

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



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

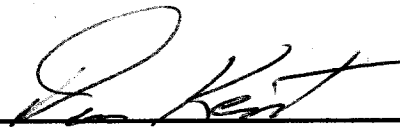
AUG 11 2010

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 182, Item 23.
Last assessed to: The Estate of Jimmy Ray Nichols.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the claim from the State of California, Department of Health Care Services for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 225071014-6;
- 2) Authorize and direct the Auditor-Controller to issue a warrant to the State of California, Department of Health Care Services in the amount of \$81,486.05, 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)



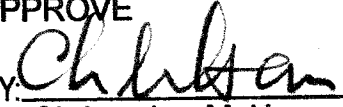
Don Kent, Treasurer-Tax Collector

FINANCIAL DATA	Current F.Y. Total Cost:	\$81,486.05	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: 2**

Agenda Number:

9.90

FORM APPROVED COUNTY COUNSEL
BY: 
DALE A. GARDNER
DATE: 8/11/10
Departmental Concurrence

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

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 16, 2009 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 5, 2009. 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, 2009, 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 the State of California, Department of Health Care Services based on a Creditor's Claim filed October 3, 2005.

Pursuant to Section 4675 (a) & (e) of the California Revenue and Taxation Code, it is the recommendation of this office that the State of California, Department of Health Care Services be awarded excess proceeds in the amount of \$81,486.05. Since there are no other claimants the excess proceeds in the amount of \$16,567.91 will remain unclaimed. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.

State of California

Arnold Schwarzenegger, Governor

=====
Department of Health Care Services
Recovery Section, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
(916) 650-6577

October 14, 2009

MR. DON KENT
TREASURER/TAX COLLECTOR
P.O. BOX 12005
RIVERSIDE, CA 92502-2205

DEAR MR. KENT:

REFERENCE NUMBER: 96073641C-001
ESTATE OF : JIMMY NICHOLS
PROBATE NUMBER : ~~RIP~~ 089136
CLAIM AMOUNT : \$81,486.05

Enclosed are documents pertaining to the above-referenced estate.
If you have questions, please call (916) 650-6577.

Sincerely,



Monroe Dyson III
Collection Representative
Estate Recovery Section

Enclosures

PB2000,009 (05/09)

RECEIVED
2009 OCT 21 AM 8:38
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

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

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC 182 Item 23 Assessment No.: 225071014-6

Assessee: NICHOLS JIMMY RAY ESTATE OF

Situs: 6165 LAWSON WAY RIVERSIDE

Date Sold: March 16, 2009

Date Deed to Purchaser Recorded: May 5, 2009

Final Date to Submit Claim: May 5, 2010

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 81,486.05 from the sale of the above mentioned real property. I/We were the (joint) owner(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. _____; recorded on _____. 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.

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 14th day of October, 2009 at Sacramento, CA
County, State

Monroe Dyson III
Signature of Claimant representative for DHCS

Monroe Dyson III
Signature of Claimant representative for DHCS

Monroe Dyson III
Print Name

Monroe Dyson III
Print Name

1500 Capitol Ave. MS 4720
Street Address

1500 Capitol Ave. MS 4720
Street Address

Sacramento, CA 95814
City, State, Zip

Sacramento, CA 95814
City, State, Zip

(916) 650-6577
Phone Number

(916) 650-6577
Phone Number

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SACRAMENTO

On OCTOBER 14, 2009 before me, JOSEPH MARINO, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared MORRIS DYSON III

Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person ~~is/~~ whose name ~~is/~~ subscribed to the within instrument and acknowledged to me that he ~~is/~~ executed the same in his ~~is/~~ authorized capacity ~~is/~~ and that by his ~~is/~~ signature ~~is/~~ on the instrument the person ~~is/~~, or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: CLAIM FOR EXCESS PROCEEDS - REF# 96073641C-001

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

INSTRUCTIONS FOR FILING CLAIM

(See Claim Form on Reverse Side)

The California Revenue and Taxation Code, Section 4675, states in part (paraphrased):

For the purposes of this article, parties of interest and their order of priority are:

- (a) First, lienholders of record prior to the recordation of the tax deed to the purchaser in the order of their priority; and
- (b) Then, any person with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If you consider yourself to be a party of interest in the sale of tax defaulted property as defined above, please fill out the reverse of this form stating how you have determined your status as a party of interest. If you need help in filling out the form, please contact our office by telephone, mail, or in person--our telephone number is (951) 955-3842. You must attach copies of documents to support your claim as follows:

1. In case (a), attach a copy of your trust deed or other evidence of lien or security interest, along with a statement under penalty of perjury setting forth the original amount of the lien or interest, the total amount of payments received reducing the original amount of the lien or interest, and the amount still due and payable as of the date of the sale of the tax defaulted property by the Tax Collector.
2. In case (b), attach copies of any other documents (e.g., deed, death certificate, will, court order, etc.) supporting your claim.

PLEASE NOTE: We cannot, by law, begin processing of claims until one year has passed from the date of the deed to the purchaser. In order to receive consideration by the Riverside County Board of Supervisors, claims must be filed **ON OR BEFORE THE EXPIRATION OF ONE YEAR** following the date of the recording of the deed to the purchaser. Please see the "Date Deed to Purchaser Recorded" appearing on the attached notice (Form 117-170). The Tax Collector will submit a recommendation to the Board of Supervisors as to what disposition should be made on your claim. Following the Board's review, the claim will either be approved or denied. The Clerk of the Board of Supervisors will notify you of the action taken by the Board. Should the claim be approved, the Auditor-Controller will issue a County warrant in payment. By law, the Auditor cannot issue you a warrant in payment of the approved claim until 90 days following the action taken by the Board.

MAIL COMPLETED FORMS TO:

Don Kent, Treasurer-Tax Collector
Post Office Box 12005
Riverside, CA 92502-2205

Attention: Tax Enforcement Unit

State of California

Arnold Schwarzenegger, Governor

=====
Department of Health Services
Recovery Section, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
(916) 449-5885

September 23, 2005

STATUTE REQUIRES
FILING BY:

RIVERSIDE COUNTY
CONSOLIDATED COURTS
ATTENTION: PROBATE DIVISION
4050 MAIN STREET
RIVERSIDE, CA 92502-0431

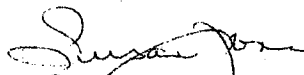
Dear Riverside County:

CASE NUMBER : 511326822001
ESTATE OF : JIMMY R. NICHOLS
SUPERIOR COURT OF RIVERSIDE COUNTY
PROBATE NUMBER : RIP 089136
CREDITOR'S CLAIM: \$81,486.05

Please file the enclosed Creditor's Claim and Request for Special Notice in the above-referenced estate on behalf of the State of California, Department of Health Services. Additionally, please endorse the filing date on the enclosed copies of the documents and return them in the envelope provided.

Thank you for your cooperation in this matter. If you have any questions, you may contact me at (916) 449-5885.

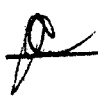
Sincerely,



Susan Jones
Collection Representative
Estate Recovery Unit

Enclosures

PB1019,006 (3/99)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		TELEPHONE AND FAX NOS: (916) 449-6885	FOR COURT USE ONLY
DEPARTMENT OF HEALTH SERVICES RECOVERY SECTION P.O. BOX 997425 SACRAMENTO, CA 95899-7425		REF. # 511326822001	FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE OCT 03 2005 
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 4050 MAIN STREET MAILING ADDRESS: ATTN: PROBATE DIVISION CITY AND ZIP CODE: RIVERSIDE, CA 92502-0431 BRANCH NAME:			
ESTATE OF (Name): JIMMY R. NICHOLS		DECEDENT	
PREFERRED	CREDITOR'S CLAIM	CASE NUMBER: RIP 089136	

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the Notice of Administration was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.
WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: \$ **81,486.05**
 - Claimant (name): **Department of Health Services**
 - an individual
 - an individual or entity doing business under the fictitious name of (specify):
 - a partnership. The person signing has authority to sign on behalf of the partnership.
 - a corporation. The person signing has authority to sign on behalf of the corporation.
 - other (specify): **a government agency**
 - Address of claimant (specify): **P.O. Box 997425, MS4720, Sacramento, CA 95899-7425**
 - Claimant is the creditor a person acting on behalf of creditor (state reason): **a government employee**
 - Claimant is the personal representative the attorney for the personal representative.
 - I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Date: **SEP 27 2005**

Susan Jones, Collection Representative
 (TYPE OR PRINT NAME AND TITLE)


 (SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the Proof of Mailing or Personal Delivery on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continue on reverse)

CREDITOR'S CLAIM
(Probate)

Probate Code, §§ 9000 et seq., 9153

FACTS SUPPORTING THE CREDITOR'S CLAIM

See attachment (if space is insufficient)
Item and supporting facts

Date of item	Item and supporting facts	Amount Claimed
SEE ATTACHED LIST		
TOTAL		\$81,486.05

PROOF OF MAILING PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

- I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
- My residence or business address is (specify): **1500 Capitol Avenue, Third Floor
Sacramento, CA 95814**

3. I mailed or personally delivered a copy of this Creditor's Claim to the personal representative as follows (check either a or b below):

- a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
- I enclosed a copy in an envelope AND
 - deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with the business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - The envelope was addressed and mailed first-class as follows:
 - Name of personal representative served: **Mr. Richard J. Hassen, Attorney at Law**
 - Address on envelope: **10429 Hole Avenue
Riverside, CA 92505**
 - Date of mailing: **SEP 27 2005**
 - Place of mailing (city and state): **Sacramento, California**

- b. **Personal delivery.** I personally delivered a copy of the claim to the personal representative as follows:
- Name of personal representative served:
 - Address where delivered:

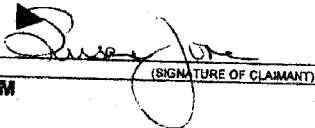
- Date delivered:
- Time delivered:

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

Date: **SEP 27 2005**

Susan Jones, Collection Representative

(TYPE OR PRINT NAME OF CLAIMANT)



(SIGNATURE OF CLAIMANT)

**CREDITOR'S CLAIM
(Probate)**

ITEMIZATION
(AS OF 10/12/2009)

PAGE

ESTATE OF: NICHOLS, JIMMY

DATES OF SERVICE MONTH/DAY/YEAR	PROVIDER OF SERVICE	AMOUNT PAID BY MEDI-CAL	B
07/10/1996 - 04/03/1997	RIVERSIDE GENERAL HOSP	\$358.32	
07/30/1996 - 07/16/1999	RIVERSIDE CO REGIONAL	\$10,778.53	
11/01/1996 - 05/16/1997	PAYLESS DRUG STORE #4109	\$490.91	
11/04/1996 - 02/13/1997	HAMILTON, ANN E MD	\$110.58	
12/16/1996 - 06/17/1999	ARLINGTON RAD MED GROUP	\$790.06	
06/11/1997 - 01/25/1999	ARLINGTON RADIOLOGY MED	\$77.65	
06/11/1997 - 07/30/1999	EMERGENCY PHYSICIANS	\$268.51	
06/11/1997 - 08/03/1999	PARKVIEW COMMUNITY HOSP	\$8,853.16	
06/12/1997 - 07/28/1999	SAV-ON DRUGS #3221	\$730.33	
06/13/1997 - 08/02/1999	THRIFTY PAYLESS INC	\$2,386.77	
06/20/1997 - 06/04/1999	DESILVA, JAMES A DPM INC	\$593.12	
06/20/1997 - 06/15/1999	KIM, DONG S MD	\$1,303.55	
08/22/1997 - 08/22/1997	UNILAB CORP	\$17.58	
01/04/1998 - 04/05/1999	ATTAR, NASEEM A MD	\$1,128.30	
01/12/1998 - 06/11/1998	RIVERSIDE FACULTY MED	\$185.62	
06/24/1998 - 06/24/1998	CLICK, CARL E OD	\$53.11	
06/24/1998 - 06/24/1998	STATE OF CALIFORNIA	\$26.08	
09/10/1998 - 06/24/1999	CARDIOLOGY SPEC MED GRP	\$1,062.19	
09/12/1998 - 09/26/1998	HUANG, GALEN C L MD	\$1,119.26	
09/12/1998 - 09/12/1998	ODELL, CATHERINE A MD	\$57.76	
09/17/1998 - 05/08/1999	GOODHEW AMBULANCE SRVC	\$253.66	
09/17/1998 - 06/16/1999	RIVERSIDE HEALTHCARE SYS	\$14,786.67	
09/17/1998 - 06/16/1999	RIVERSIDE RADIOLOGY MEDI	\$272.55	
09/18/1998 - 09/19/1998	ANESTHESIA MEDICAL GROUP	\$855.37	
09/18/1998 - 09/26/1998	PATHOLOGY MEDICAL GRP	\$62.02	
09/19/1998 - 09/19/1998	INLAND CARDIOTHORACIC	\$2,742.70	
09/19/1998 - 09/19/1998	ROGERS, ANCEL J MD	\$457.17	
10/14/1998 - 10/31/1998	MORENO VALLEY COMM HOSP	\$11,272.43	
10/16/1998 - 10/16/1998	CHRISTIAN, MOSES D MD	\$188.66	
10/16/1998 - 10/16/1998	PILAR, GIDEON G MD	\$188.66	
10/16/1998 - 10/16/1998	REKEM, JACOB MD	\$148.10	
10/29/1998 - 10/29/1998	LIQUETE, JOHNNY A MD	\$57.40	
10/31/1998 - 07/31/1999	OPTION ONE HOME MEDICAL	\$4,393.54	
11/03/1998 - 02/25/1999	NATIONS HEALTHCARE	\$202.22	
11/10/1998 - 06/01/1999	GILL, INDRANI MD	\$178.14	
11/12/1998 - 03/02/1999	NATIONS HEALTHCARE OF CA	\$4,287.15	
11/24/1998 - 02/10/1999	W W EURE JR MD INC	\$2,496.63	
12/14/1998 - 07/17/1999	SHIELD CALIFORNIA HEALTH	\$278.79	
12/28/1998 - 12/28/1998	COMPUTERIZED DIAGNOSTIC	\$231.72	
01/08/1999 - 08/02/1999	CAREO ENTERPRISES INC	\$2,721.17	
04/19/1999 - 06/13/1999	CALIFORNIA EMERGENCY	\$318.41	
05/07/1999 - 07/29/1999	NUCARE AGENCY INC	\$3,512.69	
05/08/1999 - 08/03/1999	NEPHROLOGY ASSOCIATES	\$500.36	
05/09/1999 - 05/15/1999	RIVERSIDE RADIOLOGY	\$34.44	
06/18/1999 - 06/18/1999	DURAMED HOMECARE SERVICE	\$131.66	
07/07/1999 - 08/02/1999	RENAISSANCE RADIOLOGY	\$144.33	
07/08/1999 - 07/08/1999	PARK VIEW MEDICAL PLAZA	\$32.00	

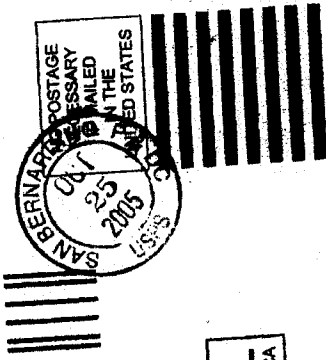
ITEMIZATION
(AS OF 10/12/2009)

ESTATE OF: NICHOLS, JIMMY

DATES OF SERVICE MONTH/DAY/YEAR	PROVIDER OF SERVICE	AMOUNT PAID BY MEDI-CAL	B
07/30/1999 - 08/03/1999	CHOPRA, RAKESH MD	\$346.02	
	GRAND TOTAL	\$81,486.05	

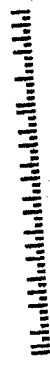
THIS CLAIM IS FILED PURSUANT TO WELFARE AND INSTITUTIONS CODE, SECTION 14009.5, AND PROBATE CODE, SECTIONS 215, 9202, 9203, 19202 AND 19203.

THIS DEPARTMENT MAY FILE AN AMENDED CREDITOR'S CLAIM WITHIN THE FOUR-MONTH FILING TIME IF ADDITIONAL MEDI-CAL PAYMENTS ARE DISCOVERED.



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4535 SACRAMENTO CA
POSTAGE WILL BE PAID BY ADDRESSEE

RECOVERY SECTION-ER
MS 4720
DEPARTMENT OF HEALTH SERVICES
PO BOX 997425
SACRAMENTO CA 95899-9907



OCT 28 2005

E-66