

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

JUL 12 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 177, Item 248.

Last assessed to: Michael E. Mysicka, a unmarried man and Edward J. Mysicka, a married man, as joint tenants.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from Global Discoveries, Ltd., assignee for Michael E. Mysicka, last assessee, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 636081004-2;
- 2) Authorize and direct the Auditor-Controller to issue a warrant to Global Discoveries, Ltd., assignee for Michael E. Mysicka in the amount of \$13,439.29, no sooner than ninety days from the date of this order, unless pursuant to the California Revenue and Taxation Code Section 4675, an appeal has been filed in Superior Court.

BACKGROUND: (Continued on page two)


Don Kent, Treasurer-Tax Collector

FINANCIAL DATA	Current F.Y. Total Cost:	\$13,439.29	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

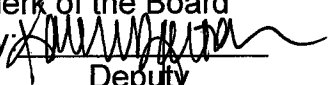
BY: 
Christopher M. Hans

County Executive Office Signature

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 FILED WITH THE CLERK OF THE BOARD **District: 3**

Agenda Number:

9.61

FORM APPROVED COUNTY COUNSEL
BY:  DALE A. GARDNER
DATE: 7/12/10

Dept' Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

BOARD OF SUPERVISORS

Form 11:

Page 2

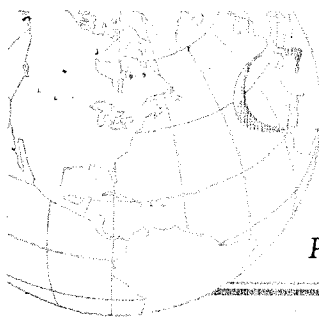
BACKGROUND: (Continued)

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 one claim for excess proceeds:

- 1) Claim from Global Discoveries, Ltd., assignee for Michael E. Mysicka based on an Assignment of Right to Collect Excess Proceeds dated June 22, 2007, a Quitclaim Deed recorded July 10, 1990 as Instrument No. 254136 and death certificate of Edward Joe Mysicka.

Pursuant to Section 4675 (a) & (b) of the California Revenue and Taxation Code, it is the recommendation of this office that Global Discoveries, Ltd., assignee for Michael E. Mysicka be awarded excess proceeds in the amount of \$13,439.29. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.



GLOBAL DISCOVERIES, LTD.

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

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

CLAIM SUMMARY

To: Riverside County Treasurer and Tax Collector

Assessors Parcel Number: 636081004-2
Last Assessee: MYSICKA MICHAEL E & EDWARD J
Sale Date: 03/12/2007
Tax Sale Number: TC177
Item Number: 248
Default Number: 2001-636081004

Dear Treasurer/Tax Collector:

1. Claimant(s): Global Discoveries, Ltd.

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

1. Quitclaim Deed granting interest to Michael E. Mysicka, a unmarried man and Edward J. Mysicka, a married man , as joint tenants, as Document # 25 4136, Recorded 7/10/1990.
2. Informational Death Certificate for Edward J. Mysicka
3. Assignment of Excess Proceeds signed by Michael E. Mysicka
4. Claim Form(s) signed by Global Discoveries.
5. Photo ID for Michael E. Mysicka

RECEIVED
07 JUL -9 9 PM 15
RIVERSIDE COUNTY
TREASURER/TAX COLLECTOR

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$13,775.00 or 100% of the claimant's share of the excess proceeds made payable to Global Discoveries, Ltd. and mailed to P.O. Box 1748, Modesto, California 95353-1748.

Please address questions regarding the attached claim(s) to Jed Byerly, Chief Operating Officer, at (209) 593-3913, or e-mail to jed@globaldiscoveries.com.



COORDINATED BY
WEST AMERICAN TITLE INSURANCE COMPANY

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

Edward J Mysioka or
Michael E Mysioka
2914 Vera Cruz Rd,
Palm Springs, Ca, 92264

RECEIVED FOR RECORD
AT 2:00 PM JUL 10 1990

JUL 10 1990

William P. Blom
Recorder of Deeds

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENT TO:

Edward J Mysioka or
Michael E Mysioka
2914 Vera Cruz Rd.
Palm Springs, Ca, 92264

DOCUMENTARY TRANSFER TAX \$

- ... Computed on the consideration or value of property conveyed. OR
- ... Computed on the consideration or value less liens or encumbrances remaining at time of sale.

A.P.N. 636081004-2 & 636082032-0

Signature of Declarant or Agent determining tax - Firm Name

QUITCLAIM DEED

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

Edward J Mysioka, a married man,

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Michael E Mysioka, a unmarried man and Edward J Mysioka, a married man, as joint tenants.

the real property in the City of
County of Riverside

State of California, described as

Lots 339 and 397 as per plat recorded in Book 32 of Records of Survey,
page 29, 30, 31, and 32, records of said County, being a portion of
Section 9, Township 7 South, Range 5 East, SBEM.

Subject to; Covenants; Conditions, restrictions, reservations, easements,
rights and rights of way of record.

FILED - 636081004-2

636081004-2

JULY 10 1990

Dated

July 5th 1990

STATE OF CALIFORNIA
COUNTY OF Riverside

Edward J Mysioka

On July 5, 1990
before me, the undersigned, a Notary Public in and for said State,
personally appeared Edward J Mysioka

personally known to me (or proved to me on the basis of satisfactory
evidence), to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that he/she/they
executed the same
WITNESS my hand and official seal



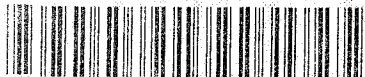
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
 CERTIFICATE OF DEATH

3199933001452

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) EDWARD		2. MIDDLE JOE		3. LAST (FAMILY) MYSICKA			
4. DATE OF BIRTH M/M/DD/CCYY 04/01/1917		5. AGE YRS. 81		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 02/10/1999	
8. HOUR 1940		9. STATE OF BIRTH NE		10. SOCIAL SECURITY NO. 507-01-7215		11. MILITARY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 15		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER U.S. GOVERNMENT		17. OCCUPATION PILOT		18. KIND OF BUSINESS U.S. AIR FORCE		19. YEARS IN OCCUPATION 24	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2914 VERA CRUZ RD							
21. CITY PALM SPRINGS		22. COUNTY RIVERSIDE		23. ZIP CODE 92264		24. YRS IN COUNTY 33	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP ELSIE L. MYSICKA - WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2914 VERA CRUZ RD., PALM SPRINGS, CA 92264							
28. NAME OF SURVIVING SPOUSE—FIRST ELSIE		29. MIDDLE L		30. LAST (MAIDEN NAME) ALVES			
31. NAME OF FATHER—FIRST CHARLES		32. MIDDLE J		33. LAST MYSICKA		34. BIRTH STATE CZCH	
35. NAME OF MOTHER—FIRST ANTONIA		36. MIDDLE J		37. LAST (MAIDEN) ADAM		38. BIRTH STATE CZCH	
39. DATE M/M/DD/CCYY 02/16/1999		40. PLACE OF FINAL DISPOSITION DESERT MEMORIAL PARK, 69920 E. RAMON RD., CATHEDRAL CITY, CA 92234					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR PALM SPRINGS MORT., CATHEDRAL CITY		45. LICENSE NO. FD 1513		46. SIGNATURE OF LOCAL REGISTRAR Larry W. Ward MD		47. DATE M/M/DD/CCYY 02/16/1999	
101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY RIVERSIDE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 39000 BOB HOPE DR		106. CITY RANCHO MIRAGE					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) PNEUMONIA						108. DEATH REPORTED TO CORONER TIME INTERVAL BETWEEN ONSET AND DEATH 2 DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B)						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 RENAL FAILURE, DEMENTIA							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 09/25/1997		115. SIGNATURE AND TITLE OF CERTIFIER Richard A. Stone MD		116. LICENSE NO. G 026862		117. DATE M/M/DD/CCYY 02/11/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP RICHARD A. STONE MD, 39000 BOB HOPE DR., #316, RANCHO MIRAGE, CA 92270							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 305961		CENSUS TRACT	



0 3 3 7 6 0 3 9 7

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

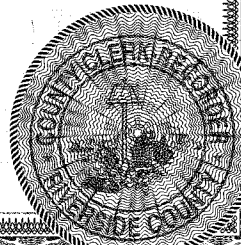
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.



LARRY W. WARD
 ASSESSOR-COUNTY CLERK-RECORDER
 RIVERSIDE COUNTY, CALIFORNIA



ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

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

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to GLOBAL DISCOVERIES, LTD. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 636081004-2, Tax Sale Number TC177, Item 248 sold at public auction on 03/12/2007. I understand that the total of excess proceeds available for refund is \$ 13,775.00+/-, and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Michael E Mysicka (Signature of Party of Interest/Assignor) (Date)

Michael E. Mysicka (Name Printed)

Tax ID/SS# 559 70 6542

4941 Nels Road (Address)

Oscoda, MI 48750 (City/State/Zip)

STATE OF CALIFORNIA Michigan) COUNTY OF Iosco)

989 739 5211 (Area Code/Telephone Number)

On June 22, 2007, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael E Mysicka known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

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

CHERYL K MAITLAND Notary Public, State of Michigan County of Iosco My Commission Expires 11-22-2013 Acting in the county of Iosco



(This area for official seal)

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

Jed Byerly (Signature of Assignee)

Jed Byerly, Chief Operating Officer (Name Printed)

Tax ID/SS# 77-0558969

Global Discoveries, Ltd. (Address)

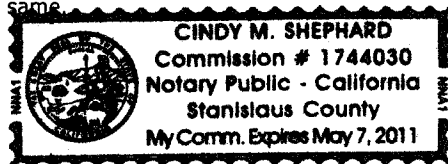
STATE OF CALIFORNIA) COUNTY OF Stanislaus)

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

Phone: (209) 593-3913

On 7-6-07, before me, the undersigned, a Notary Public in and for said State, personally appeared ***Jed Byerly*** known to me (or proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

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



(This area for official seal)

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX DEFAULTED PROPERTY

To: Riverside County Treasurer and Tax Collector

Assessor's Parcel No: 636081004-2
Tax Sale Number: TC177
Item Number: 248
Default Number: 2001-636081004-0000
Date of Sale: 03/12/2007

The undersigned claimant, Global Discoveries, Ltd., claims \$13,775.00+/- or 100% of the claimant's share of the actual amount of excess proceeds from the sale of the property referenced above.

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

Please refer to Claim Summary and attached Documents

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

Executed this 6th day of July, 2007 at Modesto, California.

By: Jed Byerly
Jed Byerly, Chief Operating Officer
Global Discoveries, Ltd. Tax ID # 77-0558969
P.O. Box 1748
Modesto, CA 95353-1748
(209) 593-3913

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

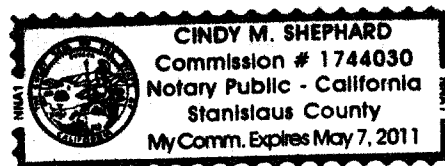
State of California)

County of Stanislaus)

On 7-6-07 before me, Cindy M. Shepard, Notary Public personally appeared
(Date) (here insert name and title of the officer)

Jed Byerly, personally known to me (or ~~proved to me on the basis of satisfactory evidence~~) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Cindy M. Shepard (seal)
Signature of Notary Public



OPERATOR LICENSE

EXPIRES
04-11-2009

MICHAEL EDWARD MYSICKA
4941 NELS RD
OSCODA, MI 48750-9786



Date of birth	Sex	Height	Eyes	Lic Type	Endorsements
04-11-1955	M	510	BRO	O	CY

Restrictions: NONE

Michael Edward Mysicka

See back for medical
information, anatomical gift.

0/14