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





FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE: AUG 2 6 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 197, Item 186. Last assessed to: Specialty Care Services, LLC. District 4 [\$5,124]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Specialty Care Services, LLC, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 661350007-0; (continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seg. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the August 20, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded October 2, 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 October 30, 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

Treasurer-Tax Collector

FINANCIAL DATA	Current Fisc	al Year:	Next Fiscal Year:		Total	Cost:		01	ngoing Cost:	1007,000,000	CONSENT c. Office)
COST	\$ 5,124		\$ 0		\$ 5,124		\$	0	Concept [Policy 🔽	
NET COUNTY COST	\$	0	\$	0	\$	\$ 0	\$	0	Consent	Policy 💌	
SOURCE OF FUNI	DS: Fund	65595 I	Excess Proceeds	fro	om T	ax Sale			Budget Adjustr	nent: N/A	
									For Fiscal Year	: 15/1	6
C.E.O. RECOMME	NDATIO	N:	APPROVE								

		County Executive Office Signature	Samuel Wong
		MINUTES OF TH	IE BOARD OF SUPERVISORS
Positions Added	Change Order		
A-30	4/5 Vote		
		Prev. Agn. Ref.: Distr	rict: 4 Agenda Number: Q _ 1 Q

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 197, Item 186. Last assessed to:

Specialty Care Services, LLC. District 4 [\$5,124]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: AU6 2 6 2015 PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Specialty Care Services, LLC in the amount of \$5,124.41, 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 Specialty Care Services, LLC based on a Grant Deed recorded May 29, 2008 as Instrument No. 2008-0292253.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Specialty Care Services, LLC be awarded excess proceeds in the amount of \$5,124.41. 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		201
TC 197 Item 186 Assessment No.: 6613	50007-0	EASE ASE
Assessee: SPECIALTY CARE SERVICES		CEIVED P 19 PM 4: P 19 PM 4:
Situs:		PM PM
Date Sold: August 20, 2013		ECTO
Date Deed to Purchaser Recorded: October	2, 2013	0, 5
Final Date to Submit Claim: October 2, 2014		
I/We, pursuant to Revenue and Taxation \$\(\) \(at the time of the sale of the property as is a corded on 5/29/2008. A copy of this the attached assignment of interest. I/We	lienholder(s), evidenced by Riverside County s document is attached here to.
NOTE: YOUR CLAIM WILL NOT BE CONS Grant Deed—	IDERED UNLESS THE DOCUMENTATION	IS ATTACHED.
3		9
	-	***
If the property is held in Joint Tenancy, the ta have to sign the claim unless the claimant so claimant may only receive his or her respective I/We affirm under penalty of perjury that the for	ubmits proof that he or she is entitled to the eportion of the claim.	ncy, and all Joint Tenants will a full amount of the claim, the
Executed this 16 day of Sept	, 2014 at Waushara	Wisconsin
March	County, State	
Signature of Claimant	Signature of Claimant	
Sharon Marek member Specialty Care Seryi	cesul	
Frint Name	Print Name	*
830 Argh 59	Otro-t Address	
Wild Rose W1 549&	Street Address	
City, State, Zip	City, State, Zip	
<u>U14-H30 -3405</u> Phone Number	Dhono Number	
I HOHE MAHINEL	Phone Number	

of

SCO 8-21 (1-99)

TITLE ORDER NO	-F	RECORDING REQUESTED BY	-		# 20 9/2008	08:0	0A Fee				
STREET 1255 West Ohio Ct. CITY, STATE & New Berlin, Wisconsin 53151 TITLE ORDER NO. ESCROWNO. TRA. THE ORDER NO. ESCROWNO. TRA. THE ORDER NO. ESCROWNO. THE Unincorporated Area City of Conveyed, or computed on full value less liens and encumbrances remaining at time of sale. Unincorporated Area City of Orarma, LLC (NAME OF GRANTOR(S)) The following described real property in the City of Desert Hot Springs County of Riverside State of California (Insert Legal Description) See attached: THE OF CALLEDRNIA CRITICAL OF CRITI				Reco	rded in County (Offic of Riv	ial Re verside	cords			
CITY, STATE & New Berlin, Wisconsin 53151 S R U PAGE SIZE DA MISC LONG RFD CO S RFD CO S RFD C	1	NAME Specialty Care Services, LLC	1	Assess	Larry or, Coul	y W. L nty Cl	lard Lerk & Milli Heel	Record	ier IIII IIII		
TITLE ORDER NO	\$	STREET ADDRESS 12 9 55 West Ohio Ct.									(12
TITLE ORDER NO. ESCROWNO. M A L 465 428 GOB NCOR SMF NCHG DTT - D T: CTV UNI SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY GRANT DEED The undersigned grantor(s) declare(s) DOCUMENTARY TRANSPER TAX \$ DOCUMENTARY TRANSPE	4	CITY, STATE & New Berlin, Wisconsin 53151 ZIP CODE		S R U	_	SIZE	DA	MISC	LONG	RFD	COPY
GRANT DEED The undersigned grantor(s) declare(s) DOCUMENTARY TRANSFER TAX \$ Computed on full value of property conveyed, or computed on full value less lines and encumbrances remaining at time of sale. The undersigned grantor(s) declare(s) DOCUMENTARY TRANSFER TAX \$ Computed on full value of property conveyed, or computed on full value less lines and encumbrances remaining at time of sale. The undersigned grantor(s) declare(s) DOCUMENTARY TRANSFER TAX \$ Computed on full value less lines and encumbrances remaining at time of sale. City of FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) Dorama, LLC (NAME OF GRANTOR(S)) (NAME OF GRANTOR(S)) Desert Hot Springs County of Riverside State of California (Insert Legal Description) see attached: DATED: 05/28/2008 James Marek Managing mexiber Transfer subscribed to the within instrum and acknowledged to me in the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrum and acknowledged to me in that he/she/they evidence to be the person(s) whose name(s) is/are subscribed to the within instrum and acknowledged to me that he/she/they evidence to be the person(s) whose name(s) is/are subscribed to the within instrum and acknowledged to me that he/she/they evidence to be the person(s) whose name(s) is/are subscribed to the within instrum and acknowledged to me that he/she/they evidence to be the person(s) whose name(s) is/are subscribed to the within instrum and acknowledged to me that he/she/they evidence to be the person(s) or 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.	-	TITLE ORDER NO.									EXAM
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hereby remise, release and grant to Specialty Care Services, LLC (NAME OF GRANTEE(S)) the following described real property in the City of Desert Hot Springs ,County of Riverside State of California (Insert Legal Description) see attached: DATED: 05/28/2008 James Marek managing member STATE OF CALIFORNIA COUNTY OF C	FO	R VALUABLE CONSIDERATION, receipt of whic	h is here	eby acknowledge	i, I (We)	Doran	na, LLC				
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Signature (SEAL) Signature (SEAL) NOTARY PUBLIC - CALIFORNIA SERVERSIDE COUNTY My Comm. Expires Nov. 13, 2009	Sig	gnature Danielle, The manufacture	7	(SEAL)		4 101		NOTAR R	MM. #162 Y PUBLIC - CA EVERSIDE COL	1073	

LEGAL DESCRIPTION

Lot 7 of Tract no. 30615-1, in the City of Desert Hot Springs, County of Riverside, State of California, as shown by map of file in Book 358, Pages 80 though 84, records of Riverside County, California;

Excepting therefrom One-Sixteenth of all coal, oil, has and other mineral deposits in said land, as reserved in Patent from the State of California, recorded December 10, 1931 in Book 60, Page 172 of Official Records of riverside County, California;

Also excepting therefrom the remaining 15/16th interest in and all of the oil, gas, casinghead gas, and other hydrocarbons and all other minerals, chemicals and steam in and underlying or produced or to be produced from said property, without the right of surface entry as reserved to Raymond J. Ryan and Helen Ryan, husband and wife, in Deed recorded August 1, 1968 as Instrument No. 74298 of Official Records of Riverside County, California.

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for:		Search Advanced Search
specialty care services	Search Records	

Corporate Records

Result of lookup for S054259 (at 8/21/2015 1:11 PM)

SPECIALTY CARE SERVICES (SCS), LLC

You can: File an Annual Report - Request a Certificate of Status - File a Registered Agent/Office Update Form

Vital Statistics

Entity ID

S054259

Registered **Effective Date** 03/11/1999

Period of Existence

PER

Status

Restored to Good Standing Request a Certificate of Status

Status Date

02/06/2013

Entity Type

Domestic Limited Liability Company

Annual Report Requirements

Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

Addresses

Registered Agent Office

SHARON M MAREK 220 SAINT MARIE ST

PO BOX 1028

WAUTOMA, WI 54982-1028

File a Registered Agent/Office Update Form

Principal Office

220 SAINT MARIE ST

PO BOX 1028

WAUTOMA, WI 54982-1028 UNITED STATES OF AMERICA

Historical Information

Annual Reports

Year	Reel	lmage	Filed By	Stored On
2015	000	0000	online	database
2014	000	0000	online	database
2013	000	0000	online	database
2011	000	0000	online	database

2010	111	1111	paper	image
2005	111	1111	paper	image
2004	111	1111	paper	image

File an Annual Report - Order a Document Copy

Certificates of Newly-elected Officers/Directors None

Old Names

None

Chronology

Effective Date	Transaction	Filed Date	Description
03/11/1999	Organized	03/16/1999	
01/01/2007	Delinquent	01/01/2007	***RECORD IMAGED***
01/11/2010	Notice of Administrative Dissolution	01/11/2010	RTND UNDELIVERABLE
03/23/2010	Notice of Administrative Dissolution	03/23/2010	
05/25/2010	Administrative Dissolution	05/25/2010	
10/01/2010	Restored to Good Standing	10/04/2010	
10/01/2010	Certificate of Reinstatement	10/04/2010	
10/01/2010	Change of Registered Agent	10/04/2010	FM 516 2010
03/08/2011	Change of Registered Agent	03/08/2011	FM516-E-Form
01/01/2013	Delinquent	01/01/2013	
02/06/2013	Restored to Good Standing	02/06/2013	E-Form
01/27/2015	Change of Registered Agent	01/27/2015	FM516-E-Form

Order a Document Copy