

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS DATE 7/22/15

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

762A



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:

JUL 22 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 194, Item 36. Last assessed to: Oscar F. Cortez and Inez N. Cortez, husband and wife, as joint tenants. District 1 [\$0].

RECOMMENDED MOTION: That the Board of Supervisors:

- Deny the claim from Found Extra Money, LLC., agent for Paul R. Cortez, heir to the Estate of Oscar F. & Inez N. Cortez, last assessees for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 322200019-9;

(continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the 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 8/10/15
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.:

District: 1

Agenda Number:

9-13

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 36. Last assessed to: Oscar F. Cortez and Inez N. Cortez, husband and wife, as joint tenants. District 1 [\$0].

DATE: JUL 22 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Deny the claim from Sandra L. Gravano, attorney for Merced County, Department of Child Support Services;
3. Deny the claims, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.
4. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$10,560.62 to the county general fund pursuant to Revenue and Taxation Code Section 4674.

BACKGROUND:

Summary (continued)

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

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

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on April 1, 2013.

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

1. Claim from Found Extra Money, LLC, agent for Paul R. Cortez, heir to the Estate of Oscar F. and Inez N. Cortez based on an Authorization for Agent to Collect Excess Proceeds dated March 27, 2014, Grant Deed recorded June 18, 1982 as Instrument No. 105037 and an Affidavit Under California Probate Code Section 13100 dated March 27, 2014.
2. Claim from Sandra L. Gravano, attorney for Merced County, Department of Child Support Services based on Abstract of Support Judgment recorded February 11, 2010 as Instrument No. 2010-0065599 and recorded February 08, 2011 as Instrument No. 2011-0062937.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Found Extra Money, LLC, agent for Paul R. Cortez, heir to the Estate of Oscar F. and Inez N. Cortez be denied since they were unable to substantiate their claim and Sandra L. Gravano, attorney for Merced County, Department of Child Support Services be denied since the claim was not against our last assessee. Since there are no other claimants, the unclaimed excess proceeds in the amount of \$10,560.62 will be transferred to the county general fund. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Citizens and Businesses

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.

FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.comEmail: Richard@foundextramoney.com**LAS VEGAS OFFICE:**

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

LOS ANGELES OFFICE

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

PLEASE REPLY TO LOS ANGELES OFFICE

March 31, 2014

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

RE: EXCESS PROCEEDS CLAIM: Parcel Number 322-200-019-9 (Vacant Lot)

Sale Date: 02/04/2013

Recorded Date: 04/01/2013

Claimant: OSCAR F. & INEZ N. CORTEZ (both deceased)/PAUL R. CORTEZ (heir)—90% of \$10,700.00 = \$9,630.00

Claimant: Found Extra Money, LLC ("FEM, LLC")—10% of \$10,700.00 = \$1,070.00

Amount of Excess Proceeds: \$10,700.00 (approximately)

Dear Mr. Kent:

Enclosed for your reference, please find the following documents in support of our claim(s) for the excess proceeds resulting from the tax sale of the above-referenced property at the Tax Collector's Public Tax Auction held on February 4, 2013:

1. Copy of the Grant Deed showing OSCAR F. CORTEZ and INEZ N. CORTEZ as having been granted the property dated June 3, 1982 (1 page);
2. Riverside County's Sale File 4379 (TC 194) showing APN: 322-200-019-9 listed as Item #36, and showing the minimum bid, and OSCAR F. CORTEZ and INEZ N. CORTEZ as the last assessed (2 pages);
3. County of Riverside Office of the Treasurer-Tax Collector sales results indicating that the property had sold, and the selling price (1 page);
4. Property Report showing OSCAR F. CORTEZ and INEZ N. CORTEZ as the buyers of the property on 06/03/1982, and as the sellers of the property on the recording date of 04/01/2013 (3 pages);
5. Signed Riverside County Claim For Excess Proceeds by PAUL R. CORTEZ dated March 27, 2014 (1 page);

6. Authorization and Fee Agreement between PAUL R. CORTEZ signed on 10/16/2013 and FEM, LLC on 03/31/2014 to pay 10% of the total amount to FEM, LLC (1 page);
7. Notarized Authorization for Agent to Collect Excess Proceeds signed by PAUL R. CORTEZ on 03/27/2014 authorizing FEM, LLC to file a claim on his behalf, and notarized by FEM, LLC on 03/31/2014 (1 page).

Pursuant to California Courts of Appeals case law and statutory authority you must recognize that our rights, as an assignee, must be protected in any distribution of proceeds by issuing of a separate draft in the name of Found Extra Money, LLC. (*Marion Drive, LLC v. Saladino* (2006) 136 Cal.App.4th 1432, 1437; *Fjaeran v. Board of Supervisors* (1989) 210 Cal.App.3d 434,442; CA Rev. & Tax Code Sec. 4675, subd (e) (2). Assignments are permitted (Section 4675, subd. (b));

8. Riverside County Excess Proceeds Claim Form signed by FEM, LLC on 03/31/2014 (1 page);
9. Notarized Affidavit for Collection of Personal Property Pursuant to California Probate Code Section 13100-13116 signed by PAUL R. CORTEZ on 03/27/2014 (2 pages);
10. A completed and signed W-9 Form by PAUL R. CORTEZ dated 03/27/2014 (1 page);
11. A completed and signed W-9 Form by FEM, LLC dated 03/31/2014 (1 page);
12. Notarized Limited Power of Attorney signed by PAUL R. CORTEZ dated March 27, 2014 (1 page).

Please issue separate checks as follows:

90% = \$9,630.00 to PAUL R. CORTEZ
10% = \$1,070.00 to Found Extra Money, LLC

Please mail the checks to the following address:

Found Extra Money, LLC
9420 Reseda Blvd., #830
Northridge, CA 91324

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

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Dennis A. Murkey". The signature is written in a cursive style with a large, stylized initial "D".

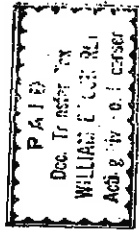
Dennis A. Murkey
Found Extra Money, LLC

105037

Order No.
Escrow No. 1809-L
Loan No.

WHEN RECORDED MAIL TO:

OSCAR F. CORTEZ
INEZ N. CORTEZ
619 Chapman Avenue
Placentia, Ca. 92670



RECEIVED FOR RECORD
AT 9:00 O'CLOCK A.M.
AS REQUESTED BY
FIRST AMERICAN TITLE COMPANY
OF RIVERSIDE
Book 1982, Page 105037
JUN 18 1982

Recorded in Official Records
of Riverside County, California
Acting Recorder
FEE \$ 4.00



MAIL TAX STATEMENTS TO:

same as above

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$ 17.05

X. 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

GRANT DEED

322-200-019-9

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

EDDIE P. RUIZ AND ELISA G. RUIZ, husband and wife

hereby GRANT(S) to

OSCAR F. CORTEZ AND INEZ N. CORTEZ, husband and wife, as joint tenants

the real property in the City of unincorporated
County of Riverside

State of California, described as

Parcel 6 of Record of Survey, as shown by Map on file in Book 26, page 87
of Records of Survey, Records of Riverside County, California.

Dated June 3, 1982

STATE OF CALIFORNIA
COUNTY OF
Los Angeles

On June 10, 1982

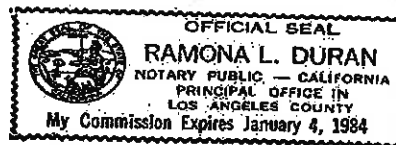
before me, the undersigned, a Notary Public in and for said
State, personally appeared
EDDIE P. RUIZ AND ELISA G. RUIZ

Known to me to be the person S, whose name S are
subscribed to the within instrument and acknowledged that
they executed the same.

WITNESS my hand and official seal.

Signature Ramona L. Duran
Ramona L. Duran

Eddie P. Ruiz
Eddie P. Ruiz
Elisa G. Ruiz
Elisa G. Ruiz



(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE

1002 (10/69)

~~23~~ 23
ACCTS:

RIVERSIDE
City
CALIFORNIA

DN
2-4-23

EXHIBIT A
SALE FILE 4379 (TC 194)



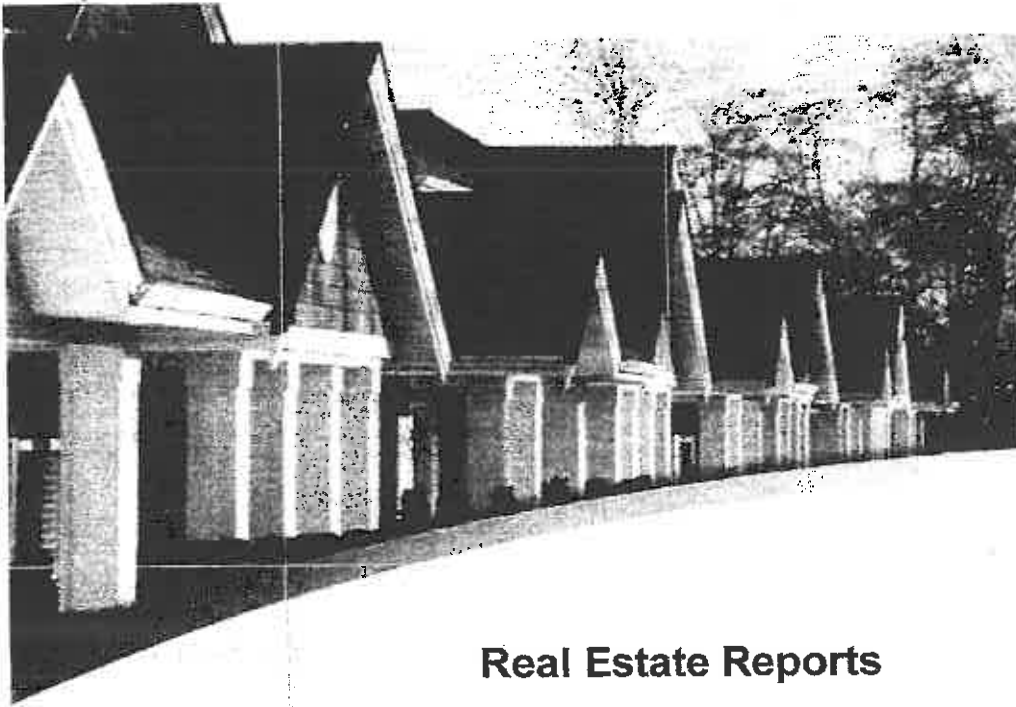
- | | | |
|---|------------------------------|---------------------|
| ITEM 1 | OUTSIDE CITY | |
| 101200001-7 | | 101-200-001-7 |
| LAST ASSESSED TO NELSON, CONNIE | | TRA 059-002 |
| MINIMUM PRICE: \$2,324.00 | | 2006-101200001-0000 |
| | | |
| ITEM 2 | IN THE CITY OF RIVERSIDE | |
| 149310012-5 | | 149-310-012-5 |
| LAST ASSESSED TO SIMMONS GRACE ESTATE OF | | TRA 009-175 |
| SITUS ADDRESS: 5578 NORWOOD AVE, RIVERSIDE CA 92505 | | 2006-149310012-0000 |
| MINIMUM PRICE: \$212,985.00 | | |
| | | |
| ITEM 3 | IN THE CITY OF RIVERSIDE | |
| 151031006-5 | | 151-031-006-5 |
| LAST ASSESSED TO REYES, BENJAMIN | | TRA 009-174 |
| MINIMUM PRICE: \$18,668.00 | | 2006-151031006-0000 |
| | | |
| ITEM 5 | IN THE CITY OF JURUPA VALLEY | |
| 179070007-9 | | 179-070-007-9 |
| LAST ASSESSED TO RAMOS, MARTHA & SMALL, EDWARD F | | TRA 028-054 |
| MINIMUM PRICE: \$16,637.00 | | 2005-179070007-0000 |
| | | |
| ITEM 6 | IN THE CITY OF JURUPA VALLEY | |
| 179291011-5 | | 179-291-011-5 |
| LAST ASSESSED TO FRONTELA, JORGE & ARSENIO | | TRA 028-109 |
| SITUS ADDRESS: 5265 ODELL ST, RIVERSIDE CA 92509 | | 2006-179291011-0000 |
| MINIMUM PRICE: \$23,254.00 | | |
| | | |
| ITEM 7 | IN THE CITY OF RIVERSIDE | |
| 209101040-3 | | 209-101-040-3 |
| LAST ASSESSED TO ORANGE CREST REAL ESTATE CORP | | TRA 009-061 |
| MINIMUM PRICE: \$51,205.00 | | 2006-209101040-0000 |
| | | |
| ITEM 8 | OUTSIDE CITY | |
| 255381022-0 | | 255-381-022-0 |
| LAST ASSESSED TO TRACT 29168 HIGHGROVE | | TRA 088-001 |
| MINIMUM PRICE: \$7,992.00 | | 2006-255381022-0000 |
| | | |
| ITEM 9 | IN THE CITY OF MORENO VALLEY | |
| 256150031-1 | | 256-150-031-1 |
| LAST ASSESSED TO RODRIGUEZ, PEDRO | | TRA 021-279 |
| MINIMUM PRICE: \$11,677.00 | | 2006-256150031-0000 |



ITEM 28	OUTSIDE CITY	315-162-020-0
315162020-0		TRA 098-044
LAST ASSESSED TO MURRIETA, JASON		2006-315162020-0000
SITUS ADDRESS: 21688 BAILLY ST, PERRIS CA 92570		
MINIMUM PRICE: \$15,433.00		
ITEM 29	OUTSIDE CITY	315-172-008-1
315172008-1		TRA 098-044
LAST ASSESSED TO JOHNSON, PARNELLA TR		2006-315172008-0000
MINIMUM PRICE: \$3,258.00		
ITEM 30	OUTSIDE CITY	318-042-011-2
318042011-2		TRA 098-044
LAST ASSESSED TO GREEN, CARLTON R & DAVIS, HERMAN JR & PATTERSON, SANDRINE		2006-318042011-0000
FRISTOT		
SITUS ADDRESS: 21473 HICKS ST, PERRIS CA 92570		
MINIMUM PRICE: \$13,558.00		
ITEM 32	OUTSIDE CITY	318-172-003-7
318172003-7		TRA 098-044
LAST ASSESSED TO WORTHAM, WILLIE & HENRIETTA & LEE, TOMMY P & LANE, ROMALIS ETAL		2006-318172003-0000
MINIMUM PRICE: \$8,960.00		
ITEM 33	OUTSIDE CITY	318-230-085-0
318230085-0 FORMERLY 318230026-7		TRA 098-044
LAST ASSESSED TO JACKSON, DONALD		2006-318230026-0000
SITUS ADDRESS: 21629 SMOKETREE ST, PERRIS CA 92570		
MINIMUM PRICE: \$22,001.00		
ITEM 34	OUTSIDE CITY	319-092-022-4
319092022-4		TRA 098-110
LAST ASSESSED TO BRUNO, LAWRENCE B		2006-319092022-0000
SITUS ADDRESS: 20120 RIDER ST, PERRIS CA 92570		
MINIMUM PRICE: \$27,127.00		
ITEM 35	OUTSIDE CITY	322-090-021-1
322090021-1		TRA 098-033
LAST ASSESSED TO GONZALEZ, JESUS DANIEL		2006-322090021-0000
MINIMUM PRICE: \$17,220.00		
ITEM 36	OUTSIDE CITY	322-200-019-9
322200019-9		TRA 098-128
LAST ASSESSED TO CORTEZ, OSCAR F & INEZ N		2006-322200019-0000
MINIMUM PRICE: \$4,284.00		

COUNTY OF RIVERSIDE
OFFICE OF THE TREASURER-TAX COLLECTOR
SALE OF TAX DEFAULTED PROPERTY - TC194
JANUARY 31, 2013 - FEBRUARY 4, 2013

<u>ITEM#</u>	<u>ASSESSMENT#</u>	<u>STATUS</u>	<u>SALE PRICE</u>
1	101200001-7	REDEEMED	
2	149310012-5	NO BID	
3	151031006-5	SOLD	\$75,205.00
4	151278004-6	OFF SALE	
5	179070007-9	SOLD	\$111,950.00
6	179291011-5	NO BID	
7	209101040-3	REDEEMED	
8	255381022-0	SOLD	\$68,865.00
9	256150031-1	OFF SALE	
10	279220013-8	SOLD	\$8,115.00
11	279491014-7	SOLD	\$30,361.00
12	280240017-4	OFF SALE	
13	295150007-5	SOLD	\$32,374.00
14	304340022-2	NO BID	
15	309180012-4	SOLD	\$9,000.00
16	309290029-0	OFF SALE	
17	309290032-2	OFF SALE	
18	309290035-5	OFF SALE	
19	309290037-7	OFF SALE	
20	309290039-9	OFF SALE	
21	309290040-9	OFF SALE	
22	313143010-8	SOLD	\$28,036.00
23	313191004-2	REDEEMED	
24	313191005-3	REDEEMED	
25	313201001-9	REDEEMED	
26	313201003-1	REDEEMED	
27	315132016-4	SOLD	\$14,367.00
28	315162020-0	SOLD	\$15,433.00
29	315172008-1	SOLD	\$21,550.00
30	318042011-2	REDEEMED	
31	318042025-5	REDEEMED	
32	318172003-7	SOLD	\$40,300.00
33	318230085-0	SOLD	\$65,100.00
34	319092022-4	REDEEMED	
35	322090021-1	NO BID	
36	322200019-9	SOLD	\$15,000.00
37	325200036-5	SOLD	\$18,600.00
38	326061009-9	SOLD	\$10,100.00
39	326062014-6	NO BID	
40	342092009-3	NO BID	
41	343152015-0	NO BID	
42	345220036-3	SOLD	\$18,800.00
43	350040015-6	SOLD	\$2,800.00
44	350081002-1	SOLD	\$3,300.00
45	350091022-0	SOLD	\$2,423.00



Real Estate Reports

Property:

92570
APN: 322-200-019

Data deemed reliable, but not guaranteed. LPS Data Services 2009.
Copyright 2009 AgentPro247.com LoanPro247.com TitlePro247.com



Property Details

Ayala, Gilbert A; Ayala, Maria F
92570

APN: 322-200-019
Riverside County

Owner information

Primary Owner: AYALA, GILBERT A; AYALA,
MARIA F

Secondary Owner:

Mail Address: 1200 W BASTANCHURY PL
FULLERTON CA 92833

Site Address:
92570

Assessor Parcel Number: 322-200-019

Census Tract: 0429.03

Housing Tract Number:

Lot Number: 6

Legal description: Lot: 6 Abbreviated Description: LOT:6 1.00 ACRES IN PAR 6 RS 026/087

Sale information

Sale Date: 04/01/2013

Document #: 2013-0154631

Sale Amount: \$15,000

Seller: CORTEZ, OSCAR
F; CORTEZ, INEZ
N

Sale Type:

Cost/SF:

Assessment & Tax information

Assessed Value: \$26,062

Land Value: \$26,062

Imp. Value:

Homeowner
Exemption:

% Improvement:

Tax Amount: \$306.74

Tax Status: Delinquent: 2005

Tax Year: 2012

Tax Rate Area: 98-128

Tax Account ID:

Property Characteristics

Bedrooms:

Year Built:

Pool:

Bathrooms:

Square Feet:

Lot Size: 1 AC

Total Rooms:

Number of Units: 0

No of Stories:

Building Style:

Garage:

Fire Place:

Property Type: Residential Vacant Land

Use Code: Residential-Vacant Land

Zoning:



Transaction History

Ayala, Gilbert A; Ayala, Maria F
.. 92570

APN: 322-200-019
Riverside County

Prior Transfer

Recording Date: 04/01/2013
Price: \$15,000
First TD: N/A
Mortgage Doc #:
Lender Name:
Buyer Name: AYALA, GILBERT A; AYALA, MARIA F
Buyer Vesting: Joint Tenancy
Seller Name: CORTEZ, OSCAR F; CORTEZ, INEZ N
Legal description: Lot: 6 Map Ref: MB26 PG87

Document #: 2013-0164631 BK-PG -
Document Type: Public Action
Type of Sale: Sold For Taxes
Interest Rate:

Prior Transfer

Recording Date: 06/00/1982
Price: \$15,500
First TD: N/A
Mortgage Doc #:
Lender Name: N/A
Buyer Name: CORTEZ OSCAR F; CORTEZ INEZ N
Buyer Vesting: Joint Tenancy
Seller Name: N/A
Legal description: Lot: 6
Abbreviated Description: 1.00 ACRES IN PAR 6 RS 026/087

Document #: 1982-0105037 BK-PG -
Document Type: N/A
Type of Sale: Price Unconfirmed
Interest Rate:

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 36 Assessment No.: 322200019-9

Assessee: CORTEZ, OSCAR F & INEZ N

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 \$ 10,700.00 (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. 2013-015963; recorded on 04/01/2013. 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.

Tax Deed to Purchaser of Tax-Defaulted Property

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 27 day of MARCH, 2014 at Bearmont CA.
County, State

* Paul Cortez
Signature of Claimant

Signature of Claimant

PAUL R. CORTEZ
Print Name

Paul Cortez
Print Name

491 E. BARBOUR ST.
Street Address

Street Address

BANNING, CA 92220
City, State, Zip

City, State, Zip

(951) 492-6272
Phone Number

Phone Number

FOUND EXTRA MONEY, LLC
UNCLAIMED MONEY CONSULTANTS
WWW.FoundExtraMoney.com
Email: Richard@foundextramoney.com

LAS VEGAS OFFICE

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

LOS ANGELES OFFICE

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

PLEASE REPLY TO: **LOS ANGELES OFFICE** (CLAIM #: RI22-CA)

AUTHORIZATION AND FEE AGREEMENT

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

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

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

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

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

I/we agree to the above.

Oscar F. & Inez N. Cortez
(deceased)

(Print Name)

(Do not write here)

SIGNATURE:

DATE:

Richard R. Rouben, MANAGER 3/31/14
FOR FOUND EXTRA MONEY, LLC
DENNIS A. MURPHY

By: Paul Richard Cortez

PAUL CORTAZ
(Print Name)

Paul Cortez
SIGNATURE:

10/16/13
DATE:

AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make FOUND EXCESS MONEY, LLC my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 322-200-019-9 sold at public auction on 02/04/2013. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$10,700.00 (approx) and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Paul R. Cortez
(Signature of Party of Interest)

PAUL R. CORTEZ
(Name Printed)

491 E. BARBOUR ST.
(Address)

BANNING, CA 92220
(City/State/Zip)

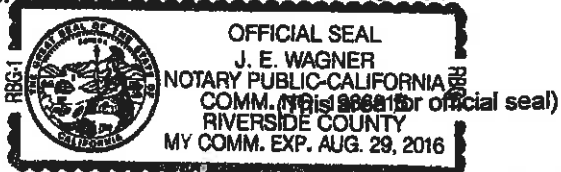
(951) 492-6272
(Area Code/Telephone Number)

STATE OF CALIFORNIA)
COUNTY OF Riverside) ss.

On 3-27-14, before me, J. E. Wagner, notary public personally appeared Paul R. Cortez, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.
J. E. Wagner
(Signature of Notary)



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

Dennis A. Murkey
(Signature of Agent)

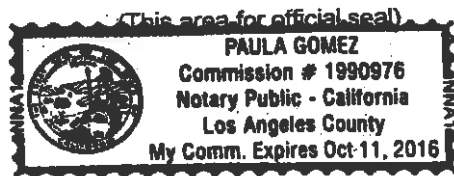
DENNIS A. MURKEY, MANAGER
(Name Printed)
FOUND EXCESS MONEY, LLC
9420 RESERVE BLVD. #530
(Address)

STATE OF CALIFORNIA)
COUNTY OF Los Angeles) ss.

NORWIDGE, CA 91324
(City/State/Zip)

On 03/31/14, before me, the undersigned, a Notary Public in and for said State, personally appeared Dennis A. Murkey, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Paula Gomez
(Signature of Notary)



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 36 Assessment No.: 322200019-9

Assessee: CORTEZ, OSCAR F & INEZ N

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 ~~\$10,700.00 (approx)~~ from the sale of the above mentioned real property. I/We were the lienholder(s), ~~Assignee~~ 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. 2013-015463; recorded on 04/01/2013. 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.

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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 31ST day of MARCH, 2014 at LOS ANGELES, CA
County, State

Dennis A. Murkey, MANAGER

Signature of Claimant

FOUND EXTRA MONEY, LLC

Print Name

DENNIS A. MURKEY

Print Name

9420 RESEDA BLVD, # 830

Street Address

NORTHRIDGE, CA 91324

City, State, Zip

(888)867-4785

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

**Affidavit for Collection of Personal Property
Pursuant to California Probate Code §13100-13116**

I, PAUL R. CORTEZ, state as follows:

1. OSCARF. + INEZ N. CORTEZ (name of decedent), died on X _____ (date of death) in the County of X _____, California.
2. At least 40 days have passed since the death of the decedent, as shown by **the attached certified copy of the decedent's death certificate.**
3. No proceeding is now being or **OR** The decedent's Personal Representative has been conducted in California for administration of the decedent's estate. The decedent's Personal Representative has consented in writing to the payment, transfer, or delivery of the property described in this declaration.
4. The current gross value of the decedent's real and personal property in California, excluding the property described in Probate Code §13050, does not exceed \$150,000.00.
5. An inventory and appraisement of the real property included in the decedent's estate is attached. **OR** There is no real property in the estate.
6. The following property is to be paid, transferred or delivered to the undersigned according to Probate Code § 13006 (describe the property to be transferred):
EXCESS PROCEEDS AS THE RESULT OF THE SALE OF THE DECEDENT'S PROPERTY

7. The successor(s) of the decedent, as defined in Probate Code § 13006 is/are:
PAUL R. CORTEZ (SON GRANDSON)
LOUIE C. CORTEZ (SON GRANDSON)

8. I am:
 a successor(s) of the decedent to the decedent's interest in the described property. **OR** authorized under Probate Code §13051 to act on behalf of the decedent's successor(s) with respect to the decedent's interest in the described property.
9. No other person has a right to the interest of the decedent in the described property.
10. I request that the above-described property be paid, delivered or transferred to the undersigned.

**Affidavit for Collection of Personal Property
Pursuant to California Probate Code §13100-13116 - continued**

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

Date 3/27/14 Sign Name Paul Cortez Print Name Paul Cortez
(If more than one declarant is entitled to receive the described property, all need to sign this affidavit. If this is the case, additional declarants can sign below and on an additional page.)

Date _____ Sign Name _____ Print Name _____

Date _____ Sign Name _____ Print Name _____

Date _____ Sign Name _____ Print Name _____

Date _____ Sign Name _____ Print Name _____

Acknowledgement
(By Notary Public)

State of California)
County of Riverside)

On 3-27-14 (date) before me, personally appeared Paul R. Cortez
[1] **who** proved to me on the basis of satisfactory [2] **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.

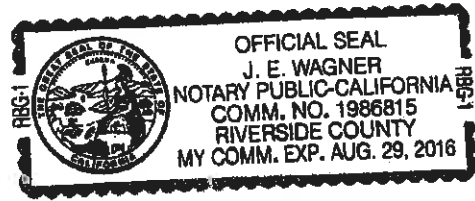
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature: J. E. Wagner
Print Name: J. E. Wagner

My commission expires:
8-29-16

(Seal)



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)
Paul R. Cortez

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
491 E. Barbour St.
 City, state, and ZIP code
Banning, CA 92220

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Paul Cortez Date ▶ 3/27/14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)
Found Extra Money, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **C**
 Other (see instructions) ▶

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
9420 Reseda Blvd., #830

City, state, and ZIP code
Northridge, CA 91324

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--

Employer identification number

--	--	--	--	--	--	--	--	--	--

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 - I am a U.S. citizen or other U.S. person (defined below), and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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Sign Here Signature of U.S. person ▶ *Arnold A. Minkley, MANAGER*

Date ▶ *03/31/2014*

General Instructions

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- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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- An individual who is a U.S. citizen or U.S. resident alien,
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- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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FOUND EXTRA MONEY, LLC

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.com

Email: Richard@foundextramoney.com

LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362

Las Vegas, NV 89139

Toll Free: (888) 867-4785

Fax No: (702) 331-4992

LOS ANGELES OFFICE

9420 Reseda Blvd. #830

Northridge, CA 91324

Toll Free: (888) 867-4785

Fax No.: (818) 701-7184

LIMITED POWER OF ATTORNEY

BE IT KNOWN that Paul R. Cortez has made and appointed and by these presents does hereby make and appoint **Found Extra Money, LLC**, in his/her name, place and stead, for the following and limited purposes only: TO DO ALL THINGS NECESSARY TO THE FILING, COLLECTION AND RECOVERY OF ANY AND ALL UNCLAIMED PROPERTY AND/OR EXCESS PROCEEDS FUNDS FROM ANY/ALL FINANCIAL INSTITUTIONS AND/OR GOVERNMENT AGENCIES, giving and granting said attorney full power and Authority to do and perform all and every act and thing whatsoever necessary to be done in And about the specific and limited premises (set out herein) as fully, to all intents and purposes as might or could be done if personally present, with full power of substitution and revocation; hereby ratifying and confirming all that said attorney shall lawful do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 27 day of

March, 2014.

Paul Cortez
(Signature)

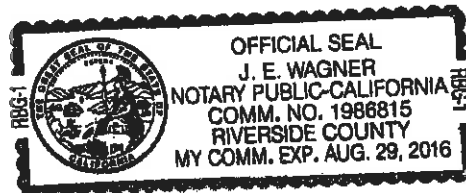
Paul Cortez
(Please Print)

State of California

County of Riverside

On 3-27-14 before me, J. E. Wagner, notary public personally appeared Paul Cortez who proved to me the basis of satisfactory evidence to be the person whose name is are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity , and that by his/her/their signature on the instrument the person , or the entity upon behalf of which the person acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

J. E. Wagner
Notary Public
My Commission Expires on: 8-29-16



(Place Notary Seal above)

Jacquez, Jason

From: Jacquez, Jason
Sent: Tuesday, October 21, 2014 4:46 PM
To: 'foundextramoney@gmail.com'
Subject: Additional Documentation Needed for EP Claim
Attachments: Personal Property Under California Probate Code 13100.pdf

Hello,

RE: EXCESS PROCEEDS CLAIM FOR PAUL R. CORTEZ / TC 194 ITEM 36 / ASSESSMENT# 322200019-9

I have several questions and requests for additional documentation regarding the claim submitted on behalf of Paul R. Cortez:

1. Did Oscar & Inez have a will or trust? If they do, please send us a copy.
2. Did Oscar & Inez die simultaneously or did one individual pre-decease the other? We need a new 13100 for whoever was alive last or held title last. The 13100 should only have one individuals name and it needs the date of death & County of death filled out along with the other information. (I have attached a blank form)
3. Please send certified death certificates for both Oscar and Inez.
4. The 13100 submitted shows PAUL R. CORTEZ and LOUIE C. CORTEZ as both SONS and GRANDSONS. Which are they? If they are sons, are there any other children/siblings alive or deceased? If they are grandsons, who are their parents?

If you have any questions please feel free to give me a call.

Sincerely,

Jason Jacquez
Riverside County
Treasurer-Tax Collector
Tax Sale Operations
951-955-3827
www.countytreasurer.org

February 9, 2015

FOUND EXTRA MONEY, LLC
9420 RESEDA BLVD., #830
NORTHRIDGE, CA 91324

Re: APN: 322200019-9
TC 194 Item 36
Date of Sale: February 4, 2013

FINAL NOTICE

Dear Mr. Murkey:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- Notarized Statement of different/misspelled name for
- Notarized Statement Giving Rights to Collect/Claim on behalf of
- Certified Death Certificates for
- Copy of Birth Certificates for
- Copy of Marriage Certificate for

- Original Note/Payment Book
- Updated Statement of Monies Owed (dated as of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other - ALL REQUESTED DOCUMENTS AND INFORMATION IN THE ATTACHED EMAIL DATED 10/21/2014

If your documentation is not received within 30 days, (March 9, 2015) your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jason Jacquez

Jason Jacquez
Tax Sale Operations
(951) 955-3827
(951) 955-3990 Fax

MESSAGE LEFT
2/20/15
DENNIS
cannot get a
hold of his
clients to get
additional info

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

7003 2260 0004 1562 0374
 Domestic Return Receipt
 102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 FOUND EXTRA MONEY, LLC
 9420 RESEDA BLVD., #830
 NORTHBRIDGE, CA 91324
 EP194-36 JJ

FINAL NOTICE

ccess proceeds from the above-mentioned tax sale. The
 icient to establish your claim.
 ablish your right to claim the excess proceeds. The
 Tax Collector in making the determination.

- Original Note/Payment Book
- Updated Statement of Monies Owed (dated as of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other - ALL REQUESTED DOCUMENTS AND INFORMATION IN THE ATTACHED EMAIL DATED 10/21/2014

If your documentation is not received within 30 days, (March 9, 2015) your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,
Jason Jacquez
 Jason Jacquez
 Tax Sale Operations
 (951) 955-3827
 (951) 955-3990 Fax

*MESSAGE LEFT
 2/20/15
 DENNIS
 Cannot get a
 hold of his
 clients to get
 additional info*

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 36 Assessment No.: 322200019-9

Assessee: CORTEZ, OSCAR F & INEZ N

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 \$14,956.33 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. _____; recorded on _____. 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.

Please see 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 MAY, 2013 at Merced, CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

ANITA L GRANADO
Print Name

Print Name

3368 N. Highway 59, Suite A
Street Address

Street Address

Merced, CA 95340
City, State, Zip

City, State, Zip

209-381-1327
Phone Number

Phone Number

Sandra Gravano
Chief Attorney



Department of Child Support Services
3368 N Highway 59, Suite A
Merced, CA 95340

(209) 381-1327 Phone
(209) 381-1341 Fax

sgravano@co.merced.ca.us

STRIVING FOR EXCELLENCE

PROOF OF SERVICE OF SUMMONS AND COMPLAINT

**SUMMONS AND COMPLAINT OR SUPPLEMENTAL
COMPLAINT REGARDING PARENTAL OBLIGATIONS**

2577P

2

SANTA CLARA COUNTY
DEPT OF CHILD SUPPORT SERVICES
2851 JUNCTION AVE.
SAN JOSE CA 95134
ATTORNEY FOR

408-922-1400

0175724

SANTA CLARA SUPERIOR CT 191 NORTH FIRST STREET
SAN JOSE, CA 95113 408/299-2964

COSCL V. OSCAR F CORTEZ

659719

103CS096967

PROOF OF SERVICE

1. AT THE TIME OF SERVICE I WAS AT LEAST 18 YEARS OF AGE AND NOT A PARTY TO THIS ACTION, AND I SERVED COPIES OF THE:

SUMMONS & COMPLAINT, (PROPOSED) JUDGMENT, BLANK ANSWER, FINANCIAL STMT. & BLANK MEDICAL INS. FORMS, CALIFORNIA CHILD SUPPORT HANDBOOK

2. PARTY SERVED: OSCAR F CORTEZ

ADDRESS: 350 E SAN JACINTO AVE
SPC 98
PERRIS CA 92571

3. I SERVED THE PARTY NAMED IN ITEM 2 BY LEAVING THE COPIES WITH OR IN THE PRESENCE OF:

JOHN DOE CO-TENANT
AGE: 30 HEIGHT: 5'8 WEIGHT: 160 HAIR: BLK RACE: H SEX: M
(HOME) A COMPETENT MEMBER OF THE HOUSEHOLD AT LEAST 18 YEARS OF AGE AT THE DWELLING HOUSE OR USUAL PLACE OF ABODE OF THE PERSON SERVED. I INFORMED HIM OR HER OF THE GENERAL NATURE OF THE PAPERS.

ON: 08/21/03 AT: 7:10PM

4. A DECLARATION OF DILIGENCE IS ATTACHED

(A) BY MAILING THE COPIES TO THE PERSON SERVED, ADDRESSED AS SHOWN IN ITEM 2, BY FIRST-CLASS MAIL, POSTAGE PREPAID

ON: 08/22/03 FROM: LOS ANGELES, CA

THE "NOTICE TO THE PERSON SERVED" ON THE SUMMONS WAS COMPLETED AS FOLLOWS: AS AN INDIVIDUAL DEFENDANT. (CCP 415.20)


5. PERSON SERVING : SHERMAN DARRYL PETERS FEE FOR SERVICE: 45.00

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

CONFORMS WITH JUDICIAL COUNCIL FORM #982 (A) (23)

EXECUTED ON: 08/22/03

SPECIALIZED LITIGATION SERVICES
P.O. BOX 39607
LOS ANGELES CA 90039
(818)552-7733
Los Angeles #4410


EMPLOYEE
IND. CONTRACTOR
4432
LOS ANGELES

SANTA CLARA COUNTY
DEPT OF CHILD SUPPORT SERVICES
2851 JUNCTION AVE.
SAN JOSE CA 95134
ATTORNEY FOR

408-922-1400

0175724

SANTA CLARA SUPERIOR CT 191 NORTH FIRST STREET
SAN JOSE, CA 95113 408/299-2964

COSCL V. OSCAR F CORTEZ

659719

103CS096967

DECLARATION OF REASONABLE DILIGENCE

PERSON TO SERVE: OSCAR F CORTEZ

DOCUMENTS RECEIVED:

SUMMONS & COMPLAINT, (PROPOSED) JUDGMENT, BLANK ANSWER, FINANCIAL
STMNT. & BLANK MEDICAL INS. FORMS, CALIFORNIA CHILD SUPPORT HANDBOOK

I DECLARE THE FOLLOWING ATTEMPTS WERE MADE TO EFFECT SERVICE
BY PERSONAL DELIVERY:


AT THE RESIDENCE ADDRESS: 350 E SAN JACINTO AVE
SPC 98
PERRIS CA 92571

OR THE BUSINESS ADDRESS:
UNKNOWN

07/10/03 12:24PM NO ONE THERE
07/28/03 10:55AM NO ANSWER, APPEARED TO BE NO ONE THERE
08/06/03 9:38PM NO ANSWER AT DOOR
08/21/03 7:10PM SUB-SERVED ON JOHN DOE, CO-TENANT

PERSON ATTEMPTING SERVICE: SHERMAN DARRYL PETERS

SPECIALIZED LITIGATION SERVICES
P.O. BOX 39607
LOS ANGELES CA 90039
(818)552-7733
Los Angeles #4410


EMPLOYEE
IND. CONTRACTOR
4432
LOS ANGELES

SANTA CLARA
DEPT. OF CHILD SUPPORT SERVICES
2851 JUNCTION AVE
SAN JOSE, CA 95134

CASE NO. 0175724

(408)-503-5200

SUPERIOR COURT (CONSOLIDATED) 43473
99 NOTRE DAME AVENUE Branch: 53
SAN JOSE, CA 95110

Plaintiff: COUNTY OF SANTA CLARA
Defendant: CORTEZ, OSCAR F.

Case No: 03CS096967
NOTICE OF NOT FOUND/NO SERVICE

1. At the time of service, I was at least 18 years of age and not a party to this action, and WAS UNABLE TO SERVE COPIES OF THE:
SUMMONS & COMPLAINT
2. A. Party Served:
CORTEZ, OSCAR F.

C. Address:
8731 IMPERIAL HWY APT. 5
DOWNEY, CA 90242

D. By delivery:
Within the judicial district in which the address specified is situated, process is being returned without service for the following reason(s):

UNKNOWN AT ADDRESS.

PER ADRIANA LOPEZ HAS 6 MONTHS AT LOCATION. DEFT. UNKNOWN.

Small Claims Actions:
If Not Found Fees are charged, you should file this notice with the Court Clerk before any hearing is held to recover costs incurred.

Unpaid Sheriff's costs per fee waiver GC6103: 28.00

Person Serving: E445340
Deputy ALEJANDRO GUTIERREZ
SHERIFF'S OFFICE
214 S. FETTERLY AVE.
EAST LOS ANGELES, CA 90022
(323)-780-2026

I am a California Sheriff. I certify that the foregoing is true & correct.

LEROF D. BACA, Sheriff

Date: 04/18/03
Br.: 53 53

By: _____
A. GUTIERREZ, Deputy

*non-served
6-5-03*

SANTA CLARA
DEPT. OF CHILD SUPPORT SERVICES
2851 JUNCTION AVE
SAN JOSE, CA 95134

CASE NO. 0175724

(408)-503-5200

SUPERIOR COURT (CONSOLIDATED) 43473
99 NOTRE DAME AVENUE Branch: 53
SAN JOSE, CA 95110

Plaintiff: COUNTY OF SANTA CLARA
Defendant: CORTEZ, OSCAR F.

Case No: 03CS096967
NOTICE OF NOT FOUND/NO SERVICE

Additional Documents:

SUMMONS AND COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING
PARENTAL OBLIGATIONS, JUDGMENT REGARDING PARENTAL
OBLIGATIONS, NOTICE OF RIGHTS AND RESPONSIBILITIES, BLANK
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING
PARENTAL OBLIGATIONS, BLANK FINANCIAL STATEMENT, BLANK
HEALTH INSURANCE INFORMATION

GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406):
COUNTY OF SANTA CLARA
PETER K. DEVER
DEPARTMENT OF CHILD SUPPORT SERVICES
2851 JUNCTION AVENUE
SAN JOSE, CA 95134

TELEPHONE NO. (optional): (408) 503-5200 FAX NO. (optional): (408) 503-5252
 E-MAIL ADDRESS (optional):
 ATTORNEY FOR (Name):

0175724
43MTS2

FOR COURT USE ONLY

ENDORSED FILED

2003 MAR -6 PM 4:23

KIRI TORRE
 CHIEF EXEC. OFFICER/CLERK
 SUPERIOR COURT OF CA
 COUNTY OF SANTA CLARA
 BY _____ DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
 STREET ADDRESS: **99 NOTRE DAME AVENUE**
 MAILING ADDRESS: **99 NOTRE DAME AVENUE**
 CITY AND ZIP CODE: **SAN JOSE, CA 95113**
 BRANCH NAME: **SUPERIOR COURT**

PETITIONER/PLAINTIFF: **COUNTY OF SANTA CLARA**
 RESPONDENT/DEFENDANT: **OSCAR F. CORTEZ**
 OTHER PARENT: **JESSIE L. CORTEZ**

SUMMONS AND COMPLAINT SUPPLEMENTAL COMPLAINT
 AMENDED COMPLAINT REGARDING PARENTAL OBLIGATIONS

CASE NUMBER:
103CS096967

TO (name): **OSCAR F. CORTEZ**

The local child support agency has filed this lawsuit against you. This lawsuit says you and the other parent are the parents of each child named in this complaint and that the obligor may be required to pay child support. The attached proposed *Judgment Regarding Parental Obligations (Governmental)* (form FL-630) names you and the other parent as parents of each child listed below and, if there is an amount stated in item 6 of the proposed *Judgment*, orders the obligor to pay support for these children. If you disagree with the proposed *Judgment*, you must file the attached *Answer* form with the court clerk within 30 days of the date that you were served with this Complaint. If you do not file an *Answer*, the proposed *Judgment* will become a final determination of parentage. If you are required to pay child support, the payments may be taken from your pay or other property without further notice. See the attached statement of your rights and responsibilities for more information.

La agencia local que vigila la manutención de menores ha registrado la presente demanda contra Usted. Esta demanda dice que usted y el otro padre son los padres de los hijos nombrados aquí y que el obligado deberá pagar manutención de menores. El propuesto FALLO RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario FL-630) los nombra a Usted y al otro padre como padres de cada uno de los hijos que figuran a continuación y, si se incluye una suma en el inciso 6, obliga al obligado a pagar manutención por estos hijos. Si no está de acuerdo con el FALLO propuesto, deberá registrar el formulario de RESPUESTA que se adjunta, presentándolo al actuario del tribunal dentro de 30 días después de haber recibido notificación de esta DEMANDA. Si usted no registra una REPUESTA, el FALLO propuesto tomará efecto con una determinación final de paternidad. Si se le está exigiendo que pague manutención de menores, los pagos podrán ser deducidos de su salario o de otras pertenencias suyas sin necesidad de mandarle ninguna otra notificación. Para mayor notificación, vea la declaración anexa respecto a los derechos y responsabilidades que tiene.

1. The local child support agency is asking the court to issue a judgment or orders for these children starting on the "beginning dates":

Name	Date of Birth	Establish Parentage	Establish Support	Modify Order	Beginning Date
ERICK CORTEZ	08-04-1997	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	04/01/2003
KAYLA CORTEZ	08-27-1998	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	04/01/2003
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional children are listed on a page (labeled Attachment 1) attached to this complaint.

Notice to person served: You are served

- as an individual defendant.
- on behalf of a minor child or children.
- other (specify): **KIRI TORRE**
CHIEF EXECUTIVE OFFICER

Date: **MAR 6 - 2003** Clerk, by **D. DUQUE**, Deputy

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA	CASE NUMBER:
RESPONDENT/DEFENDANT: OSCAR F. CORTEZ	
OTHER PARENT: JESSIE L. CORTEZ	

4. a. Some or all of the children named in item 1 are receiving or have received public assistance from the following counties *(specify)*:
b. Date public assistance first paid:
5. Other *(specify)*:

THE LOCAL CHILD SUPPORT AGENCY REQUESTS

6. That the court determine that the persons listed in item 2 are the parents of the children listed on page one.
7. That, based on the California support guideline, the court order the obligor to pay:
a. \$406.00 current monthly child support based on the obligor's known income of: \$1170.00 per month, and, if applicable, the obligee's known income of: \$ per month.
b. \$ current monthly child support based on the obligor's presumed income, as provided by law.
c. \$ additional monthly child support for the following reasons *(specify)*:
d. \$ child support from the beginning dates specified in item 1 through the end of the month in which this *Complaint* is filed date *(specify)*:
for the following children *(specify)*:
8. Other *(Specify)*:
9. That the court order the obligor to provide health insurance for each child named in item 1 if available at no or reasonable cost, and to complete the attached health insurance form and immediately return it to the office of the local child support agency at the address printed in the top left corner of page one, and that a National Medical Support Notice be issued. **NOTICE:** The obligor's employer or other person providing health insurance will be ordered to enroll the children in an appropriate health insurance plan if the obligor is found to be the parent. (Fam. Code, § 3761)
10. That an earnings assignment be ordered.
11. That the court order the parents to advise the local child support agency within 10 days in writing of any change in residence or employment.
12. That the court order the obligor to make all payments to *(specify)*:
PO BOX 7622
SAN FRANCISCO, CA 94120-7622
13. That the other parent be added as a party to this case. ID#: 0000576822
14. Number of pages attached: _____

NOTICE
IF YOU WANT LEGAL ADVICE, CONTACT A LAWYER IMMEDIATELY.
A Statement of Rights is attached to this document. Please read it carefully.

Date: MARCH 03, 2003

BARBARA CAMARENA

(Type or Print Name)



(ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA	CASE NUMBER:
RESPONDENT/DEFENDANT: OSCAR F. CORTEZ	
OTHER PARENT: JESSIE L. CORTEZ	

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Each superior court has a family law facilitator's office to provide education, information, and assistance to parents who have child support issues. The basic duties of the family law facilitator include:

- Providing educational materials;
- Distributing court forms;
- Providing assistance in completing forms;
- Preparing child support guideline calculations; and
- Providing referrals to the local child support agency, family court services, and other community agencies.

The family law facilitator is a neutral person whose services are available to any person who is NOT represented by an attorney. Both parties in the same case may receive assistance from the family law facilitator. There is no attorney-client privilege between the family law facilitator and any person assisted by the family law facilitator, and matters discussed with the family law facilitator are not confidential. No person can be represented by the family law facilitator.

STATEMENT OF RIGHTS AND RESPONSIBILITIES

NOTICE to the defendant: The proposed *Judgment* will be entered against you unless you file your written *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610) with the court clerk within 30 days of the date you were served with the *Complaint*. The proposed *Judgment* will be entered whether or not you have a lawyer. If you were served with a form telling you the date of a court hearing, you should go to court on that date. An order may be entered without your input if you do not attend the hearing.

AVISO para el acusado: El FALLO propuesto entrará en efecto contra usted, a menos que dentro de 30 días desde cuando recibió notificación de la DEMANDA, Usted registre por escrito una RESPUESTA A DEMANDA o DEMANDA SUPLEMENTAL RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario 610). El FALLO propuesto entrará en efecto contra usted, tenga o no tenga usted un abogado. Si le dieron notificación con un formulario que especifica una fecha de audiencia, usted tiene que presentarse al tribunal en esa fecha. Si no asiste a la audiencia, una orden judicial podrá emitirse sin considerar su punto de vista..

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA	CASE NUMBER:
RESPONDENT/DEFENDANT: OSCAR F. CORTEZ	
OTHER PARENT: JESSIE L. CORTEZ	

NOTICE TO BOTH PARENTS

The local child support agency has sued both of you to determine whether you are the parents of the children listed and if one or both of you should be ordered to pay child support. The local child support agency does not represent any individual in this lawsuit, including either parent or the children. Carefully read this statement and the other papers that you received.

You have the right to be represented by a lawyer. If you dispute that you are the parent of the children listed in the *Complaint* and you do not have enough money for a lawyer, you may ask the court to appoint a lawyer to represent you on the issue of parentage.

Other information about court-appointed lawyers (specify):

A blank *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610) is included in the papers that were served on you. If you did not receive an *Answer* form or if you would like another copy, you may get one from the local child support agency, the court clerk's office, or the family law facilitator. The family law facilitator can assist you in filling out the *Answer* form. You must file your *Answer* form with the court clerk within 30 days of the date you were served with the *Complaint* whether or not you obtain an attorney.

Settling Out of Court

You may contact the local child support agency to try to work out a settlement agreement. However, you must still file an *Answer* form within 30 days. If you and the local child support agency can reach an agreement regarding the requests made in the *Complaint*, you may sign a settlement agreement called a *STIPULATION*. By signing a stipulation, you are agreeing to give up your rights explained in this statement, you are agreeing that you are the parent of the children listed in the *Complaint*, and you are agreeing to obey all of the terms of the stipulation. The stipulation will become a court order that you must obey.

Going to Court

If you file your *Answer* form, you have the right to a court hearing, to subpoena witnesses, to ask questions of any witness against you, and to present evidence on your behalf. Genetic tests may be performed if the defendant questions parentage of the children listed in the *Complaint*. If the defendant refuses to cooperate in the genetic testing process, the issue of parentage may be resolved against the defendant. The costs of the genetic testing may be charged to one of you.

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case *will* act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner's acting as a temporary judge.

The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing (use *Notice of Objection (Governmental)* (form FL-666); otherwise, the recommended order will become a final order of the court). If you object to the recommended order, a judge will make a temporary order and set a new hearing.

You can object to the commissioner acting as a temporary judge in one of two ways: (1) by telling the commissioner in court, at the start of your hearing, that you object or (2) by delivering a written objection to the court clerk. You must object before the hearing in your case begins. You do not have to give a reason for your objection.

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: OSCAR F. CORTEZ OTHER PARENT: JESSIE L. CORTEZ	CASE NUMBER:
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All orders for support must contain an earnings assignment. If you are obligated to pay support, this assignment will require your employer or other payor to deduct support payments from your salary or earnings and send the payments to the local child support agency. Your employer may also be required to enroll your children in a health insurance plan and deduct the cost from your salary or earnings.

Any amounts you owe may be collected from your property, whether or not you are current in your payments toward past due support. Collection may be made by taking money owed to you by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property you own, by placing a lien on your property, or by any other lawful means. You may be fined or imprisoned if you fail to pay support as ordered.

If the local child support agency does not know how much money the obligor (parent asked to pay support) earns, he or she is presumed to earn enough money to pay the amounts stated in item 6b of the proposed *Judgment Regarding Parental Obligations (Governmental)* (form FL-630).

OTHER IMPORTANT INFORMATION

Both parents should tell the local child support agency everything they know about the other parent's earnings and assets.

The defendant is always a party to this action. If the other parent has requested or is receiving services from the local child support agency, that parent will become a party to the lawsuit filed by the local child support agency after the initial support order or medical support order is entered by the court. After the other parent has become a party to the lawsuit either parent may then ask the court to decide issues concerning support, custody, visitation, and restraining orders (domestic violence). No other issues may be raised in this lawsuit. Either parent may go to court to modify the court order. The local child support agency cannot bring proceedings to establish or modify custody, visitation, or restraining orders.

After the other parent has become a party to the lawsuit, either parent may go to court to enforce the existing order against the other, but must first notify the local child support agency as required by law. The local child support agency is allowed 30 days to determine whether or not a parent will be permitted to proceed with the enforcement action against the other parent. The local child support agency may deny a parent permission to proceed if it is currently taking enforcement action or if the action by a parent would interfere with an investigation. If the local child support agency does not respond to the notice by the parent seeking enforcement within 30 days or if the local child support agency notifies the parent seeking enforcement that the enforcement action can proceed, the parent may then file the enforcement action as long as all support is paid through the local child support agency.

If the custodial person receives public assistance, the local child support agency may agree to settle any parentage or support issue in this lawsuit without providing advance notice to the custodial person. A child support agency may not settle any child support issue without the consent of any parent who is an applicant for child support services and who does not receive public assistance.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Your family law facilitator is available to help you with any questions you may have about the above information. You can reach your family law facilitator by
 telephone at: **FARIBA SAROOSH, ACTING DIRECTOR**
FAMILY LAW CLINIC
 or in person at: **99 NOTRE DAME AVENUE**
SAN JOSE CA 95113-1704
408-882-2900

For more information on finding a lawyer or family law facilitator, see the Self-Help Web site:
www.courtinfo.ca.gov/selfhelp/

**MERCED COUNTY STATEMENT OF REGISTRATION OF
SANTA CLARA COUNTY STIPULATION FOR JUDGMENT OR
SUPPLEMENTAL JUDGMENT REGARDING PARENTAL
OBLIGATIONS AND JUDGMENT**

12

FL-650

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): SANDRA L. GRAVANO, CHIEF ATTORNEY MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES PO BOX 3199 MERCED CA 95344-1199 TELEPHONE NO.: (866) 901-3212 FAX NO.: (209) 722-0556	FOR COURT USE ONLY MERCED COUNTY 2010 AUG 11 PM 1:58 CLERK OF THE SUPERIOR COURT ZENAIDA MORENO BY _____ DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 2260 "N" STREET, COURTROOM #6 MAILING ADDRESS: 627 W 21ST ST CITY AND ZIP CODE: MERCED 95340-3744 BRANCH NAME: FAMILY LAW COURT	
PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: OSCAR F CORTEZ OTHER PARENT: JESSIE L CORTEZ	
STATEMENT FOR REGISTRATION OF CALIFORNIA SUPPORT ORDER <input checked="" type="checkbox"/> Support Order <input type="checkbox"/> Order for Earnings Assignment	
CASE NUMBER: FLM 46288 -	

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

- The Obligor (the parent ordered to pay support) is Petitioner/Plaintiff Respondent/Defendant Other parent
- An endorsed file copy of the most recent support order or order for earnings assignment (or a copy) is attached.
- An affidavit or declaration of Obligor's payment history is attached.
 - A Declaration of Payment History (form FL-420) is attached.
 - The arrearage balance is unknown.
- The local child support agency's post office address is (specify):
 PO BOX 3199
 MERCED CA 95344-1199
- 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 430
 DOWNEY CA 90241-0430
- States and counties in which the original order for support or order for earnings assignment, and any modifications, are registered (specify):

 None, or unknown.

NOTICE TO OBLIGOR

- 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.)
- 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.

GOVERNMENTAL AGENCY (under Family Code §§ 17400 and 17406) COUNTY OF SANTA CLARA PETER K. DEVER DEPARTMENT OF CHILD SUPPORT SERVICES 2851 JUNCTION AVENUE SAN JOSE, CA 95134 TELEPHONE NO (408) 503-5200 FAX NO (408) 503-5319 ATTORNEY FOR (Name)	0175724 43PSB1 FOR COURT USE ONLY 1112-41 CLERK OF CA SUPERIOR COURT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS 99 NOTRE DAME AVENUE MAILING ADDRESS 191 N FIRST STREET CITY AND ZIP CODE SAN JOSE, CA 95113 BRANCH NAME SUPERIOR COURT	
PETITIONER/PLAINTIFF COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT OSCAR F CORTEZ OTHER PARENT JESSIE L CORTEZ	
STIPULATION FOR <input checked="" type="checkbox"/> JUDGMENT <input type="checkbox"/> SUPPLEMENTAL JUDGMENT REGARDING PARENTAL OBLIGATIONS AND JUDGMENT	CASE NUMBER 103CS096967

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 | CONSTANCE JIMENEZ |
| (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) | GILBERT MORET | |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> Attorney present (name) | | |
| (5) Local child support agency (Family Code §§ 17400, 17406) (name) | PETER BIANCHI | | |
| (6) <input type="checkbox"/> Other (specify) | | | |
- c The Obligor (the parent ordered to pay support) is Petitioner/Plaintiff Respondent/Defendant
 Other parent

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

3 THE PARTIES AGREE THAT

- a Obligor has read and understands the *Advisement and Waiver of Rights for Stipulation* on page four of this form. Obligor gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.
- b The amount of support payable by Obligor as calculated under the guideline is \$ 407 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 in the amount 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 no change of circumstances need be shown to raise this order to the guideline amount
- (2) Other rebutting factors (specify)
- c Attached is a computer printout showing the parents' income 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

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 COUNTY OF SANTA CLARA	CASE NUMBER
RESPONDENT/DEFENDANT OSCAR F CORTEZ	103CS096967
OTHER PARENT JESSIE L CORTEZ	

3 d The mother and father listed in the complaint are the parents of the children named in item 3a below

e Obligor must pay current child support as follows

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
ERICK CORTEZ	08-04-1997	163
KAYLA CORTEZ	08-27-1998	244

(1) Other (specify)

(2) For a total of \$ 407 payable on the 1ST day of each month beginning (date) 12/1/03

(3) The support order was reduced, following the low income adjustment, because the Obligor's net monthly income is less than \$1,000

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

f Obligor must pay child support for the past periods and in the amounts set forth below (specify)

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
ERICK CORTEZ	08-04-1997	4/1/03-11/30/03	\$ 1,304
KAYLA CORTEZ	08-27-1998	4/1/03-11/30/03	1,952

(1) Other (specify)

(2) For a total of \$ 3,256 payable \$ 43 on the 1ST day of each month beginning (date) 12/1/03

(3) Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due

g If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearages, unless specifically provided

h 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

i All payments shall be made to (name and address of agency)

DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 7622
SAN FRANCISCO, CA 94120-7622

ID# 0000576822 -

j An Order/Notice to Withhold Income for Child Support (form FL-195) must issue

k Obligor Oblige 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, (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, an *Application and Order for Health Insurance Coverage* (form FL-470) will issue

PETITIONER/PLAINTIFF	COUNTY OF SANTA CLARA	CASE NUMBER
RESPONDENT/DEFENDANT	OSCAR F CORTEZ	103CS096967
OTHER PARENT	JESSIE L CORTEZ	

- 3 l Both parents must complete a *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 judgment. 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.
- m The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- n Obligor must pay costs of \$ _____ to (specify) _____ on the following terms and conditions (specify) _____.
- o The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (name) **JESSIE L CORTEZ**.
- p Other (specify) **PARTIES TO DIVIDE ANY UNREIMBURSED MEDICAL EXPENSES EVENLY SUBJECT TO NOTICE OF RIGHTS AND RESPONSIBILITIES**.

Date 2-26-04
PETER BIANCHI
 (TYPE OR PRINT NAME)

(SIGNATURE OF LOCAL CHILD SUPPORT AGENCY)

Date 1-14-03
OSCAR F CORTEZ
 (TYPE OR PRINT NAME)

(SIGNATURE OF FATHER)

Date 1-14-03
GILBERT MORET
 (TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR FATHER)

Date _____
JESSIE L CORTEZ
 (TYPE OR PRINT NAME)

(SIGNATURE OF MOTHER)

Date _____
 (TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR MOTHER)

JUDGMENT

4 The court so orders.
 Date MAR 1 - 2004

J. N. SCHROEDER
 JUDICIAL OFFICER

5 Number of pages attached _____

SIGNATURE FOLLOWS LAST ATTACHMENT

PETITIONER/PLAINTIFF	COUNTY OF SANTA CLARA	CASE NUMBER
RESPONDENT/DEFENDANT	OSCAR F CORTEZ	103CS096967
OTHER PARENT	JESSIE L CORTEZ	

ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION

1 RIGHT TO BE REPRESENTED BY A LAWYER I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge if I dispute that I am the parent of the children named in this action. I understand that the local child support agency does not represent me.

2 RIGHT TO A TRIAL I understand that I have a right to have a judicial officer (a) determine if I am the parent of the children named in the stipulation, (b) decide how much child support I must pay, and (c) decide how much I owe for arrearages (unpaid support).

3 RIGHT TO CONFRONT AND CROSS EXAMINE WITNESSES I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence and witnesses.

4 RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS I understand that, where the law permits, I have the right to have the court order parentage tests. The court

will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.

5 I understand that by signing the *Stipulation for Judgment* I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.

6 WHERE THE STIPULATION INCLUDES CHILD SUPPORT

a I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.

b I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the local child support agency.

7 WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE I understand that I must keep health insurance coverage for the minor children if insurance is available, or becomes available, to me at reasonable cost. A health insurance coverage assignment may be ordered to get health insurance for my children.

8 I am signing the stipulation freely and voluntarily.

9 I understand that the local child support agency is required by state law to enforce the duty of support.

10 I UNDERSTAND THAT IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME

11 I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.

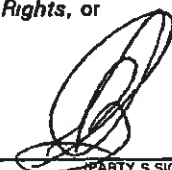
12 IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE STIPULATION, AND THIS ADVISEMENT AND WAIVER OF RIGHTS AND I UNDERSTAND THEM

I have read and understand the *Stipulation and Adviseament and Waiver of Rights*, or
 Attached is a translation of this adviseament in (specify language)

I understand the translation

Date 1/14/04
 OSCAR F CORTEZ

(TYPE OR PRINT NAME)



(PARTY'S SIGNATURE)

INTERPRETER'S DECLARATION The defendant is unable to read or understand this adviseament because

his or her primary language is (specify) Spanish
 other (specify)

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the defendant the *Stipulation and Adviseament and Waiver of Rights*. The defendant said he or she understood the *Stipulation and Adviseament and Waiver of Rights* before signing it.

Date 1-14-04

Caribot G. Mout
 (TYPE OR PRINT NAME OF INTERPRETER)

(TYPE OR PRINT NAME OF INTERPRETER)



(INTERPRETER'S SIGNATURE)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):
 RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:
 SANDRA L. GRAVANO, CHIEF ATTORNEY
 MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
 780 LOUGHBOROUGH DR
 MERCED CA 95348-2826

0850175724-01

TELEPHONE NO.: (866) 901-3212 FAX NO.: (209) 722-0556

FOR RECORDER'S USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED
 STREET ADDRESS: 2280 "N" STREET, COURTROOM #6
 MAILING ADDRESS: 627 W 21ST ST
 CITY AND ZIP CODE: MERCED 95340-3744
 BRANCH NAME: FAMILY LAW COURT

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA
 RESPONDENT/DEFENDANT: OSCAR F CORTEZ
 OTHER PARENT: JESSIE L CORTEZ

NOTICE REGARDING PAYMENT OF SUPPORT
 NOTICE OF ASSIGNED SUPPORT SUBSTITUTION OF PAYEE

FOR COURT USE ONLY

2010 AUG 17 AM 8:18
 MERCED COUNTY
 FILED
 CLERK OF THE SUPERIOR COURT
 ZENAIDA MORENO
 DEPUTY

CASE NUMBER: FLM46288

1. The obligor (the person paying support) in this proceeding is (name and last known address):
 OSCAR F CORTEZ
 PO BOX 430
 DOWNEY CA 90241-0430
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): Merced County DCSS
 b. Other (specify):
4. An abstract or notice of support judgment or support judgment was recorded as follows:

County	Date of recording	Instrument number	Book number	Page number
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):
 c. All arrears payments other than income withholding payments must be sent to (specify):
 d. Other (specify):

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

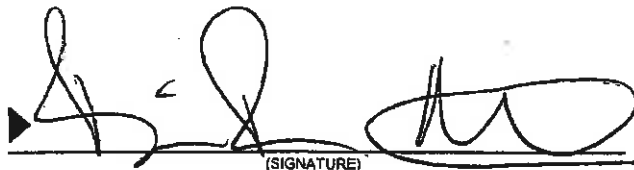
PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: OSCAR F CORTEZ OTHER PARENT: JESSIE L CORTEZ	CASE NUMBER: FLM46288
--	--------------------------

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)*: MERCED
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: 08/13/2010

BRIAN R ARANDA

(TYPE OR PRINT NAME)



(SIGNATURE)

NOTICE:
No acknowledgement is required when this form is recorded by a local child support agency.

ACKNOWLEDGMENT
(To be completed when this form is recorded by a person or entity other than a local child support agency.)

STATE OF CALIFORNIA)
COUNTY OF)

On _____, before me, _____ (here insert name and title of the officer)
personally appeared

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

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

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY)

(Seal)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406) (Name, state bar number, and address): SANDRA L. GRAVANO, CHIEF ATTORNEY MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 780 LOUGHBOROUGH DR MERCED CA 95348-2628 0850175724-01 TELEPHONE NO.: (866) 901-3212 FAX NO.: (209) 722-0556 ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406	FOR COURT USE ONLY CASE NUMBER: FLM46288
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 2280 "N" STREET, COURTROOM #8 MAILING ADDRESS: 627 W 21ST ST CITY AND ZIP CODE: MERCED 95340-3744 BRANCH NAME: FAMILY LAW COURT	
PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: OSCAR F CORTEZ OTHER PARENT: JESSIE L CORTEZ	
<p style="text-align: center;">PROOF OF SERVICE BY MAIL</p>	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

- I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
- My residence or business address is: 780 LOUGHBOROUGH DR
MERCED CA 95348-2626
- I served a copy of the following documents (*specify*):
Statement for Registration of California Support Order, Registered Court Order & Notice Regarding Payment of Support

by enclosing them in an envelope AND

- depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with the business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- Name of person served: JESSIE L CORTEZ
- Address: 680 BIRCH AVE
LOS BANOS CA 93635-9693

c. Date mailed: 08/23/2010

d. Place of mailing (*city and state*): MERCED, CA

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

Date: 08/23/2010

HEATHER R SCOTT
(TYPE OR PRINT NAME)


(SIGNATURE OF PERSON COMPLETING THIS FORM)



MERCED COUNTY
CHILD SUPPORT SERVICES

2011 FEB 22 PM 3:23

DOC # 2011-0062937

02/08/2011 04:27P Fee:NC

Page 1 of 2

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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RECORDING REQUESTED BY

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0604700



WHEN RECORDED MAIL TO

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

PO BOX 3199

MERCED CA 95344-1199

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT

FOR RECORDER'S USE ONLY

KEY OR PARTY WITHOUT ATTORNEY (Name and Address):

Recording requested by and return to:
SANDRA L. GRAVANO, CHIEF ATTORNEY

MERCED COUNTY
DEPARTMENT OF CHILD SUPPORT SERVICES
780 LOUGHBOROUGH DR
MERCED CA 95348-2626

0850175724-01

TELEPHONE NO.:(866) 901-3212

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED

STREET ADDRESS: 2260 "N" STREET, COURTROOM #6

MAILING ADDRESS: 627 W 21ST ST

CITY AND ZIP CODE: MERCED 95340-3744

BRANCH NAME: FAMILY LAW COURT

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA

RESPONDENT/DEFENDANT: OSCAR F CORTEZ

ABSTRACT OF SUPPORT JUDGMENT

CASE NUMBER:

FLM46288

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

OSCAR F CORTEZ
9341 ELM VISTA DR APT 1
DOWNEY CA 90242-2935

b. Driver's license No. and state:

c. Social Security number:

d. Birthdate: 08/20/1961

unknown
 unknown
 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: 01/28/2011

SANDRA L. GRAVANO

(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):

MERCED 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):

MERCED County Department of Child Support Services
PO BOX 989067
WEST SACRAMENTO CA 95798-9067

5. Judgment debtor (full name as it appears in judgment):
OSCAR F CORTEZ

6. a. A judgment was entered on (date): 03/01/2004

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

ABSTRACT OF SUPPORT JUDGMENT

FOR RECORDER'S USE ONLY

RECORDING REQUESTED BY OR PARTY WITHOUT ATTORNEY (Name and Address):
 Recording requested by and return to:
SANDRA L. GRAVANO, CHIEF ATTORNEY
MERCED COUNTY
DEPARTMENT OF CHILD SUPPORT SERVICES
780 LOUGHBOROUGH DR
MERCED CA 95348-2626
0850175724-01
TELEPHONE NO.:(866) 901-3212
 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED
STREET ADDRESS: 2260 "N" STREET, COURTROOM #6
MAILING ADDRESS: 627 W 21ST ST
CITY AND ZIP CODE: MERCED 95340-3744
BRANCH NAME: FAMILY LAW COURT

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA
RESPONDENT/DEFENDANT: OSCAR F CORTEZ

ABSTRACT OF SUPPORT JUDGMENT

CASE NUMBER: FLM46288

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
OSCAR F CORTEZ
9341 ELM VISTA DR APT 1
DOWNEY CA 90242-2935
b. Driver's license No. and state:
c. Social Security number:
d. Birthdate: 08/20/1961
 unknown
 unknown
 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: 01/28/2011
SANDRA L. GRAVANO
(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):
MERCED 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):
MERCED County Department of Child Support Services
PO BOX 989067
WEST SACRAMENTO CA 95798-9067

5. Judgment debtor (full name as it appears in judgment):
OSCAR F CORTEZ
6. a. A judgment was entered on (date): 03/01/2004
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. No signature required.
Clerk, by _____, Deputy

MERCED COUNTY
CHILD SUPPORT SERVICES

2011 FEB 22 PM 3:23

DOC # 2011-0062937

02/08/2011 04:27P Fee:NC

Page 1 of 2

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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RECORDING REQUESTED BY

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0604700



WHEN RECORDED MAIL TO

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

PO BOX 3199

MERCED CA 95344-1199

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT
SERVICES
PO BOX 3199
MERCED CA 95344-1199

Don Kent, Tax Collector
PO Box 12005
Riverside CA 92502-2205



DEPARTMENT OF CHILD SUPPORT SERVICES

Sharon Wardale-Trejo, *Director*

Sandra L. Gravano, *Chief Attorney*

Physical Address: 3368 N Highway 59, Suite A
Merced, CA 95348
Mailing Address: P.O. Box 3199, Merced, CA 95344
Telephone: (866) 901-3212
Facsimile: (209) 381-1305
Automated Info: www.merceddcss.com

Don Kent, Treasurer-Tax Collector
County Administrative Center-4th Floor
4080 Lemon Street, PO Box 12005
Riverside, CA 92502-2205

RE: EXCESS PROCEEDS

SALE OF TAX DEFAULTED PROPERTY
Assessment No.: 322200019-9 Item 36
Assessee: Cortez, Oscar F & Inez N

Dear Sir:

Enclosed is the CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEGFAULTED PROPERTY and attached requested documentation regarding the above-referenced assessment number and item.

Should you have any question regarding this submission, please do not hesitate to contact Chief Attorney, Sandra L. Gravano, Merced County Department of Child Support Services. Ms. Gravano's direct number is (209) 381-1300.

Thank you in advance for your consideration in this matter.

Susan Jacklitsch, Legal Assistant
Merced County Department of Child Support Services

encls

DOC # 2010-0065599 ✓
02/11/2010 08:00A Fee:NC
Page 1 of 2
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



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RECORDING REQUESTED BY

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0604700

WHEN RECORDED MAIL TO

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

PO BOX 3199

MERCED CA 95344-1199 ✓

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT ✓

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

POST TEAM

Public Record

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):
 Reporting requested by and return to:
 SANDRA L. GRAVANO, CHIEF ATTORNEY
 MERCED COUNTY
 DEPARTMENT OF CHILD SUPPORT SERVICES
 780 LOUGHBOROUGH DR
 MERCED CA 95348-2826 ✓
 TELEPHONE NO.:(866) 901-3212
 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

FOR RECORDER'S USE ONLY

0650175724-01

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
 STREET ADDRESS: 99 NOTRE DAME AVE
 MAILING ADDRESS: 191 N 1ST ST
 CITY AND ZIP CODE: SAN JOSE 95113-1006
 BRANCH NAME: NOTRE DAME COURTHOUSE

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA
 RESPONDENT/DEFENDANT: OSCAR F CORTEZ ✓

ABSTRACT OF SUPPORT JUDGMENT ✓

CASE NUMBER: 103CS096967 ✓

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
 OSCAR F CORTEZ
 10513 CASANES AVE
 DOWNEY CA 90241-2912 ✓
 b. Driver's license No. and state:
 c. Social Security number:
 d. Birthdate: 08/20/1961
 unknown
 unknown
 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: 02/03/2010
 SANDRA L. GRAVANO ✓
 (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):
 MERCED 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):
 MERCED County Department of Child Support Services
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067 ✓

5. Judgment debtor (full name as it appears in judgment):
 OSCAR F CORTEZ ✓
 6. a. A judgment was entered on (date): 03/01/2004
 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