

FORM APPROVED COUNTY COUNSEL  
BY: Gregory P. Priamos DATE 3/18/16

Departmental Concurrence

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

753  
A



**FROM:** Don Kent, Treasurer-Tax Collector

**SUBMITTAL DATE:**  
**MAR 18 2016**

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 318. Last assessed to: Marion Helen Jones Rubio, aka Marion Helen Rubio Trustee, or Successor Trustee(s), of the Rubio Living Trust dated 5/28/02. District 4 [\$65,199]. Fund 65595 Excess Proceeds from Tax Sale.

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from Asset Finders of America, LLC, agent for Doreen L. Ramirez, heir to Marion Helen Jones Rubio, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 502540056-9;

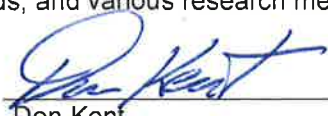
(continued on page two)

**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 March 15, 2011 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 18, 2011. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 2, 2011, 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 Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 65,199	\$ 0	\$ 65,199	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

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

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY:   
Samuel Wong

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Prev. Agn. Ref.:      District: 4      Agenda Number:

9-5

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 318. Last assessed to: Marion Helen Jones Rubio, aka Marion Helen Rubio Trustee, or Successor Trustee(s), of the Rubio Living Trust dated 5/28/02. District 4 [\$65,199]. Fund 65595 Excess Proceeds from Tax Sale.

**DATE: MAR 18 2016**

**PAGE: Page 2 of 2**

**RECOMMENDED MOTION:**

2. Authorize and direct the Auditor-Controller to issue a warrant to Asset Finders of America, LLC, agent for Doreen L. Ramirez in the amount of \$65,199.47, 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 Asset Finders of America, LLC, agent for Doreen L. Ramirez based on an Authorization for Agent to Collect Excess Proceeds dated May 3, 2012, a Trust Transfer Deed recorded June 26, 2002 as Instrument No. 2002-351857, an Affidavit for Collection of Real and Personal Property Pursuant to California Probate Code 13100-13116 and the death certificate for Marion Jones Rubio.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Asset Finders of America, LLC, agent for Doreen L. Ramirez be awarded excess proceeds in the amount of \$65,199.47. 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**

The excess proceeds are being released to the heir of the last assessee of the property.

**ATTACHMENTS (if needed, in this order):**

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

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

RECEIVED

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

✓ 2012 MAY 16 PM 4:51

TC 189 Item 318 Assessment No.: 502540056-9

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

Assessee: JONES RUBIO, MARION HELEN TR

Situs: 487 CALLE BEGONIA PALM SPRINGS

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012 ✓

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 65,645.<sup>00</sup> 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. 2011-0219364, recorded on 3/15/2011. 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.

*(Please see attached)*

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants 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 14<sup>TH</sup> day of MAY, 2012 at SAN DIEGO, CA.  
County, State

*(Signature)*  
Signature of Claimant

Signature of Claimant

DAVID PRICE, MANAGING MEMBER

FOR ASSET FINAERS OF AMERICA LLC

Print Name

Print Name

101 CONVENTION CENTER DR. 7<sup>TH</sup> FLOOR

Street Address

SUITE 700

Street Address

LAS VEGAS, NV. 89109

City, State, Zip

City, State, Zip

(800) 504-2362

Phone Number

Phone Number

# AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby appoint Asset Finders of America, LLC as my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of Assessor's Parcel No. 502-540-056-19. Sale No. TC-189 Item No. 318, sold at public auction on 3-15-2011. 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 amount of excess proceeds available for distribution is \$ 65,645 and that I have a right to file a claim for this refund on my own behalf, without the help of an agent. For valuable consideration received, my agent is appointed to act on my behalf.

DOREEN L. RAMIREZ  
Print Name  
4872 GAINSPORT CIRCLE  
Mailing Address (Non U.S. Postal Box No. is not Acceptable)  
IRVINE, CA 92604  
City, State and Zip Code  
949-552-6047  
Area Code and Daytime Phone Number

Social Security Number

Driver License No. State CA Expiration Date 05-04-13

Doreen L. Ramirez  
Signature of Party of Interest (REQUIRES NOTARIZATION)

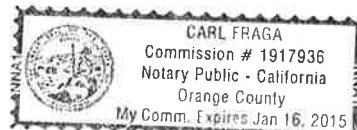
State of California )  
County of Orange )

On May 3rd 2012, before me, Carl Fraga, Notary Public, personally appeared Doreen L. Ramirez 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 [Signature]



## DISCLOSURE

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 the excess proceeds available and ADVISED HIM/HER OF THE RIGHT TO FILE A CLAIM ON HIS/HER OWN BEHALF WITHOUT THE HELP OF AN AGENT.

[Signature]  
Signature of Agent (Requires Notarization)

State of California )  
County of Orange )

DAVID PRICE MANAGING MEMBER FOR  
Print Name ASSET FINDERS OF AMERICA LLC  
101 CONVENTION CENTER DR. SUITE 200 7TH FL.  
Mailing Address (Non U.S. Postal System Box No. is Not Acceptable)  
LAS VEGAS, NV 89109  
City, State and Zip Code

On May 3rd 2012, before me, Carl Fraga, Notary Public, personally appeared David Price 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.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

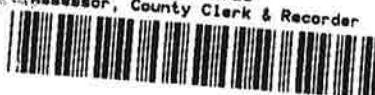
Name MRS. MARION HELEN RUBIO  
Address 487 CALLE BEGONIA  
City & PALM SPRINGS,  
State CA 92262

MAIL TAX STATEMENTS TO

Name  
Address SAME AS ABOVE  
City & State

DOC # 2002-351857  
06/26/2002 08:00A Fee:7.00

Page 1 of 1  
Recorded in Official Records  
County of Riverside  
Gary L. Orso  
Assessor, County Clerk & Recorder



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TRA NO. 011-003

APN NO. 502-540-056-9

TRUST TRANSFER DEED

Grant Deed (Excluded from Reappraisal under Proposition 13, i.e., Calif. Const. Art 13A§ 1 et.seq.) The undersigned Grantors declare under penalty of perjury that the following is true and correct:

THERE IS NO CONSIDERATION FOR THIS TRANSFER.

There is no Documentary transfer tax due. This is a Trust Transfer under §62 of the Revenue and Taxation Code: Transfer to a revocable trust.

GRANTORS: MARION HELEN JONES RUBIO, A WIDOW

hereby GRANTS to MARION HELEN JONES RUBIO, aka MARION HELEN RUBIO trustee, or successor trustee(s), of the RUBIO LIVING TRUST dated 5/28/02

the following described real property in the CITY OF PALM SPRINGS, COUNTY OF RIVERSIDE State of California.

LOT 34 OF THE AMENDED MAP OF TRACT NO. 10346, AS PER MAP RECORDED IN BOOK 97, PAGES 72 TO 81 BOTH INCLUSIVE OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

Dated this 28TH day of MAY, 2002.

*Marion Helen Jones Rubio*

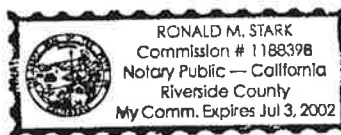
MARION HELEN JONES RUBIO, aka MARION HELEN RUBIO  
TRANSFERORS/GRANTORS

State of California  
County of Riverside

On MAY 28, 2002, before me, Ronald M. Stark, the Notary Public, personally appeared MARION HELEN JONES RUBIO, aka MARION HELEN RUBIO personally and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: *Ronald M. Stark* (Seal)  
RONALD M. STARK, Notary Public



# CERTIFICATION OF VITAL RECORD

## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

### CERTIFICATE OF DEATH

USE BLACK INK ONLY TO MAKE ALL ENTRIES AND ALTERATIONS  
PERIOD 1993-1995

1. NAME OF DECEASED - FIRST NAME <b>MARION</b>		2. MIDDLE <b>JONES</b>		3. LAST NAME <b>RUBIO</b>	
4. DATE OF BIRTH - month/day <b>07/10/1926</b>		5. AGE - yrs. <b>78</b>		6. SEX <b>F</b>	
7. BIRTH STATE ORIGIN COUNTRY <b>UTAH</b>		8. SOCIAL SECURITY NUMBER <b>XXXX-XX-XXXX</b>		9. MARITAL STATUS (at time of death) <b>WIDOWED</b>	
10. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back) <b>WHITE</b>		11. DECEASED'S OCCUPATION <b>SECRETARY</b>		12. YEARS IN OCCUPATION <b>15</b>	
13. USUAL RESIDENCE (Street and number or housing) <b>487 CALLE REGONIA AVENUE</b>		14. CITY <b>PALM SPRINGS</b>		15. STATE (or foreign country) <b>CALIFORNIA</b>	
16. INFORMANT'S NAME, RELATIONSHIP <b>DOREEN RAMIREZ - DAUGHTER</b>		17. INFORMANT'S ADDRESS (Street and number or care house number, city or town, state, ZIP) <b>4872 GAINSPORT CIRCLE, IRVINE, CA 92604</b>		18. DECEASED'S ADDRESS (Street and number or care house number, city or town, state, ZIP) <b>4872 GAINSPORT CIRCLE, IRVINE, CA 92604</b>	
19. NAME OF SURVIVING SPOUSE - FIRST <b>GEORGE</b>		20. MIDDLE <b>BENET</b>		21. LAST <b>JONES</b>	
22. NAME OF MOTHER - FIRST <b>ANNIE</b>		23. MIDDLE <b>MILLER</b>		24. LAST <b>AMOS</b>	
25. DISPOSITION (date and time) <b>08/16/2004</b>		26. PLACE OF DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518</b>		27. TYPE OF DISPOSITION <b>CR/BU</b>	
28. NAME OF FUNERAL ESTABLISHMENT <b>PALM SPRINGS MORTUARY, CATHEDRAL CITY</b>		29. LICENSE NUMBER <b>PD 1513</b>		30. SIGNATURE OF LICENSEE <i>[Signature]</i>	
31. PLACE OF DEATH <b>HI DESERT CONTINUING CARE CENTER</b>		32. COUNTY <b>SAN BERNARDINO</b>		33. CITY <b>JOSHUA TREE</b>	
34. CAUSE OF DEATH <b>RESPIRATORY FAILURE</b>		35. PNEUMONIA <b>PNEUMONIA</b>		36. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (DO NOT RELY EXCLUSIVELY ON THE UNDERLYING CAUSE GIVEN IN 34) <b>VIRAL ENCEPHALITIS, IRREVERSIBLE BRAIN DAMAGE</b>	
37. DATE OF DEATH <b>05/01/2004</b>		38. TIME OF DEATH <b>08/12/2004</b>		39. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>ASHRAF A KHAN, MD 1401 NORTH PALM CANYON DRIVE, PALM SPRINGS, CA 92262</b>	
40. PLACE OF DEATH (e.g., home, nursing home, etc.) <b>HI DESERT CONTINUING CARE CENTER</b>		41. TYPE OF DEATH (e.g., natural, accidental, homicide, suicide, etc.) <b>Natural</b>		42. PLACE OF DEATH (e.g., home, nursing home, etc.) <b>HI DESERT CONTINUING CARE CENTER</b>	
43. SIGNATURE OF CORONER/DEPUTY CORONER <i>[Signature]</i>		44. DATE <b>08/12/2004</b>		45. TYPE (NAME, TITLE) OF CORONER/DEPUTY CORONER <b>ASHRAF A KHAN, MD</b>	

### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

08/20/2004

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, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



FILED JUL 10 1952 MAME B. BEATTY, COUNTY RECORDER  
**CERTIFICATE OF LIVE BIRTH**  
 STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH  
 REGISTRATION DISTRICT NO. 1907 REGISTRAR'S NUMBER 1658  
 1a. FIRST NAME: Doreen 1b. MIDDLE NAME: Lynn 1c. LAST NAME: Rubio  
 1d. DATE OF BIRTH: May 14, 1952 1e. TIME OF BIRTH: 9:07 P. M.

STATE OF CALIFORNIA, } ss.  
 County of Los Angeles }

I hereby certify that the attached is a full, true and correct copy of the Certificate of

BIRTH  
 of DOREEN LYNN RUBIO entered in  
 Book No. 1571 Page No. 22311 of RECORD OF BIRTHS  
 which is on file in my office and of which I am the legal custodian.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, this  
 28 day of August 19 53

MAME B. BEATTY, County Recorder

By *Mary B. Callahan*, Deputy



FILED JUL 10 1962 NAME B. BEATTY, COUNTY RECORDER  
 CERTIFICATE OF LIVE BIRTH  
 STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH  
 REGISTRATION NO. 1907 REGISTRAR'S NUMBER 1658  
 DISTRICT NO. 10 LAST NAME

1. CHILD'S FIRST NAME: Doreen  
 2. CHILD'S LAST NAME: Rubio  
 3. SEX: Female  
 4. DATE OF BIRTH: May 4, 1952  
 5. TIME OF BIRTH: 9:07 P. M.  
 6. PLACE OF BIRTH: Glendale 5 2-05-07  
 7. CITY OR TOWN: Glendale 5  
 8. COUNTY: Los Angeles  
 9. ADDRESS: 800 So. Adams Street  
 10. CITY OR TOWN: Los Angeles 8  
 11. STATE: California  
 12. ZIP CODE: 90033  
 13. COLOR OR RACE OF FATHER: Caucasian  
 14. COLOR OR RACE OF MOTHER: Caucasian  
 15. USUAL OCCUPATION: Motion picture  
 16. DATE SIGNED BY PARENT OR OTHER INFORMANT: May 7, 1952  
 17. ADDRESS: 1620 Williams St  
 18. SIGNATURE OF LOCAL REGISTRAR: [Signature]  
 19. DATE: May 14, 1962

80033

FOR NEXT BIRTH

100000

82

100000

83



## ASSET FINDERS OF AMERICA, LLC

Ph 800-304-2362  
101 Convention Center Drive, Seventh Floor, Las Vegas, Nevada 89109  
[www.afa.biz](http://www.afa.biz)

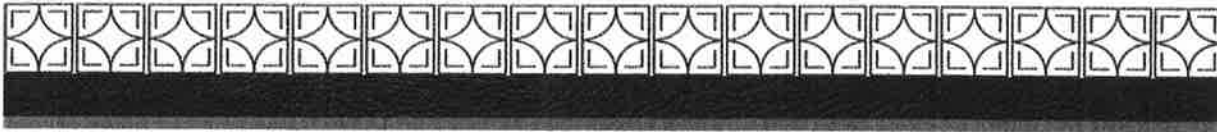
Dear Claims Processing,

Please find the enclosed documents for your review per your claim form instructions:

- 1) Riverside County claim form
- 2) Notarized "Authorization for agent to collect excess proceeds"
- 3) Tax deed document requested on claim form
- 4) Certified copy of Trust transfer deed/grant deed
- 5) Original death certificate of Marion Helen Jones Rubio
- 6) Original birth certificate of Doreen L Rubio (Ramirez)
- 7) Notarized affidavit pursuant to Ca. Probate Code sections 13000-13116
- 8) Official (Ca. driver license) ID for Doreen Ramirez, sole beneficiary
- 9) W-9 form from Asset Finders of America LLC (claimant)
- 10) Notarized limited power of attorney for claimant (from Ramirez)

We respectfully request that you return all original documents to us so we may return them to Ms. Ramirez.

Should you have any questions, please call me, David Price, at (800) 504-2362  
Thank you very much.



# PETTERSEN & BARK

William D. Pettersen\*

David Z. Bark

\*Also licensed by the Nevada Bar

Date: May 14, 2012

Dear Riverside County claims processing,

The undersigned is counsel for Asset Finders of America who is an agent and party of interest, pursuant to the provisions set forth in section 4675 of the California revenue and taxation code, in connection with a claim for excess funds arising from the sale of tax defaulted property.

My client has provided the requisite documentation (enclosed herein) necessary to process the claim for excess funds. Should you need any additional information or have any questions please feel free to contact Mr. David Price at (800) 504-2362.

Sincerely,



WILLIAM D. PETTERSEN

WDP/ts

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

I, DOREEN L. RAMIREZ, state as follows:

1. MARION HELEN RUBIO JONES (name of decedent), died on 8/12/2004 (date of death)  
in the County of RIVERSIDE, 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 has consented in writing to the  
for administration of the decedent's payment, transfer, or delivery of the  
estate. 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 \$100,000.00.
5. ☐ An inventory and appraisal **OR** ☐ There is no real property in the estate.  
of the real property included in  
the decedent's estate is attached.
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" DERIVED FROM THE SALE OF TAX DEFAULTED  
PROPERTY FROM THE RIVERSIDE COUNTY PUBLIC AUCTION HELD  
ON MARCH 15, 2011 IN THE AMOUNT OF \$ 65,645.00  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The successor(s) of the decedent, as defined in Probate Code § 13006 is/are:  
DOREEN L. RAMIREZ, THE NATURAL BORN AND ONE  
SURVIVING CHILD, AND HEIR, OF MARION HELEN (JONES) RUBIO  
AND THE RUBIO LIVING TRUST DATED 5/28/2002 WHICH WAS  
THE DEEDHOLDER AT TIME OF DEATH.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. I am:  
☒ a successor(s) of the decedent **OR** ☐ authorized under Probate Code §13051  
to the decedent's interest in the to act on behalf of the decedent's  
described property. 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 Real and 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 5/3/2012 Sign Name Doreen L. Ramirez Print Name DOREEN L. RAMIREZ  
(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 N/A Print Name \_\_\_\_\_  
Date \_\_\_\_\_ Sign Name N/A Print Name \_\_\_\_\_  
Date \_\_\_\_\_ Sign Name N/A Print Name \_\_\_\_\_  
Date \_\_\_\_\_ Sign Name N/A Print Name \_\_\_\_\_

**Acknowledgement  
(By Notary Public)**

State of California )  
County of Orange )  
 )

On May 3<sup>rd</sup>, 2012 (date) before me, personally appeared Doreen L. Ramirez  
[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: [Signature]  
Print Name: Carl Fraga

My commission expires:

01/16/2015



(Seal)

RECORDING REQUESTED BY:

PETTERSEN & BARK

AND WHEN RECORDED RETURN TO:

c/o PETTERSEN & BARK  
1620 Union Street  
San Diego, CA 92101

### LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That, I, DOREEN L. RAMIREZ the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint Asset Finders Of America principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

- (a) To receive, hold and negotiate any check drawn in favor of principal. (This power is given solely in connection with the efforts of Asset Finders Of America to recover unclaimed funds on behalf of principal.)

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

This Limited Power of Attorney is granted for a period of ONE YEAR and shall become effective on MAY 3, 2012 and shall terminate on MAY 2, 2013.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 3<sup>RD</sup> day of MAY, 2012.

STATE OF CALIFORNIA )  
COUNTY OF SAN DIEGO (Orange)

On May 3<sup>rd</sup>, 2012, before me, Carl Fraga, Notary Public, personally appeared Doreen L. Ramirez 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 [Signature] (SEAL)



## Green, Shawana

---

**From:** Green, Shawana  
**Sent:** Wednesday, October 22, 2014 10:01 AM  
**To:** 'david@afoa.biz'  
**Subject:** Excess Proceeds Claim (EP 189-318)

Hi David,

I am currently working on an excess proceeds claim with APN 502540056-9 for claimant Doreen L. Ramirez. We are going to need something showing that Doreen's last name changed from Rubio to Ramirez. Can she provide a copy of her marriage certificate that shows the change in name?

Shawana Green  
County of Riverside  
Treasurer-Tax Collector  
[ssgreen@co.riverside.ca.us](mailto:ssgreen@co.riverside.ca.us)

## Green, Shawana

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**From:** David Price <david@afoa.biz>  
**Sent:** Monday, November 10, 2014 5:57 PM  
**To:** Green, Shawana  
**Subject:** Re: Excess Proceeds Claim (EP 189-318)

Hi Ms. Green

Very nice to hear from you.

I will put together documentation for you.

I am sorry it took me so long to respond to your email. I have been dealing with some medical issues of late but am anxious to put this account to "bed". It has been quite awhile since this claim was submitted!

Best personal regards,  
David

On Wed, Oct 22, 2014 at 10:01 AM, Green, Shawana <[SSGreen@co.riverside.ca.us](mailto:ssgreen@co.riverside.ca.us)> wrote:

Hi David,

I am currently working on an excess proceeds claim with APN 502540056-9 for claimant Doreen L. Ramirez. We are going to need something showing that Doreen's last name changed from Rubio to Ramirez. Can she provide a copy of her marriage certificate that shows the change in name?

Shawana Green

County of Riverside

Treasurer-Tax Collector

[ssgreen@co.riverside.ca.us](mailto:ssgreen@co.riverside.ca.us)

--  
Kind regards,

**David Price**  
*Asset Finders of America*  
800-504-2362  
[david@afoa.biz](mailto:david@afoa.biz)



April 1, 2015

Asset Finders of America LLC  
C/O David Price  
101 Convention Center Dr. 7<sup>th</sup> Fl, Ste 700  
Las Vegas, NV 89109

Re: APN: 502540056-9  
TC 189, Item 318  
Date of Sale: March 15, 2011

Dear Sir or Madam:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

**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  
\_\_\_ Notarized Statement Giving Authorization to  
Certified Death Certificates for  
X Copy of the Rubio Living Trust Dated  
5/28/2002  
X Copy of Marriage Certificate for Doreen L.  
Ramirez

\_\_\_ Original Note/Payment Book  
\_\_\_ Updated Statement of Monies Owed  
(as of date 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 question

Sincerely,

*Shawana Green*

Shawana Green  
Tax Sales Operation  
(951) 955-3947  
(951) 955-3990 Fax

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Asset Finders of America LLC C/O David Price 101 Convention Center Dr. 7 <sup>th</sup> Fl, Ste 700 Las Vegas, NV 89109		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
EP 189-318			
7003 2260 0004 1559 3722			

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

May 13, 2015

Asset Finders of America, LLC  
C/O David Price  
101 Convention Center Dr., 7<sup>th</sup> floor, Ste. 700  
Las Vegas, NV 89109

## **Final Notice**

Re: APN: 502540056-9  
Situs: 487 Calle Begonia, Palm Springs, CA 92262  
TC 189, Item 318  
Date of Sale: March 15, 2011

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

**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.**

<input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100	<input checked="" type="checkbox"/> Copy of Marriage Certificate for Doreen L. Ramirez
<input type="checkbox"/> Notarized Statement of different/misspelled	<input type="checkbox"/> Original Note/Payment Book
<input type="checkbox"/> Notarized Statement Giving Authorization to claim on behalf of	<input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale)
<input type="checkbox"/> Certified Death Certificate for	<input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)
<input checked="" type="checkbox"/> Copy of the Rubio Living Trust Dated 05/28/2002	<input type="checkbox"/> Court Order Appointing Administrator
	<input type="checkbox"/> Deed (Quitclaim/Grant etc...)
	<input type="checkbox"/> Other --

**If your documentation is not received within 30 days (June 15, 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

**ASSET FINDERS OF AMERICA, LLC.****Business Entity Information**

Status:	Active	File Date:	9/13/2011
Type:	Domestic Limited-Liability Company	Entity Number:	E0509672011-0
Qualifying State:	NV	List of Officers Due:	9/30/2015
Managed By:	Managing Members	Expiration Date:	
NV Business ID:	NV20111590658	Business License Exp:	9/30/2015

**Additional Information**

Central Index Key:	
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**Registered Agent Information**

Name:	NEVADA CORPORATE HEADQUARTERS, INC	Address 1:	4730 S. FORT APACHE RD SUITE 300
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89147-7947
Phone:		Fax:	
Mailing Address 1:	P O BOX 27740	Mailing Address 2:	
Mailing City:	LAS VEGAS	Mailing State:	NV
Mailing Zip Code:	89126		
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

**Financial Information**

No Par Share Count:	0	Capital Amount:	\$ 0
<b>No stock records found for this company</b>			

**Officers**☐ Include Inactive Officers**Managing Member - DAVID L PRICE**

Address 1:	PO BOX 27740	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89126	Country:	USA
Status:	Active	Email:	

**Actions\Amendments**

Action Type:	Articles of Organization		
Document Number:	20110665274-34	# of Pages:	4
File Date:	9/13/2011	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20110758806-48	# of Pages:	1
File Date:	10/24/2011	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120593974-92	# of Pages:	1

File Date: 8/27/2012		Effective Date:	
12-13			
Action Type: Annual List			
Document Number: 20130618246-43		# of Pages:	1
File Date: 9/20/2013		Effective Date:	
(No notes for this action)			
Action Type: Annual List			
Document Number: 20140668707-91		# of Pages:	1
File Date: 9/17/2014		Effective Date:	
(No notes for this action)			