me at (916) 341-7019 regarding the status of payment.
Thank you for your cooperation in this matter.


JOSHUA EMENIKE
Collection Representative
Estate Recovery

PB2004,015 (08/14)

EP 1916-407

State of California

EDMUND G. BROWN JR., Governor

Department of Health Care Services
Recovery Section, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
(916) 341-6540

May 28, 2015

RECEIVED
2015 JUN -1 PM 1:51
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

DON KENT
TREASURER - TAX COLLECTOR
ATTN: EXCESS PROCEEDS
P.O. BOX 12005
RIVERSIDE, CA 92502-2205

Dear TAX COLLECTOR:

DHCS ACCOUNT NUMBER :P93011094A-001
ESTATE OF :MILDRED THORNTON
Situs: 1087 N 1st St., 92220. Assessment # 535222017-1

CLAIM AMOUNT :\$35,645.94
BALANCE DUE :\$35,645.94 (INCLUDING INTEREST IF APPLICABLE)

The Department of Health Care Services (DHCS) presented a Medi-Cal claim on July 17, 2007, for \$35,645.94 against the above-referenced estate. To date, we have not received reimbursement for this claim.

To make an Electronic Funds Transfer (EFT) payment:

1. Visit the www.paycalifornia.com website.
2. Click the "California Department of Health Care Services" link.
3. Enter the requested information.

Payments by check should include DHCS account number and be made payable to:

Department of Health Care Services
Recovery Branch - MS 4720
P.O. Box 997421
Sacramento, CA 95899-7421

Please contact me at (916) 341-6540 regarding the status of payment.
Thank you for your cooperation in this matter.

KIRSTEN WINGO
Collection Representative
Estate Recovery

PB2004,015 (08/14)

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

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC: TC 196 Item: 407 Assessment No.: 535-222-017-1

Assessee(s): Dorothy Ethlyn Thorton Waldie

Situs: 1087 1st st N, Banning, CA 92220

Date Sold: April 25-29, 2013

Date Deed to Purchaser Recorded: 06-20-2013

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of **\$36,142.00** (approx.) from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2004-558489 recorded on 7/19/2004. A copy of this document is attached hereto. 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.

Owner by Deed

Documents Attached: Copy of the Deed, Agent Authorization, Ids

If the property is held in Joint Tenancy, the tax sale 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 30 day of MAY, 2013 at RIVERSIDE, CA
County, State

Dorothy Ethlyn Thorton Waldie
Signature of Claimant
Dorothy Ethlyn Thorton Waldie

996 Alcott Ct.
Hemet, CA 92543-8022

(951) 658-2532

SCO 8-21 (1-99)

AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I(we), the undersigned, do hereby make **NATIONWIDE ASSET RECOVERY SERVICES** my(our) agent to apply for and collect the excess proceeds which you are holding and to which I(we) am(are) entitled from the sale of assessment number 535-222-017-1 sold at public auction on April 25-29, 2013. I(we) understand that I(we) AM(ARE) NOT SELLING MY(OUR) RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my(our) convenience.

I(we) also understand that the total amount of excess proceeds available for refund is \$36,142.00 (approx.), and that I(we) have a right to file a claim for this refund on my(our) own, without the help of an agent. For valuable consideration received my(our) agent is appointed to act on my(our) behalf.

Dorothy Ethlyn Thorton Waldie
Dorothy Ethlyn Thorton Waldie

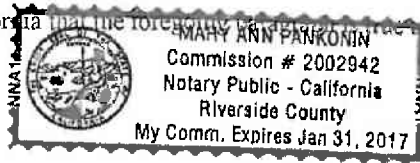
STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE)

996 Alcott Ct.
Hemet, CA 92543-8022
(951) 658-2532

On 30 MAY 2013, before me, MARY ANN PANKONIN - NOTARY PUBLIC personally appeared Dorothy Ethlyn Thorton Waldie, 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 State of California that the foregoing is true and correct.
WITNESS my hand and Official Seal

Mary Ann Pankonin
(Signature of Notary)



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

Lubasha Johnson
(Signature of Agent)

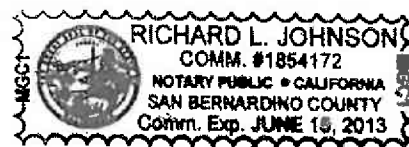
Lubasha Johnson
NATIONWIDE ASSET RECOVERY SERVICES
17100 Bear Valley Rd. B-201
Victorville, CA 92395

STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO)

On May 20th 2013, before me, Richard L. Johnson, Notary Public, personally appeared, Lubasha Johnson, 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 State of California that the foregoing paragraph is true and correct.
WITNESS my hand and Official Seal

Richard L. Johnson
(Signature of Notary)



Order No.
Escrow No.
Loan No.

DOC # 2004-0558489

07/19/2004 08:00A Fee: 7.00

Page 1 of 1

Recorded in Official Records

County of Riverside.

Gary L. Orso

Assessor, County Clerk & Recorder



WHEN RECORDED MAIL TO:
Dorothy Ethelyn
Thornton Waldie
1087 North First Street
Banning, CA 92220

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DOCUMENTARY TRANSFER TAX \$ 0

- Computed on the consideration or value of property conveyed; OR
- Computed on the consideration or value less liens or encumbrances remaining at time of sale.

Signature of Declarant or Agent determining tax — Firm Name

TRA 001 QUITCLAIM DEED

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

Mildred E Thornton

do(es) hereby REMISE, RELEASE AND FOREVER QUITCLAIM to Dorothy Ethelyn Thornton Waldie

the real property in the City of BANNING
County of RIVERSIDE APN. 535-222-017-1, State of California, described as

LOT 42 OF EDMOLL PLACE AS SHOWN IN
MAPS ON FILE IN BOOK 15, PAGE 23 OF MAPS
IN THE OFFICE OF THE RECORDER OF RIVERSIDE COUNTY

Dated 5-28-04

Dorothy E. Waldie
DOROTHY E. WALDIE
COURT APPOINTED POWER OF
ATTORNEY FOR MILDRED E.
THORNTON

STATE OF CALIFORNIA }
COUNTY OF Riverside } ss.

On 5/28/04 before me,
J. McEraw, Notary Public
personally appeared DOROTHY E. WALDIE

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person (or whose name (or 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 (or on the instrument) the person (or the entity upon behalf of which the person (or acted, executed the instrument.

WITNESS my hand and official seal
Signature J. McEraw - Notary Public



(This area for official notarial seal)

MAIL TAX STATEMENTS TO:
Dorothy Thornton Waldie
1087 North First Street
Banning, CA 92220

1085 (1/94)

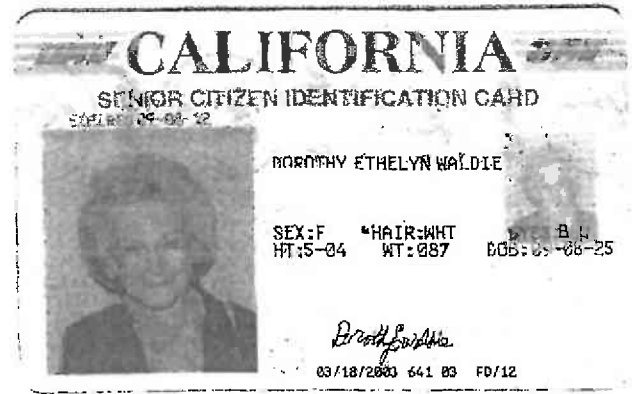
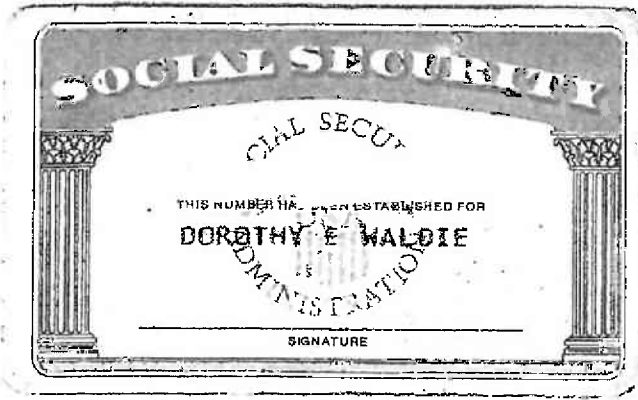


Photo only

RECEIPT - NOT A LICENSE OR PERMIT
NOT A VERIFIED IDENTIFICATION
APPLICATION FOR SENIOR ID RENEWAL

DOROTHY ETHELYN WALDIE
996 ALCOTT CT
HEMET CA 92543

AMOUNT DUE : NO FEE
AMOUNT RCVD - CASH:
- CHCK:
- CRDT:
- CARD:

FP/RT

IF YOU DO NOT RECEIVE YOUR IDENTIFICATION
CARD WITHIN 60 DAYS, PLEASE CONTACT OR
PRESENT THIS RECEIPT TO ANY DMV OFFICE.

053013 OFFICE -635 053013 29/5424 133





Larry Walker
Auditor/Controller-Recorder,
County Clerk
222 W. Hospitality Lane, 1st Floor
San Bernardino CA 92415-0022
(909) 386-8970 or (909) 386-8969

Filed In County Clerk's Office, County of San Bernardino

12/28/2010
2:55 PM
TC

LARRY WALKER
Auditor/Controller - Recorder

Doc#: 20100013533

DocType: FBN



Pages: 2

Fees: \$50.00

EcgiD - 132674

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

FILING **FICTITIOUS BUSINESS NAME STATEMENT**

ABANDONMENT: County of Original Filing San Bernardino Date of Original Filing 12/23/2005 File No. 200518439

Fee \$40.00 includes up to one partner (please make check payable to "County Clerk")
\$10.00 ea. additional FBN name filed on same statement and operating at same location.
\$10.00 ea. additional partner \$10.00 ea. additional partner

Please TYPE or PRINT legibly and firmly in DARK Ink (no alterations). See reverse side for filing and publishing instructions. The determination whether or not publication is required by law is ENTIRELY THE RESPONSIBILITY OF THE REGISTRANT. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1 LIST FICTITIOUS BUSINESS NAME BELOW (list any additional business names on additional form) County of Principal Place of Business
NATIONWIDE ASSET RECOVERY SERVICES San Bernardino

2 Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable) City State Zip Code
17960 PEBBLE BEACH DR. Victorville CA 92395
Mailing Address (Optional) City State Zip Code
9961 SVL BOX Victorville CA 92395

(1) Name of Individual Registrant (First name) (Middle initial only) (Last name)
LUBASHA JOHNSON

(1) Name of corporation or limited liability company as set out in the Articles of Inc./Org./Reg. State of Inc./Org./Reg. Inc./Org./Reg. No.

3 Residence Street Address (Mailing address is NOT acceptable) City State Zip Code
17960 PEBBLE BEACH DR. Victorville CA 92395

(2) Name of Individual Registrant (First name) (Middle initial only) (Last name)
RANDALL D WITTE

(2) Name of corporation or limited liability company as set out in the Articles of Inc./Org./Reg. State of Inc./Org./Reg. Inc./Org./Reg. No.

Residence Street Address (Mailing address is NOT acceptable) City State Zip Code
17960 PEBBLE BEACH DR. Victorville CA 92395

List any additional names on additional form
(CHECK ONE ONLY) This business is/was conducted by (if corporation or limited liability company, registrant must include copy of "Articles of Incorporation", "Articles of Organization" or "Articles of Registration"):

4 An Individual A Limited Liability Partnership Husband & Wife
 A General Partnership An Unincorporated Assoc. Other Than a Partnership State or Local Registered Domestic Partners
 A Limited Partnership A Corporation (include "Articles of Incorporation") A Joint Venture
 A Limited Liability Company Copartners A Trust

5 (CHECK ONE ONLY) enter date ONLY if first box is checked:
 Registrant commenced to transact business under the fictitious business name or names listed above on (do not enter a future date) 01 01 2000
 Registrant has not yet begun to transact business under the fictitious business name or names listed herein. Month Day Year

6 BY SIGNING BELOW, I DECLARE THAT I HAVE READ AND UNDERSTAND THE REVERSE SIDE OF THIS FORM AND THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. A registrant who declares as true information, which he or she knows to be false, is guilty of a crime. (B&P Code 17913) I am also aware that all information on this statement becomes public record upon filing pursuant to the California Public Records Act (Government Code Sections 6250-6277).

Sign below (see instructions on reverse for signature requirements):
Print Name (as appears on this statement) of Registrant: Lubasha Johnson By Signature: *[Signature]*
Printed Name of Person Signing: Lubasha Johnson Print Title of Person Signing: Co-Owner Date: 12/22/2010

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW

CALIFORNIA DRIVER LICENSE



Shirley

EXP 04/24/2018
LN JOHNSON
FN LUBASHA Y

END NONE

SEX NONE
HT 5-00
WT 125
DOB 04/24/1971

HAIR: BLU EYES: GRN
SEX: F HGT: 5-00 WGT: 125
DOB: 04/24/1971

04241971

04241971



NATIONWIDE ASSET RECOVERY SERVICES

www.nationwideassetrecovery.com

17100 Bear Valley Rd. B-201
Victorville, CA 92395

Phone: (760) 963-9434

Fax: (760) 243-1539

Toll Free FAX: (877) 541-6920

July 15, 2013

Riverside Treasurer-Tax Collector
Attn: Excess Proceeds Department
PO Box 12005
Riverside, CA 92502-2205

RE: Excess Proceeds Claim for Dorothy Ethlyn Thorton Waldie and Nationwide Asset Recovery Services,

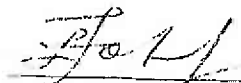
AP# 535-222-017-1

To Whom It May Concern:

This Office represents Dorothy Ethlyn Thorton Waldie and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on April 25-29, 2013. Please contact this office if additional information is required in the processing of their claim.

Please return original documents (if any) to our client. Thank you.

Sincerely,



Lubasha Johnson
Claim Coordinator

17100 Bear Valley Rd. B-201
Victorville, CA 92395



7006 2150 0001 6843 3093



92502

1000

U.S. POSTAGE
PAID
VICTORVILLE, CA
92395
JUL 13 2013
PMOUNT

\$7.37
80031417-11

Riverside Treasurer-Tax Collector
Attn Excess Proceeds Dept.
P.O. Box 12005
Riverside, CA 92502-2205

TC 196

AP : 161-140-039-5 (Item 267)
295-060-005-5 (Item 97)
535-222-017-1 (Item 407)

TREASURER-TAX COLLECTOR
DATA / MAIL ROOM

JUL 17 2013

RECEIVED