

FORM APPROVED COUNTY COUNSEL 4/12/16
BY: GREGORY P. PRIAMOS DATE

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

734



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:

APR 12 2016

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 200, Item 567. Last assessed to: Sarah C. Wall, an unmarried woman and Kevin C. Wall, an unmarried man as joint tenants. District 4 [\$5,388]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Kevin C. Wall, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 721204003-3;
- (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, 2014 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2014. 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 16, 2014, 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	\$ 5,388	\$ 0	\$ 5,388	\$ 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

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:

9-24

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 200, Item 567. Last assessed to: Sarah C. Wall, an unmarried woman and Kevin C. Wall, an unmarried man as joint tenants. District 4 [\$5,388]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: APR 12 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Kevin C. Wall in the amount of \$5,388.87, 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 Kevin C. Wall based on a Grant Deed recorded October 7, 2008 as Instrument No. 2008-0543108 and the death certificate for Sarah Bernadette Wall.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Kevin C. Wall be awarded excess proceeds in the amount of \$5,388.87. 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 is 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 200 Item 567 Assessment No.: 721204003-3

Assessee: WALL, SARAH C & KEVIN C

Situs:

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED

2015 DEC -1 PM 2:45

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 5,388.87 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. 2008-0543108; recorded on 10/07/2008. 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.

① Claim for Excess Proceeds

② Grant Deed, Riverside County Doc. # 2008-0543108 recorded 10/07/2008 (2pp)

③ Tax Deed to Purchaser of Tax-Defaulted Property, Riverside County Doc. # 2014-022753 recorded 06/20/2014 (2pp)

④ Certificate of Death, Riverside County issued

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 28th day of October, 2014 at Nevada, CA

County, State

Signature of Claimant

Kevin C. Wall

Print Name

10568 Laburnham Circle

Street Address

Truckee, CA 96161

City, State, Zip

530-249-4042

Phone Number

Signature of Claimant

Kevin Wall

Print Name

10568 Laburnham Cir

Street Address

Truckee, CA 96161

City, State, Zip

(530) 249-4042

Phone Number

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

Sarah C. Wall
71-300 Harbor Drive
North Shore, CA 92254

DOC # 2008-0543108
10/07/2008 08:00A Fee:12.00
Page 1 of 2 Doc T Tax Paid
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



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Title Order No. _____

Escrow or Loan No. _____

GRANT DEED

APN 721-204-003

THE UNDERSIGNED GRANTOR(s) DECLARE(s)

DOCUMENTARY TRANSFER TAX is \$ 1.10 CITY TAX \$ _____

- ☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens or encumbrances remaining at time of sale,
☐ Unincorporated area: ☐ City of _____, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

I, JORGE O. GOMEZ
hereby GRANT(S) to SARAH C. WALL, an unmarried woman and
KEVIN C. WALL, an unmarried man as Joint tenants
the following described real property in the County of RIVERSIDE State of California:

Lot 120 TRACT 2285 MB 44/92-94

SUBJECT TO: Restrictions common to such tract.

Dated MAY 19, 2008

JORGE O. GOMEZ

STATE OF CALIFORNIA } SS.
COUNTY OF _____

On _____ before me, _____

personally appeared _____

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 _____

(This area for official notarial seal)

See attached acknowledgment

ACKNOWLEDGMENT

State of California

County of RIVERSIDE

On MAY 19, 2008 before me, MERCEDES F. GUTIERREZ-NOTARY PUBLIC,
(here insert name and title of the officer)

personally appeared JORGE O. GOMEZ

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~~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

Mercedes F. Gutierrez



(Seal)



CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200833009423

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
SARAH		WALL	
2. MIDDLE		5. AGE Yrs.	
BERNADETTE		83	
4. DATE OF BIRTH mm/dd/yyyy		6. SEX	
01/18/1925		F	
8. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
VA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy	
WIDOWED		09/15/2008	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		8. HOUR (24 Hours)	
MASTER'S		0800	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
BROKER		REAL ESTATE	
19. YEARS IN OCCUPATION		20	
21. CITY		22. COUNTY/PROVINCE	
MECCA		RIVERSIDE	
23. ZIP CODE		24. YEARS IN COUNTY	
92254		15	
25. STATE/FOREIGN COUNTRY		26. YEARS IN STATE	
CA		1	
27. INFORMANT'S NAME, RELATIONSHIP		28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
KEVIN WALL, SON		10568 LABURNHAM CIRCLE, TRUCKEE, CA 96161	
29. NAME OF SURVIVING SPOUSE — FIRST		30. LAST (Maiden Name)	
-		-	
31. NAME OF FATHER — FIRST		32. MIDDLE	
ROY		NORMAN	
33. NAME OF MOTHER — FIRST		34. LAST	
AGNES		COOK	
35. MIDDLE		36. BIRTH STATE	
DELORES		MI	
37. LAST (Maiden)		38. BIRTH STATE	
FRENCH		MD	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
09/20/2008		RES: KEVIN WALL 7300 HARBOR DR, MECCA, CA 92254	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. SIGNATURE OF LOCAL REGISTRAR	
FITZHENRY FUNERAL HOME - PDC		ERIC K. FRYKMAN, M.D.	
45. DATE mm/dd/yyyy		46. DATE mm/dd/yyyy	
09/16/2008		09/16/2008	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
ODYSSEY HOUSE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input checked="" type="checkbox"/> Home	
103. CITY		104. COUNTY	
PALM DESERT		RIVERSIDE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
74350 COUNTRY CLUB DR		PALM DESERT	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) CARDIOPULMONARY ARREST		(A) MINS	
(B) ACUTE CEREBROVASCULAR ACCIDENT		(B) WEEK	
(C) SEVERELY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(D) 110. BIOPSY PERFORMED?		(D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(E) 111. AUTOPSY PERFORMED?		(E) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(F) 112. USED IN DETERMINING CAUSE?		(F) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. DATE mm/dd/yyyy	
NO		09/15/2008	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		ARVINDER BIR M.D.	
(A) mm/dd/yyyy (B) mm/dd/yyyy		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
09/10/2008 09/15/2008		ARVINDER BIR M.D. 71777 SAN JACINTO, RANCHO MIRAGE, CA 92270	
117. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		118. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <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	
119. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		120. INJURY DATE mm/dd/yyyy	
121. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122. HOUR (24 Hours)	
122. LOCATION OF INJURY (Street and number, or location, end city, and ZIP)		123. INJURY DATE mm/dd/yyyy	
123. SIGNATURE OF CORONER / DEPUTY CORONER		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
125. DATE mm/dd/yyyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
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REQUESTED BY:
TREASURER-TAX COLLECTOR
STOP 1110 DON KENT TAX COLLECTOR
4080 LEMON ST-4TH FLOOR
RIVERSIDE, CALIFORNIA 92501

THE ALLEN FAMILY REVOCABLE LIVING TRUST GARY
ALLEN AND PATRICIA R. ALLEN AS TRUSTEES
750 S. LINCOLN #104-131
CORONA, CA 92882

DOC # 2014-0227533
06/20/2014 11:58A Fee:18.00
Page 1 of 2 Doc T Tax Paid
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



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TRA 058-162

Doc. Trans. Tax - computed on full value of property conveyed \$ 11.55

Don Kent, Tax Collector

Signature of Declarant

TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY

On which the legally levied taxes were a lien for Fiscal Year 2007-2008
and for nonpayment were duly declared to be in default 2008-721204003-0000
Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and THE ALLEN FAMILY REVOCABLE LIVING TRUST GARY ALLEN AND PATRICIA R. ALLEN AS TRUSTEES, A TRUST REGISTERED IN THIS STATE ("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real property described herein which the SELLER sold to the PURCHASER at a public auction held on APRIL 29, 2014 pursuant to a statutory power of sale in accordance with the provisions of Division 1, Part 6, Chapter 7, Revenue and Taxation Code, for the sum of \$10,200.00.

NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real property situated in said county, State of California, last assessed to WALL, SARAH C & KEVIN C, described as follows:

Assessor's Parcel Number 721204003-3

OUTSIDE CITY

SEE PAGE 2 ENTITLED "LEGAL DESCRIPTION"

State of California
County of Riverside

Executed on
APRIL 29, 2014

By

Tax Collector

On June 5, 2014, before me, Larry W. Ward, Assessor, Clerk-Recorder, personally appeared Don Kent, Treasurer and Tax Collector for Riverside County, who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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.
Larry W. Ward, Assessor, Clerk Recorder

By

Deputy

Seal



LEGAL DESCRIPTION

LOT 120 OF TRACT MAP NO. 2285, AS SHOWN BY MAP ON FILE IN BOOK 44, PAGE 92 THRU 94 OF MAPS, RECORDS OF RIVERSIDE COUNTY.

January 28, 2016

Kevin C. Wall
10568 Laburnham Circle
Truckee, CA 96161

Re: APN: 721204003-3
TC 200 Item 567
Date of Sale: April 29, 2014

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Copy of Trust or Will for Sarah C Wall. | <input type="checkbox"/> Original Note/Payment Book |
| <input checked="" type="checkbox"/> <u>If copy of Trust or Will is unavailable,</u> | <input type="checkbox"/> Updated Statement of Monies Owed |
| A Notarized Affidavit for Collection of | (as of date of tax sale) |
| Personal Property under California | <input type="checkbox"/> Articles of Incorporation (if applicable |
| Probate Code 13100 signed by <u>ALL</u> heirs. | Statement by Domestic Stock) |
| <input type="checkbox"/> Notarized Statement of | <input type="checkbox"/> Court Order Appointing Administrator |
| different/misspelled | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| <input checked="" type="checkbox"/> Original Certified Death Certificate for | <input type="checkbox"/> Other – |
| Sarah C. Wall. | |
| <input type="checkbox"/> Copy of Marriage Certificate for | |

Please send in all documents within 30 days (**February 29, 2016**). 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
jpazicni@RivCoTTC.org