

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

JUN 21 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 171, Item 753.
Last assessed to: Beamish and Diggins, a co-partnership.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Global Discoveries, Ltd., assignee for Ruth Beamish for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 723141003-3;
- 2) Deny the claim from Vincent Asset Management, Power of Attorney for Cheryl L. Lessin;
- 3) Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Ruth Beamish in the amount of \$33,439.29, no sooner than ninety days from the date of this order, unless pursuant to the California Revenue and Taxation Code Section 4675, an appeal has been filed in Superior Court.

BACKGROUND:
(Continued on page two)

Don Kent, Treasurer-Tax Collector

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 33,439.29	In Current Year Budget:	NO
	Current F.Y. Net County Cost:	\$	Budget Adjustment:	N/A
	Annual Net County Cost:	\$	For Fiscal Year:	2010-11

SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY: Christopher M. Hans

County Executive Office Signature Christopher M. Hans

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Buster and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: September 14, 2010
xc: Treasurer, Auditor

Kecia Harper-Ihem
Clerk of the Board
By:
Deputy

Prev. Agn. Ref.:

District: 4

Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

9.18

FORM APPROVED BY COUNTY COUNSEL

BY: DALE A. GARDNER DATE: 6/21/10

Departmental Concurrence

Policy

Policy

Consent

Consent

Dept's Recomm.:

Per Exec. Ofc.:

BOARD OF SUPERVISORS

Form 11:

Page 2

Background: (Continued)

BACKGROUND: 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 21, 2005 public auction sale. The deed conveying title to the purchasers at the auction was recorded April 22, 2005. 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 14, 2005, 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.

The Treasurer-Tax Collector has received two claims for excess proceeds:

- 1) Claim from Global Discoveries, Ltd. assignee for Ruth Beamish based on an Assignment of Right to Collect Excess Proceeds dated October 19, 2005, a Corporation Grant Deed recorded February 28, 1963 as Instrument No. 20287, a Declaration, an Affidavit for Collection of Personal Property under California Probate Code 13100-13106 and the death certificate of Richard Wallace Beamish.
- 2) Claim from Vincent Asset Management based on a Power of Attorney Limited dated April 19, 2006 and death certificate for Kenneth Ray Baker.

Pursuant to Section 4675 (a) & (b) of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd. assignee for Ruth Beamish be awarded excess proceeds in the amount of \$33,439.29. The claim from Vincent Asset Management is denied since he was unable to substantiate his claim. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

GLOBAL DISCOVERIES, LTD.

1120 13th Street, Suite A, Modesto, CA 95354

Phone (209) 593-3900 or (800) 370-0372 • Fax (209) 549-9299 • www.globaldiscoveries.com

CLAIM SUMMARY

To: Riverside County Treasurer and Tax Collector
Assessors Parcel Numbers: 723-141-003-3
Last Assessee: Beamish & Diggins, a Co-partnership.
Sale Date: 03/21/2005 TC171
Item Numbers: 753
Deadline Date: 04/22/2006

RIVERSIDE COUNTY
TREASURER/TAX COLLECTOR

05 NOV 10 PM 2:07

RECEIVED

The following proof of claim for excess proceeds and documents are attached:

1. **Corporation Grant Deed** recorded February 28th, 1963. Grantor: Salton Sea Yacht Club, a California Corporation. Grantee: Beamish and Diggins a Co-partnership
2. **Declaration** - upon dissolution of Beamish and Diggins property became an asset of Mr. Beamish.
3. **Affidavit for Collection** - Decedent: Richard W. Beamish. Heir: Ruth Beamish.
 - a. **Death Certificate** - Richard W. Beamish.
4. **Assignment of Right to Collect Excess Proceeds** from Ruth Beamish to Global Discoveries, Ltd.
5. **Claim from Global Discoveries, Ltd.**
6. **Assignors Identification** - Drivers License.

Upon approval, claimants request that the Treasurer and Tax Collector issue its warrant as follows:

- One warrant in the amount of \$33,439.29 or 100% of the amount of excess proceeds available to claim by Ruth Beamish from Assessors Parcel Number: 723-141-003-3 made payable to Global Discoveries, Ltd. 1120 13th Street Modesto, Ca 95354

Please address questions regarding the attached claim to Jed Byerly, Chief Operating Officer, toll-free at (866) 549-9287, Extension 113, or send an e-mail to jed@gd-ltd.com.

Claim Number: 5631



DECLARATION

The undersigned declares the following to be true and correct with respect to the claim and assignment filed for the collection of excess proceeds resulting from the Riverside County Tax Default Property Sale TC 171 of parcel 723-141-003-3.

- 1) Beamish and Diggins, a co-partnership was a partnership where Richard W. Beamish, and Ronald K. Diggins were the sole principals of the partnership.
- 2) Mr. Beamish and Mr. Diggins eventually ceased doing business as Beamish and Diggins, a co-partnership, in 1985 the business was dissolved, at which time the assets held by Beamish and Diggins, a co-partnership were disbursed.
- 3) It was understood by Mr. Beamish and Mr. Diggins that the property legally described as Lot 97 of North Shore Beach Estates No. 2 Unit No.1 , As Shown by Map on File in Book 39, Pages 40-46 of Maps, Records of Riverside County, Located in Riverside County would become an asset of Mr. Beamish.
- 4) Any and all records and documents related to the business of Beamish and Diggins, a co-partnership have long since been destroyed, given the amount of time which has lapsed since the dissolution of the partnership.

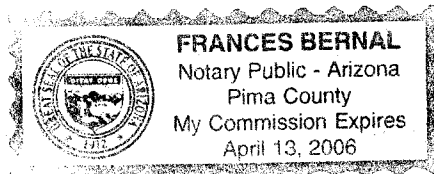
I affirm under penalty of perjury that the forgoing is true and correct to the best of my knowledge.

Executed this 29th day of September, 2005 at Green Valley, Arizona,
City State

Signature: _____

Ronald K. Diggins
Ronald K. Diggins
278 N Bent Ridge Drive
Green Valley, AZ 85614

On September 29, 2005, before me, the undersigned, a Notary Public in and for the said State, personally appeared Ronald K Diggins, 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
Frances Bernal
Notary Public in and for the
State of Arizona
County of Pima

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY
UNDER CALIFORNIA PROBATE CODE §§ 13100-13106**

The undersigned states as follows:

1. Richard W Beamish died on or about August 7th, 1995, in the City of El Dorado Hills, County of El Dorado, California.
2. At least forty (40) days have elapsed since the death of the decedent, as shown in the attached certified copy of the decedent's death certificate.
3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding property described in PC § 13050, does not exceed \$100,000.00.
5. There is no real property in the estate.
6. The description of the decedent's property to be paid, transferred or delivered to me is as follows:

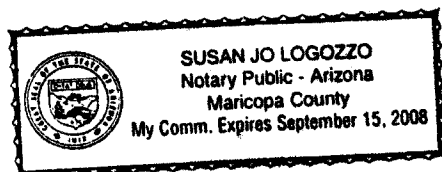
\$33,831.00 in cash from the sale of the decedent's property in Riverside County, California.
7. I, Ruth Beamish, am the wife and successor of the decedent's interest in the property described above, as defined in PC § 13006, and am entitled to 100% (\$33,831.00) of the above-listed amount.
8. No other person(s) has a superior right to the interest of the decedent in the property described above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Signature: *Ruth Beamish* Date: *9-23-05*
Ruth Beamish
Heir to the Estate of Richard W. Beamish
15507 E Acacia Way
Fountain Hills, AZ 85268

On *Sept 23 2005*, before me, the undersigned, a Notary Public in and for the said State, personally appeared *Ruth Beamish*, personally known to me - (or - 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.

WITNESS my hand and Official Seal



Susan Jo Logozzo
Notary Public in and for the
State of *Arizona*
County of *Maricopa*

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **3** 1995 09 000534 ^{42 031}

1. NAME OF DECEASED—FIRST MIDDLE RICHARD		2. SURNAME WALLACE		3. LAST (FAMILY) BEANISH	
4. DATE OF BIRTH: MM/DD/YYYY 08/31/1928		5. AGE YRS. 66		6. SEX M	
7. DATE OF DEATH: MM/DD/YYYY 03/07/1995		8. HOUR 1035		9. TIME OF DAY N	
10. STATE OF BIRTH CA		11. MILITARY SERVICE		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 16		14. RACE White		15. USUAL EMPLOYER Self-Employed	
16. OCCUPATION Real Estate Developer		17. TYPE OF BUSINESS Real Estate Development		18. YEARS IN OCCUPATION 36	
19. RESIDENCE—STREET AND NUMBER OR LOCATION 2075 Lockridge Place					
20. CITY El Dorado Hills		21. COUNTY El Dorado		22. STATE OF BIRTH CA	
23. NAME, RELATIONSHIP AND ADDRESS OF PERSON TO WHOM THIS CERTIFICATE IS ISSUED Mrs. Ruth Beanish, Wife 2075 Lockridge Place, El Dorado Hills, CA 95762					
24. NAME OF DECEASED'S FATHER Ruth		25. NAME OF DECEASED'S MOTHER Dennis		26. LAST MARRIAGE Dennis	
27. NAME OF DECEASED'S FATHER Douglas		28. NAME OF DECEASED'S MOTHER Arville		29. LAST MARRIAGE Beannish	
30. NAME OF DECEASED'S FATHER Douglas		31. NAME OF DECEASED'S MOTHER Arville		32. LAST MARRIAGE Saich	
33. DATE OF BIRTH: MM/DD/YYYY 08/10/1915					
34. PLACE OF BIRTH Green Valley Cemetery, Redwood, CA					
35. NAME OF FUNERAL HOME Green Valley Mortuary					
36. DATE OF DEATH: MM/DD/YYYY 08/09/1995					
37. PLACE OF DEATH RESIDENCE					
38. COUNTY OF DEATH EL DORADO					
39. CITY OF DEATH EL DORADO HILLS					
40. DEATH WAS CAUSED BY: (CHECK ONE) PROSTATE CANCER, METASTASIS					
41. DUE TO: PROSTATE CANCER, METASTASIS					
42. TIME INTERVAL BETWEEN ONSET AND DEATH: 2 YRS					
43. HEALTH REPORTED TO CORONER: 95-15688					
44. SIGNATURE OF PHYSICIAN: Ken Scemle, M.D.					
45. ADDRESS OF PHYSICIAN: 591 Palmer Dr., Ste. 204, Cameron Park, CA 95682					
46. DATE OF SIGNATURE: 08/05/1995					
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48. DATE OF SIGNATURE: 07/12/1995					
49. TYPE OF DEATH: NATURAL					
50. SIGNATURE OF CORONER OR DEPUTY CORONER					
51. DATE OF SIGNATURE: 02/--/1993					
52. TYPE OF OPERATION AND DATE: Prostatectomy 02/--/1993					
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330. DATE OF SIGNATURE: 07/12/1995					
331. TYPE OF DEATH: NATURAL					
332. SIGNATURE OF CORONER OR DEPUTY CORONER					
333. DATE OF SIGNATURE: 07/12/1995					
334. TYPE OF DEATH: NATURAL					
335. SIGNATURE OF CORONER OR DEPUTY CORONER					
336. DATE OF SIGNATURE: 07/12/1995					
337. TYPE OF DEATH: NATURAL					
338. SIGNATURE OF CORONER OR DEPUTY CORONER					
339. DATE OF SIGNATURE: 07/12/1995					
340. TYPE OF DEATH: NATURAL					
341. SIGNATURE OF CORONER OR DEPUTY CORONER					
342. DATE OF SIGNATURE: 07/12/1995					
343. TYPE OF DEATH: NATURAL					
344. SIGNATURE OF CORONER OR DEPUTY CORONER					
345. DATE OF SIGNATURE: 07/12/1995					
346. TYPE OF DEATH: NATURAL					
347. SIGNATURE OF CORONER OR DEPUTY CORONER					
348. DATE OF SIGNATURE: 07/12/1995					
349. TYPE OF DEATH: NATURAL					
350. SIGNATURE OF CORONER OR DEPUTY CORONER					
351. DATE OF SIGNATURE: 07/12/1995					
352. TYPE OF DEATH: NATURAL					

[REDACTED]

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to GLOBAL DISCOVERIES, LTD. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 723-141-003-3, Item 753 sold at public auction on 03/21/2005 TC-171. I understand that the total of excess proceeds available for refund is \$ 33,439.29, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM

FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Ruth C. Beamish 10-19-05
(Signature of Party of Interest/Assignor) (Date)

Ruth Beamish
(Name Printed)

Tax ID/SS# 561-38-9984

15507 E. Acacia Way
(Address)

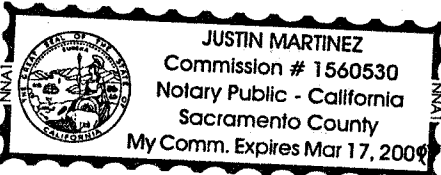
Fountain Hills, AZ 85268
(City/State/Zip)

STATE OF CALIFORNIA)ss.
COUNTY OF SACRAMENTO)

480 837 2748
(Area Code/Telephone Number)

On 10/19/05, before me, the undersigned, a Notary Public in and for said State, personally appeared Ruth E. Beamish known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

(Signature of Assignee)

JED BYERLY, Chief Operating Officer
(Name Printed)

Tax ID/SS# 77-0558969

GLOBAL DISCOVERIES, LTD.
(Address)

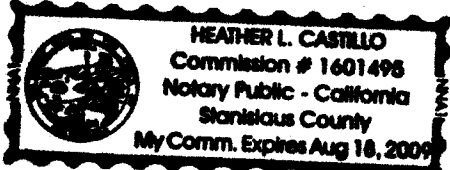
STATE OF CALIFORNIA)ss.
COUNTY OF STANISLAUS)

P.O. Box 1748
Modesto, California 95353-1748
(City/State/Zip)

Phone: (209) 549-9287

On 10/31/05, before me, the undersigned, a Notary Public in and for said State, personally appeared ***JED BYERLY*** known to me (or proven 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.

WITNESS my hand and official seal.
(Signature of Notary)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector
Assessor's Parcel No: 723141003-3
Item No.: 753
Tax Sale: TC-171
Date of Sale: 3/21/2005

The undersigned claimant, Global Discoveries, Ltd., claims \$33,439.29 or 100% of the actual amount of excess proceeds from the sale of the property referenced above.

Global Discoveries, Ltd., claims its status as a party of interest pursuant to Section 4675 of the California Revenue and Taxation Code based upon the attached documentation:

Please refer to Claim Summary and attached Documents

I affirm under penalty of perjury that the foregoing is true and correct to my knowledge.

Executed this 28th day of OCTOBER 2005 at Modesto, California.

By: Jed Byerly
Jed Byerly Chief Operating Officer
Global Discoveries, Ltd. Tax ID # 77-0558969
P.O. Box 1748
Modesto, CA 95353-1748
(866) 549-9287, Extension 113

State of CA

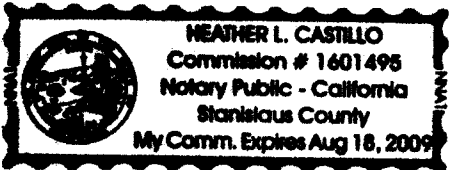
County of STANISLAUS

On 10/31/05 before me, HEATHER CASTILLO, Public Notary personally appeared JED BYERLY
(DATE) Name, Notary Public

JED BYERLY 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 s/he/they executed the same in her/his/their authorized capacity(ies) and that by her/his/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.

Heather Castillo
Signature of Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

BOOK **3726** PAGE **233**
LOCAL REGISTRAR'S NUMBER **6214**

CERTIFICATE OF REGISTRY OF MARRIAGE

(PERSONAL DATA LICENSE TO MARRY CERTIFICATION OF MARRIAGE)

GROOM PERSONAL DATA	1A. NAME OF GROOM—FIRST NAME Richard	1B. MIDDLE NAME Wallace	1C. LAST NAME Beamish	2. AGE OF GROOM—LAST BIRTHDAY 25 YEARS
	3A. USUAL RESIDENCE OF GROOM—STREET ADDRESS (IF RURAL, GIVE LOCATION) 10721 Rochester Ave		3B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, GIVE RURAL AREA NAME OF NEAREST TOWN) Los Angeles	3C. COUNTY (IF OUTSIDE COUNTY, GIVE STATE) Los Angeles
	4. COLOR OR RACE White	5. NEVER MARRIED, WIDOWED, DIVORCED, MARRIAGE ANNULLED Never Married	6. NUMBER OF TIMES PREVIOUSLY MARRIED (EXCLUDING THIS MARRIAGE) 0	7. BIRTHPLACE (STATE AND COUNTY) California
	8A. NAME OF FATHER OF GROOM Douglas M Beamish	8B. BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) Penna.	9A. MAIDEN NAME OF MOTHER OF GROOM Edith Smith	9B. BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) Colo.
BRIDE PERSONAL DATA	10A. NAME OF BRIDE—FIRST NAME Ruth	10B. MIDDLE NAME Ellen	10C. LAST NAME Dennis	11. AGE OF BRIDE—LAST BIRTHDAY 22 YEARS
	12A. USUAL RESIDENCE OF BRIDE—STREET ADDRESS (IF RURAL, GIVE LOCATION) 2017 Kelton Ave		12B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, GIVE RURAL AREA NAME OF NEAREST TOWN) Los Angeles	12C. COUNTY (IF OUTSIDE COUNTY, GIVE STATE) Los Angeles
	13. COLOR OR RACE White	14. NEVER MARRIED, WIDOWED, DIVORCED, MARRIAGE ANNULLED Never Married	15. NUMBER OF TIMES PREVIOUSLY MARRIED (EXCLUDING THIS MARRIAGE) 0	16. BIRTHPLACE (STATE AND COUNTY) Ohio
	17A. NAME OF FATHER OF BRIDE Stanley A Dennis	17B. BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) Ohio	18A. MAIDEN NAME OF MOTHER OF BRIDE Lottabelle Welch	18B. BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) Ohio
19. MAIDEN NAME OF BRIDE, IF PREVIOUSLY MARRIED				

We, the bride and groom named in this certificate, each for himself, state that the foregoing information is correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license to authorize the same is known to us, and hereby apply for license to marry.

LICENSE TO MARRY	20A. BRIDE (SIGN FULL NAME) <i>Ruth Ellen Dennis</i>	20B. GROOM (SIGN FULL NAME) <i>Richard Wallace Beamish</i>	
	21A. AUTHORIZATION AND LICENSE IS ISSUED UNDER TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY IS SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED BRIDE AND GROOM, DULY VERIFIED WRITERS COUNTY. HAS BEEN PRESENTED TO AND FILED BY ME FOR THE ISSUANCE OF THIS LICENSE TO THE ABOVE NAMED MARRIAGE. THE ABOVE PERSONAL FACTS ARE INCLUDED HEREIN BY REFERENCE.	21B. SUBSCRIBED AND SWORN TO BEFORE ME ON 2-13-54	21C. COUNTY CLERK Harold J. Ostly
	21D. COUNTY OF ISSUE OF LICENSE Los Angeles	21E. DATE LICENSE ISSUED February 13, 1954	21F. LICENSE NUMBER 1972

CERTIFICATION OF PERSON PERFORMING CEREMONY AND WITNESS	22. I hereby certify that the above named bride and groom were joined by me in marriage in accordance with the laws of the State of California on March 20 19 54 at Los Angeles California		
	23A. SIGNATURE OF WITNESS <i>Edward J. Mosher Jr</i>	24A. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Harold N. Davis</i>	
	23B. ADDRESS OF WITNESS—STREET ADDRESS 10828 1/2 HOLMAN AVE	24B. OFFICIAL TITLE AND DENOMINATION OF PRIEST OR MINISTER Minister Presbyterian USA	
	23C. ADDRESS OF WITNESS—CITY OR TOWN AND STATE Los Angeles, CA, CALIFORNIA	24C. ADDRESS OF PERSON PERFORMING CEREMONY 10822 Wilshire Blvd, Los Angeles	

LOCAL REGISTRAR (COUNTY RECORDER) STATE OF CALIFORNIA	25. DATE RECEIVED BY LOCAL REGISTRAR (COUNTY RECORDER) FILED MAR 23 1954	26. LOCAL REGISTRAR (COUNTY RECORDER) Wame B. Beatty Registrar-Recorder/County Clerk	27. LOCAL REGISTRAR (COUNTY RECORDER) Edythe S. Holler DEPARTMENT OF PUBLIC HEALTH
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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

MAR 23 2007



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. *019127709*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

To: **Paul McDonnell, Treasurer and Tax Collector**

Re: **Claim for Excess Proceeds**

TC 11753 Assessment No.: 723141003-3

Assessee: Beamish & Diggins - c/o K.R. Baker - 620 Briarwood San Dimas Ca. 91773

Situs: NONE

Date Sold: March 21, 2005

Date Deed to Purchaser Recorded: April 22, 2005

Final Date to Submit Claim: April 24, 2006

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ Balance of pro^{ceeds} 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. 9924090; recorded on 2/1/975. 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.

Assesses directed K R Baker to manage prop., tax address is Mr. Baker's. Mr. Baker is deceased the claimant Cheryl Hessin is his daughter. His wife is also deceased. The document listed above is unrecorded. I have not been able to identify who or what Beamish + Diggins is. More Documentation to follow soon.

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 24 day of April, 2006 at Riverside, Ca.
County, State

[Signature]
Signature of Claimant

SCOTT B. VINCENT
Print Name

2620 CASITA Dr.
Street Address

MODESTO, Ca. 95355
City, State, Zip

209-521-2609
Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

RECEIVED
 06 APR 24 11:30
 RIVERSIDE COUNTY
 TREASURER/TAX COLLECTOR
 RECEIVED
 06 APR 27 11:27
 RIVERSIDE COUNTY
 TREASURER/TAX COLLECTOR
 SCOTT B. VINCENT (199)

AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the applicant's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make VINCENT Asset Management my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 723141003-3 sold at public auction on March 21 2005. 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 refund is \$ 33,831, and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

(Signature of Party of Interest)

Cheryl Lessin (Name Printed)

See attached Power of Attorney

5823 Detroit Ave (Address)

STATE OF CALIFORNIA)ss. COUNTY OF)

Cleveland OH. 44102 (City/State/Zip)

216-701-1876 (Area Code/Telephone Number)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me (or proven 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.

WITNESS my hand and official seal.

(This area for official seal)

(Signature of Notary)

I, the undersigned, certify under penalty of perjury that I have disclosed to the above party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

(Signature of Agent)

(Name Printed)

See attached Certificate of Compliance.

(Address)

STATE OF CALIFORNIA)ss. COUNTY OF)

(City/State/Zip)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me (or proven 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.

WITNESS my hand and official seal.

(This area for official seal)

(Signature of Notary)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

County of San Bernardino
Auditor/Controller-Recorder, County Clerk
www.sbcounty.gov/acr

CERTIFICATE OF DEATH

3 1997 36005825

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 1/2001)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Kenneth		2. MIDDLE Ray		3. LAST (FAMILY) Baker			
4. DATE OF BIRTH M/M/DD/C.C.Y.Y. 04/06/1919		5. AGE YRS. 78		6. SEX M	7. DATE OF DEATH M/M/DD/C.C.Y.Y. B. HOUR 07/07/1997 1300		
9. STATE OF BIRTH KS		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 8		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed	
17. OCCUPATION Realtor		18. KIND OF BUSINESS Real Estate		19. YEARS IN OCCUPATION 20			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 11420 Addison Court							
21. CITY Adelanto		22. COUNTY San Bernardino		23. ZIP CODE 92301		25. STATE OR FOREIGN COUNTRY California	
26. NAME, RELATIONSHIP Virginia Baker - Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 11420 Addison Court, Adelanto, CA 92301					
28. NAME OF SURVIVING SPOUSE—FIRST Virginia		29. MIDDLE F.		30. LAST (MAIDEN) NAME Frazer			
31. NAME OF FATHER—FIRST Ray		32. MIDDLE Unk.		33. LAST Baker		34. BIRTH STATE KS	
35. NAME OF MOTHER—FIRST Catherine		36. MIDDLE Unk.		37. LAST (MAIDEN) Ruebhausen		38. BIRTH STATE Unk.	
39. DATE M/M/DD/C.C.Y.Y. 07/11/1997		40. PLACE OF FINAL DISPOSITION Victor Valley Memorial Park, 17150 'C' Street, Victorville, CA 92392					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Victor Valley Mortuary, Inc.		45. LICENSE NO. F 1452		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/DD/C.C.Y.Y. 07/11/1997	
101. PLACE OF DEATH St. Mary Regional Med. Ctr.		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> EWOP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV <input type="checkbox"/> HOSP <input type="checkbox"/> RES <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY San Bernardino	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 18300 Hwy. 18		106. CITY Apple Valley					
107. DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D: (A) Multi-system Failure		108. TIME ELAPSED BETWEEN ONSET AND DEATH Mins.		109. DEATH REPORTED TO CORNER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
107. DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D: (B) Respiratory Failure		108. TIME ELAPSED BETWEEN ONSET AND DEATH Mins.		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
107. DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D: (C) Renal Failure		108. TIME ELAPSED BETWEEN ONSET AND DEATH Days		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
107. DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D: (D) Aortic Aneurysm		108. TIME ELAPSED BETWEEN ONSET AND DEATH Days		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE No							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE [REDACTED] DECEDENT LAST SEEN ALIVE M/M/DD/C.C.Y.Y. M/M/DD/C.C.Y.Y. 03/13/1917 07/06/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G66008		117. DATE M/M/DD/C.C.Y.Y. 07/11/1997	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP William Suval, M.D., 16003 Tuscola Rd., Apple Valley, CA 92307		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C.C.Y.Y.		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C.C.Y.Y.		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A 4 - 1 10		B C D E F G H		FAX AUTH. # 8357998 CENSUS TRACT 09104 4416	

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Auditor/Controller-Recorder, County of San Bernardino.

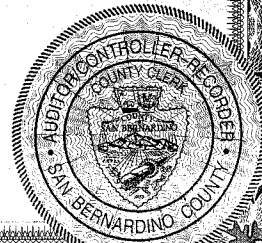
DATE ISSUED **APR 24 2006** *BT*

Larry Walker
LARRY WALKER
Auditor/Controller-Recorder, County Clerk
San Bernardino County, California

This copy not valid unless prepared on engraved border displaying date, seal and signature of the Auditor/Controller-Recorder.



001129957



—

**Power of Attorney
Limited**

I, Cheryl L. Lessin
58230 Detroit Ave
Cleveland OH 44102
Name and address

The undersigned (jointly or severally, if more than one) appoint VINCENT ASSET MANAGEMENT, Scott B. Vincent (pres.), 2620 Casita Dr., Modesto, Ca. 95355 As my agent (attorney-in-fact) to act for me in any lawful way and limited to the following;

Locate, apply for and obtain title, control or possession of physical or financial assets that have been classified as unclaimed property by federal, state or local governmental agencies. To use all legal means acting in a fiduciary capacity.

This power of attorney is not transferable to any third party. This power of attorney shall be effective immediately and shall automatically terminate one year from the date of the agreement or upon the completion of the tasks for which this agreement was created.

Dated 4/19/06, at Cleveland, OH
(city, state)

Cheryl L. Lessin
Print Name

Print Name

Cheryl L. Lessin
Signature

Signature

STATE OF CALIFORNIA OHIO
COUNTY OF Cuyahoga

On 4-19-06, before me, personally appeared Cheryl L. Lessin, personally known to me (or proven 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.

(Notary Signature)

Cynthia Jilek



Cynthia Jilek (Seal)
Notary Public, State of Ohio
My Commission Expires February 14, 2010

CERTIFICATION OF COMPLIANCE

I (we), the undersigned, do hereby affirm that VINCENT ASSET MANAGEMENT, Scott B. Vincent (pres.), 2620 Casita Dr., Modesto, Ca. 95355 Has fully complied with the disclosure requirements of the California Revenue & Taxation code ss4675 in that I was informed of both the amount of the unclaimed assets and my right to find and claim them, prior to entering into any contract to recover those assets.

C Cheryl Lessin _____
Print name Print name

C Cheryl L. Lessin _____
Signature Signature

5823 Detroit Ave Cleveland, OH 44102
Address

4/19/06
Date

STATE OF ~~CALIFORNIA~~ OHIO
COUNTY OF Cuyahoga

On 4-19-06, before me, personally appeared C Cheryl L. Lessin, personally known to me (or proven 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.

(Notary Signature)

Cynthia Jilek



Cynthia Jilek
Notary Public, State of Ohio
My Commission Expires February 14, 2010

(Notary Seal)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EP171 Item 753
 Vincent Asset Management
 Cheryl Lessin, Claimant
 2620 Casita Dr.
 Modesto, CA 95355

2. Article Number
(Transfer from service label)

7003 1010 0003 9195 4395

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent
 Address

B. Received by (Printed Name)
 SCOTT VIOLETT

C. Date of Delivery
 3/26/07

D. Is delivery address different from item 1?
 If YES, enter delivery address below: Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

March 19, 2007

Vincent Asset Management
 Cheryl Lessin, Claimant
 2620 Casita Dr.
 Modesto, CA 95355

Re: Apn: 723141003-3
 TC 171 Items 753
 Date of Sale: March 21, 2005

Dear Vincent Asset Management:

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.

- ___ Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- ___ Notarized Statement of different/misspelled name for
- ___ Notarized Statement Giving Rights to Collect/Claim on behalf of
- ___ Copy of Trust/Will (Complete) for
- ___ Certified Death Certificate for
- ___ Copy of Birth Certificate for
- ___ Copy of Marriage Certificate for

- ___ Original Note/Payment Book
- ___ Updated Statement of Monies Owed (as of dated of tax sale)
- ___ Articles of Incorporation (if applicable Statement by Domestic Stock)
- ___ Court Order Appointing Administrator
- ___ Deed (Quitclaim/Grant etc...)
- X Other – Please provide the documentation to show the connection with your claimant and the property.**

If your documentation is not received within 30 days, (April 19, 2007) your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Desiree Taylor

Desiree Taylor
 Tax Enforcement Unit
 (951) 955-3842
 (951) 955-3990 Fax

October 1, 2007

Vincent Asset Management
Cheryl Lessin, Claimant
2620 Casita Dr.
Modesto, CA 95355

Re: Apn: 723141003-3
TC 171 Item 753
Date of Sale: March 21,

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is desired.
- Print your name and address on the back so that we can return the card to you or on the front if space permits.

1. Article Addressed to:

EP171 Item753
Vincent Asset Management
Cheryl Lessin, Claimant
2620 Casita Dr.
Modesto, CA 95355

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

USPS
POSTAGE & CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: EP171 Item753
Vincent Asset Management
Cheryl Lessin, Claimant
2620 Casita Dr.
Modesto, CA 95355

PS Form 3800, July 2002

Domestic Return Receipt 102595-02-M-15

FINAL REQUEST

Dear Vincent Asset Management:

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 type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Copy of Marriage Certificate for |
| <input type="checkbox"/> Notarized Statement of different/mis spelled name for | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement Giving Rights to Collect/Claim on behalf of | <input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale) |
| <input type="checkbox"/> Copy of Trust/Will (Complete) | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input type="checkbox"/> Certified Death Certificate's for | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Copy of Birth Certificate for | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input checked="" type="checkbox"/> Other -Please provide documentation to show the connection between your claimant and the property. |

If your documentation is not received within 30 days, (November 1, 2007) your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Desiree Taylor

Desiree Taylor
Tax Enforcement Unit
(951) 955-3842
(951) 955-3990 Fax

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is desired.
- Print your name and address on so that we can return the card to you.
- Attach this card to the back of the envelope or on the front if space permits.

1. Article Addressed to:

EP171 Item753
 Vincent Asset Management
 Cheryl Lessin, Claimant
 2620 Casita Dr.
 Modesto, CA 95355

2. Article Number
 (Transfer from service label)

PS. THE MAIL SERVICE™ CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To	EP171 Item753	
Street, Apt. No., or PO Box No.	Vincent Asset Management	
City, State, ZIP+4	Cheryl Lessin, Claimant 2620 Casita Dr. Modesto, CA 95355	

April 8, 2008

Vincent Asset Management
 Cheryl Lessin, Claimant
 2620 Casita Dr.
 Modesto, CA 95355

Re: Apn: 723141003-3
 TC 171 Item 753
 Date of Sale: March 21, 2005

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-15*

Dear Vincent Asset Management:

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 type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Copy of Marriage Certificate for |
| <input type="checkbox"/> Notarized Statement of different/misspelled name for | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement Giving Rights to Collect/Claim on behalf of | <input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale) |
| <input type="checkbox"/> Copy of Trust/Will (Complete) | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input type="checkbox"/> Certified Death Certificate for | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Copy of Birth Certificate for | <input checked="" type="checkbox"/> Other – please provide the documentation to show the connection with your claimant and the property. |

If your documentation is not received within 30 days, (May 8, 2008) your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Desiree Taylor

Desiree Taylor
 Tax Enforcement Unit
 (951) 955-3842
 (951) 955-3990 Fax