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 189. Last assessed to: Specialty Care Services, LLC. District 4 [\$20,124]. 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 661350010-2; (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 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 | Fiscal Year: | Next Fiscal Year: | | Total Co | st: | Or | ngoing Cost: | POLICY/O | 11.5.5.5 (Co.) (Co.) |
|-----------------|---------|--------------|-------------------|-------|----------|--------|----|-----------------|-----------|----------------------|
| COST | \$ | 20,124 | \$ | 0 | \$ | 20,124 | \$ | 0 | Consent | Policy 🕅 |
| NET COUNTY COST | \$ | 0 | \$ | 0 | \$ | 0 | \$ | 0 | Consent | r-olicy iz |
| SOURCE OF FUND | OS: Fo | und 65595 I | Excess Proceed | s fro | m Tax | Sale | | Budget Adjustn | nent: N/A | 22. |
| | | | | | | | | For Fiscal Year | : 15/1 | 3 |
| C.E.O. RECOMME | NDAT | ION: | APPROVE | | | | | | | |

RY. Samuel 2/2 10/26/15

| | | County Executive Off | fice Signature | Samuel [®] Wo | ong | | |
|-----------------|--------------|-----------------------------|----------------|------------------------|------------|-------|------|
| | | | MINUTES OF T | HE BOARD C | F SUPERVIS | ORS | |
| Positions Added | Change Order | | | | | | |
| | | * | | | | | |
| A-30 | 4/5 Vote | e | | | | | |
| | | Prev. Agn. Ref.: | Dis | trict: 4 | Agenda Nu | mber: | 9-21 |

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 189. Last assessed to: Specialty Care Services, LLC. District 4 [\$20,124]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 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 \$20,124.41, 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. 2008-0292256.

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 \$20,124.41. 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 | | opeil | 20 | |
| TC 197 Item 189 Assessment No.: 661350010-2 | | REVIEW | 2014 SI | 70 |
| Assessee: SPECIALTY CARE SERVICES | | RESE | SEP 19 | CF. |
| Situs: | | 03 X 03 X | | CEIVE |
| Date Sold: August 20, 2013 | | X COLLECTOR | PM 4: 45 | |
| Date Deed to Purchaser Recorded: October 2, 2013 | × . | TOP Y | ب ل | |
| Final Date to Submit Claim: October 2, 2014 | | | | |
| I/We, pursuant to Revenue and Taxation Code Se subject of from the sale of the above mentione property owner(s) [check in one box] at the time Recorder's Document No 2008 0 29 7556; recorded I/We are the rightful claimants by virtue of the attache hereto each item of documentation supporting the claim | ed real property. I/We were the lienho e of the sale of the property as is eviden- on <u>5/24/2008</u> . A copy of this documed assignment of interest. I/We have list | Ider(s), ced by I | Rivers | ide County |
| NOTE: YOUR CLAIM WILL NOT BE CONSIDERED U | JNLESS THE DOCUMENTATION IS ATT | ACHED |). | |
| | | | | |
| | | | | |
| | | | | |
| f the property is held in Joint Tenancy, the taxsale property to sign the claim unless the claimant submits properties and the claim unless the claimant submits properties and the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only a submit the foregoing is the claimant may only a submit the foregoing is the claimant may only a submit the claimant may only a submit the claimant submit to the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may only receive his or her respective portion of the claimant may or the clai | of that he or she is entitled to the full ar f the claim. true and correct. | mount o | f the | enants will claim, the |
| OSnarch | | | | |
| Signature of Claimant member UC | Signature of Claimant | | | |
| ecially Care Services We | | | | |
| 820 Hab St | Print Name | | | |
| Street Address | Street Address | | | _ |
| Wild Rose WI 34984 City, State, Zip | City, State, Zip | | | _ |
| 114-430 3905 | Diament of the state of the sta | | | |
| Phone Number | Phone Number | | | |

of

SCO 8-21 (1-99)

| RECORDING REQUESTED BY | DOC # 2008-0292256 05/29/2008 08:00A Fee: 12.00 Page 1 of 2 |
|--|--|
| AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO: | Recorded in Official Records County of Riverside Larry W. Ward |
| NAME Specialty Care Services, LLC | Assessor, County Clerk & Recorder |
| STREET ADDRESS 12455 West Ohio Ct. | |
| CITY, STATE & New Berlin, Wisconsin 53151 ZIP CODE | S R U PAGE SIZE DA MISC LONG RFD COPY |
| TITLE ORDER NO. | M A L 465 426 PCOR NCOR SMF NCHG EXAM |
| ESCROW NO. | 809 |
| | SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY |
| | STATE AND SEC BANKE OF A PROBLEM OF SECTION SE |
| GRANT DEED | The undersigned grantor(s) declare(s) |
| TRA: | DOCUMENTARY TRANSFER TAX \$ computed on full value of property conveyed, or |
| APN: | computed on full value less liens and encumbrances remaining at time of sale. |
| | Unincorporated Area City of |
| FOR VALUABLE CONSIDERATION, receipt of which | ch is hereby acknowledged, I (We) Dorama, LLC |
| THE THE STATE OF T | (NAME OF GRANTOR(S)) |
| hereby remise, release and grant to Specialty Ca | are Services, LLC |
| Participant of the second of t | (NAME OF GRANTEE(S)) |
| the following described real property in the City ofState of | Desert Hot Springs ,County of Riverside, |
| (Insert Legal Description) | |
| see attached: | DORAMA, LLC |
| | Barn - 1 |
| | |
| DATED: 05/28/2008 | James Marek |
| = | managing member |
| STATE OF CALLEORNIA COUNTY OF HILLERS, OE. | |
| on Way 29, 2008 before me, 2 | lizabeth Word Notary Public personally appeared |
| 1000= Mag | (here insert name and title of the officer) |
| and acknowledged to me that he/she/they exec | dence to be the person(s) whose name(s) is/are subscribed to the within instrument cuted the same in his/her/their authorized capacity(ies), and that by his/her/their 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. | paramanana |
| Signature Wardenstand | (SEAL) ELIZABETH WARD COMM. #1621073 NOTARY PUBLIC - CALIFORNIA RIVERSIDE COUNTY My Comm. Expires Nov. 13, 2009 |

LEGAL DESCRIPTION

Lot 10 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:

specialty care services

Search Records

Search Advanced Search Name Availability

Corporate Records

Result of lookup for \$054259 (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

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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 | Image | 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