

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

Departmental Concurrence

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

259A



SUBMITTAL DATE:

AUG 12 2015

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 116. Last assessed to: Adonis Ogbeni. District 1 [\$10,608] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Adonis Ogbeni, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 315152009-0;

(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	\$ 10,608	\$ 0	\$ 10,608	\$ 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 9/12/15*
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

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 116. Last assessed to: Adonis Ogbeni. District 1 [\$10,608] 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 Adonis Ogbeni in the amount of \$10,608.36, 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 Adonis Ogbeni based on a Quitclaim Deed recorded April 5, 2005 as Instrument No. 2005-0266046.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Adonis Ogbeni be awarded excess proceeds in the amount of \$10,608.36. 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 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-Tax Collector

Re: Claim for Excess Proceeds

TC 196 Item 116 Assessment No.: 315152009-0

Assessee: OGBENI, ADONIS

Situs:

Date Sold: April 29, 2013

Date Deed to Purchaser Recorded: June 20, 2013

Final Date to Submit Claim: June 20, 2014

Pay \$10,608.36
to
ADONIS OGBENI
917 AMAPOLA AVE
TORRANCE, CA 90501

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$10,608.36 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. 2005-0266046 recorded on 4/5/2005. 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.

Copy of Claim to City Clerk attach and
assignment of interest deed attach.

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 22 June day of June, 2014 at Los Angeles County, State

Adonis Ogbeni
Signature of Claimant

Signature of Claimant

ADONIS OGBENI
Print Name

Print Name

917 AMAPOLA AVE
Street Address

Street Address

TORRANCE, CA
City, State, Zip

City, State, Zip

310-508-7083
Phone Number

Phone Number

RECEIVED
2014 JUN 26 PM 2:34
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR



RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME
STREET ADDRESS
CITY, STATE & ZIP CODE

ADONISS OGBENI
917 AMAPOLA AVE
TORRANCE CAL 90501

TITLE ORDER NO. _____ ESCROW NO. _____

M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
	1		2			✓			
					4				AS
A	R	L			COPY	LONG	REFUND	NCHG	EXAM

14

QUITCLAIM DEED

TRA: 008

APN: _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

The undersigned grantor(s) declare(s) DOCUMENTARY TRANSFER TAX \$ 13.20

computed on full value of property conveyed, or

computed on full value less liens and encumbrances remaining at time of sale.

Unincorporated Area City of _____

C AS

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) ELMER E LARSON
PATRICIA L. LARSON

hereby remise, release and quitclaim to ADONIS OGBENI

the following described real property in the City of RIVERSIDE - PARRIS County of RIVERSIDE
State of CALIFORNIA

(Insert Legal Description) RECORDED ON 02/14/2005 2005-053685 (DOC #)
#6 AS PER MAD BOOK 14 PAGE 99 OF RIVERSIDE
LOT # 229 OF UPTON ACRES #6 AS PER MAD
RECORDED IN BOOK 14 PAGE 99 OF MAD IN THE
OFFICE OF THE COUNTY RECORDER OF RIVERSIDE
COUNTY LOCATED AT 21897 NANCE ST PERRIS CAL 92570

DATED: March 22, 2004

STATE OF Calif.

COUNTY OF Orange

On 3.22.04 before me, Darajo Guzman personally appeared

Elmer E. Larson
Patricia L. Larson

Elmer E. Larson 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/hen/their authorized capacity(ies), and that by his/hen/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 [Handwritten Signature]



CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

State of Calif.

County of Orange

On 3.31.04 before me, Dana Jo Guzman
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Patricia L. Larson
NAME(S) OF SIGNER(S)

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]
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNED

- INDIVIDUAL
- CORPORATE OFFICER
TITLE(S) _____
- LIMITED PARTNER(S)
- GENERAL PARTNER(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

Quitclaim Deed
TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

3.22.04
DATE OF DOCUMENT

Elmer E. Larson
SIGNER(S) OTHER THAN NAMED ABOVE

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

2005-0266846
04/05/2005 08:09A
2 of 2

Assessment # 315152009-0

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



INSTRUCTIONS:

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the original completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form must be signed.

OFFICE USE ONLY

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS
ATTN: CLAIMS DIVISION
P.O. BOX 1628, 4080 LEMON ST., 1ST FL.
RIVERSIDE, CA. 92502-1628 (951) 955-1060

1. FULL NAME OF CLAIMANT ADONIS OGBENI		8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? SOLD MY LAND IN A SHERIFF SALE, Holding my proceeds	
2. MAILING ADDRESS (STREET/P O BOX) 917 AMAZONIA AVE		9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE)	
CITY TORRANCE	STATE CA	ZIP CODE 90501	NAME: Riverside County Controller
HOME TELEPHONE 310 508-7083	BUSINESS TELEPHONE		DEPARTMENT: Assessor
3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT) 2013-2014		10. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS VISUAL TO THE OCCURRENCE	
4. WHERE DID DAMAGE OR INJURY OCCUR? PERKIS		NAME: The Board	
STREET NANCE PERKIS	CITY PERKIS	STATE	DEPARTMENT:
5. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: Sold Ass # 315152009-0 and refuse to refund my complete money, illegally hanging to my money		<p>TC 196-116</p> <p>EP: 10,608.36</p>	
6. WERE POLICE OR PARAMEDICS CALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL DAMAGES TO DATE 15,000	
7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER:		TOTAL ESTIMATED PROSPECTIVE DAMAGES 100,000	
DATE OF FIRST VISIT	PHYSICIAN'S/HOSPITAL'S NAME		
PHYSICIAN'S/HOSPITAL'S ADDRESS	PHONE:		

THIS CLAIM MUST BE SIGNED TO BE VALID. NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)

- WARNING:**
- > CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
 - > ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
 - > SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
 - > IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF Adonis Ogbeni	13. PRINT OR TYPE NAME ADONIS OGBENI	DATE 4/10/14	DATE 4/10/14
SIGNATURE	RELATIONSHIP TO CLAIMANT OWNER		

Adonis Ogbeni
OWNER