

FORM APPROVED COUNTY COUNSEL 8/12/15
 BY: GREGORY P. PRIAMOS DATE

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

260 A



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:
AUG 12 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 97. Last assessed to: Victor Velardez, a married man, his sole and separate property. District 1 [\$20,436] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez, last assessee, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 295060005-5;

(continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the April 29, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2013. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 17, 2013 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

Don Kent

Don Kent
 Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 20,436	\$ 0	\$ 20,436	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

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

C.E.O. RECOMMENDATION: APPROVE

BY: *Samuel Wong 9/10/15*
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.: | District: 1 | Agenda Number:

9-38

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 97. Last assessed to: Victor Velardez, a married man, his sole and separate property. District 1 [\$20,436] Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 12 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez in the amount of \$20,436.93, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

The Treasurer-Tax Collector has received one claim for excess proceeds:

1. Claim from Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez based on an Authorization for Agent to Collect Excess Proceeds dated May 24, 2013, a Quitclaim Deed recorded January 12, 2004 as Instrument No. 2004-0019579, an Affidavit-Death of Joint Tenant recorded January 12, 2004 as Instrument No. 2004-0019580, Declarations Pursuant to Probate Code 13100 and the death certificate of Victor Velardez.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez be awarded excess proceeds in the amount of \$20,436.93. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Citizens and Businesses

Excess proceeds are being released to the heir to the Estate of the last assessee of the property.

ATTACHMENTS (if needed, in this order):

A copy of the Excess Proceeds Claim form and supporting documentation are attached.

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

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC: TC 196 Item: 97 Assessment No.: 295-060-005-5

Assessee(s): Victor Velardez

Situs: 20125 Gaston Rd., Perris, CA 92570

Date Sold: April 25-29, 2013

Date Deed to Purchaser Recorded: 06-20-2013

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of **\$20,933.00** (approx.) from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2004-0019579 recorded on 1/12/2004. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

Victor Velardez - Owner by Deed, Victor Velardez Jr. - son and only heir to the estate of Victor Velardez

Documents Attached: Copy of the Deed, Agent Authorization, Probate Declaration, Ids, etc.

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

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

Executed this May day of 24, 2013 at Riverside CA
County, State

Victor Velardez Jr.
Signature of Claimant

Victor Velardez Jr.

20125 Gaston Rd.
Perris, CA 92570

(951) 214-5684

SCO 8-21 (1-99)

AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I(we), the undersigned, do hereby make **NATIONWIDE ASSET RECOVERY SERVICES** my(our) agent to apply for and collect the excess proceeds which you are holding and to which I(we) am(are) entitled from the sale of assessment number **295-060-005-5** sold at public auction on **April 25-29, 2013**. I(we) understand that I(we) AM(ARE) NOT SELLING MY(OUR) RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my(our) convenience.

I(we) also understand that the total amount of excess proceeds available for refund is \$20,933.00 (approx.) , and that I(we) have a right to file a claim for this refund on my(our) own, without the help of an agent. For valuable consideration received my(our) agent is appointed to act on my(our) behalf.

Victor Velardez Jr.
Victor Velardez Jr.

STATE OF California)
COUNTY OF San Bernardino)

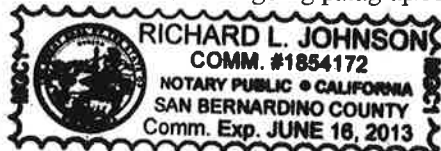
20125 Gaston Rd.
Perris, CA 92570
(951) 214-5684

On 5/24/2013, before me, Richard Johnson, Notary Public, personally appeared **Victor Velardez Jr.** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and Official Seal

[Signature]
(Signature of Notary)



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

[Signature]
(Signature of Agent)

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

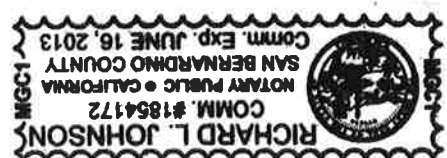
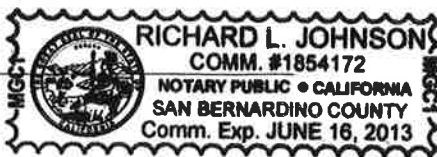
STATE OF CALIFORNIA)
COUNTY OF SAN BERNARDINO)

On 5/25/2013, before me, Richard L. Johnson, Notary Public, personally appeared, Lubasha Johnson, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and Official Seal

[Signature]
(Signature of Notary)



DECLARATION PURSUANT TO PROBATE CODE 13100

I, **Victor Velardez Jr.**, hereby declare the decedent **Victor Velardez** died on **10/31/2006** in **Perris, Riverside County, State of California**. More than 40 days have elapsed since the death of the decedent. No proceeding is now being or has been conducted in California for administration of the decedent's estate. The current gross fair market value of the decedent's real and personal property in California did not exceed one hundred thousand dollars (\$100,000) at the time of death.

The property of the decedent to be paid is excess proceeds in the approximate amount of \$20,933.00 from April 25-29, 2013 sale of tax defaulted property, Assessor Parcel # 295-060-005-5, item #97 being held by the Riverside County Tax Collector office.

The declarant, Victor Velardez Jr., son of the decedent, is the only successor of the decedent to the decedent's interest to the described property. No other person has a superior interest in the described property.

The declarant requests that the described property be paid to the declarant. The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Victor Velardez Jr.
Victor Velardez Jr.

5/24/13
Date

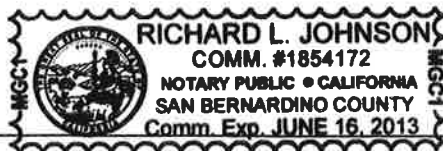
State of CALIFORNIA)

County of San Bernardino)

On 5/24/2013, before me, Richard Johnson, Notary Public personally appeared **Victor Velardez Jr.** who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and Official Seal



Richard Johnson
Notary Signature

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

Victor Velardez
20125 Gaston
Perris, CA 92370

APN: 295-060-005

DOCUMENTARY TRANSFER TAX \$ ET
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

DOC # 2004-0019579

01/12/2004 08:00A Fee:7.00

Page 1 of 1

Recorded in Official Records
County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MSC
			1						
A	R	L			COPY	LONG	REFUND	NOCHG	EXAM

Signature of Declarant or Agent determining tax - Firm Name

Tril 087

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
LINDA VELARDEZ, spouse of Grantee



do(es) hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

VICTOR VELARDEZ, a married man, his sole and separate property

the real property in the ~~City of~~ unincorporated area
County of Riverside

State of California, described as

PARCEL 1: The Southerly 60 feet of the Northerly 210 feet of the East half of Lot 66 of a Record of Survey entitled "Glen Valley Farms No. 2" as shown by Records of Survey on file in Book 14 pages 85 & 86 of Records of Survey, Riverside County Records.

PARCEL 2: A non-exclusive easement for ingress, egress, road and public utility purposes over and across the Easterly 30 feet of said Lot 64 EXCEPTING therefrom any portion thereof lying within Parcel 1 above described

Dated Nov. 26, 2003

STATE OF CALIFORNIA }
COUNTY OF Riverside } ss.

On 12/4/03 before me,

Leslie Ann Lopez
personally appeared Linda Velardez

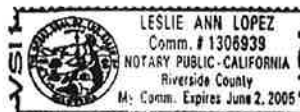
Linda Velardez
Linda Velardez

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

WITNESS my hand and official seal

Signature *Leslie Ann Lopez*

MAIL TAX STATEMENTS TO:



(This area for official notarial seal)

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

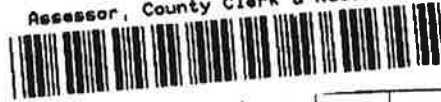
Victor Velardez
20125 Gaston
Perris, CA 92370

DOC # 2004-0019580

01/12/2004 08:00A Fee:13.00
Page 1 of 3

Recorded in Official Records
County of Riverside

Gary L. Orso
Assessor, County Clerk & Recorder



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	1		3							
A	R	L				COPY	LONG	REFUND	NCHG	EXAM

AFFIDAVIT — DEATH OF JOINT TENANT

C
SP

STATE OF CALIFORNIA
COUNTY OF Riverside

} ss.

Victor Velardez, of legal age, being first duly sworn, deposes and says:
That Martha Velardez, the decedent mentioned in the attached certified copy of

Certificate of Death is the same person as Martha Velardez, a widow
named as one of the parties in that certain Grant Deed dated Aug. 2, 1983
executed by Haskel G. Lawler and Mildred E. Lawler, husband and wife
to Victor Velardez and Linda Velardez, husband and wife, and Martha Velardez,
a widow, recorded as Instrument No. 165866 on Aug. 16, 1983 in
Book ---, Page ---, of Official Records of Riverside County, California,

covering the following described property situated in the County of Riverside, State of California:
PARCEL 1: The Southerly 60 feet of the Northerly 210 feet of the East half
of Lot 66 of a Record of Survey entitled "Glen Valley Farms No. 2" as shown
by Records of Survey on file in Book 14 pages 85 and 86 of Records of Survey,
Riverside County Records.
PARCEL 2: A non-exclusive easement for ingress, egress, road and public
utility purposes over and across the Easterly 30 feet of said Lot 64:
EXCEPTING therefrom any portion thereof lying within Parcel 1 above described.

Dated Nov. 26, 2003

[Signature]
Victor Velardez

~~SUBSCRIBED AND SWORN TO before me, the undersigned,
a Notary Public in and for said State,~~

~~this ___ day of ___
WITNESS my hand and official seal.~~

~~Signature _____~~

Name (Typed or Printed)
See Attached

(This area for official notarial seal)

1150 (1/94)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200333008318

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Only)		2. MIDDLE	
Martha		Velardez	
3. LAST (Family)		4. DATE OF BIRTH month/day	
5. AGE Yr.		6. SEX	
7. DATE OF DEATH month/day		8. HOUR (24 Hours)	
9. BIRTH STATE/FOREIGN COUNTRY		10. MARITAL STATUS (At Time of Death)	
CA		Widowed	
11. EVER IN U.S. ARMED FORCES		12. DECEDENT'S RACE - Up to 8 races may be listed (see instructions on back)	
NO		Mexican/American	
13. EDUCATION - Highest Level (Degree and institution, if any)		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Some College		Real Estate	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. YEARS IN OCCUPATION	
Realtor		25	
17. DECEDENT'S RESIDENCE (Street and number or location)			
18385 Markham St			
19. CITY		20. STATE/FOREIGN COUNTRY	
Riverside		CA	
21. COUNTY/PROVINCE		22. ZIP CODE	
Riverside		92508	
23. INFORMANT'S NAME, RELATIONSHIP		24. INFORMANT'S STREET ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
Vance Velardez, Son		33689 Nandina Ln Murrieta CA 92563	
25. NAME OF SURVIVING SPOUSE - FIRST		26. LAST (Maiden Name)	
-		-	
27. NAME OF FATHER - FIRST		28. MIDDLE	
Seferino		Jimenez	
29. NAME OF MOTHER - FIRST		30. MIDDLE	
Victoria		Ojeda	
31. DEPOSITION DATE month/day		32. PLACE OF FINAL DISPOSITION	
09/05/2003		Riverside National Cemetery Riverside CA 92518	
33. TYPE OF DISPOSITION		34. SIGNATURE OF EMBALMER	
BU		[Signature]	
35. NAME OF FUNERAL ESTABLISHMENT		36. LICENSE NUMBER	
Miller-Jones Mortuary-Sun City		7010	
37. LICENSE NUMBER		38. SIGNATURE OF LOCAL REGISTRAR	
FD 1490		[Signature]	
39. PLACE OF DEATH		40. DATE month/day	
Own Residence		09/04/2003	
41. COUNTY		42. CITY	
Riverside		Riverside	
43. CAUSE OF DEATH		44. DEATH REPORTED TO CORONER	
Chronic Renal Failure		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
45. IMMEDIATE CAUSE (Final disease or condition resulting in death)		46. APPROXIMATE TIME OF DEATH	
Chronic Renal Failure		Mons 2003-5238	
47. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT NEARLY AS IN THE UNDERLYING CAUSE GIVEN IN 107		48. AUTOPSY PERFORMED	
Diabetes Mellitus, Hypertension, Sepsis		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
49. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		49. AUTOPSY PERFORMED	
No		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
50. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSED STATED.		51. SIGNATURE AND TITLE OF CERTIFIER	
52. DATE month/day		53. LICENSE NUMBER	
08/26/2003		A060997	
54. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE		55. DATE month/day	
Earl Quijada MD		09/04/2003	
56. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		57. BARRIED AT WORK	
225 W. Hospitality Lane #102 San Bernardino CA 92408		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
58. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		59. SIGNATURE OF CORONER/DEPUTY CORONER	
-		-	
60. LOCATION OF BARRRY (Street and number, or location, and city, and ZIP)		61. DATE month/day	
-		-	
62. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		63. FAX AUTH. #	
-		035038	



CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED 09/09/2003

Gary Feldman M.D., Local Registrar, RIVERSIDE COUNTY, CALIFORNIA

001290657

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF California

COUNTY OF Riverside

On Jan 2, 2004 before me, Biona Haller, Notary
(Name, Title of Officer)

personally appeared Victor Belardez

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

WITNESS my hand and official seal.
Biona Haller
(Signature of Notary Public)



(This area for notarial seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

104 -

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

18833004223

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A. NAME OF CHILD—FIRST Victor		1B. MIDDLE Esteban		1C. LAST Velardez Jr.
	2. SEX male	3A. THIS BIRTH, SINGLE, TWIN, ETC. single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR April 8, 1988	4B. HOUR—(24 HOUR CLOCK TIME) 0303
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY Riverside Community Hospital		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 4445 Magnolia Avenue Zip. 92501		
	5C. CITY OR TOWN Riverside		5D. COUNTY Riverside		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST Victor	6B. MIDDLE -----	6C. LAST Velardez	7. STATE OF BIRTH CA	8. AGE OF FATHER 28
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST Linda	9B. MIDDLE -----	9C. LAST (BIRTH NAME) Romero	10. STATE OF BIRTH CA	11. AGE OF MOTHER 25
PARENT'S CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>Linda Velardez</i>	12B. RELATIONSHIP TO CHILD mother	12C. DATE SIGNED 4-10-88
ATTENDANT'S CERTIFICATION	1. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		13A. PHYSICIAN, OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>Samuel Wiltchik M.D.</i>	13B. LICENSE NUMBER G-13541	13C. DATE SIGNED 4-15-88
LOCAL REGISTRAR	14.		13D. TYPED NAME AND ADDRESS Samuel G. Wiltchik M.D. 8945 Magnolia Avenue #203 Riverside, CA		15. DEATH—ENTER DATE OF DEATH
			16. LOCAL REGISTRAR—SIGNATURE <i>Samuel G. Wiltchik</i>		17. ACCEPTED FOR REGISTRATION APR 26 1988



* 034296061 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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

DATE ISSUED **MAY 30 2013**

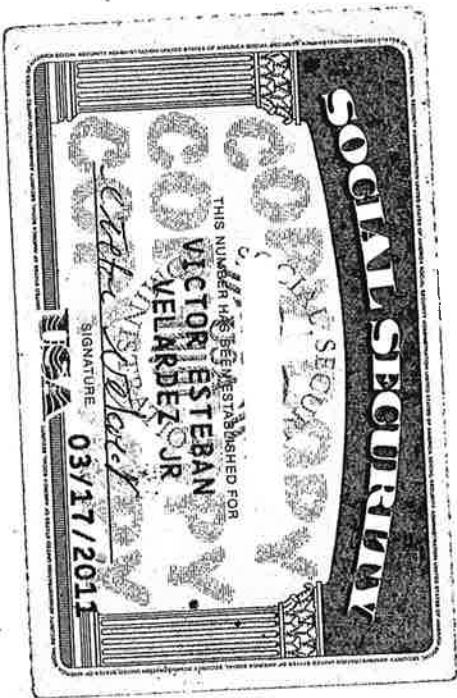
This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

Larry W. Ward
LARRY W. WARD

ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

PB/CO (REV) 03/12







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

LARRY WALKER
Auditor/Controller - Recorder

Doc#: 20100013533

DocType: FBN
Pages: 2
Fees: \$50.00



EcgID - 132674

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

FILING **FICTITIOUS BUSINESS NAME STATEMENT**

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

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

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

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

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

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

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

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

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

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

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

List any additional names on additional form

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

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

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

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

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

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

CALIFORNIA DRIVER LICENSE



PL *KL*

EXP. 04/24/2018 CLASS C
LN JOHNSON END NONE
FN LUBASHA Y

DOB 04/24/1971
SEX F HAIR BLN EYES GRN
HT 5-03" WT 108LB

BS
04/24/2013



NATIONWIDE ASSET RECOVERY SERVICES

www.nationwideassetrecovery.com

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

Phone: (760) 963-9434

Fax: (760) 243-1539

Toll Free FAX: (877) 541-6920

July 15, 2013

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

RE: Excess Proceeds Claim for Victor Velardez Jr., the only heir to the Estate of Victor Velardez and Nationwide Asset Recovery Services,

AP# 295-060-005-5

To Whom It May Concern:

This Office represents Victor Velardez Jr., the only heir to the Estate of Victor Velardez and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on April 25-29, 2013. Please contact this office if additional information is required in the processing of their claim.

- Please note that Linda Velardez, mother of Victor Velardez Jr. deeded her portion of this property to Victor Velardez Sr. Thus, Victor Velardez Jr. (the only son of the deceased) is the only heir to the Estate of Victor Velardez Sr.

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

Sincerely,

Lubasha Johnson
Claim Coordinator

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:

Nationwide Asset Recovery
 C/O Lubasha Johnson
 17100 Bear Valley Rd. B-201
 Victorville, CA 92395

June 29, 2015

Nationwide Asset Recovery
 C/O Lubasha Johnson
 17100 Bear Valley Rd. B-201
 Victorville, CA 92395

Re: APN: 295060005-5
 TC 196 Item 97
 Date of Sale: April 29, 2013

EP196-97

2. Article Number
 (Transfer from service label)

7003 2260 0004 1548 9810

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Karla Centner</i>	C. Date of Delivery <i>7/1/15</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

To Whom It May Concern:

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 from Linda Velardez as spouse at time of death**
- Notarized Statement of different/misspelled
- Notarized Statement Giving Authorization to Victor Velardez, Jr to claim on behalf of Linda Velardez**
- Certified Original Death Certificate for Victor Velardez.**

- Copy of Birth Certificates for
- Copy of Marriage Certificate for
- Original Note/Payment Book
- Updated Statement of Monies Owed (as of dated of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other -

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

Sincerely,

Jennifer Pazicni
 Tax Sale Operations Unit
 (951) 955-3336
 (951) 955-3990 Fax

July 14
June 02, 2015

Nationwide Asset Recovery
C/O Lubasha Johnson
17100 Bear Valley Rd. B-201
Victorville, CA 92395

Re: APN: 295060005-5
TC 196 Item 97
Date of Sale: April 29, 2013

To Whom It May Concern:

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 from Linda Velardez as spouse at time of death**
- Notarized Statement of different/misspelled
- Notarized Statement Giving Authorization to Victor Velardez, Jr to claim on behalf of Linda Velardez**
- Certified Original Death Certificate for Victor Velardez.**

- Copy of Birth Certificates for
- Copy of Marriage Certificate for
- Original Note/Payment Book
- Updated Statement of Monies Owed (as of dated of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other -

If your documentation is not received within 30 days (August 13, 2015), your claim will be denied.

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

Sincerely,

Jennifer Pazicni
Tax Sale Operations Unit
(951) 955-3336
(951) 955-3990 Fax

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:

Nationwide Asset Recovery
C/O Lubasha Johnson
17100 Bear Valley Rd. B-201
Victorville, CA 92395

EP 196-97

2. Article Number
(Transfer from service label)

7003 2260 0004 1558 6359

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Kayla Pentner C. Date of Delivery 7/16/15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



NATIONWIDE ASSET RECOVERY SERVICES

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

Phone: (760) 963-9434
Fax: (760) 243-1539
Toll Free FAX: (877) 541-6920

July 29, 2015

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

RE: Excess Proceeds Claim for Victor Velardez Jr. and Nationwide Asset Recovery Services,

AP# 295-060-005-5

To Whom It May Concern:

Please find enclosed the following additional outstanding documents for Victor Velardez Jr. and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on April 25-29, 2013:

- Notarized Probate Declaration/ Statement of Authorization
- Certified Original Death Certificate for Victor Velardez

Please contact this office if additional information is required in the processing of their claim.

P.S. Please return the Original Documents if any to this Office.

Sincerely,

Richard L. Johnson, esq
Attorney for Nationwide Asset Recovery Services

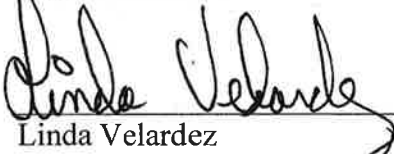
DECLARATION PURSUANT TO PROBATE CODE 13100

I, **Linda Velardez** hereby declare the decedent **Victor Velardez** died on **10/31/2006** in **Perris, Riverside County, State of California**. More than 40 days have elapsed since the death of the decedent. No proceeding is now being or has been conducted in California for administration of the decedent's estate. The current gross fair market value of the decedent's real and personal property in California did not exceed one hundred and fifty thousand dollars (\$150,000) at the time of death.

The property of the decedent to be paid is excess proceeds in the approximate amount of \$20,933.00 from April 25-29, 2013 sale of tax defaulted property, Assessor Parcel # 295-060-005-5, item #97 being held by the Riverside County Tax Collector office.

The declarant, **Linda Velardez**, wife of the decedent, is a successor of the decedent along with my son **Victor Velardez Jr** to the decedent's interest to the described property. No other person has an interest in the described property except my son **Victor Velardez Jr**.

The declarant requests that my interest in the described property be paid to my son **Victor Velardez Jr**. The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Linda Velardez

7/24/15
Date

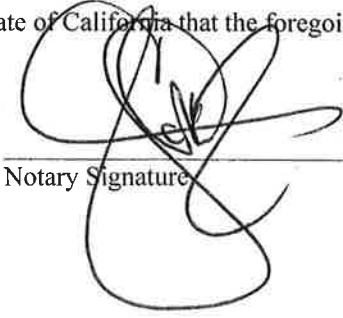
State of CALIFORNIA)
County of RIVERSIDE)

On 7/24/2015, before me, Cynthia Tovar, Notary Public personally appeared Linda Velardez who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and Official Seal

"SEE ATTACHED DOCUMENT"


Notary Signature

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Riverside }

On 7/24/2015 before me, Cynthia Tovar Notary Public,

Date

(here insert name and title of the officer)

personally appeared Linda Velardez

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~(s)~~ 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:  (Seal)

OPTIONAL

Description of Attached Document

Title or Type of Document: 7/24/2015

Number of Pages: 1

Document Date: _____ Other: _____

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3200636010531

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) VICTOR		3. LAST (Family) VELARDEZ	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 02/20/1960	
5. AGE Yrs. 46		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 10/31/2006	
8. HOUR (24 Hours) 2343		13. EDUCATION — Highest Level Degree (see worksheet on back) HS GRADUATE	
14/15. WAS DECEDENT HISPANIC/LATINO (SPANISH)? (If yes, see notation on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED MUSICIAN		19. YEARS IN OCCUPATION 15	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MUSIC		20. DECEDENT'S RESIDENCE (Street and number, or location) 20125 GASTON ROAD	
21. CITY PERRIS		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92570		24. YEARS IN COUNTY 29	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP* LINDA VELARDEZ, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 22050 CAJALCO ROAD, PERRIS, CA 92570		28. NAME OF SURVIVING SPOUSE — FIRST LINDA	
29. MIDDLE R		30. LAST (Maiden Name) BELLA	
31. NAME OF FATHER — FIRST RALPH		32. MIDDLE -	
33. LAST VELARDEZ		34. BIRTH STATE AZ	
35. NAME OF MOTHER — FIRST MARTHA		36. MIDDLE -	
37. LAST (Maiden) JIMENEZ		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 11/07/2006		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518	
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER BRIAN HEMPHILL	
43. LICENSE NUMBER EMB9004		44. NAME OF FUNERAL ESTABLISHMENT MILLER-JONES MORTUARY SUN CITY	
45. LICENSE NUMBER FD1490		46. SIGNATURE OF LOCAL REGISTRAR ERIC K FRYKMAN, MD	
47. DATE mm/dd/yyyy 11/06/2006		101. PLACE OF DEATH VA MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 11201 BENTON ST	
106. CITY LOMA LINDA		107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIORESPIRATORY ARREST	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. FEDERAL NUMBER 06-8413LU	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS I, SEPSIS, DIABETIC FOOT ULCER		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) RIGHT FOOT DEBRIDEMENT 10/31/2006	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER NORMAN LENNARD SPECHT M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NORMAN LENNARD SPECHT M.D. 11201 BENTON STREET, LOMA LINDA, CA 92357		117. LICENSE NUMBER G52839	
118. DATE mm/dd/yyyy 10/27/2006		119. DATE mm/dd/yyyy 10/31/2006	
119. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR	A 6/11-15	B	C
D	E	FAX AUTH. #	
CENSUS TRACT		*012006000355232*	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

Nov 15, 2006

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Eric Frykman
ERIC FRYKMAN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

