

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:
AUG 02 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 177, Item 217.
Last assessed to: Irene E. George, an unmarried woman.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Lake Hemet Municipal Water District, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 547180008-1;
- 2) Approve the claim from Kootenai County for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 547180008-1;

BACKGROUND: (Continued on page two)

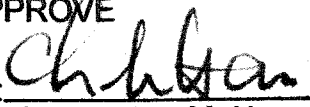


Don Kent, Treasurer-Tax Collector

FORM APPROVED COUNTY COUNSEL
BY DALE A. GARDNER 8/2/10
DATE
Departmental Concurrence

| | | | | |
|-----------------------|-------------------------------|-------------|-------------------------|---------|
| FINANCIAL DATA | Current F.Y. Total Cost: | \$13,433.97 | In Current Year Budget: | NO |
| | Current F.Y. Net County Cost: | \$0 | Budget Adjustment: | N/A |
| | Annual Net County Cost: | \$0 | 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

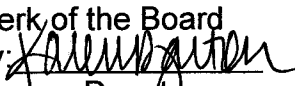
County Executive Office Signature

- Policy
- Consent
- Policy
- Consent

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.: ATTACHMENTS **District:** 3 **Agenda Number:**
WITH THE CLERK OF THE BOARD

9.59

Dept's Recomm.:
Per Exec. Ofc.:

BOARD OF SUPERVISORS

Form 11:

Page 2

RECOMMENDED MOTION: (Continued)

- 3) Authorize and direct the Auditor-Controller to issue warrants to Lake Hemet Municipal Water District in the amount of \$130.87 and Kootenai County in the amount of \$13,303.10, 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)

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 12, 2007 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 3, 2007. 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 4, 2007, 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 Lake Hemet Municipal Water District based on a Statement of Lien recorded January 4, 2000 as Instrument No. 2000-002749.
- 2) Claim from Kootenai County based on a Notice of Lien and Application for Medically Indigent Benefits Request #2004-544 recorded April 12, 2004 as Instrument No. 2004-0263749.

Pursuant to Section 4675 (a) & (e) of the California Revenue and Taxation Code, it is the recommendation of this office that Lake Hemet Municipal Water District be awarded excess proceeds in the amount of \$130.87 and Kootenai County be awarded excess proceeds in the amount of \$13,303.10. 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.

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 177 Item 217 Assessment No.: 547180008-1

Assessee: GEORGE, IRENE E

Situs: 25926 RIVERVIEW DR HEMET

Date Sold: March 12, 2007

Date Deed to Purchaser Recorded: May 3, 2007

Final Date to Submit Claim: May 3, 2008

RECEIVED
07 AUG 31 PM 12:58
RIVERSIDE COUNTY
TREASURER/TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 130.87 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. 2000-002749; recorded on 01/04/2000. 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.

Copy of Lien Document

Copy of Customer Account History

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 31 day of August, 2007 at Riverside County, CA
County, State

Debra Jordan
Signature of Claimant

Signature of Claimant

Lake Hemet Municipal Water District
Print Name Debra Jordan - Agent

Print Name

26385 Fairview Avenue
Street Address

Street Address

Hemet, CA 92544
City, State, Zip

City, State, Zip

(951) 658-3241
Phone Number

Phone Number

Lake Hemet Municipal Water District
P.O. Box 5039
Hemet CA 92544

COUNTY OF RIVERSIDE

DOC # 2000-002749

01/04/2000 08:00A Fee:NC

Page 1 of 1

Recorded in Official Records

County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



In the matter of the lien of)
Lake Hemet Municipal Water District)
upon the real property of)
Irene E Geoege)
Name)
P.O Box 358)
Address)
Hemet, Ca 92546)

STATEMENT OF LIEN

M
AG

This is to certify, pursuant to Chapter 335 of Statutes of 1979-1980, that Lake Hemet Municipal Water District claims a lien upon all real property owned by the following named person within Riverside County, for delinquent charges, penal and interest, in the amounts hereinafter set forth:

Name: Irene E George
Address: 25926 Riverview Ln Hemet, CA 92546
Amount of Delinquency: 80.90
Late Penalty: _____
Total: 80.90

*\$ 130.87 @ 10-24-00
#6-9-177.2*

Plus interest at 7% per Annum.

I certify that the foregoing is true and correct.

Joyce P. Rodriguez
Assistant Secretary of the Board of Directors

Lake Hemet Minicipal Water District

CUSTOMER HISTORY FOR 06-09-0177-1 IRENE E GEORGE
 SERVICE ADDRESS: 25926 RIVERVIEW LN HEMET 92546
 MAILING ADDRESS: P O BOX 358, HEMET, CA 92546

BILL STATUS: DCB
 ACCT STATUS: C
 HOME PH: 000-000-0000 STRT DT: 01-01-67
 DL#: None CLOS DT: 09-04-97
 SS#: None SQ FOOT: NONE
 APN #: 547-180-008-1
 METER #: 60441893
 MTR TYPE: SRP
 MTR SIZE: 062
 UOM : CF
 # OF UNITS: 1.00
 EDU'S : 1.00
 SERVICE CHG: \$19.55

RATE CODE : 10-NS
 WATER CCF : \$1.7800
 POWER CCF : 0.0000
 SEWER MMIN: \$0.00
 SEWER CCF : \$0.00
 SERVICE CHG: \$19.55

POWER ZONE: N/A
 ELEVATION: 609
 ROUTE: 6
 CYCLE: 6

USER CODE : 101
 BILL CYCLE: BI-MONTHLY
 DEPOSIT DATE:
 DEPOSIT BAL: \$0.00
 A/R BALANCE: \$0.00
 XCONNECT DEVICES : 0

OWNER NAME / OWNER PHONE : /000-000-0000
 AGRES : 0.00 TAX AREA: 071-060
 PROPERTY OWNER: GEORGE IRENE
 COUNTY USE: MOBILE HOME LOT IMPROVED
 E IMPROVED PROPERTY: YES

USER CLASS: SINGLE RESIDENTIAL

| DATE | DAYS | DESCRIPTION | READ | CONS | WATER | SERVICE | POWER | SEWER | IV SUR | TRASH | RENT | CIP SUR | ADJUST | PAYMENT | DEPOSIT | TOTAL | BALANCE |
|----------|------|----------------------|------|------|-------|---------|-------|-------|--------|-------|------|---------|--------|---------|---------|--------|---------|
| 01-19-00 | | PAYMENT | | | | | | | | | | | | | | | |
| 09-10-97 | 57 | CLOSING BILL | | 21 | 32.50 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | -80.90 | 0.00 | |
| 07-14-97 | 60 | REGULAR BILL | | 32 | 48.40 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 80.90 | |
| 07-10-97 | | PAYMENT | | | | | | | | | | | | | | 48.40 | 48.40 |
| 07-09-97 | | PAYMENT | | | | | | | | | | | | | | -14.00 | 0.00 |
| 05-14-97 | 61 | REGULAR BILL | | 18 | 34.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | -20.00 | 14.00 | |
| 05-01-97 | | PAYMENT | | | | | | | | | | | | | | 34.00 | 34.00 |
| 03-13-97 | 56 | REGULAR BILL | | 16 | 32.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | -32.00 | 0.00 | |
| 03-03-97 | | PAYMENT | | | | | | | | | | | | | | 32.00 | 32.00 |
| 01-15-97 | 57 | REGULAR BILL | | 13 | 29.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | -29.00 | 0.00 | |
| 01-07-97 | | PAYMENT | | | | | | | | | | | | | | 29.00 | 29.00 |
| 11-18-96 | 61 | REGULAR BILL | | 22 | 38.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | -38.00 | 0.00 | |
| 10-28-96 | | PAYMENT | | | | | | | | | | | | | | 38.00 | 38.00 |
| 09-17-96 | | CR BALANCE APPLIED T | | | | | | | | | | | | | | -72.60 | 0.00 |
| 09-17-96 | 62 | REGULAR BILL | | 53 | 73.60 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 73.60 | 72.60 |
| 09-04-96 | | PAYMENT | | | | | | | | | | | | | | -77.00 | -1.00 |
| 07-16-96 | 62 | REGULAR BILL | | 55 | 76.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 76.00 | 76.00 |
| 07-05-96 | | PAYMENT | | | | | | | | | | | | | | -39.00 | 0.00 |
| 05-14-96 | 60 | REGULAR BILL | | 23 | 39.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 39.00 | 39.00 |
| 04-15-96 | | PAYMENT | | | | | | | | | | | | | | -34.00 | 0.00 |
| 03-14-96 | 57 | REGULAR BILL | | 18 | 34.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 34.00 | 34.00 |
| 03-06-96 | | PAYMENT | | | | | | | | | | | | | | -36.00 | 0.00 |
| 01-16-96 | 61 | REGULAR BILL | | 20 | 36.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 36.00 | 36.00 |
| 12-08-95 | | PAYMENT | | | | | | | | | | | | | | -30.00 | 0.00 |
| 11-15-95 | 57 | REGULAR BILL | | 14 | 30.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 30.00 | 30.00 |
| 10-11-95 | | PAYMENT | | | | | | | | | | | | | | -54.40 | 0.00 |
| 09-18-95 | 62 | REGULAR BILL | | 37 | 54.40 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 54.40 | 54.40 |
| 08-16-95 | | PAYMENT | | | | | | | | | | | | | | -82.00 | 0.00 |
| 07-17-95 | 62 | REGULAR BILL | | 60 | 82.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 82.00 | 82.00 |
| 06-22-95 | | PAYMENT | | | | | | | | | | | | | | -39.00 | 0.00 |
| 05-15-95 | 60 | REGULAR BILL | | 23 | 39.00 | | | 0.00 | 0.00 | 0.00 | | | 0.00 | | 0.00 | 39.00 | 39.00 |
| 05-04-95 | | PAYMENT | | | | | | | | | | | | | | -35.00 | 0.00 |

CUSTOMER HISTORY FOR 06-09-0177-2 IRENE GEORGE
 SERVICE ADDRESS: 25926 RIVERVIEW LN HEMET 92544
 MAILING ADDRESS: P.O. BOX 358, HEMET, CA 92546

BILL STATUS: DCB METER #: 60441893 RATE CODE : 10-NS POWER ZONE:
 ACCT STATUS: C MTR TYPE: SRP WATER CCF : \$1.7800 ELEVATION: N/A USER CODE : 101 DELINQ BILLS :
 HOME PH: 000-000-0000 STRT DT: 01-18-00 MTR SIZE: 062 POWER CCF : 0.0000 ROUTE: 609 BILL CYCLE: BI-MONTHLY TURNOFF COUNT: 1
 DL# : C3862707 CLOS DT: 02-10-00 UOM : CF CYCLE: 6 DEPOSIT DATE: # OF BAD CHKS: 1
 SS# : 564-37-1167 SQ FOOT: NONE # OF UNITS: 1.00 SEMER MMIN: \$0.00 A/R BALANCE: \$0.00 ESTIMATED BILL: Y
 APN # : 547-180-008-1 EDU'S : 1.00 SEMER CCF : \$0.00 XCONNECT DEVICES : 0 REFUND DEPOSIT: Y
 COMMENT: CASH ONLY (SEE #69-177-1) SERVICE CHG: \$19.55 BAD DEBIT W/O: \$130.87
 OWNER NAME / OWNER PHONE : /000-000-0000 TAX AREA: 071-060 COUNTY USE: MOBILE HOME LOT IMPROVED USER CLASS: SINGLE RESIDENTIAL
 ACRES : 0.00 IRENE E IMPROVED PROPERTY: YES BAD DEBIT RECIV: \$-130.87
 PROPERTY OWNER: GEORGE

| DATE | DAYS | DESCRIPTION | READ | CONTS | WATER | SERVICE | POWER | SEWER | IM SUR | TRASH | RENT | CIP SUR | ADJUST | PAYMENT | DEPOSIT | TOTAL | BALANCE |
|----------|------|----------------------|------|-------|-------|---------|-------|-------|--------|-------|------|---------|---------|---------|---------|---------|---------|
| 06-27-02 | | WRITE-OFF UNCOLLECTA | | 0 | | | | | | | | | -130.87 | 0.00 | | -130.87 | 0.00 |
| 03-24-00 | | RETURNED CHECK FEE | | 0 | | | | | | | | | 15.00 | 0.00 | | 15.00 | 130.87 |
| 03-24-00 | | RETURNED CHECK | | 0 | | | | | | | | | 80.90 | 0.00 | | 80.90 | 115.87 |
| 02-17-00 | 23 | CLOSING BILL | | 1 | 9.97 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 25.00 | 0.00 | | 9.97 | 34.97 |
| 02-07-00 | | RECONNECT DISCONNECT | | 0 | | | | | | | | | | 0.00 | | 25.00 | 25.00 |
| TOTALS | | | | | 9.97 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | -9.97 | 0.00 | 0.00 | 0.00 | 0.00 |

County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900 (760) 863-8900
(951) 955-3990 - Fax



Palm Springs Office
997 E Tahquitz Canyon Way, Suite A
Palm Springs, CA 92262

E-mail: ttc@co.riverside.ca.us
www.countytreasurer.org

**COUNTY OF RIVERSIDE
TREASURER AND TAX COLLECTOR**

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

June 4, 2007

LAKE HEMET MUNICIPAL WATER DISTRICT
P.O. BOX 5039
HEMET, CA 92544

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 547180008-1 Item: 217
Situs Address: 25926 Riverview Dr Hemet
Assessee: George, Irene E
Date Sold: March 12, 2007
Date Deed to Purchaser Recorded: May 3, 2007
Final Date to Submit Claim: May 3, 2008

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to call upon our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3842.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

PAUL MCDONNELL
TREASURER-TAX COLLECTOR

By Desiree Taylor
Deputy

JON CHRISTENSEN
ASSISTANT TREASURER-TAX COLLECTOR

SUE BAUER
SR. CHIEF DEPUTY TREASURER-TAX COLLECTOR

DEBBIE BASHE
INFORMATION TECHNOLOGY OFFICER II

GIOVANE PIZANO
INVESTMENT MANAGER



DON KENT
TREASURER

GARY COTTERILL
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MATT JENNINGS
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MELISSA JOHNSON
CHIEF DEPUTY TREASURER-TAX COLLECTOR

ADRIANNA GOMEZ
ADMINISTRATIVE SERVICES MANAGER I

March 30, 2010

Lake Hemet Municipal Water District
Attn: Debra Jordan-Agent
26385 Fairview Avenue
Hemet, CA 92544

Re: Apn: 547180008-1
TC 177 Item 217
Date of Sale: March 11, 2007

Dear Lake Hemet Municipal Water District

This office is in receipt of your claim for excess proceeds from the abovementioned 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 Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement of different/misspelled name | <input checked="" type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale) |
| <input type="checkbox"/> Notarized Statement Giving Rights to Collect/Claim on behalf of | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input type="checkbox"/> Copy of Trust/Will (Complete) for | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Certified Death Certificates for | <input type="checkbox"/> Deed (Quitclaim/Grant etc..) |
| <input type="checkbox"/> Copy of Birth Certificates for | <input type="checkbox"/> Other - |

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

RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

4080 LEMON STREET, 4TH FLOOR * P.O. BOX 12005 * RIVERSIDE, CALIFORNIA 92502
WWW.RIVERSIDETAXINFO.COM * (951) 955-3900 * 1 (877) 748-2689 * FAX (951) 955-3923

Board of Directors

Frank D. Marshall III
President

Patrick C. Saari
Vice President

Herbert C. Forst
Secretary

Frank D. Gorman
Treasurer

Larry Minor
Director



26385 Fairview Avenue, P.O. Box 5039, Hemet, CA 92544
Phone: 951/658-3241 Fax 951/766-7031
www.lhmwd.org

Staff

Thomas W. Wagoner
General Manager

Jeff D. Wall
Asst. General Manager

Karen Hornbarger
Asst. Secretary/Treas.

LaAnn MacLean
Supervisor, Administration

Richard Johnson
Construction Manager

RECEIVED
MARCH 20 PM 12:17
RIVERSIDE COUNTY
TAX COLLECTOR

FINAL PAYOFF LETTER

Updated Statement of Monies Owed as of Date of Sale: March 11, 2007

| | | | |
|--------------|---|----------------|-------------------------------------|
| DATE: | April 13, 2010 | FAX | 951.955.3990 (6 pages inclusive) |
| TO: | County of Riverside | REF NO. | TC 177 Item 217 |
| Attn: | Desiree Taylor / Tax Enforcement Unit P O Box 12005, 4080 Lemon St., 4 th Fl Riverside, CA 92502 | | |

Demand for payment of lien for domestic water/sewer service in the name of:

GEORGE, Irene E
(Customer name)

25926 Riverview Drive, Hemet, CA 92544
(Service addresses)

for Account No. 6-9-177-1, -2 in the amount of \$170.87 (see note below)*

Riverside County Instrument No: 2000-002749
Recordation Date: January 4, 2000

* This amount represents the closing bill in the amount of \$130.87 plus lien processing fee of \$40.00. No other interest will be added.

Please make your check payable to: Lake Hemet Municipal Water District.

Please provide the mailing address of where you want us to send the Release of Lien.

Thank you.

On behalf of Lake Hemet MWD by:

Karen Hornbarger

EXT. 239

10:51:50 Apr 13 2010

LAKE HENET MUNICIPAL WATER DISTRICT

CUSTOMER HISTORY FOR 06-09-0177-2 IRENE GEORGE
SERVICE ADDRESS: 25926 RIVERVIEW LN HENET 92544
MAILING ADDRESS: P.O. BOX 358, HENET, CA 92546

BILL STATUS: DCB METER #: 60441893 RATE CODE : 10-NS POWER ZONE: USER CODE : 101 DELING BILLS : 0
 ACCT STATUS: C MTR TYPE: SRP WATER CCF : \$1.8300 ELEVATION: N/A BILL CYCLE: BI-MONTHLY TURNOFF COUNT: 1
 HOME PH: 000-000-0000 STRT DT: 01-18-00 WTR SIZE: 062 POWER CCF : 0.0000 ROUTE: 609 DEPOSIT DATE: # OF BAD CRKS: 1
 DL# : C3862707 CLOS DT: 02-10-00 UOM : CF SENDER MAIN: \$0.00 CYCLE: 6 DEPOSIT BAL: \$0.00 ESTIMATED BILL: \$0.00
 SSM : 564-37-1167 SQ FOOT: NONE # OF UNITS: 1.00 SENDER CCF : \$0.00 A/R BALANCE: \$0.00 REFUND DEPOSIT: Y XCONNECT DEVICES : 0 BAD DEBT W/O: \$130.87
 APN # : 547-180-008-1 SERVICE CHG: \$20.84 XCONNECT DEVICES : 0 BAD DEBT REC: \$-130.87
 COMMENT: CASH ONLY (SEE #69-177-1)

USER CLASS: SINGLE RESIDENTIAL

COUNTY USE: MOBILE HOME LOT IMPROVED

ACRES : 0.00 TAX AREA: 071-060 IMPROVED PROPERTY: YES

| DATE | DAYS | DESCRIPTION | READ | DMS | WATER | SERVICE | POWER | SEWER | IV SUR | TRASH | RENT | CIP SUR | ADJUST | PAYMENT | DEPOSIT | TOTAL | BALANCE | | | | | | |
|----------|------|----------------------|------|-----|-------|---------|-------|-------|--------|-------|------|---------|---------|---------|---------|---------|---------|-------|------|------|------|------|------|
| 06-27-02 | | WRITE-OFF UNCOLLECTA | | 0 | | | | | 0.00 | | | | -130.87 | 0.00 | | -130.87 | 0.00 | | | | | | |
| 03-24-00 | | RETURNED CHECK FEE | | 0 | | | | | 0.00 | | | | 15.00 | 0.00 | | 15.00 | 130.87 | | | | | | |
| 03-24-00 | | RETURNED CHECK | | 0 | | | | | 0.00 | | | | 80.90 | 0.00 | | 80.90 | 115.87 | | | | | | |
| 02-17-00 | 23 | CLOSING BILL | 8600 | 1 | 9.97 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 9.97 | 34.97 | | | | | | |
| 02-07-00 | | RECONNECT 01SCONNECT | | 0 | | | | | 0.00 | | | | 25.00 | 0.00 | | 25.00 | 25.00 | | | | | | |
| TOTALS | | | | | | | | | | | | | 9.97 | 0.00 | 0.00 | 0.00 | 0.00 | -9.97 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

LAKE HEMET MUNICIPAL WATER DISTRICT
P.O. Box 5039
Hemet CA 92544

COUNTY OF RIVERSIDE

DOC # 2000-002749

01/04/2000 09:00A Fee:NC
Page 1 of 1
Recorded in Official Records
County of Riverside
Gary L. Orso
Assessor, County Clerk & Recorder



In the matter of the lien of
Lake Hemet Municipal Water District
upon the real property of

Irene E Geoege

Name

P.O Box 358

Address

Hemet, Ca 92546

STATEMENT OF LIEN

M
AG

This is to certify, pursuant to Chapter 335 of Statutes of 1979-1980, that Lake Hemet Municipal Water District claims a lien upon all real property owned by the following named person within Riverside County, for delinquent charges, penal and interest, in the amounts hereinafter set forth:

Name: Irene E George

Address: 25926 Riverview Ln Hemet, CA 92546

Amount of Delinquency: 80.90

Late Penalty: _____

Total: 80.90

Plus interest at 7% per Annum.

I certify that the foregoing is true and correct.

*\$ 130.87 @ 10-24-00
16-4-177.20*

Joyce P. Rodriguez

Assistant Secretary of the Board of Directors

Lake Hemet Municipal Water District

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

RECEIVED
JUN 08 2007
KOOTENAI COUNTY
ASSISTANCE

To: Paul McDonnell, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC 177 Item 217 Assessment No.: 547180008-1

Assessee: GEORGE, IRENE E

Situs: 25926 RIVERVIEW DR HEMET

Date Sold: March 12, 2007

Date Deed to Purchaser Recorded: May 3, 2007

Final Date to Submit Claim: May 3, 2008

RECEIVED
07 JUL -9 AM 6:49
RIVERSIDE COUNTY
TREASURER/TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 17,415.89 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. 2004-0263749; recorded on 4/12/04. 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.

(See attached list)

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 26th day of June, 2007 at Kootenai County, Idaho
County, State

Marla Lewis
Signature of Claimant

Patrick M. Braden
Signature of Claimant

Marla Lewis
Print Name

Patrick M. Braden
Print Name

451 N. Government Way
Street Address

451 N. Government Way
Street Address

Coeur d'Alene, ID 83814
City, State, Zip

Coeur d'Alene, ID 83814
City, State, Zip

(208) 446-1880
Phone Number

(208) 446-1625
Phone Number

AFFIDAVIT REGARDING AMOUNTS OWED UNDER LIEN

STATE OF IDAHO }
 }ss.
COUNTY OF KOOTENAI }

MARLA LEWIS, being first duly sworn under oath deposes and says:

1. I am over the age of 18 years. I make this affidavit of my own personal knowledge under penalty of perjury, and I am competent to testify to the matters set forth herein.

2. I am the Manager of Kootenai County Assistance, an agency of Kootenai County, Idaho, which is responsible for processing claims for county indigent medical assistance pursuant to Title 31, Chapter 35 of the Idaho Code.

3. Kenneth Humphrey, husband of Irene George, submitted various requests for county indigent medical assistance for various medical treatment and/or services he received in 2004. Three (3) of these requests were approved – Requests No. 2004-544, 2004-545, and 2004-747.

4. Under Idaho Code § 31-3510A, the County can order reimbursement of the entire amount actually paid to medical service providers, or a portion thereof, pursuant to an approved application for county indigent medical assistance. Under Idaho Code § 31-3504, the amount to be reimbursed is secured by an automatic lien against all non-exempt real and personal property owned by the person(s) receiving assistance.

5. The original amounts secured under the lien in favor of Kootenai County, Idaho, where notice thereof was filed as Instrument No. 2004-0263749, Records of

| Request No. | Amount |
|--------------------|--------------------|
| 2004-544 | \$ 8,000.00 |
| 2004-545 | \$ 8,800.00 |
| <u>2004-747</u> | <u>\$ 4,500.00</u> |
| Total | \$21,300.00 |

6. No payments have been made to the account. Adjustments have been made with respect to each request to reflect amounts actually paid by the County, as follows:


| Request No. | Amount |
|--------------------|--------------------|
| 2004-544 | \$ -0- |
| 2004-545 | \$ 2,854.87 |
| <u>2004-747</u> | <u>\$ 1,029.24</u> |
| Total | \$ 3,884.11 |

7. The amount still due and payable on these obligations is as follows:

| Request No. | Amount |
|----------------------|--------------------|
| 2004-544 | \$ 8,000.00 |
| 2004-545 | \$ 5,945.13 |
| <u>2004-747</u> | <u>\$ 3,470.76</u> |
| Total Claimed | \$17,415.89 |

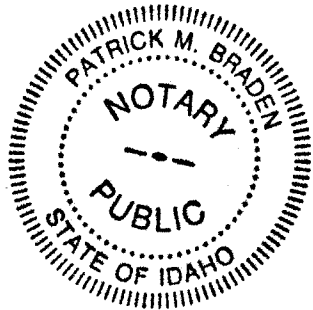
FURTHER YOUR AFFIANT SAITH NAUGHT.

Dated this 27th day of June, 2007.



 Maria Lewis

SUBSCRIBED AND SWORN before me this 27th day of June, 2007.



Patrick M. Braden

Notary Public for the State of Idaho

Residing at Rose Falls

My Commission Expires 10/27/09

LIST OF DOCUMENTS SUPPORTING CLAIM FOR EXCESS PROCEEDS

Assessment No. 547180008-1
Assessee: George, Irene E
Situs: 25926 Riverview Drive, Hemet
Date Sold: March 12, 2007
Claimant: Kootenai County, Idaho (Kootenai County Assistance)

The following documents are enclosed in support of the above-referenced claim for excess proceeds:

- Notice of Lien and Application for Medically Indigent Benefits – Request No. 2004-544 – Instrument No. 2004-0263749, Records of Riverside County, California, recorded on April 12, 2004
- Notice of Lien and Application for Medically Indigent Benefits – Request No. 2004-747 – Instrument No. 1873342, Records of Kootenai County, Idaho, recorded on May 3, 2004
- Notice of Lien and Application for Medically Indigent Benefits – Request No. 2004-545 – Instrument No. 1875285, Records of Kootenai County, Idaho, recorded on May 12, 2004
- Notice of Lien and Application for Medically Indigent Benefits – Request No. 2004-544 – Instrument No. 1875286, Records of Kootenai County, Idaho, recorded on May 12, 2004
- Notice of Lien and Application for Medically Indigent Benefits – Request No. 2004-747 – Instrument No. 1919094, Records of Kootenai County, Idaho, recorded on December 15, 2004
- Promissory Note in re Request No. 2004-545, in the amount of \$8,800.00, executed by Kenneth Humphrey and Irene George on April 29, 2004
- Promissory Note in re Request No. 2004-544, in the amount of \$8,000.00, executed by Kenneth Humphrey and Irene George Humphrey on April 29, 2004
- Promissory Note in re Request No. 2004-747, in the amount of \$4,500.00, not signed

- The following documents pertaining to Request No. 2004-545, dated March 26, 2004:
 - Initial Determination of Approval for County Assistance (\$21,280.00)
 - Clerk's Statement of Findings
 - Findings of Fact, Conclusions of Law, and Order of Reimbursement
 - Order of Reimbursement

- The following documents pertaining to Request No. 2004-544, dated April 16, 2004:
 - Initial Determination of Approval for County Assistance (\$16,026.55)
 - Clerk's Statement of Findings
 - Findings of Fact, Conclusions of Law, and Order of Reimbursement
 - Order of Reimbursement

- The following documents pertaining to Request No. 2004-747, dated May 21, 2004:
 - Initial Determination of Approval for County Assistance (\$7,644.79)
 - Clerk's Statement of Findings
 - Findings of Fact, Conclusions of Law, and Order of Reimbursement
 - Order of Reimbursement

- Printouts of account status for Requests No. 2004-544, 2004-545 and 2004-747 as of June 25, 2007

- Copies of Idaho Code § 31-3504 and Idaho Code § 31-3510A

DOC # 2004-0263749

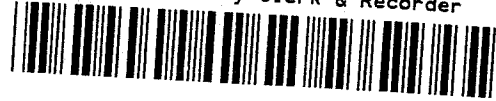
04/12/2004 08:00A Fee:10.00

Page 1 of 2

Recorded in Official Records
County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



PLEASE COMPLETE THIS INFORMATION

RECORDING REQUESTED BY:

KOOTENAI COUNTY ASSISTANCE

AND WHEN RECORDED MAIL TO:

PO BOX 9000

COEUR D'ALENE ID 83816-9000

| M | S | U | PAGE | SIZE | DA | PCOR | NOCOR | SMF | MISC. | |
|---|---|---|------|------|----|------|-------|--------|-------|------|
| | 1 | | 2 | | | | | | | |
| | | | | | | 3 | | | LW | |
| A | R | L | | | | COPY | LONG | REFUND | NCHG | EXAM |

M
LW

Notice of Lien and Application for Medically Indigent Benefits Request # 2004-544

Title of Document

13'
index As
Notice of
lien per
Amy

THIS AREA FOR
RECORDER'S
USE ONLY




THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
(\$3.00 Additional Recording Fee Applies)

**NOTICE OF LIEN AND APPLICATION
FOR MEDICALLY INDIGENT BENEFITS**

RE: Request Number: 2004-544

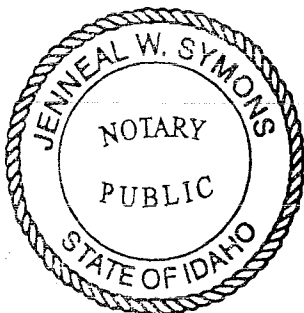
Pursuant to Idaho Code §31-3501 et seq., the Board of County Commissioners of Kootenai County, hereby claim a statutory lien on behalf of Kootenai County and/or the Catastrophic Health Care Costs Program in an unliquidated amount against all real and/or personal property including but not limited to the following described property of HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, whose last known address is PO BOX 746, POST FALLS, ID 83877. Said lien arises from an application which was filed on March 12, 2004 for necessary medical services which were rendered to the above named individual(s), or their minor dependent(s), which service commenced on February 26, 2004 and for any follow up care required for this illness or injury.

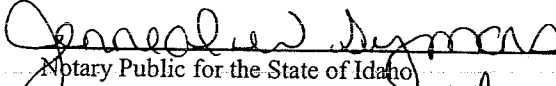
LEGAL DESCRIPTION: 25926 RIVERVIEW LANE HEMET, CALIFORNIA DESCRIBED AS:
PORTION S.E. 1/4 OF SECTION 10, TOWNSHIP 5 SOUTH, RANGE 1 EAST PARCEL#54718008-1

BOARD OF KOOTENAI COUNTY COMMISSIONERS

RICHARD PANABAKER

S. J. "GUS" JOHNSON

ELMER R. CURRIE

STATE OF IDAHO)
) ss.
County of Kootenai)

On this 24th day of March, in the year 2004, before me Jenneal Symons personally appeared RICHARD PANABAKER, S. J. "GUS" JOHNSON, ELMER R. CURRIE, know or identified to me to be the County Commissioners of Kootenai County, Idaho that executed the said instrument, and acknowledged to me that such Board of County Commissioners of Kootenai County, Idaho executed the same




Notary Public for the State of Idaho
Residing at: COA, ID
My Commission Expires: 1/25/07
cc: _____

1873342

NOTICE OF LIEN AND APPLICATION FOR MEDICALLY INDIGENT BENEFITS

STATE OF IDAHO COUNTY OF KOOTENAI AT THE REQUEST OF KOOTENAI COUNTY ASSISTANCE

RE: Request Number: 2004-747

2004 MAY -3 A 9:06

DANIEL J. ENGLISH DM

DEPUTY FEES NJC

1 pg

Pursuant to Idaho Code §31-3501 et seq., the Board of County Commissioners of Kootenai County, hereby claim a statutory lien on behalf of Kootenai County and/or the Catastrophic Health Care Costs Program in an unliquidated amount against all real and/or personal property including but not limited to the following described property of HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, whose last known address is PO BOX 746, POST FALLS, ID 83877. Said lien arises from an application which was filed on April 19, 2004 for necessary medical services which were rendered to the above named individual(s), or their minor dependent(s), which service commenced on April 01, 2004 and for any follow up care required for this illness or injury.

LEGAL DESCRIPTION: NONE

BOARD OF KOOTENAI COUNTY COMMISSIONERS

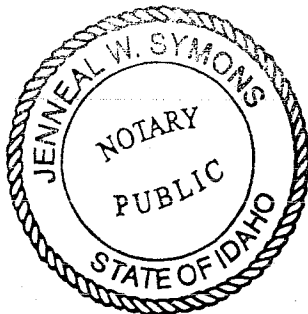
[Signature] RICHARD PANABAKER

S. J. "GUS" JOHNSON

[Signature] ELMER R. CURRIE

STATE OF IDAHO)) ss. County of Kootenai)

On this 30th day of April, in the year 2004 before me Jenneal Symons personally appeared RICHARD PANABAKER, S. J. "GUS" JOHNSON, ELMER R. CURRIE, know or identified to me to be the County Commissioners of Kootenai County, Idaho that executed the said instrument, and acknowledged to me that such Board of County Commissioners of Kootenai County, Idaho executed the same



[Signature] Notary Public for the State of Idaho

Residing at: COA, Id

My Commission Expires: 1/25/07

cc: _____

1875285

NOTICE OF LIEN AND APPLICATION FOR MEDICALLY INDIGENT BENEFITS

STATE OF IDAHO COUNTY OF KOOTENAI AT THE REQUEST OF KOOTENAI COUNTY ASSISTANCE

RE: Request Number: 2004-545

2004 MAY 12 A 9:42

DANIEL J. ENGLISH

DEPUTY

FEES

CP N/C 1PG

Pursuant to Idaho Code §31-3501 et seq., the Board of County Commissioners of Kootenai County, hereby claim a statutory lien on behalf of Kootenai County and/or the Catastrophic Health Care Costs Program in an amount of \$8,800.00 against all real and/or personal property including but not limited to the following described property of HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, whose last known address is 2012 Daly Drive, Coeur D'Alene ID 83814. Said lien arises from an application which was filed on March 12, 2004 for necessary medical services which were rendered to the above named individual(s), or their minor dependent(s), which service commenced on April 02, 2004 and for any follow up care required for this illness or injury.

LEGAL DESCRIPTION: NONE

BOARD OF KOOTENAI COUNTY COMMISSIONERS

[Signature of Richard Panabaker]

RICHARD PANABAKER

[Signature of S. J. "Gus" Johnson]

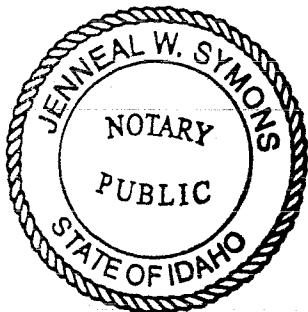
S. J. "GUS" JOHNSON

[Signature of Elmer R. Currie]

ELMER R. CURRIE

STATE OF IDAHO)
County of Kootenai)SS.

On this 10th day of May, in the year 2004, before me Jennae W Symons personally appeared RICHARD PANABAKER, S. J. "GUS" JOHNSON, ELMER R. CURRIE, know or identified to me to be the County Commissioners of Kootenai County, Idaho that executed the said instrument, and acknowledged to me that such Board of County Commissioners of Kootenai County, Idaho executed the same



[Signature of Jennae W. Symons]

Notary Public for the State of Idaho

Residing at: COA, ID

My Commission Expires: 1/25/07

Mgr. _____

cc: _____

1875286

NOTICE OF LIEN AND APPLICATION FOR MEDICALLY INDIGENT BENEFITS

STATE OF IDAHO COUNTY OF KOOTENAI AT THE REQUEST OF KOOTENAI COUNTY ASSISTANCE

RE: Request Number: 2004-544

2004 MAY 12 A 9:42

DANIEL J. ENGLISH CP

DEPUTY

FEES

N/C

199

Pursuant to Idaho Code §31-3501 et seq., the Board of County Commissioners of Kootenai County, hereby claim a statutory lien on behalf of Kootenai County and/or the Catastrophic Health Care Costs Program in an amount of \$8,000.00 against all real and/or personal property including but not limited to the following described property of HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, whose last known address is 2012 Daly Drive, Coeur D'Alene ID 83814. Said lien arises from an application which was filed on March 12, 2004 for necessary medical services which were rendered to the above named individual(s), or their minor dependent(s), which service commenced on February 26, 2004 and for any follow up care required for this illness or injury.

LEGAL DESCRIPTION: NONE

BOARD OF KOOTENAI COUNTY COMMISSIONERS

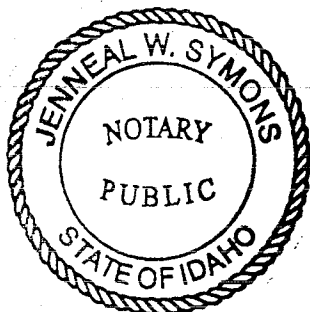
[Signature] RICHARD PANABAKER

S. J. "GUS" JOHNSON

[Signature] ELMER R. CURRIE

STATE OF IDAHO))SS. County of Kootenai)

On this 10th day of May, in the year 2004 before me Jenneal Symons personally appeared RICHARD PANABAKER, S. J. "GUS" JOHNSON, ELMER R. CURRIE, know or identified to me to be the County Commissioners of Kootenai County, Idaho that executed the said instrument, and acknowledged to me that such Board of County Commissioners of Kootenai County, Idaho executed the same



[Signature] Notary Public for the State of Idaho

Residing at: COA Id

My Commission Expires: 11/25/07

Mgr. _____

cc: _____

1919094

NOTICE OF LIEN AND APPLICATION FOR MEDICALLY INDIGENT BENEFITS

STATE OF IDAHO COUNTY OF KOOTENAI AT THE REQUEST OF

RE: Request Number: 2004-747

KOOTENAI COUNTY ASSISTANCE

2004 DEC 15 P 3:51

DANIEL J. ENGLISH

1 page DEPUTY

FEES JIC

Pursuant to Idaho Code §31-3501 et seq., the Board of County Commissioners of Kootenai County, hereby claim a statutory lien on behalf of Kootenai County and/or the Catastrophic Health Care Costs Program in an amount of \$4,500.00 against all real and/or personal property including but not limited to the following described property of HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, whose last known address is 2012 Daly Drive, Coeur D'Alene ID 83814. Said lien arises from an application which was filed on April 19, 2004 for necessary medical services which were rendered to the above named individual(s), or their minor dependent(s), which service commenced on April 01, 2004 and for any follow up care required for this illness or injury.

LEGAL DESCRIPTION: NONE

BOARD OF KOOTENAI COUNTY COMMISSIONERS

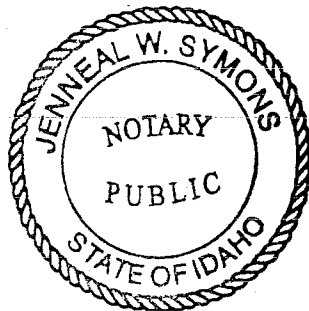
[Signature of Richard Panabaker] RICHARD PANABAKER

S. J. "GUS" JOHNSON

[Signature of Elmer R. Currie] ELMER R. CURRIE

STATE OF IDAHO))SS. County of Kootenai)

On this 14th day of December, in the year 2004, before me Jenneal Symons, personally appeared RICHARD PANABAKER, S. J. "GUS" JOHNSON, ELMER R. CURRIE, know or identified to me to be the County Commissioners of Kootenai County, Idaho that executed the said instrument, and acknowledged to me that such Board of County Commissioners of Kootenai County, Idaho executed the same.



[Signature of Jenneal W. Symons] Notary Public for the State of Idaho Residing at: COA, ID My Commission Expires: 1/25/07

Mgr. _____

cc: _____

PROMISSORY NOTE

#1

* \$8,800.00
Amount of Note

Request Number: 2004-545

I.

We, HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, residing at PO BOX 746, POST FALLS, ID 83877, do hereby acknowledge that I have applied for indigent assistance in the amount of \$21,280.00 from Kootenai County. I do hereby promise to reimburse Kootenai County the full amount of the note as indicated above*, provided to me or on my behalf and do promise to pay the amount of this Note in full in accordance with the terms contained herein. Should the total amount of the approved medical bills paid out equal less than the amount of this Note, your account will be adjusted to the lesser amount. All payments shall be made to Kootenai County Assistance, P.O. BOX 9000, COEUR D'ALENE, ID 83816-9000.

II.

A payment which is delinquent by more than thirty (30) days shall constitute a default, and shall cause the entire principal to be immediately due and payable.

I further promise that I will pay Kootenai County the full amount of this Note by making monthly payments of \$25.00 each, beginning October 20, 2004 and continuing on the same day of each succeeding month until the principal amount is paid in full.

Special terms of payment shall be as follows: In the event that I have more than one promissory note with Kootenai County during the period that the indebtedness, which is the subject of the Promissory Note, remains outstanding, I agree that any payments made will be credited first to the indebtedness which resulted from the Promissory Note, which was executed earliest in time. At such time as the earliest Promissory Note debt is retired, payments shall be applied to the debt which, is the subject of the Promissory Note, which is next earliest in time which, remains outstanding, if any. Payments shall be applied in this manner until all Promissory Note debts are retired. I agree to make continuous and uninterrupted payments toward these debts until all outstanding Promissory Note debts are paid in full. Promisor's financial status will be reviewed annually for possible increase in monthly payment amount.

III.

If this Note is placed in the hands of an attorney for collection, I promise to pay the County's reasonable attorney fees and collection costs, even though no suit is filed hereon. In the event of commencement of suit to enforce payment of this Note, I agree to pay such additional sum as costs and attorney fees as the court may judge reasonable.

IV.

I further agree that if County finds that any information provided by myself or those acting on my behalf in support of my application for indigent assistance is false or misrepresentative of my true need, the complete amount of debt evidenced by the Promissory Note shall become immediately due and payable.

V.

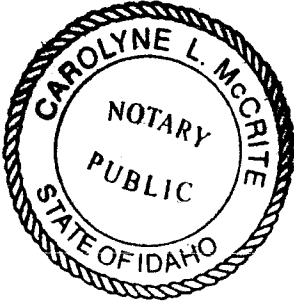
If I become delinquent in my repayment of this Promissory Note so that default may be declared by the County, I agree to provide County with a full accounting of my financial resources and assets, including the place of employment of myself, my immediate family and all members of my household, with ten (10) days of receipt of a notice of default from the County.

I promise to notify County of any change in my address, which occurs prior to complete payment of the obligation established by this Promissory Note. I acknowledge that if I fail to notify County of any address change within ten (10) days of its occurrence, County may declare the full amount of this Promissory Note due and payable.

Kenneth W. Humphrey 4-29-04 *Irene George-Humphrey* 4/29/04
Signature of Promissor Date Signature of Promissor Date

State of Idaho
County of Kootenai

On this 29 day of April, in the year 2004, before me, personally appeared Kenneth Humphrey & Irene George Humphrey who appeared 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 that he (she) (they) executed the same.



Carolyn L. McCarty
Notary Public
My Commission Expires 10-1-05

PROMISSORY NOTE

*\$8,000.00
Amount of Note

#2

Request Number: 2004-544

I.

We, HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, residing at PO BOX 746, POST FALLS, ID 83877, do hereby acknowledge that I have applied for indigent assistance in the amount of \$16,026.55 from Kootenai County. I do hereby promise to reimburse Kootenai County the full amount of the note as indicated above*, provided to me or on my behalf and do promise to pay the amount of this Note in full in accordance with the terms contained herein. Should the total amount of the approved medical bills paid out equal less that the amount of this Note, your account will be adjusted to the lesser amount. All payments shall be made to Kootenai County Assistance, P.O. BOX 9000, COEUR D'ALENE, ID 83816-9000.

II.

A payment which is delinquent by more than thirty (30) days shall constitute a default, and shall cause the entire principal to be immediately due and payable.

I further promise that I will pay Kootenai County the full amount of this Note by making monthly payments of \$25.00 each, beginning October 20, 2010 and continuing on the same day of each succeeding month until the principal amount is paid in full.

Special terms of payment shall be as follows: In the event that I have more than one promissory note with Kootenai County during the period that the indebtedness, which is the subject of the Promissory Note, remains outstanding, I agree that any payments made will be credited first to the indebtedness which resulted from the Promissory Note, which was executed earliest in time. At such time as the earliest Promissory Note debt is retired, payments shall be applied to the debt which, is the subject of the Promissory Note, which is next earliest in time which, remains outstanding, if any. Payments shall be applied in this manner until all Promissory Note debts are retired. I agree to make continuous and uninterrupted payments toward these debts until all outstanding Promissory Note debts are paid in full. Promisor's financial status will be reviewed annually for possible increase in monthly payment amount.

III.

If this Note is placed in the hands of an attorney for collection, I promise to pay the County's reasonable attorney fees and collection costs, even though no suit is filed hereon. In the event of commencement of suit to enforce payment of this Note, I agree to pay such additional sum as costs and attorney fees as the court may judge reasonable.

IV.

I further agree that if County finds that any information provided by myself or those acting on my behalf in support of my application for indigent assistance is false or misrepresentative of my true need, the complete amount of debt evidenced by the Promissory Note shall become immediately due and payable.

V.

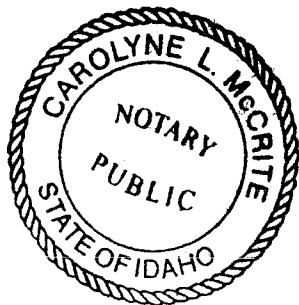
If I become delinquent in my repayment of this Promissory Note so that default may be declared by the County, I agree to provide County with a full accounting of my financial resources and assets, including the place of employment of myself, my immediate family and all members of my household, with ten (10) days of receipt of a notice of default from the County.

I promise to notify County of any change in my address, which occurs prior to complete payment of the obligation established by this Promissory Note. I acknowledge that if I fail to notify County of any address change within ten (10) days of its occurrence, County may declare the full amount of this Promissory Note due and payable.

Kenneth W. Humphrey 4/29/04 Irene George Humphrey 4/29/04
Signature of Promissor Date Signature of Promissor Date

State of Idaho
County of Kootenai

On this 29 day of April, in the year 2004, before me, personally appeared
Kenneth & Irene George-Hemphrey 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 that he (she) (they) executed the same.



Carolyn L. Mcrite
Notary Public
My Commission Expires 10-1-05

PROMISSORY NOTE

* \$4,500.00
Amount of Note

Request Number: 2004-747

I.

We, HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife, residing at 2012 DALY DRIVE, COEUR D'ALENE, ID 83814, do hereby acknowledge that I have applied for indigent assistance in the amount of \$7,644.79 from Kootenai County. I do hereby promise to reimburse Kootenai County the full amount of the note as indicated above*, provided to me or on my behalf and do promise to pay the amount of this Note in full in accordance with the terms contained herein. Should the total amount of the approved medical bills paid out equal less that the amount of this Note, your account will be adjusted to the lesser amount. All payments shall be made to Kootenai County Assistance, P.O. BOX 9000, COEUR D'ALENE, ID 83816-9000.

II.

A payment which is delinquent by more than thirty (30) days shall constitute a default, and shall cause the entire principal to be immediately due and payable.

I further promise that I will pay Kootenai County the full amount of this Note by making monthly payments of \$25.00 each, beginning August 20, 2025 and continuing on the same day of each succeeding month until the principal amount is paid in full.

Special terms of payment shall be as follows: In the event that I have more than one promissory note with Kootenai County during the period that the indebtedness, which is the subject of the Promissory Note, remains outstanding, I agree that any payments made will be credited first to the indebtedness which resulted from the Promissory Note, which was executed earliest in time. At such time as the earliest Promissory Note debt is retired, payments shall be applied to the debt which, is the subject of the Promissory Note, which is next earliest in time which, remains outstanding, if any. Payments shall be applied in this manner until all Promissory Note debts are retired. I agree to make continuous and uninterrupted payments toward these debts until all outstanding Promissory Note debts are paid in full. Promisor's financial status will be reviewed annually for possible increase in monthly payment amount.

III.

If this Note is placed in the hands of an attorney for collection, I promise to pay the County's reasonable attorney fees and collection costs, even though no suit is filed hereon. In the event of commencement of suit to enforce payment of this Note, I agree to pay such additional sum as costs and attorney fees as the court may judge reasonable.

IV.

I further agree that if County finds that any information provided by myself or those acting on my behalf in support of my application for indigent assistance is false or misrepresentative of my true need, the complete amount of debt evidenced by the Promissory Note shall become immediately due and payable.

V.

If I become delinquent in my repayment of this Promissory Note so that default may be declared by the County, I agree to provide County with a full accounting of my financial resources and assets, including the place of employment of myself, my immediate family and all members of my household, with ten (10) days of receipt of a notice of default from the County.

I promise to notify County of any change in my address, which occurs prior to complete payment of the obligation established by this Promissory Note. I acknowledge that if I fail to notify County of any address change within ten (10) days of its occurrence, County may declare the full amount of this Promissory Note due and payable.

Signature of Promissor

Date

Signature of Promissor

Date

State of Idaho
County of Kootenai

On this _____ day of _____, in the year _____, before me, personally appeared _____ 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 that he (she) (they) executed the same.

Notary Public
My Commission Expires _____

KOOTENAI COUNTY ASSISTANCE
451 GOVERNMENT WAY / P.O. BOX 9000
COEUR D'ALENE, ID 83816-9000
(208) 446-1880
FAX: (208) 446-1887

**INITIAL DETERMINATION OF
APPROVAL FOR COUNTY ASSISTANCE**

Date of Determination: 04/16/2004 **Request Number:** 2004-544
Application on behalf of: KENNETH W HUMPHREY
Address: PO BOX 746, POST FALLS, ID 83877
Application Date: 03/12/2004
Assistance Requested: HOSPITAL RELATED **16,026.55**

As required by Idaho Code Section §31-3406 and §31-3505A, an investigation was made of the application by the County Clerk of the Board or his/her deputy.

At this time, please be advised that eligibility has been established under Chapters 34 and 35, Title 31, and the application has been approved as outlined below:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Indigency §31-3502 (1) Idaho Code | <input checked="" type="checkbox"/> Emergency Need §31-3502 (13) Idaho Code |
| <input checked="" type="checkbox"/> Obligated County §31-3506 (1) Idaho Code | <input checked="" type="checkbox"/> Medically Necessary §31-3502 (18) (A) (B) Idaho Code |
| <input checked="" type="checkbox"/> Last Resource §31-3502 (17) Idaho Code | <input type="checkbox"/> Other Reasons |

THE FOLLOWING MEDICAL BILLS HAVE BEEN APPROVED FOR PAYMENT:

| PROVIDER | DATES OF SERVICE | AMOUNT REQUESTED |
|-----------------------------|-------------------------|------------------|
| PAML | 02/26/2004 - 03/07/2004 | 200.00 |
| RADIOLOGY ASSOC OF N. IDAHO | 02/26/2004 - 02/26/2004 | 25.00 |
| KOOTENAI MEDICAL CENTER | 02/26/2004 - 02/28/2004 | 6,562.08 |
| ELLISON, EDWARD MD | 02/26/2004 - 02/26/2004 | 200.00 |
| KOOTENAI MEDICAL CENTER | 03/06/2004 - 03/07/2004 | 5,919.76 |
| KOOTENAI MEDICAL CENTER | 03/06/2004 - 03/07/2004 | 2,930.71 |
| ABATE, JOSEPH MD | 03/06/2004 - 03/07/2004 | 100.00 |
| ELLISON, EDWARD MD | 03/15/2004 - 03/15/2004 | 89.00 |
| Total: | | 16,026.55 |

APPROVAL is for related medical providers from 02/26/04 thru 03/15/04 due to kidney stones.

APPROVED WITH A REPAYMENT AGREEMENT. Applicant, please call (208) 446-1880 within three business days of receipt of this notice to make an appointment to sign repayment agreement.

APPLICANT AND PROVIDERS: Per Idaho Code §31-3519(1), upon receipt of a final determination approving an application for necessary medical services, an applicant, a medical provider, or the third party on behalf of the applicant, shall, within sixty (60) days, submit a county claim (billing) in accordance with the procedures provided in Chapter 15, Title 31, Idaho Code. **MEDICAL BILLS RECEIVED AFTER SIXTY (60) DAYS WILL NOT BE PAID.**

FOR FOLLOW UP CARE AND/OR NEW PROCEDURES NOT LISTED ABOVE, an application for assistance for necessary non-emergency services must be submitted no less that ten (10) days prior to scheduled admissions and/or care. Idaho Code §31-3505(1).

Payment shall be for no more than the Unadjusted Medicaid Rate pursuant to Title XIX of the Social Security Act. Acceptance of County payment constitutes payment in full and the provider shall not seek additional funds from the applicant; (§31-3502 (5) and §31-3519 (3), Idaho Code). All charges are subject to Kootenai County's right to review reasonableness of charges.

IMPORTANT: Pursuant to Idaho Code §31-3411 and §31-3505D, the applicant has the right to appeal the decision of the Board of County Commissioners. Such appeal shall be filed with the Clerk of the Board, in writing, within twenty-eight (28) days of the date of the Board's Initial Determination, pursuant to the Administrative Procedure Act, Chapter 52, Title 67, Idaho Code. If no appeal is filed within the time frame allowed, the determination of the Board shall become final.

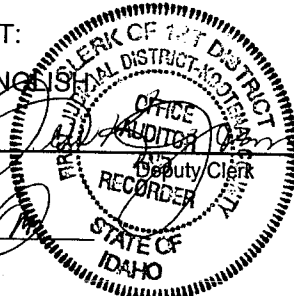
You should retain this document for your permanent records. If you have any questions or additional information pertinent to this Initial Determination, please contact this office.

ATTEST:

DAN ENGLISH

By

mgr:



BOARD OF KOOTENAI COUNTY COMMISSIONERS

RICHARD PANABAKER

S. J. "GUS" JOHNSON

ELMER R. CURRIE

CERTIFICATE OF MAILING FOR: Request 2004-544

I hereby certify that a true and correct copy of the decision was mailed by U.S. Mail, postage prepaid on

4/20/04

by

[Signature]

, pursuant to Idaho Code §31-3505C & §31-3505E.

CLERK'S STATEMENT OF FINDINGS

Date: April 16, 2004

As required by Section §31-3505A, Idaho Code, an investigation was made of the application by the Kootenai County Clerk of the Board or his/her deputy and as required by §31-3505A (6) files the following Clerk's Statement of Findings:

Applicant: HUMPHREY, KENNETH W

Request Number: 2004-544

Date of Birth: 11/19/1953

Assistance Requested: HOSPITAL RELATED

16,026.55

APPLICATION INDIGENCY STATUS and DIAGNOSIS:

Medical Indigency §31-3502 (1) Idaho Code

Emergency Need §31-3502 (13) Idaho Code

Obligated County §31-3506 (1) Idaho Code

Medically Necessary §31-3502 (18) (A) (B) Idaho Code

Last Resource §31-3502 (17) Idaho Code

Other Reasons

Primary Diagnosis: KIDNEY

RESIDENCY: §31-3506 & §31-3502 (12) Idaho Code: RESIDENT

APPLICANT FINANCIAL INFORMATION:

| | | | | | |
|----------------|-----------|--------------------------|-----------|--------------------------|-----------|
| Income: | 812.00 | Allowed Expenses: | 950.33 | Available Income: | -138.33 |
| Assets: | 64,000.00 | Balance Owing: | 20,000.00 | Total Net Equity: | 44,000.00 |

Monthly Amount Needed to Pay Provider(s) in Three Years: \$445.18

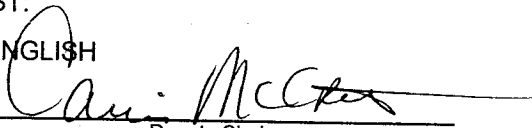
Assets consist of the land in California which is currently frozen for legal issues between the State of California and the State of Idaho regarding liens. They have a 1960 Jeep worth nothing because it is not running and a 1988 Cadillac worth \$1,000.00. They do not have a checking or savings account.

The applicant does not have the resources to pay for the requested assistance and does not qualify for any other agency programs.

ATTEST:

DAN ENGLISH

By


Deputy Clerk

mgr: 

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF KOOTENAI COUNTY

In the Matter of the Application
On behalf of HUMPHREY, KENNETH W
Request # 2004-544 for County Medical Assistance

FINDINGS OF FACT
CONCLUSIONS OF LAW AND
ORDER OF REIMBURSEMENT

Based upon the file in the above-entitled matter, the Board of Kootenai County Commissioners issued the following Findings of Fact and Conclusions of Law:

1. That on March 12, 2004, HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife submitted an application for assistance under the Idaho Medical Emergency Statutes.
2. That on April 16, 2004, the Board of Kootenai County Commissioners approved the application and became obligated to pay approx. \$16,026.55 to the hospital and doctors described in the application and on the Initial Determination of Approval for County Assistance. The \$16,026.55 approximately is subject to reduction depending on the applicable Medicaid reimbursement rate.
3. That HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife has the ability to reimburse Kootenai County pursuant to Idaho Code §31-3510A from his/her earnings.
4. That the Commissioners have reviewed the income and expenses of HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife and have determined that he/she has the ability to pay \$25.00 per month as a repayment.

Therefore the Commissioners have determined that HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife has the ability to pay \$25.00 per month for a total reimbursement of \$8,000.00.

5. That HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife can sign a Promissory Note evidencing his/her obligation to Kootenai County.

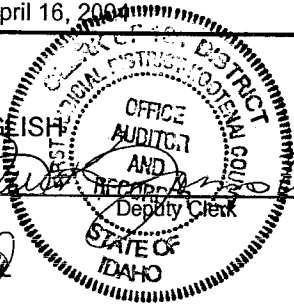
Dated: April 16, 2004

ATTEST:

DAN ENGLISH

By

mgr:



BOARD OF KOOTENAI COUNTY COMMISSIONERS

[Signature]
RICHARD PANABAKER

[Signature]
S. J. "GUS" JOHNSON

[Signature]
ELMER R. CURRIE

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF KOOTENAI COUNTY

In the Matter of the Application
On behalf of HUMPHREY, KENNETH W
Request # 2004-544 for County Medical Assistance

ORDER OF
REIMBURSEMENT

Based on the Findings of Fact, Conclusions of Law in the above-entitled matter dated April 16, 2004, the Board of Kootenai County Commissioners enters the following order:

1. That HUMPHREY, KENNETH W shall reimburse Kootenai County pursuant to Idaho Code §31-3510A for those monies expended on his/her obligation to reimburse Kootenai County.
2. That should HUMPHREY, KENNETH W desire a hearing before the Board of Kootenai County Commissioners to contest this Order, he/she must file such a request with the Board within twenty-eight (28) days.

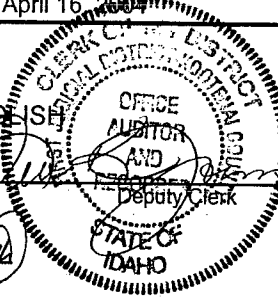
Dated: April 16, 2004

ATTEST:

DAN ENGLISH

By

mgr:



BOARD OF KOOTENAI COUNTY COMMISSIONERS

RICHARD PANABAKER

S. J. "GUS" JOHNSON

ELMER R. CURRIE

KOOTENAI COUNTY ASSISTANCE
451 GOVERNMENT WAY / P.O. BOX 9000
COEUR D'ALENE, ID 83816-9000
(208) 446-1880
FAX: (208) 446-1887

**INITIAL DETERMINATION OF
APPROVAL FOR COUNTY ASSISTANCE**

Date of Determination: 03/26/2004 **Request Number:** 2004-545
Application on behalf of: HUMPHREY, KENNETH W
Address: PO BOX 746, POST FALLS, ID 83877
Application Date: 03/12/2004
Assistance Requested: INPATIENT SURGERY **21,280.00**

As required by Idaho Code Section §31-3406 and §31-3505A, an investigation was made of the application by the County Clerk of the Board or his/her deputy.

At this time, please be advised that eligibility has been established under Chapters 34 and 35, Title 31, and the application has been approved as outlined below:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Indigency §31-3502 (1) Idaho Code | <input checked="" type="checkbox"/> Emergency Need §31-3502 (13) Idaho Code |
| <input checked="" type="checkbox"/> Obligated County §31-3506 (1) Idaho Code | <input checked="" type="checkbox"/> Medically Necessary §31-3502 (18) (A) (B) Idaho Code |
| <input checked="" type="checkbox"/> Last Resource §31-3502 (17) Idaho Code | <input type="checkbox"/> Other Reasons |

THE FOLLOWING MEDICAL BILLS HAVE BEEN APPROVED FOR PAYMENT:

| <u>PROVIDER</u> | <u>DATES OF SERVICE</u> | <u>AMOUNT REQUESTED</u> |
|-----------------------------------|-------------------------|-------------------------|
| ABATE, JOSEPH MD | 04/02/2004 - 04/03/2004 | 480.00 |
| ELLISON, EDWARD MD | 04/02/2004 - 04/03/2004 | 4,800.00 |
| ANESTHESIA ASSOC OF COEUR D'ALENE | 04/02/2004 - 04/03/2004 | 1,000.00 |
| KOOTENAI MEDICAL CENTER | 04/02/2004 - 04/03/2004 | 15,000.00 |
| Total: | | 21,280.00 |

APPROVAL is for Lithotripsy for kidney stones to be done on 04/02/04 by Dr. Ellison and includes anesthesia services and an assistant surgeon. Approval includes pre-op blood work and tests.

APPROVED WITH A REPAYMENT AGREEMENT. Applicant, please call (208) 446-1880 within three business days of receipt of this notice to make an appointment to sign repayment agreement.

APPLICANT AND PROVIDERS: Per Idaho Code §31-3519(1), upon receipt of a final determination approving an application for necessary medical services, an applicant, a medical provider, or the third party on behalf of the applicant, shall, within sixty (60) days, submit a county claim (billing) in accordance with the procedures provided in Chapter 15, Title 31, Idaho Code. MEDICAL BILLS RECEIVED AFTER SIXTY (60) DAYS WILL NOT BE PAID.

FOR FOLLOW UP CARE AND/OR NEW PROCEDURES NOT LISTED ABOVE, an application for assistance for necessary non-emergency services must be submitted no less than ten (10) days prior to scheduled admissions and/or care. Idaho Code §31-3505(1).

Payment shall be for no more than the Unadjusted Medicaid Rate pursuant to Title XIX of the Social Security Act. Acceptance of County payment constitutes payment in full and the provider shall not seek additional funds from the applicant; (§31-3502 (5) and §31-3519 (3), Idaho Code). All charges are subject to Kootenai County's right to review reasonableness of charges.

IMPORTANT: Pursuant to Idaho Code §31-3411 and §31-3505D, the applicant has the right to appeal the decision of the Board of County Commissioners. Such appeal shall be filed with the Clerk of the Board, in writing, within twenty-eight (28) days of the date of the Board's Initial Determination, pursuant to the Administrative Procedure Act, Chapter 52, Title 67, Idaho Code. If no appeal is filed within the time frame allowed, the determination of the Board shall become final.

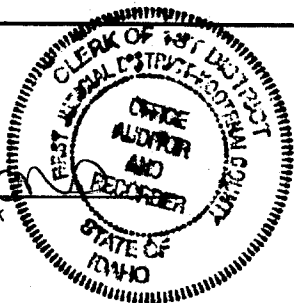
You should retain this document for your permanent records. If you have any questions or additional information pertinent to this Initial Determination, please contact this office.

ATTEST:

DAN ENGLISH

By [Signature]
Deputy Clerk

mgr: [Signature]



BOARD OF KOOTENAI COUNTY COMMISSIONERS

[Signature]
RICHARD PANABAKER

S. J. "GUS" JOHNSON

[Signature]
ELMER R. CURRIE

CERTIFICATE OF MAILING FOR: Request 2004-545

I hereby certify that a true and correct copy of the decision was mailed by U.S. Mail, postage prepaid on

3/29/04 by [Signature], pursuant to Idaho Code §31-3505C & §31-3505E.

CLERK'S STATEMENT OF FINDINGS

Date: March 26, 2004

As required by Section §31-3505A, Idaho Code, an investigation was made of the application by the Kootenai County Clerk of the Board or his/her deputy and as required by §31-3505A (6) files the following Clerk's Statement of Findings:

Applicant: HUMPHREY, KENNETH W

Request Number: 2004-545

Date of Birth: 11/19/1953

Assistance Requested: INPATIENT SURGERY 21,280.00

APPLICATION INDIGENCY STATUS and DIAGNOSIS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Indigency §31-3502 (1) Idaho Code | <input checked="" type="checkbox"/> Emergency Need §31-3502 (13) Idaho Code |
| <input checked="" type="checkbox"/> Obligated County §31-3506 (1) Idaho Code | <input checked="" type="checkbox"/> Medically Necessary §31-3502 (18) (A) (B) Idaho Code |
| <input checked="" type="checkbox"/> Last Resource §31-3502 (17) Idaho Code | <input type="checkbox"/> Other Reasons |

Primary Diagnosis: KIDNEY

RESIDENCY: §31-3506 & §31-3502 (12) Idaho Code: RESIDENT

APPLICANT FINANCIAL INFORMATION:

| | | | | | |
|----------------|------|--------------------------|------|--------------------------|------|
| Income: | 0.00 | Allowed Expenses: | 0.00 | Available Income: | 0.00 |
| Assets: | 0.00 | Balance Owing: | 0.00 | Total Net Equity: | 0.00 |

Monthly Amount Needed to Pay Provider(s) in Three Years: \$591.11


Assets consist of the land in California which is currently frozen for legal issues between the State of California and the State of Idaho regarding liens. They have a 1960 Jeep worth nothing because it is not running and a 1988 Cadillac worth \$1,000.00. They do not have a checking or savings account.

The applicant does not have the resources to pay for the requested assistance and does not qualify for any other agency programs.

ATTEST:

DAN ENGLISH

By 
Deputy Clerk

mgr: 

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF KOOTENAI COUNTY

In the Matter of the Application
On behalf of HUMPHREY, KENNETH W
Request # 2004-545 for County Medical Assistance

FINDINGS OF FACT
CONCLUSIONS OF LAW AND
ORDER OF REIMBURSEMENT

Based upon the file in the above-entitled matter, the Board of Kootenai County Commissioners issued the following Findings of Fact and Conclusions of Law:

1. That on March 12, 2004, HUMPHREY, KENNETH W submitted an application for assistance under the Idaho Medical Emergency Statutes.
2. That on March 26, 2004, the Board of Kootenai County Commissioners approved the application and became obligated to pay approx. \$21,280.00 to the hospital and doctors described in the application and on the Initial Determination of Approval for County Assistance. The \$21,280.00 approximately is subject to reduction depending on the applicable Medicaid reimbursement rate.
3. That HUMPHREY, KENNETH W has the ability to reimburse Kootenai County pursuant to Idaho Code §31-3510A from his/her earnings.
4. That the Commissioners have reviewed the income and expenses of HUMPHREY, KENNETH W and have determined that he/she has the ability to pay \$25.00 per month as a repayment.

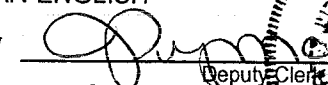
Therefore the Commissioners have determined that HUMPHREY, KENNETH W has the ability to pay \$25.00 per month for a total reimbursement of \$8,800.00.

5. That HUMPHREY, KENNETH W can sign a Promissory Note evidencing his/her obligation to Kootenai County.

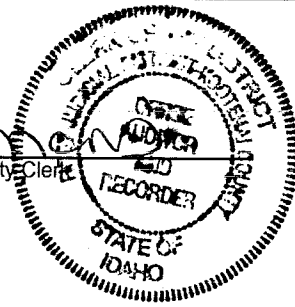
Dated: March 26, 2004

ATTEST:

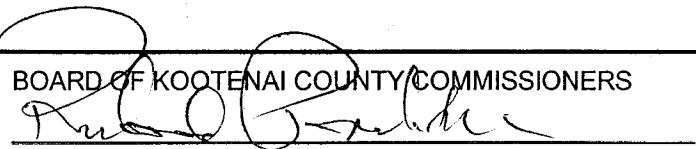
DAN ENGLISH

By  Deputy Clerk

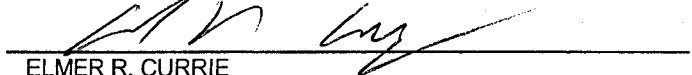
mgr: 



BOARD OF KOOTENAI COUNTY COMMISSIONERS


RICHARD PANABAKER

S. J. "GUS" JOHNSON


ELMER R. CURRIE

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF KOOTENAI COUNTY

In the Matter of the Application
On behalf of HUMPHREY, KENNETH W
Request # 2004-545 for County Medical Assistance

ORDER OF
REIMBURSEMENT

Based on the Findings of Fact, Conclusions of Law in the above-entitled matter dated March 26, 2004, the Board of Kootenai County Commissioners enters the following order:

1. That HUMPHREY, KENNETH W shall reimburse Kootenai County pursuant to Idaho Code §31-3510A for those monies expended on his/her obligation to reimburse Kootenai County.
2. That should HUMPHREY, KENNETH W desire a hearing before the Board of Kootenai County Commissioners to contest this Order, he/she must file such a request with the Board within twenty-eight (28) days.

Dated: March 26, 2004

ATTEST:

DAN ENGLISH

By

mgr:



BOARD OF KOOTENAI COUNTY COMMISSIONERS

[Signature]
RICHARD PANABAKER

S. J. "GUS" JOHNSON

[Signature]
ELMER R. CURRIE

KOOTENAI COUNTY ASSISTANCE
451 GOVERNMENT WAY / P.O. BOX 9000
COEUR D'ALENE, ID 83816-9000
(208) 446-1880
FAX: (208) 446-1887

**INITIAL DETERMINATION OF
APPROVAL FOR COUNTY ASSISTANCE**

Date of Determination: 05/21/2004 **Request Number:** 2004-747
Application on behalf of: KENNETH W HUMPHREY
Address: 2012 DALY DRIVE, COEUR D'ALENE, ID 83814
Application Date: 04/19/2004
Assistance Requested: HOSPITAL RELATED **7,644.79**

As required by Idaho Code Section §31-3406 and §31-3505A, an investigation was made of the application by the County Clerk of the Board or his/her deputy.

At this time, please be advised that eligibility has been established under Chapters 34 and 35, Title 31, and the application has been approved as outlined below:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Indigency §31-3502 (1) Idaho Code | <input checked="" type="checkbox"/> Emergency Need §31-3502 (13) Idaho Code |
| <input checked="" type="checkbox"/> Obligated County §31-3506 (1) Idaho Code | <input checked="" type="checkbox"/> Medically Necessary §31-3502 (18) (A) (B) Idaho Code |
| <input checked="" type="checkbox"/> Last Resource §31-3502 (17) Idaho Code | <input type="checkbox"/> Other Reasons |

THE FOLLOWING MEDICAL BILLS HAVE BEEN APPROVED FOR PAYMENT:

| PROVIDER | DATES OF SERVICE | AMOUNT REQUESTED |
|-----------------------------|-------------------------|------------------|
| JONES, DAVID T. M.D. | 04/01/2004 - 04/14/2004 | 160.00 |
| INCYTE PATHOLOGY | 04/01/2004 - 04/30/2004 | 100.00 |
| NORTH IDAHO IMAGING2 | 04/09/2004 - 04/14/2004 | 852.00 |
| WALES ALAN MD | 04/14/2004 - 04/16/2004 | 350.00 |
| RADIOLOGY ASSOC OF N. IDAHO | 04/14/2004 - 04/16/2004 | 330.00 |
| GUTH, LEONARD MD | 04/14/2004 - 04/16/2004 | 316.00 |
| KOOTENAI MEDICAL CENTER | 04/14/2004 - 04/16/2004 | 4,604.79 |
| YOUNG, GAVIN MD | 04/15/2004 - 04/16/2004 | 720.00 |
| PAVLIC ROMEO MD | 04/26/2004 - 04/26/2004 | 142.00 |
| PAVLIC ROMEO MD | 05/03/2004 - 05/03/2004 | 70.00 |
| Total: | | 7,644.79 |

APPROVAL is for related medical providers from 04/01/04 thru 05/03/04 due to right upper quadrant abdominal pain & possible complications from Lithotripsy.

APPLICANT AND PROVIDERS: Per Idaho Code §31-3519(1), upon receipt of a final determination approving an application for necessary medical services, an applicant, a medical provider, or the third party on behalf of the applicant, shall, within sixty (60) days, submit a county claim (billing) in accordance with the procedures provided in Chapter 15, Title 31, Idaho Code. **MEDICAL BILLS RECEIVED AFTER SIXTY (60) DAYS WILL NOT BE PAID.**

FOR FOLLOW UP CARE AND/OR NEW PROCEDURES NOT LISTED ABOVE, an application for assistance for necessary non-emergency services must be submitted no less that ten (10) days prior to scheduled admissions and/or care. Idaho Code §31-3505(1).

Payment shall be for no more than the Unadjusted Medicaid Rate pursuant to Title XIX of the Social Security Act. Acceptance of County payment constitutes payment in full and the provider shall not seek additional funds from the applicant; (§31-3502 (5) and §31-3519 (3), Idaho Code). All charges are subject to Kootenai County's right to review reasonableness of charges.

APPROVED WITH A REPAYMENT AGREEMENT. Applicant, please call (208) 446-1880 within three business days of receipt of this notice to make an appointment to sign repayment agreement.

IMPORTANT: Pursuant to Idaho Code §31-3411 and §31-3505D, the applicant has the right to appeal the decision of the Board of County Commissioners. Such appeal shall be filed with the Clerk of the Board, in writing, within twenty-eight (28) days of the date of the Board's Initial Determination, pursuant to the Administrative Procedure Act, Chapter 52, Title 67, Idaho Code. If no appeal is filed within the time frame allowed, the determination of the Board shall become final.

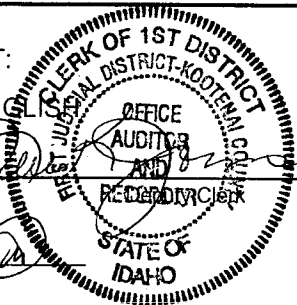
You should retain this document for your permanent records. If you have any questions or additional information pertinent to this Initial Determination, please contact this office.

ATTEST:

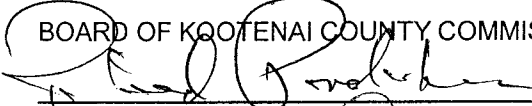
DAN ENGLISH

By

mgr:



BOARD OF KOOTENAI COUNTY COMMISSIONERS


RICHARD PANABAKER


S. J. "GUS" JOHNSON

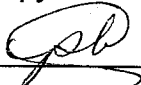

ELMER R. CURRIE

CERTIFICATE OF MAILING FOR: Request 2004-747

I hereby certify that a true and correct copy of the decision was mailed by U.S. Mail, postage prepaid on

5/25/04

by



, pursuant to Idaho Code §31-3505C & §31-3505E.

CLERK'S STATEMENT OF FINDINGS

Date: May 21, 2004

As required by Section §31-3505A, Idaho Code, an investigation was made of the application by the Kootenai County Clerk of the Board or his/her deputy and as required by §31-3505A (6) files the following Clerk's Statement of Findings:

Applicant: HUMPHREY, KENNETH W

Request Number: 2004-747

Date of Birth: 11/19/1953

Assistance Requested: HOSPITAL RELATED

7,644.79

APPLICATION INDIGENCY STATUS and DIAGNOSIS:

Medical Indigency §31-3502 (1) Idaho Code

Emergency Need §31-3502 (13) Idaho Code

Obligated County §31-3506 (1) Idaho Code

Medically Necessary §31-3502 (18) (A) (B) Idaho Code

Last Resource §31-3502 (17) Idaho Code

Other Reasons

Primary Diagnosis: KIDNEY

RESIDENCY: §31-3506 & §31-3502 (12) Idaho Code: RESIDENT

APPLICANT FINANCIAL INFORMATION:

| | | | | | |
|----------------|--------|--------------------------|--------|--------------------------|-------|
| Income: | 812.00 | Allowed Expenses: | 745.40 | Available Income: | 66.60 |
| Assets: | 1.00 | Balance Owing: | 0.00 | Total Net Equity: | 1.00 |

Monthly Amount Needed to Pay Provider(s) in Three Years: \$212.36


Assets consist of land in California worth \$32,000 and a 1984 Mustang. They also have a 1960 Jeep worth nothing and a 1988 Cadillac worth \$1,000.00 and a 1960 turck with camper shell with no value.

The applicant is medically indigent and unable to make the required monthly payment to the medical providers over three years.

ATTEST:

DAN ENGLISH

By


Deputy Clerk

mgr:

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF KOOTENAI COUNTY

In the Matter of the Application
On behalf of HUMPHREY, KENNETH W
Request # 2004-747 for County Medical Assistance

FINDINGS OF FACT
CONCLUSIONS OF LAW AND
ORDER OF REIMBURSEMENT

Based upon the file in the above-entitled matter, the Board of Kootenai County Commissioners issued the following Findings of Fact and Conclusions of Law:

1. That on April 19, 2004, HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife submitted an application for assistance under the Idaho Medical Emergency Statutes.
2. That on May 21, 2004, the Board of Kootenai County Commissioners approved the application and became obligated to pay approx. \$7,644.79 to the hospital and doctors described in the application and on the Initial Determination of Approval for County Assistance. The \$7,644.79 approximately is subject to reduction depending on the applicable Medicaid reimbursement rate.
3. That HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife has the ability to reimburse Kootenai County pursuant to Idaho Code §31-3510A from his/her earnings.
4. That the Commissioners have reviewed the income and expenses of HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife and have determined that he/she has the ability to pay \$25.00 per month as a repayment.

Therefore the Commissioners have determined that HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife has the ability to pay \$25.00 per month for a total reimbursement of \$4,500.00.

5. That HUMPHREY, KENNETH W and GEORGE, IRENE E, husband and wife can sign a Promissory Note evidencing his/her obligation to Kootenai County.

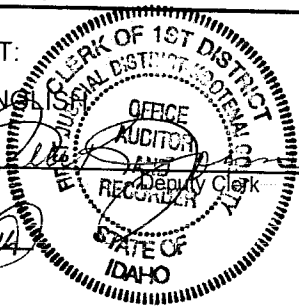
Dated: May 21, 2004

ATTEST:

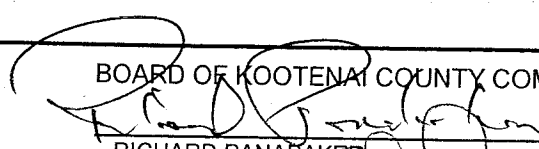
DAN ENGLISH

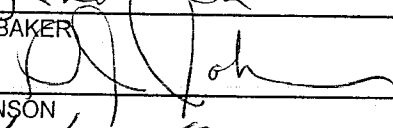
By


mgr:



BOARD OF KOOTENAI COUNTY COMMISSIONERS


RICHARD PANABAKER


S. J. "GUS" JOHNSON


ELMER R. CURRIE

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF KOOTENAI COUNTY

In the Matter of the Application
On behalf of HUMPHREY, KENNETH W
Request # 2004-747 for County Medical Assistance

ORDER OF
REIMBURSEMENT

Based on the Findings of Fact, Conclusions of Law in the above-entitled matter dated May 21, 2004, the Board of Kootenai County Commissioners enters the following order:

1. That HUMPHREY, KENNETH W shall reimburse Kootenai County pursuant to Idaho Code §31-3510A for those monies expended on his/her obligation to reimburse Kootenai County.
2. That should HUMPHREY, KENNETH W desire a hearing before the Board of Kootenai County Commissioners to contest this Order, he/she must file such a request with the Board within twenty-eight (28) days.

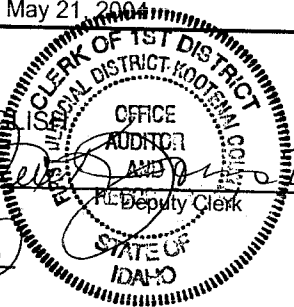
Dated: May 21, 2004

ATTEST:

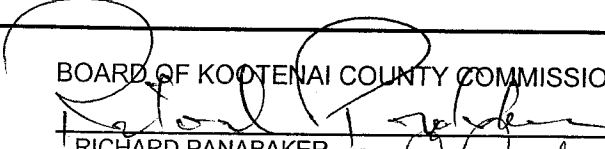
DAN ENGLISH

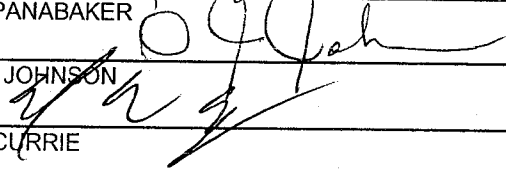
By

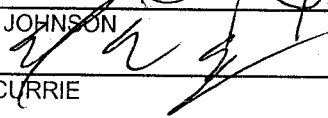
mgr:



BOARD OF KOOTENAI COUNTY COMMISSIONERS


RICHARD PANABAKER


S. J. "GUS" JOHNSON


ELMER R. CURRIE

Change Case File - Requests

Applicant File Date: 3/12/2004 Resident? Assistance Requested: 17969.03

Initial Name: _____

Change Reimbursements

Name: HUMPHREY, KENNETH W [Change](#)

Request #: 2004-544 County Case File #: _____ [Cancel](#)

Billing Status: No Billing Billing Frequency: Monthly First Billing: 10/20/2010 [Help](#)

Description: SIGNED 04/29/04 [Refresh](#)

Terms: NEW CAT - PMTS BEGIN 10/20/10

Name: HUMPHREY, KENNETH W Status: Active [Payments](#)

Address 1: P.O. BOX 3395

Address 2: _____

City/St/Zip: HAYDEN ID: 83835-_____

| | | | | | |
|-----------------|----------|-------------|---------|--------------------|---------|
| Last Billed: | 0/0/0000 | CAT %: | 0.00 | Obligation Amount: | 8000.00 |
| Billing Amount: | 25.00 | Total Paid: | 0.00 | | |
| Last Paid: | 0/0/0000 | Balance: | 8000.00 | | |

Print all Activity on Bill?

Comments: _____

Start Date: 10/20/2010

Day of Month - Payments Due: 20

of Payment Periods: 320

Interview Scheduled: 3/24/2004 Interview Time: 10:00 am [Document Notes](#)

Interviewer: CARRIE MCCRITE [Appointments](#) (Dates, Income, Assets, Expenses) [Additional Information](#) [Print](#)

start [Inbox - Microsoft](#) [Indigent Main Me](#) [Workflow-Intake](#) [PENDING MEDIC](#) [MEDICAID PAYM](#) 10:36 AM

KOOTENAI COUNTY ASSISTANCE
451 GOVERNMENT WAY/P.O. Box 9000
Coeur d'Alene, ID 83816-9000
(208) 446-1880
FAX: (208) 446-2177

Applicant: 20040261 HUMPHREY, KENNETH W

Request No: 2004-00545

Balances: Original: 8,800.00

Current: 5,945.13

Payments: Last: 12/09/2004

Payment History

| Paid By | Date Paid | Payment Type | Receipt# | Total Paid |
|--------------------|------------|--------------|----------|------------|
| ACTUAL AMOUNT PAID | 12/09/2004 | ADJUST | 0 | 2,854.87 |
| Report Totals: | | | | 2,854.87 |

KOOTENAI COUNTY ASSISTANCE
451 GOVERNMENT WAY/P.O. Box 9000
Coeur d'Alene, ID 83816-9000
(208) 446-1880
FAX: (208) 446-2177

Applicant: 20040261 HUMPHREY, KENNETH W

Request No: 2004-00747

Balances: Original: 4,500.00

Current: 3,470.76

Payments: Last: 06/25/2007

Payment History

| Paid By | Date Paid | Payment Type | Receipt# | Total Paid |
|--------------------|------------|--------------|----------|------------|
| ACTUAL AMOUNT PAID | 06/25/2007 | ADJUST | 8868 | 1,029.24 |
| Report Totals: | | | | 1,029.24 |



Idaho Statutes

TITLE 31
COUNTIES AND COUNTY LAW
CHAPTER 35

HOSPITALS FOR INDIGENT SICK

31-3504. APPLICATION FOR FINANCIAL ASSISTANCE. (1) An applicant requesting assistance under this chapter shall complete a written application on a uniform form agreed to by the Idaho association of counties and the Idaho hospital association. The truth of the matters contained in the application shall be sworn to by the applicant. The application shall be signed by the applicant or on the applicant's behalf and filed in the clerk's office.

(2) If a third party application is filed, the application shall be as complete as practical and presented in the same form and manner as set forth above.

(3) Follow-up necessary medical services based on a treatment plan, for the same condition, preapproved by the board, may be provided for a maximum of six (6) months from the date of the original application without requiring an additional application; however, a request for additional treatment not specified in the approved treatment plan shall be filed with the clerk ten (10) days prior to receiving services. Beyond the six (6) months, requests for additional treatment related to an original diagnosis in accordance with a preapproved treatment plan shall be filed ten (10) days prior to receiving services and an updated application may be requested by the board.

(4) Upon application for financial assistance pursuant to this chapter an automatic lien shall attach to all real and personal property of the applicant and on insurance benefits to which the applicant may become entitled. The lien shall also attach to any additional resources to which it may legally attach not covered above. The lien created by this section may be, in the discretion of the board, perfected as to real property and fixtures by recording, in any county recorder's office in this state in which the applicant and obligated party own property a notice of application for medical indigency benefits on a uniform form agreed to by the Idaho association of counties and the Idaho hospital association, which form shall be recorded as provided herein within thirty (30) days from receipt of an application, and such lien, if so recorded, shall have a priority date as of the date the necessary medical services were provided. The lien created by this section may also be, in the discretion of the board, perfected as to personal property by filing with the secretary of state within thirty (30) days of receipt of an application, a notice of application in substantially the same manner as a filing under chapter 9, title 28, Idaho Code, except that such notice need not be signed and no fee shall be required, and, if so filed, such lien shall have the priority date as of the date the necessary medical services were provided. An application for assistance pursuant to this chapter shall waive any confidentiality granted by state law to the extent necessary to carry out the intent of this section.

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[Search the Idaho Statutes](#)

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Idaho Statutes

TITLE 31
COUNTIES AND COUNTY LAW
CHAPTER 35

HOSPITALS FOR INDIGENT SICK

31-3510A. REIMBURSEMENT. (1) Receipt of financial assistance pursuant to this chapter shall obligate an applicant to reimburse the county from which assistance is received and the catastrophic health care costs program for such reasonable portion of the financial assistance paid on behalf of the applicant as the board may determine that the applicant is able to pay from resources over a reasonable period of time. Cash amounts received shall be prorated between the county and the state in proportion to the amount each has paid.

(2) A final determination shall not relieve the applicant's duty to make additional reimbursement from resources if the board subsequently finds within a reasonable period of time that there has been a substantial change in circumstances such that the applicant is able to pay additional amounts up to the total claim paid on behalf of the applicant.

(3) A final determination shall not prohibit the board from reviewing a petition from an applicant to reduce an order of reimbursement based on a substantial change in circumstances.

(4) The automatic lien created pursuant to the chapter may be filed and recorded in any county of this state wherein the applicant has resources and may be liquidated or unliquidated in amount. Nothing herein shall prohibit an applicant from executing a consensual lien in addition to the automatic lien created by filing an application pursuant to this chapter. In the event that resources can be located in another state, the clerk may file the lien with the district court and provide notice to the recipient. The recipient shall have twenty (20) days to object, following which the district court shall enter judgment against the recipient. The judgment entered may thereafter be filed as provided for the filing of a foreign judgment in that jurisdiction.

(5) The county shall have the same right of recovery as provided to the state of Idaho pursuant to sections 56-218 and 56-218A, Idaho Code.

(6) The board may require the employment of such of the medically indigent as are capable and able to work and whose attending physician certifies they are capable of working.

(7) Moneys received by a county as reimbursement shall be credited to the county indigent fund and need not be budgeted or appropriated in the manner required by chapter 16, title 31, Idaho Code, but shall be available for expenditure at any time for the purposes of the county indigent fund.

(8) If, after a hearing, the final determination of the board is to require a reimbursement amount or rate the applicant believes excessive, the applicant may seek judicial review of the final determination of the board in the manner provided in section 31-1506, Idaho Code.

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KOOTENAI COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES

Legal Services • Human Resource Services • Risk Management

John A. Cafferty • Patrick M. Braden • Darrin L. Murphey • Civil Attorneys
Angela Y. Shanklin • Supervisor, Human Resource Services

June 27, 2007

Paul McDonnell, Riverside County Treasurer and Tax Collector
Attn: Desiree Taylor, Deputy Treasurer, Tax Enforcement Unit
Post Office Box 12005
Riverside, CA 92502-2205

RE: Claim for Excess Proceeds from the Sale of Tax-Defaulted Property
Assessment No. 547180008-1 (25926 Riverview Drive, Hemet)

Dear Ms. Taylor:

Enclosed please find a Claim for Excess Proceeds from the sale of the above-referenced property. This claim is being submitted on behalf of lienholder Kootenai County Assistance. This claim is for \$17,415.89, and is made pursuant to Title 35, Chapter 31, Idaho Code and Cal. Rev. & Tax Code § 4675.

Marla Lewis, manager for Kootenai County Assistance, has signed the application, and has signed a supporting affidavit detailing the basis for the claim and the amount currently owed. I have also enclosed notices of lien recorded in Riverside and Kootenai counties, along with documentation from Kootenai County Assistance records, in support of this claim. Finally, I have provided copies of the statutes which provide the legal basis under Idaho law for this claim.

I would request that you please provide payment of the claimed amount, or such portion thereof as may be available from the proceeds of the above-reference trustee sale, to the following address:

Kootenai County Department of Administrative Services
451 N. Government Way
P.O. Box 9000
Coeur d'Alene, ID 83816-9000

Please make the check out to "Kootenai County Assistance." I am also requesting an itemized statement showing the purchase price and the distribution of the proceeds of the sale.

451 N. Government Way, P.O. Box 9000, Coeur d'Alene, ID 83816-9000
Human Resource Services – Phone (208) 446-1640 – Fax (208) 446-1649
Legal Services/Risk Management – Phone (208) 446-1620 – Fax (208) 446-1621

Thank you for your consideration of this matter.

Yours Truly,

A handwritten signature in black ink, appearing to read "Patrick M. Braden". The signature is fluid and cursive, with a prominent initial "P" and a long, sweeping underline.

Patrick M. Braden
Civil Attorney

PMB
Enclosures
cc: Marla Lewis

JON CHRISTENSEN
ASSISTANT TREASURER-TAX COLLECTOR

SUE BAUER
SR. CHIEF DEPUTY TREASURER-TAX COLLECTOR

DEBBIE BASHE
INFORMATION TECHNOLOGY OFFICER II

GIOVANE PIZANO
INVESTMENT MANAGER



DON KENT
TREASURER

GARY COTTERILL
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MATT JENNINGS
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MELISSA JOHNSON
CHIEF DEPUTY TREASURER-TAX COLLECTOR

ADRIANNA GOMEZ
ADMINISTRATIVE SERVICES MANAGER I

March 30, 2010

Kootenai County Department of Administrative Services
Attn: Marla Lewis or Patrick M. Braden
451 N. Government Way
Coeur d'Alene, ID 83816-9000

PROSECUTOR - CIVIL DIVISION
Rec'd 4.8.10 File No. 1060.238
Route PS Cald'r _____
Copy _____ Lit. File _____

Re: Apn: 547180008-1
TC 177 Item 217
Date of Sale: March 11, 2007

Dear Kootenai County Department of Administrative Services

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/mis spelled name
- ___ Notarized Statement Giving Rights to Collect/Claim on behalf of
- ___ Copy of Trust/Will (Complete) for
- ___ Certified Death Certificates for
- ___ Copy of Birth Certificates for
- ___ Copy of Marriage Certificate for
- ___ Original Note/Payment Book
- X **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..)
- ___ Other -

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 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:

EP177 Item217
Kootenai County Department of Administrative Services
Attn: Marla Lewis or Patrick M. Braden
451 N. Government Way
Coeur d'Alene, ID 83816-9000

R:

4080 LEMON ST
WWW.RIVERSIDETA

2. Article Number
(Transfer from service label)

7003 2260 0004 1562 1753

COMPLETE THIS SECTION ON DELIVERY

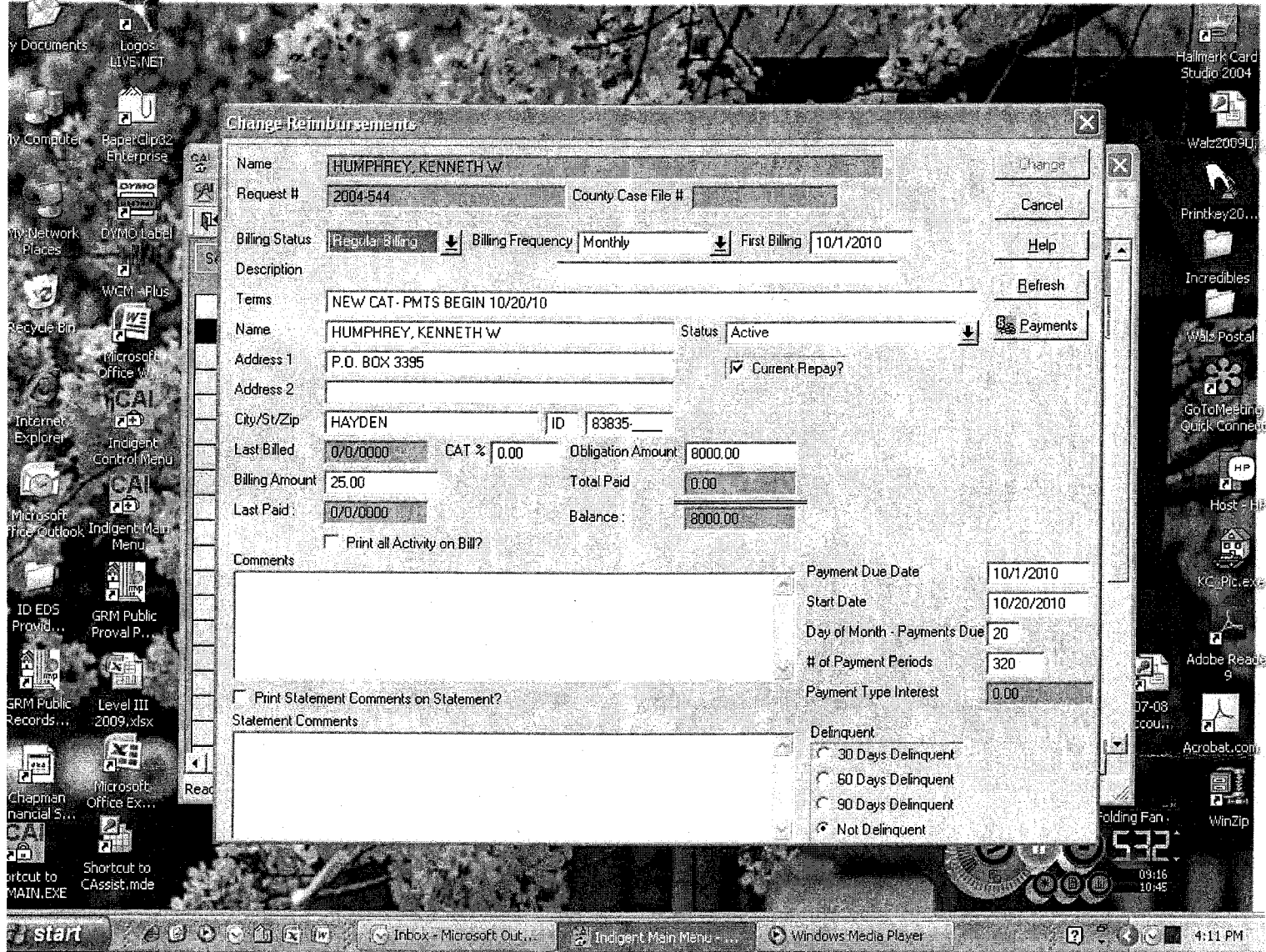
- A. Signature [Signature] Agent Addressee
- B. Received by (Printed Name) David Lee C. Date of Delivery APR 5 2010
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
PO Box 9050

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

4. Restricted Delivery? (Extra Fee) Yes

Change Reimbursements

| | | | |
|---|-------------------------------|---|--|
| Name | HUMPHREY, KENNETH W | | Change |
| Request # | 2004-544 | County Case File # | Cancel |
| Billing Status | Regular Billing | Billing Frequency | Monthly |
| | | First Billing | 10/1/2010 |
| Description | NEW CAT - PMTS BEGIN 10/20/10 | | |
| Terms | NEW CAT - PMTS BEGIN 10/20/10 | | |
| Name | HUMPHREY, KENNETH W | Status | Active |
| Address 1 | P.O. BOX 3395 | | <input checked="" type="checkbox"/> Current Repay? |
| Address 2 | | | |
| City/St/Zip | HAYDEN | ID | 83835 |
| Last Billed | 0/0/0000 | CAT % | 0.00 |
| Billing Amount | 25.00 | Obligation Amount | 8000.00 |
| Last Paid | 0/0/0000 | Total Paid | 0.00 |
| | | Balance | 8000.00 |
| <input type="checkbox"/> Print all Activity on Bill? | | | |
| Comments | | | |
| <input type="checkbox"/> Print Statement Comments on Statement? | | Payment Due Date | 10/1/2010 |
| Statement Comments | | Start Date | 10/20/2010 |
| | | Day of Month - Payments Due | 20 |
| | | # of Payment Periods | 320 |
| | | Payment Type Interest | 0.00 |
| | | Delinquent | |
| | | <input type="radio"/> 30 Days Delinquent | |
| | | <input type="radio"/> 60 Days Delinquent | |
| | | <input type="radio"/> 90 Days Delinquent | |
| | | <input checked="" type="radio"/> Not Delinquent | |



KOOTENAI COUNTY ASSISTANCE
451 GOVERNMENT WAY/P.O. Box 9000
Coeur d'Alene, ID 83816-9000
(208) 446-1880
FAX: (208) 446-2177

Applicant: 20040261 HUMPHREY, KENNETH W

Request No: 2004-00747

Balances: Original: 4,500.00

Current: 3,470.76

Payments: Last: 06/25/2007

Payment History

| Paid By | Date Paid | Payment Type | Receipt# | CAT Paid | Total Paid |
|--------------------|------------|--------------|----------|----------|------------|
| ACTUAL AMOUNT PAID | 06/25/2007 | ADJUST | 8868 | .00 | 1,029.24 |
| Report Totals: | | | | .00 | 1,029.24 |

KOOTENAI COUNTY ASSISTANCE
451 GOVERNMENT WAY/P.O. Box 9000
Coeur d'Alene, ID 83816-9000
(208) 446-1880
FAX: (208) 446-2177

Applicant: 20040261 HUMPHREY, KENNETH W

Request No: 2004-00545

Balances: Original: 8,800.00

Current: 5,945.13

Payments: Last: 12/09/2004

Payment History

| Paid By | Date Paid | Payment Type | Receipt# | CAT Paid | Total Paid |
|-----------------------|------------|--------------|----------|-----------------|-----------------|
| ACTUAL AMOUNT PAID | 12/09/2004 | ADJUST | 0 | 1,219.02 | 2,854.87 |
| Report Totals: | | | | 1,219.02 | 2,854.87 |