

1

COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING & SAFETY
CODE ENFORCEMENT DIVISION
NOTICE OF VIOLATION

CASE NO.: APN 723-071-017, 019
CVD01580

THE PROPERTY AT 70615 MIRAMAR, NORTH SHORE.
WAS INSPECTED AT 11:05 am/pm ON 6/21/07
BY INIQUEZ, HERSCIA
(Name of Inspector or Investigator/ Badge No.)

AND FOUND TO BE IN VIOLATION OF RIVERSIDE COUNTY CODE
AS FOLLOWS:

CODE SECTION ① R.C.C. 15.16
SUBSTANDARD STRUCTURE - DWELLING.
② R.C.C. 8.120 ACCUMULATED RUBBISH
W/O.D. METAL FRAMES.

YOU ARE DIRECTED TO COMPLY WITH THIS NOTICE BY


① OBTAIN THE REQUIRED PERMITS FROM RIV. CO.
DEPT. OF BUILDING & SAFETY TO REPAIR
DEMOLISH STRUCTURE ② REMOVE ALL RUBBISH
AND DISPOSE OF IT IN A LEGAL LANDFILL.

IMMEDIATELY. A FOLLOW-UP INVESTIGATION WILL BE CONDUCTED
ON OR ABOUT 7/21/07. FAILURE TO COMPLY BY THIS DATE
COULD RESULT IN THE ISSUANCE OF AN ADMINISTRATIVE
CITATION, AND THE IMPOSITION OF A LIEN ON THE PROPERTY FOR
THE ABATEMENT AND ENFORCEMENT COSTS.

PENALTY FOR FAILURE TO COMPLY

A FINE MAY BE ASSESSED AT THE RATE OF:
\$100 FOR EACH VIOLATION ON THE FIRST OFFENSE
\$200 FOR EACH VIOLATION ON THE SECOND OFFENSE
\$500 FOR EACH VIOLATION ON THE THIRD OFFENSE

NOTICE IS HEREBY GIVEN THAT AT THE CONCLUSION OF THIS
CASE YOU WILL RECEIVE A SUMMARY OF ADMINISTRATIVE COSTS
ASSOCIATED WITH THE PROCESSING OF SUCH VIOLATION(S), AT AN
HOURLY RATE OF \$ 109.00 AS DETERMINED BY THE BOARD OF
SUPERVISORS. YOU WILL HAVE THE RIGHT TO OBJECT TO THESE
CHARGES BY FILING A REQUEST FOR HEARING WITH THE
DEPARTMENT OF BUILDING & SAFETY WITHIN TEN (10) DAYS OF
SERVICE OF THE SUMMARY OF CHARGES, PURSUANT TO SECTION
C. OF RIVERSIDE COUNTY CODE 1.16.080


Iniguez
SIGNATURE - INSPECTOR OR INVESTIGATOR

OFFICE LOCATIONS: (See Reverse Side)

RECEIVED BY: _____

EXHIBIT NO. E

POSTED

DATE: 6/21/07

RIVERSIDE COUNTY DEPARTMENT OF BUILDING AND SAFETY # 1
CODE ENFORCEMENT NOTICE OF DEFECTS

UNIFORM HOUSING HEALTH & SAFETY
 CODE SECTIONS CODE SECTIONS

SUBSTANDARD BUILDING CONDITIONS: Dwelling

- | | | | |
|---|--|--------------|-----------------|
| 1. <input type="checkbox"/> | Lack of or improper water closet, lavatory, bathtub, shower or kitchen sink..... | 1001(b)1,2,3 | 17920.3(a)1,2,3 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 2. <input type="checkbox"/> | Lack of hot and cold running water to plumbing fixtures | 1001(b)4,5 | 17920.3(a)4,5 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 3. <input type="checkbox"/> | Lack of connection to required sewage system..... | 1001(b)14 | 17920.3(a)14 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 4. <input type="checkbox"/> | Hazardous plumbing..... | 1001(f) | 17920.3(e) |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 5. <input type="checkbox"/> | Lack of required electrical lighting..... | 1001(b)10 | 17920.3(a)10 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 6. <input checked="" type="checkbox"/> | Hazardous Wiring..... | 1001(e) | 17920.3(d) |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 7. <input type="checkbox"/> | Lack of adequate heating facilities..... | 1001(o)6 | 17920.3(a)6 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 8. <input type="checkbox"/> | Deteriorated or inadequate foundation..... | 1001(c)1 | 17920.3(b)1 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 9. <input checked="" type="checkbox"/> | Defective or deteriorated flooring or floor supports..... | 1001(c)2 | 17920.3(b)2 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 10. <input type="checkbox"/> | Members of walls, partitions or other vertical supports that split, lean, list or buckle due to defective material or deterioration..... | 1001(c)4 | 17920.3(b)4 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 11. <input type="checkbox"/> | Members of ceilings, roofs, ceiling and roof supports or other horizontal members which sag, split, or buckle due to defective material or deterioration..... | 1001(c)6 | 17920.3(b)6 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 12. <input type="checkbox"/> | Dampness of habitable rooms..... | 1001(b)11 | 17920.3(a)11 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 13. <input checked="" type="checkbox"/> | Faulty weather protection..... | 1001(h)1-4 | 17920.3(g)1-4 |
| | A. Deteriorated or ineffective weather proofing of exterior walls, roof or floors including broken windows or doors, lack of paint or other approved wall covering. | | |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 14. <input checked="" type="checkbox"/> | General dilapidation or improper maintenance..... | 1001(b)13 | 17920.3(a)13 |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 15. <input type="checkbox"/> | Fire hazard..... | 1001(i) | 17920.3(h) |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 16. <input type="checkbox"/> | Extensive fire damage..... | | |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 17. <input checked="" type="checkbox"/> | Public and attractive nuisance - <u>abandoned/vacant</u> | | |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 18. <input type="checkbox"/> | Improper occupancy..... | 1001(n) | 17920.3(n) |
| | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 19. <input type="checkbox"/> | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 20. <input type="checkbox"/> | OBTAIN PERMIT TO: <input type="checkbox"/> Repair Per Applicable Building Codes <input type="checkbox"/> Demolish Or Rehabilitate Structure | | |

*** YOU MUST CORRECT THE ABOVE CONDITIONS WITHIN 30 DAYS OF THE DATE OF THIS NOTICE

Case No. 2VD 01580 Address 70615 MIRAMAR, NORTH SHORE

Date 6/21/07 Officer IMGUEZ, HERRERA 2

EXHIBIT NO. E

285-025 (4/95)

Distribution: White-Case File; Canary-Property Owner; Pink-To Be Posted On Structure

2

COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING & SAFETY
CODE ENFORCEMENT DIVISION
NOTICE OF VIOLATION

CV06-1580
CASE NO.: _____ APN 723-071-017, 019

THE PROPERTY AT 70615 Miramar Dr, North Shore
WAS INSPECTED AT 11:00 am/pm ON 6/21/07
BY L. Linares / Log UHemera
(Name of Inspector or Investigator/ Badge No.)

AND FOUND TO BE IN VIOLATION OF RIVERSIDE COUNTY CODE AS FOLLOWS:

CODE _____ SECTION 15.16
Substandard structure/dwelling (quality lower than prescribed by laws) & Shed (12'x10' connected to water)

YOU ARE DIRECTED TO COMPLY WITH THIS NOTICE BY
Obtain bldg permits from Riv Co. Dept of Bldg & Safety, to rehabilitate or demolish the shed (12'x10')

IMMEDIATELY. A FOLLOW-UP INVESTIGATION WILL BE CONDUCTED ON OR ABOUT 7/21/07. FAILURE TO COMPLY BY THIS DATE COULD RESULT IN THE ISSUANCE OF AN ADMINISTRATIVE CITATION, AND THE IMPOSITION OF A LIEN ON THE PROPERTY FOR THE ABATEMENT AND ENFORCEMENT COSTS.

PENALTY FOR FAILURE TO COMPLY

A FINE MAY BE ASSESSED AT THE RATE OF:

- \$100 FOR EACH VIOLATION ON THE FIRST OFFENSE
- \$200 FOR EACH VIOLATION ON THE SECOND OFFENSE
- \$500 FOR EACH VIOLATION ON THE THIRD OFFENSE

NOTICE IS HEREBY GIVEN THAT AT THE CONCLUSION OF THIS CASE YOU WILL RECEIVE A SUMMARY OF ADMINISTRATIVE COSTS ASSOCIATED WITH THE PROCESSING OF SUCH VIOLATION(S), AT AN HOURLY RATE OF \$ 109 AS DETERMINED BY THE BOARD OF SUPERVISORS. YOU WILL HAVE THE RIGHT TO OBJECT TO THESE CHARGES BY FILING A REQUEST FOR HEARING WITH THE DEPARTMENT OF BUILDING & SAFETY WITHIN TEN (10) DAYS OF SERVICE OF THE SUMMARY OF CHARGES, PURSUANT TO SECTION C. OF RIVERSIDE COUNTY CODE 1.16.080

[Signature]
SIGNATURE -INSPECTOR OR INVESTIGATOR

OFFICE LOCATIONS: (See Reverse Side)

RECEIVED BY:

POSTED E3 DATE: 6/21/07
EXHIBIT NO. _____

#2

RIVERSIDE COUNTY DEPARTMENT OF BUILDING AND SAFETY CODE ENFORCEMENT NOTICE OF DEFECTS

SUBSTANDARD BUILDING CONDITIONS: Shed (12'x10') UNIFORM HOUSING HEALTH & SAFETY
CODE SECTIONS CODE SECTIONS

- 1. Lack of or improper water closet, lavatory, bathtub, shower or kitchen sink..... 1001(b)1,2,3 17920.3(a)1,2,3
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 2. Lack of hot and cold running water to plumbing fixtures 1001(b)4,5 17920.3(a)4,5
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 3. Lack of connection to required sewage system..... 1001(b)14 17920.3(a)14
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 4. Hazardous plumbing..... 1001(f) 17920.3(e)
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 5. Lack of required electrical lighting..... 1001(b)10 17920.3(a)10
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 6. Hazardous Wiring..... 1001(e) 17920.3(d)
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 7. Lack of adequate heating facilities..... 1001(e)6 17920.3(a)6
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 8. Deteriorated or inadequate foundation..... 1001(c)1 17920.3(b)1
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 9. Defective or deteriorated flooring or floor supports..... 1001(c)2 17920.3(b)2
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 10 Members of walls, partitions or other vertical supports that split, lean, list or buckle
due to defective material or deterioration..... 1001(c)4 17920.3(b)4
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 11 Members of ceilings, roofs, ceiling and roof supports or other horizontal members
which sag, split, or buckle due to defective material or deterioration..... 1001(c)6 17920.3(b)6
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 12 Dampness of habitable rooms..... 1001(b)11 17920.3(a)11
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 13 Faulty weather protection..... 1001(h)1-4 17920.3(g)1-4
A. Deteriorated or ineffective weather proofing of exterior walls, roof or floors
including broken windows or doors, lack of paint or other approved wall covering.
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 14 General dilapidation or improper maintenance..... 1001(b)13 17920.3(a)13
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 15 Fire hazard..... 1001(i) 17920.3(h)
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 16 Extensive fire damage.....
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 17 Public and attractive nuisance - abandoned/vacant.....
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 18 Improper occupancy..... 1001(n) 17920.3(n)
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 19
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure
- 20
OBTAIN PERMIT TO: Repair Per Applicable Building Codes Demolish Or Rehabilitate Structure

*** YOU MUST CORRECT THE ABOVE CONDITIONS WITHIN 30 DAYS OF THE DATE OF THIS NOTICE

Case No. CND6-1580 Address 70615 Miramar Dr, North Shore

Date 6/21/07 Officer Lluniguez / Httewern

EXHIBIT NO. E4

G + House
#3

COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING & SAFETY
CODE ENFORCEMENT DIVISION
NOTICE OF VIOLATION

CV06-1580

CASE NO.: _____ APN 723-071-017, 019

THE PROPERTY AT 70615 Miramar Dr, North Shore
WAS INSPECTED AT 11:35 am/pm ON 6/21/07
BY L. Iniguez / 70615 H. Helman
(Name of Inspector or Investigator/ Badge No.)

AND FOUND TO BE IN VIOLATION OF RIVERSIDE COUNTY CODE
AS FOLLOWS:

CODE _____ SECTION 15.16
Substandard Structure - Dwelling (Guest House)


YOU ARE DIRECTED TO COMPLY WITH THIS NOTICE BY
Obtain the required permits from Riv Co.
Det. of Bldg Safety to rehab or
demolish structure.

IMMEDIATELY. A FOLLOW-UP INVESTIGATION WILL BE CONDUCTED
ON OR ABOUT 7/21/07. FAILURE TO COMPLY BY THIS DATE
COULD RESULT IN THE ISSUANCE OF AN ADMINISTRATIVE
CITATION, AND THE IMPOSITION OF A LIEN ON THE PROPERTY FOR
THE ABATEMENT AND ENFORCEMENT COSTS.

PENALTY FOR FAILURE TO COMPLY

A FINE MAY BE ASSESSED AT THE RATE OF:
\$100 FOR EACH VIOLATION ON THE FIRST OFFENSE
\$200 FOR EACH VIOLATION ON THE SECOND OFFENSE
\$500 FOR EACH VIOLATION ON THE THIRD OFFENSE

NOTICE IS HEREBY GIVEN THAT AT THE CONCLUSION OF THIS
CASE YOU WILL RECEIVE A SUMMARY OF ADMINISTRATIVE COSTS
ASSOCIATED WITH THE PROCESSING OF SUCH VIOLATION(S), AT AN
HOURLY RATE OF \$ 109 AS DETERMINED BY THE BOARD OF
SUPERVISORS. YOU WILL HAVE THE RIGHT TO OBJECT TO THESE
CHARGES BY FILING A REQUEST FOR HEARING WITH THE
DEPARTMENT OF BUILDING & SAFETY WITHIN TEN (10) DAYS OF
SERVICE OF THE SUMMARY OF CHARGES, PURSUANT TO SECTION
C. OF RIVERSIDE COUNTY CODE 1.16.080



SIGNATURE - INSPECTOR OR INVESTIGATOR

OFFICE LOCATIONS: (See Reverse Side)

RECEIVED BY:

POSTED

DATE: 6/21/07

EXHIBIT NO. _____

ES

**RIVERSIDE COUNTY DEPARTMENT OF BUILDING AND SAFETY
CODE ENFORCEMENT NOTICE OF DEFECTS**

#3

| SUBSTANDARD BUILDING CONDITIONS: <u>Guest House</u> | | UNIFORM HOUSING CODE SECTIONS | HEALTH & SAFETY CODE SECTIONS |
|---|---|----------------------------------|----------------------------------|
| 1. [] | Lack of or improper water closet, lavatory, bathtub, shower or kitchen sink..... | 1001(b)1,2,3 | 17920.3(a)1,2,3 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 2. [] | Lack of hot and cold running water to plumbing fixtures..... | 1001(b)4,5 | 17920.3(a)4,5 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 3. [] | Lack of connection to required sewage system..... | 1001(b)14 | 17920.3(a)14 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 4. [] | Hazardous plumbing..... | 1001(f) | 17920.3(e) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 5. [] | Lack of required electrical lighting..... | 1001(b)10 | 17920.3(a)10 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 6. [] | Hazardous Wiring..... | 1001(e) | 17920.3(d) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 7. [] | Lack of adequate heating facilities..... | 1001(e)6 | 17920.3(a)6 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 8. [] | Deteriorated or inadequate foundation..... | 1001(c)1 | 17920.3(b)1 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 9. [] | Defective or deteriorated flooring or floor supports..... | 1001(c)2 | 17920.3(b)2 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 10 [] | Members of walls, partitions or other vertical supports that split, lean, list or buckle due to defective material or deterioration..... | 1001(c)4 | 17920.3(b)4 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 11 [] | Members of ceilings, roofs, ceiling and roof supports or other horizontal members which sag, split, or buckle due to defective material or deterioration..... | 1001(c)6 | 17920.3(b)6 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 12 [] | Dampness of habitable rooms..... | 1001(b)11 | 17920.3(a)11 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 13 <input checked="" type="checkbox"/> | Faulty weather protection..... | 1001(h)1-4 | 17920.3(g)1-4 |
| | A. Deteriorated or ineffective weather proofing of exterior walls, roof or floors including broken windows or doors, lack of paint or other approved wall covering. | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 14 <input checked="" type="checkbox"/> | General dilapidation or improper maintenance..... | 1001(b)13 | 17920.3(a)13 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 15 [] | Fire hazard..... | 1001(i) | 17920.3(h) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 16 [] | Extensive fire damage..... | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 17 <input checked="" type="checkbox"/> | Public and attractive nuisance - abandoned/vacant..... | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes <input checked="" type="checkbox"/> Demolish Or Rehabilitate Structure | | |
| 18 [] | Improper occupancy..... | 1001(n) | 17920.3(n) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 19 [] | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 20 [] | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |

*** YOU MUST CORRECT THE ABOVE CONDITIONS WITHIN 30 DAYS OF THE DATE OF THIS NOTICE

Case No. CV06-1580 Address 70615 Miramar Dr, North Shore

Date 6/21/07 Officer Lluniguez

EXHIBIT NO. E⁶

285-025 (4/95)

Distribution: White-Case file; Canary-Property Owner; Pink Be Posted On Structure

4

COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING & SAFETY
CODE ENFORCEMENT DIVISION
NOTICE OF VIOLATION

CASE NO.: CV06-1580 APN 723-071-017,019

THE PROPERTY AT 1105 of 70615 Miramar Dr, Northridge
WAS INSPECTED AT 11:57 am ON 6/21/07
BY L. Uniguez / 66 H.Herrera
(Name of Inspector or Investigator/ Badge No.)

AND FOUND TO BE IN VIOLATION OF RIVERSIDE COUNTY CODE AS FOLLOWS:

CODE _____ SECTION 15.14
Substandard structure - Free standing
carport 40' x 40'

YOU ARE DIRECTED TO COMPLY WITH THIS NOTICE BY
Obtain the req'd permits from Riv Co
Dpt. of Bldg & Safety to rehab
or demolish structure.

IMMEDIATELY. A FOLLOW-UP INVESTIGATION WILL BE CONDUCTED ON OR ABOUT 7/21/07. FAILURE TO COMPLY BY THIS DATE COULD RESULT IN THE ISSUANCE OF AN ADMINISTRATIVE CITATION, AND THE IMPOSITION OF A LIEN ON THE PROPERTY FOR THE ABATEMENT AND ENFORCEMENT COSTS.

PENALTY FOR FAILURE TO COMPLY

A FINE MAY BE ASSESSED AT THE RATE OF:
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[Signature]
SIGNATURE - INSPECTOR OR INVESTIGATOR

OFFICE LOCATIONS: (See Reverse Side)

RECEIVED BY:

EXHIBIT NO. E7 POSTED DATE: 6/21/07

**RIVERSIDE COUNTY DEPARTMENT OF BUILDING AND SAFETY
CODE ENFORCEMENT NOTICE OF DEFECTS**

④

| SUBSTANDARD BUILDING CONDITIONS: | | UNIFORM HOUSING CODE SECTIONS | HEALTH & SAFETY CODE SECTIONS |
|----------------------------------|---|-------------------------------|-------------------------------|
| 1. [] | Lack of or improper water closet, lavatory, bathtub, shower or kitchen sink..... | 1001(b)1,2,3 | 17920.3(a)1,2,3 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 2. [] | Lack of hot and cold running water to plumbing fixtures..... | 1001(b)4,5 | 17920.3(a)4,5 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 3. [] | Lack of connection to required sewage system..... | 1001(b)14 | 17920.3(a)14 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 4. [] | Hazardous plumbing..... | 1001(f) | 17920.3(c) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 5. [] | Lack of required electrical lighting..... | 1001(b)10 | 17920.3(a)10 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 6. [] | Hazardous Wiring..... | 1001(c) | 17920.3(d) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 7. [] | Lack of adequate heating facilities..... | 1001(c)6 | 17920.3(a)6 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 8. [] | Deteriorated or inadequate foundation..... | 1001(e)1 | 17920.3(b)1 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 9. [] | Defective or deteriorated flooring or floor supports..... | 1001(c)2 | 17920.3(b)2 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 10 [] | Members of walls, partitions or other vertical supports that split, lean, list or buckle due to defective material or deterioration..... | 1001(c)4 | 17920.3(b)4 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 11 X | Members of ceilings, roofs, ceiling and roof supports or other horizontal members which sag, split, or buckle due to defective material or deterioration..... | 1001(c)6 | 17920.3(b)6 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes X Demolish Or Rehabilitate Structure | | |
| 12 [] | Dampness of habitable rooms..... | 1001(b)11 | 17920.3(a)11 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 13 [] | Faulty weather protection..... | 1001(h)1-4 | 17920.3(g)1-4 |
| | A. Deteriorated or ineffective weather proofing of exterior walls, roof or floors including broken windows or doors, lack of paint or other approved wall covering. | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 14 X | General dilapidation or improper maintenance..... | 1001(b)13 | 17920.3(a)13 |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes X Demolish Or Rehabilitate Structure | | |
| 15 [] | Fire hazard..... | 1001(i) | 17920.3(h) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 16 [] | Extensive fire damage..... | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 17 X | Public and attractive nuisance - abandoned/vacant..... | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes X Demolish Or Rehabilitate Structure | | |
| 18 [] | Improper occupancy..... | 1001(n) | 17920.3(n) |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 19 [] | | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |
| 20 [] | | | |
| | OBTAIN PERMIT TO: []Repair Per Applicable Building Codes []Demolish Or Rehabilitate Structure | | |

*** YOU MUST CORRECT THE ABOVE CONDITIONS WITHIN 30 DAYS OF THE DATE OF THIS NOTICE

Case No. CVD16 1580 Address 1105 of 70615 Miramar Dr, North Shore
 Date 6/21/07 Officer L. Iniguez

EXHIBIT NO. E8

COUNTY OF RIVERSIDE
Code Enforcement Department

AFFIDAVIT OF POSTING OF NOTICES

Case No.: CV061580

I, the undersigned, hereby declare:

1. I am employed by the Riverside County Department of Building and Safety Code Enforcement Division; that my business address is:

County of Riverside
Building & Safety Department
Code Enforcement Division
82675 Highway 111, Room 209
Indio Ca, 92201

That on June 21, 2007, at 11:05 a.m., I securely and conspicuously posted four Notices of Violation for RCC 15.16 Substandard Structures – 50' x 50' Dwelling, 10' x 12' shed, 20' x 45' Guest House and 40' x 40' Freestanding Carport, a Notice of Violation for RCC 8.120 Accumulated Rubbish – Wood, metal, frames, etc., a Notice of Intent to Disconnect Utilities and four Notices of Defects and Danger Do Not Enter signs for all four structures at the property described as:

Property Address: 70615 Miramar Dr, North Shore and one lot South
Assessor's Parcel Number: 723-071-017 and 723-071-019
I declare under the penalty of perjury that the foregoing is true and correct.

Executed on June 21, 2007 at Indio California.

BUILDING & SAFETY DEPARTMENT

By: 
Lucero Iniguez, Code Enforcement Officer II

EXHIBIT NO.

E⁹

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
TRANSPORTATION AND LAND MANAGEMENT AGENCY

JAY E. ORR
Director

MICHAEL O'CONNOR
Deputy Director

NOTICE OF VIOLATION

July 12, 2007

To All Owners and Interest of Parties
(see attached notice list)

RE CASE NO.: CV06-1580

NOTICE IS HEREBY GIVEN that properties owned or controlled by you described as 70615 Miramar Dr., North Shore, California, Assessor's Parcel Number 723-071-017/019, are in violation of Riverside County Code Chapter 8.120 and constitutes a public nuisance. The subject properties are dangerous or injurious to the public because of the unauthorized accumulation of rubbish, trash and/or debris, specifically including but not limited to the following: WOOD, PLASTIC, RV AXLES, ROCKS, 50 GALLON OIL DRUM, AUTOPARTS, APPLIANCES, FURNITURE, TIRES, WEIGHT BENCH, WHEEL BARREL, GENERAL HOUSEHOLD DEBRIS, ETC.


AS OWNER OF RECORD, you are required to abate the public nuisance by removal of all rubbish, trash, or debris from the subject properties within thirty (30) days of the date of this notice. ANY OTHER PARTY WITH INTEREST IN THE SUBJECT PROPERTY may thereafter abate the public nuisance within (15) days after expiration of the thirty (30) day period.

NOTICE IS HEREBY GIVEN THAT YOUR FAILURE TO COMPLY TO THIS NOTICE WILL RESULT IN FURTHER CIVIL, CRIMINAL OR ADMINISTRATIVE PROCEEDINGS FOR THE ABATEMENT OF THE PUBLIC NUISANCE AND COULD RESULT IN THE IMPOSITION OF A LIEN ON THE SUBJECT PROPERTIES FOR COSTS, INCLUDING ATTORNEYS' FEES, RELATED TO THE ENFORCEMENT OF THE ORDINANCES AND ABATEMENT OF THE VIOLATIVE CONDITIONS. A "NOTICE OF NONCOMPLIANCE" HAS BEEN RECORDED AGAINST THE SUBJECT PROPERTIES.

PLEASE BE ADVISED that the costs already accrued in this case, including but not limited to, enforcement and investigation costs, are recoverable by the Department, as allowed under Riverside County Ordinance number 725. The Department may seek recovery of such costs from the property owner(s) which may result in a special assessment lien against the property. Additionally, should Code Enforcement abate the property, the costs associated therewith, as well as all abatement costs allowed under Riverside County Ordinance 725, will be sought from the property owner(s) and/or may result in a special assessment lien against the property.

NOTICE IS ADDITIONALLY GIVEN that in accordance with § § 17274 and 24426.5 of the Revenue and Tax Code, a tax deduction may not be allowed for interest, taxes, depreciation, or amortization paid or incurred in the taxable year affected by these proceedings.

CODE ENFORCEMENT DEPARTMENT



Lucero Iniguez, Code Enforcement Officer II

EXHIBIT NO. E¹⁰

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
TRANSPORTATION AND LAND MANAGEMENT AGENCY

JAY E. ORR
Director

MICHAEL O'CONNOR
Deputy Director

July 12, 2007

To All Owners and Interest of Parties
(see attached notice list)

NOTICE OF VIOLATION

Re: **Riverside County Abatement Case No.: CV06-1580**
Subject Property: 70615 Miramar Dr., North Shore; APN: 723-071-017/019

TO ALL OWNERS AND INTERESTED PARTIES OF THE ABOVE DESCRIBED SUBJECT PROPERTY

An inspection was made of the above referenced subject property on in response to complaints received by this office. The structure(s) were found to be substandard and a public nuisance in violation of Riverside County Code Section(s) 15.16, and as such was posted with a "Danger Do Not Enter" sign and a copy of the enclosed "Notice of Defects" which sets forth the conditions which render the building unsafe for human habitation.

THE OWNER OF RECORD of the subject property is hereby noticed and ordered within thirty (30) days of this notice to obtain all necessary permits from the Department of Building and Safety and to correct or abate the unsafe conditions either by repairing all violative conditions indicated in the attached "Notice of Defects," or demolition and removal of the structure(s). **ALL PARTIES WITH INTEREST** in the subject property may comply with the provisions of this notice within fifteen (15) days after the expiration of the thirty (30) period.

NOTICE IS HEREBY GIVEN that failure to comply with this notice will result in further civil, criminal or administrative proceedings for demolition of the structure(s) and abatement of the public nuisance and could result in the imposition of a lien on the subject properties for costs, including attorney's fees, related to the enforcement of all ordinances and abatement of violative conditions. A "Notice of Noncompliance" has been recorded with the Riverside County Recorder's Office. At the conclusion of this case, you will receive a statement of expense associated with the abatement of such nuisance.

PLEASE BE ADVISED that the costs already accrued in this case, including but not limited to, enforcement and investigation costs, are recoverable by the Department, as allowed under Riverside County Ordinance number 725. The Department may seek recovery of such costs from the property owner(s) which may result in a special assessment lien against the property. Additionally, should Code Enforcement abate the property, the costs associated therewith, as well as all abatement costs allowed under Riverside County Ordinance 725, will be sought from the property owner(s) and/or may result in a special assessment lien against the property.

NOTICE IS FURTHER GIVEN that in accordance with Sections 17274 and 24436.5 of the Revenue and Taxation Code, a tax deduction may not be allowed for interest, taxes, depreciation, or amortization paid or incurred in the taxable year affected by these abatement proceedings.

CODE ENFORCEMENT DEPARTMENT



Lucero Iniguez

Code Enforcement Officer II

Enclosure: Notice of Defects (4)

EXHIBIT NO. E¹¹

PROOF OF SERVICE BY MAIL

Case No. CV06-1580

I, the undersigned, say I am a citizen of the United States and am employed in the County of Riverside, over the age of 18 years and not a party to the within action or proceeding; that my business address 82-675 Hwy 111, Room 3050, Indio Ca 92201.

I am readily familiar with our department's practice for collection and processing of correspondence for mailing with the United States Postal Service. Correspondence is deposited with the United States Postal Service on the same day in the ordinary course of business.

That on the 12th day of July, 2007 I served a copy of the papers to which this proof of service is attached, entitled:

Notice of Violation **RCC 8.120** (accumulated rubbish)
Notice of Violation **RCC 15.16** (substandard structure) with
Notice of Defects (4)
Notice of Intent to Disconnect Utilities
Notice List/Interest of Parties

by depositing a copy thereof in an envelope for deposit in the United States Postal Service via Certified Mail, return receipt requested, and addressed as follows:

SEE NOTICE LIST

The envelope was sealed and placed for collection and mailing at RIVERSIDE, CALIFORNIA, on the same date following the ordinary business practices.

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

Executed this 12TH of July, 2007 at RIVERSIDE, CALIFORNIA.

CERTIFIED MAIL



Sara Nunez, Code Enforcement Aide

Article Number: 7004 1160 0004 0607 6909/ 6879/ 6961/ 6954/ 6947/ 6930/ 6923/ 6916/ 6978/
6985/ 6893/ 6886/ 6992/ 7005/ 7012.

EXHIBIT NO. _____ ER



COUNTY OF RIVERSIDE CODE ENFORCEMENT DEPARTMENT

Jay E. Orr
Director

NOTICE LIST / INTERESTED PARTIES

July 12, 2007

RE: Case No.: CV06-1580
APN No.: 723-071-017/019
Address: 70615 Miramar Dr., North Shore

1. Roman Mendez
Laura Mendez
70615 Miramar Dr.
Palm Desert, Ca 92260
2. Roman Mendez
Laura Mendez
PO Box 821
Thermal, Ca 92274
3. Occupants/Tenants
70615 Miramar Dr.
North Shore, Ca 92254
4. Oscar Ortega and Ramona Ortega
c/o Mr. and Mrs. Oscar Ortega
Po Box 127
Coachella, Ca 92236
5. Mr. and Mrs. Roman Mendez, ET AL
PO Box 821
Thermal, Ca 92274
6. Sergio S Mendez
Mr. Oscar Mendez
PO Box 821
Thermal, Ca 92274
7. Carlos J Ortega, Trustee
c/o Charles M Ellis
77-622 Country Bluc Drive, Suite N
Palm Desert, Ca 92260

EXHIBIT NO. _____

EB

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT

8. Melvin Podell and Ruth Podell
c/o Michael L Shaima ESQ.
Law Offices of Michael L Shaima, Case No. LEC 001464
27349 Jefferson Avenue, Suite 213
Temecula, Ca 92590

9. Demetrio Mendez
27660 Via Real
Sun City, Ca 92585

10. Laura Mendez
27660 Via Real
Sun City, Ca 92585

11. Marcos Campos
c/o John E Bouzane Attorney at Law
Case No. LEC005859
634 Oak Ct
San Bernardino, Ca 92410

12. Sonya Campos
24180 Millsap Dr
Moreno Valley, Ca 92553

13. Marcos Campos
634 Oak Ct
San Bernardino, Ca 92410

14. Demitrus Mendez
24180 Millsap Dr.
Moreno Valley, Ca 92553

15. Laura Mendez
24180 Millsap Dr.
Moreno Valley, Ca 92553

EXHIBIT NO. _____

E14

COUNTY OF LOS ANGELES
CODE ENFORCEMENT
 82-675 HWY 111, RM 209 3050
 INDIO, CA 92201

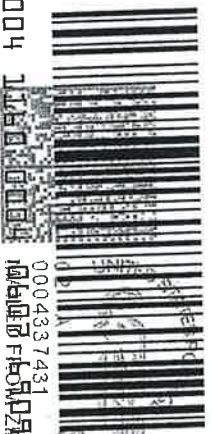
- Not Deliverable As Addressed
- Insufficient Address
- Mailed Left No Address
- Unclaimed Returned
- No Such Street/known
- Vacant Inhabitable
- No Mail Recipient
- Returned For Better Address
- Coverage Due

JPL 1.13.11

922543049 0001

CERTIFIED MAIL™

7004 1150 0004



0004337431 JUL 12 2007
 05.770
 PRINTED BY USPS
 92504

Occupants/Tenants
 70615 Miramar Dr.
 North Shore, Ca 92254
 CV061580LI

NIXIE 923 4E 1 30 07/19/07
 RETURN TO SENDER
 NO MAIL TO FORWARD
 BC: 92201
 *0704-04274-12-41

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

Occupants/Tenants
 70615 Miramar Dr.
 North Shore, Ca 92254
 CV061580LI

Ret (Endorse)
 Restrict (Endorsement required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

6069 2090 4000 09TT 4002

EXHIBIT NO. *E15*

COUNTY OF RIVERSIDE
CODE ENFORCEMENT
82-675 HWY 111, RM ~~900~~ 3050
INDIO, CA 92201



ATTEMPTED-NOT KNOWN
INSUFFICIENT ADDRESS
NO SUCH NUMBER
VACANT
REFUSED
EXPIRED FORWARD
INITIALS

Roman Mendez
Laura Mendez
70615 Miramar Dr.
Palm Desert, Ca 92260
CV061580LI

CERTIFIED MAIL™



7004 JL
0004337431
JUL 12 2007
ZIP CODE 92504



\$ 05.770

ES

EXHIBIT NO.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Roman Mendez
Laura Mendez
70615 Miramar Dr.
Palm Desert, Ca 92260
CV061580LI

Return R
(Endorsement)
Restricted D
(Endorsement)

Total Postage & Fees \$

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

5299 2090 4000 09TT 4002

7004 1160 0004 0607 6961

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Roman Mendez
Laura Mendez
PO Box 821
Thermal, Ca 92274
CV061580LI

F
(Endo)
Rest
(Endo)

Total Postage & Fees \$

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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:

Roman Mendez
Laura Mendez
PO Box 821
Thermal, Ca 92274
CV061580LI

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Maria Mendez Addressee

B. Received by (Printed Name) C. Date of Delivery

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

THEM CA
JUL 17 2007
USPS

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 1160 0004 0607 6961

EXHIBIT NO. _____

EN

7004 1160 0004 0607 6954

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Oscar Ortega and Ramóna Ortega
c/o Mr. and Mrs. Oscar Ortega
Po Box 127
Coachella, Ca 92236
CV061580LI

Re
(Endors)
Restrict
(Endors)

Total Postage & Fees \$

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

| | |
|--|---|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Terry L Adams</p> <p>C. Date of Delivery 7/7/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>Oscar Ortega and Ramona Ortega c/o Mr. and Mrs. Oscar Ortega Po Box 127 Coachella, Ca 92236 CV061580LI</p> | <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7004 1160 0004 0607 6954</p> |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

E18

EXHIBIT NO. _____

7004 1160 0004 0607 6947

U.S. Postal Service™
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 For delivery information visit our website at www.usps.com®
OFFICIAL USE

Mr. and Mrs. Roman Mendez, ET AL
 PO Box 821
 Thermal, Ca 92274
 CV061580LI

Ret
(Endorse)
 Restrict
(Endorse)

Total Postage & Fees \$

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Maria Mendez</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p>Mr. and Mrs. Roman Mendez, ET AL PO Box 821 Thermal, Ca 92274 CV061580LI</p> | <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7004 1160 0004 0607 6947</p> |



7004 1160 0004 0607 6930

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

OFFICIAL USE

Sergio S Mendez
Mr. Oscar Mendez
PO Box 821
Thermal, Ca 92274
CV061580LI

^R
(Endor
Restr
(Endor

Total Postage & Fees \$ _____

| |
|------------------------------------|
| Sent To |
| Street, Apt. No., or PO Box No. |
| City, State, ZIP+4 |

PS Form 3800, June 2002 See Reverse for Instructions

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:

Sergio S Mendez
Mr. Oscar Mendez
PO Box 821
Thermal, Ca 92274
CV061580LI

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Mario Mendez Addressee
 B. Received by (Printed Name) C. Date of Delivery

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7004 1160 0004 0607 6930

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. _____

E²⁰

COUNTY OF CALIFORNIA
CODE ENFORCEMENT
82-675 HWY 111, RM 200 3050
INDIO, CA 92201

[Handwritten signature]

NOT DENYABLE
AS ADDRESSED
UNABLE TO DELIVER
Carlos J Ortega, Trustee
c/o Charles M Ellis
77-622 Country Bluc Drive, Suite N
Palm Desert, Ca 92260
CV061580LI

9221180448 0057

|||||

CERTIFIED MAIL™



7004 1160 0004 0800 0800 0800
0004537431
MAILED FROM ZIP CODE 92504

\$ 05.770
JUL 12 2007



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OFFICIAL USE

Return (Endorsement) Carlos J Ortega, Trustee
77-622 Country Bluc Drive, Suite N
Restricted (Endorsement) Palm Desert, Ca 92260
CV061580LI

Total Postage & Fees \$

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

6269 2090 4000 09TT 4002

IA

EXHIBIT NO. E2



[Home](#) | [Help](#) | [Sign In](#)

[Track & Confirm](#) [FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: **7004 1160 0004 0607 6978**
Status: **Delivered**

Your item was delivered at 10:17 am on August 17, 2007 in INDIO, CA / 92201. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

[Restore Offline Details >](#) [Return to USPS.com Home >](#)

[Site Map](#) [Contact Us](#) [Forms](#) [Gov't Services](#) [Jobs](#) [Privacy Policy](#) [Terms of Use](#) [National & Premier Accounts](#)

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7004 1160 0004 0607 6978

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

OFFICIAL USE

Postage \$ _____

Rel (Endorse) _____
Restrict (Endorse) _____

Demetrio Mendez
27660 Via Real
Sun City, Ca 92585
CV061580LI

Total P. _____

Sent To _____
Street, Apt. No., or PO Box No. _____
City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

EXHIBIT NO. E²³

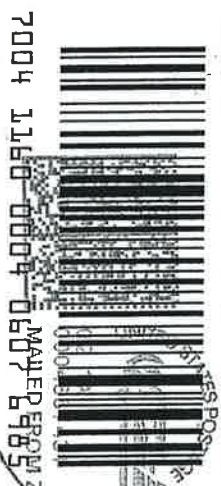
COUNTY OF...
CODE ENFORCEMENT
82-675 HWY 111, RM 209-2050
INDIO, CA 92201

202
202

9258580011 9022

Laura Mendez
27660 Via Real
Sun City, Ca 92585

CERTIFIED MAIL™



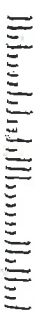
7004 1160-0004-0607 6985
\$05.770
JUL 12 2007
FIRST CLASS PERMITS NO. 1000
INDIANAPOLIS, IN

2057
8-1-7

F 24

NIXIE 923 4E 1 30 08/02/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 92201 *0704-04292-12-41



U.S. Postal Service™
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OFFICIAL USE

Postage \$

Laura Mendez
27660 Via Real
Sun City, Ca 92585
CV061580LI

Return (Endorser)
Restricted (Endorser)
Total Postage

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

5869 2090 4000 09TT 4002

EXHIBIT NO.

7004 1160 0004 0607 6893

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$
Ret (Endorse)
Restrict (Endorse)
Total Postage and Fees \$
Marcos Campos
c/o John E Bouzane Attorney at Law
Case No. LEC005859
634 Oak Ct
San Bernardino, Ca 92410
CV061580LI

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

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:

Marcos Campos
c/o John E Bouzane Attorney at Law
Case No. LEC005859
634 Oak Ct
San Bernardino, Ca 92410
CV061580LI

2. Article Number
(Transfer from service label)

7004 1160 0004 0607 6893

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Pam Emmerson Addressee

B. Received by (Printed Name) C. Date of Delivery
Pam Emmerson 7-13-07

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. _____

E²⁵

7004 1160 0004 0607 6886

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Postage \$ /

Rel (Endorse)
Restrict (Endorse)
Total F

Sonya Campos
24180 Millsap Dr
Moreno Valley, Ca 92553
CV061580LI

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

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:

Sonya Campos
24180 Millsap Dr
Moreno Valley, Ca 92553
CV061580LI

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Sonya Campos Addressee

B. Received by (Printed Name) C. Date of Delivery
MS

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 1160 0004 0607 6886

EXHIBIT NO. E²⁶

7004 1160 0004 0607 6992

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Marcos Campos
634 Oak Ct
San Bernardino, Ca 92410
CV061580LI

F
(Endo)
Rest
(Endo)

Total Postage & Fees \$ _____

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---------------------------------------|
| <ul style="list-style-type: none">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. | A. Signature x <u>Pam Emmers</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: Marcos Campos 634 Oak Ct San Bernardino, Ca 92410 CV061580LI | B. Received by (Printed Name) <u>Pam Emmers</u> | C. Date of Delivery <u>7-13-07</u> |
| | D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) | 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 7004 1160 0004 0607 6992 | | |
| PS Form 3811, August 2001 | Domestic Return Receipt | 102595-02-M-1540 |

EXHIBIT NO. E27

7004 1160 0004 0607 7005

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Demitrus Mendez
 24180 Millsap Dr.
 Moreno Valley, Ca 92553
 CV061580LI

Retn
(Endorse)

 Restrict
(Endorse)

Total Postage & Fees \$

| |
|------------------------------------|
| <i>Sent To</i> |
| Street, Apt. No., or PO Box No. |
| City, State, ZIP+4 |

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Hally K. Camp</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; margin-right: 50px;"><i>7/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p>Demitrus Mendez 24180 Millsap Dr. Moreno Valley, Ca 92553 CV061580LI</p> </div> | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7004 1160 0004 0607 7005</p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

EXHIBIT NO. _____ E²⁸

7004 1160 0004 0607 7012

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Laura Mendez
24180 Millsap Dr.
Moreno Valley, Ca 92553
CV061580LI

Return
(Endorsen)
Restrict
(Endorsen)

Total Postage & Fees \$

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

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:

Laura Mendez
24180 Millsap Dr.
Moreno Valley, Ca 92553
CV061580LI

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Haley Kemp Addressee

B. Received by (Printed Name) Date of Delivery
7/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 1160 0004 0607 7012

EXHIBIT NO. E²⁹

PROOF OF SERVICE BY MAIL
Case No. CV06-1580

I, the undersigned, say I am a citizen of the United States and am employed in the County of Riverside, over the age of 18 years and not a party to the within action or proceeding; that my business address 82-675 Hwy 111, Room 3050, Indio Ca 92201.

I am readily familiar with our department's practice for collection and processing of correspondence for mailing with the United States Postal Service. Correspondence is deposited with the United States Postal Service on the same day in the ordinary course of business.

That on the 13th day of December, 2007 I served a copy of the papers to which this proof of service is attached, entitled:

Copies of Notice of Violations RCC 8.120 (accumulated rubbish)
& RCC 15.16 (substandard structure) with Notice of Defects(4)
Notice of Intent to Disconnect utilities
Notice List/Interested Parties

by depositing a copy thereof in an envelope for deposit in the United States Postal Service via Certified Mail, return receipt requested, and addressed as follows:

SEE NOTICE LIST

The envelope was sealed and placed for collection and mailing at RIVERSIDE, CALIFORNIA, on the same date following the ordinary business practices.

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

Executed this 13TH of December, 2007 at RIVERSIDE, CALIFORNIA.

CERTIFIED MAIL



Sara Nunez, Code Enforcement Aide

Article Number: 7004 1160 0004 0605 3269/ 3108/ 3245/ 3252/ 3238/ 3191/ 3207/ 3214/ 3221/ 3177/ 3184/ 3160/
3122/ 3153/ 3139/ 3146/ 3115

EXHIBIT NO. E³⁰

Code Enforcement Department
County Of Riverside
Indio District Office
82-675 Highway 111, Room 3050
Indio, California 92201
(760) 863-7180 – Fax (760) 863-7066

8. John E Bouzane Attorney At Law
634 Oak St
San Bernardino, Ca 92410

9. John E Bouzane Attorney at Law
Bar #079804
634 Oak Ct, San Bernardin
San Bernardino, Ca 92410

10. Sonya Campos
24180 Millsap Dr
Moreno Valley, Ca 92553

11. Marcos Campos
634 Oak Ct
San Bernardino Ca 92410

12. Demitrus Mendez
24180 Millsap Dr
Moreno Valley, Ca 92553

13. Laura Mendez
24180 Millsap Dr
Moreno Valley, Ca 92553

14. Sergio Mendez
PO Box 821
Thermal, Ca 92274

15. Grover Trask DA
47940 Arabia St
Indio Ca 92201

16. Sergio Mendez
89-450 Airport Blvd Sp 4
Thermal, Ca 92274

EXHIBIT NO. E³²

Code Enforcement Department
County Of Riverside
Indio District Office
82-675 Highway 111, Room 3050
Indio, California 92201
(760) 863-7180 – Fax (760) 863-7066

17. Oscar Mendez
44400 Indian Wells Ln
Indian, Wells, Ca 92210

EXHIBIT NO. E³³

7004 1160 0004 0605 3269

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

R Oscar Mendez
(Endo) 44400 Indian Wells Ln
Restr (Endo) Indian, Wells, Ca 92210
CV061580LI
Tota.

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) JEN MOORE</p> <p>C. Date of Delivery 12/1/07</p> |
| <p>1. Article Addressed to:</p> <p>Oscar Mendez 44400 Indian Wells Ln Indian, Wells, Ca 92210 CV061580LI</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7004 1160 0004 0605 3269</p> |
| <p>PS Form 3811, August 2001</p> | <p>Domestic Return Receipt 102595-02-M-1540</p> |

E34

EXHIBIT NO. _____

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

*LTS,
no one under
this name*



1.14.07

This person is not
an employee for us.
Any questions give me a
call.

Tris Navarro
760 836 1392

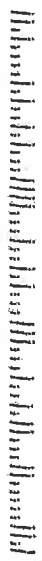
CERTIFIED MAIL™



7004 1160 0004 0605 3265 51
FIRST CLASS

Oscar Mendez
44400 Indian Wells Ln
Indian, Wells, Ca 92210
CV061580LI

9221088708 0009



UNITED STATES POSTAGE
PRIMEV BOWES
02 1A
0004381609
MAILED FROM ZIP CODE 92504
\$05.94
DEC 14 2007



UNITED STATES POSTAGE
PRIMEV BOWES
02 1A
0004381609
MAILED FROM ZIP CODE 92211
\$00.75
JAN 18 2008

County of Riverside
Code Enforcement Dept.
82-675 Highway 111 Room 3050
Indio CA 92201

EXHIBIT NO. _____

E-35

7004 1160 0004 0605 3108

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage \$

To: Sergio Mendez
(Endor: 89-450 Airport Blvd Sp 4
Restr: Thermal, Ca 92274
(Endor: CV061580LI
Total

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

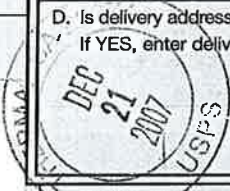
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sergio Mendez
89-450 Airport Blvd Sp 4
Thermal, Ca 92274
CV061580LI

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Marc Mendez* Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Transfer from service label) 7004 1160 0004 0605 3108

EXHIBIT NO. E 36

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

RF

CERTIFIED MAIL™



7004 1160 0004 0605 324 52

RESORTED
FIRST CLASS



UNITED STATES POSTAGE
PRIMEVUS
02 1A
0004337431
MAILED FROM ZIP CODE 92504
\$05.770
DEC 14 2007

~~UNDELIVERABLE AT ADDRESSES
INSUFFICIENT ADDRESS
ADDRESS UNKNOWN
POSTAGE WILL BE PAID BY ADDRESSEE
ROUTE~~



Grover Trask DA

47940 Arabia St
Indio Ca 92201
CV061580LI

Handwritten signature

9220158028 5017



E37

EXHIBIT NO. _____

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Grover Trask DA
Return (Endorsement) 47940 Arabia St
Restrictec (Endorsement) Indio Ca 92201
CV061580LI

Total Postage & fees \$

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

542E 5090 4000 09TT 4002

7004 1160 0004 0605 3252

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$ _____

(Endor^r) Sergio Mendez
 (Restri^d) PO Box 821
 (Endor^r) Thermal, Ca 92274
 Total CV061580L1

Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Sergio Mendez</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> |
| <p>1. Article Addressed to:</p> <p>Sergio Mendez PO Box 821 Thermal Ca 92274 CV061580L1</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7004 1160 0004 0605 3252</p> |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

EXHIBIT NO. _____

E-38

7004 1160 0004 0605 3238

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®
OFFICIAL USE

Re (Endors) Laura Mendez
24180 Millsap Dr
Restrict (Endors) Moreno Valley, Ca 92553
CV061580LI

Total Postage & Fees \$

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> 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. | | <p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> | |
| <p>1. Article Addressed to:</p> <p>Laura Mendez 24180 Millsap Dr Moreno Valley, Ca 92553 CV061580LI</p> | | <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 12/15</p> | |
| | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p>7004 1160 0004 0605 3238</p> | |
| PS Form 3811, August 2001 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |

EXHIBIT NO. E-39

7004 1160 0004 0605 3191

U.S. Postal Service™
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For delivery information visit our website at www.usps.com
OFFICIAL USE

Demitrus Mendez
(End) 24180 Millsap Dr
Res Moreno Valley, Ca 92553
(End) CV061580LI

Total postage & fees \$

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12/15</p> |
| <p>1. Article Addressed to:</p> <p>Demitrus Mendez 24180 Millsap Dr Moreno Valley, Ca 92553 CV061580LI</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7004 1160 0004 0605 3191</p> |
| <p>PS Form 3811, August 2001</p> | <p>Domestic Return Receipt 102595-02-M-1540</p> |

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

Refused

CERTIFIED MAIL™



7004 1160 0004 0605 3215

Marcos Campos
634 Oak Ct
San Bernardino Ca 92410
CV061580LI

REFUSED



UNITED STATES POSTAGE
PRIME BOWERS
02 1A
0004337431
DEC 14 2007
MAILED FROM ZIP CODE 92504
\$ 05.940

5241093336 0017

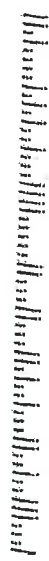


EXHIBIT NO.

FA

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Marcos Campos
634 Oak Ct
San Bernardino Ca 92410
CV061580LI

Total Postage & Fees \$

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

202E 5090 4000 09TT 400L

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$ /

Postmark

Restrict
(Endorse)
Restrict
(Endorse)
Sonya Campos
24180 Millsap Dr
Moreno Valley, Ca 92553
CV061580LI

Total Postage -

Sent To

Street, Apt. No.;
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7004 1160 0004 0605 3214

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:

Sonya Campos
24180 Millsap Dr
Moreno Valley, Ca 92553
CV061580LI

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/15

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 1160 0004 0605 3214

PS Form 3811, August 2001

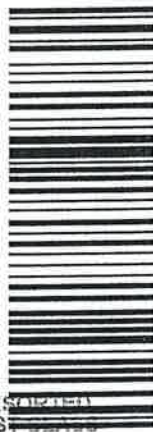
Domestic Return Receipt

102595-02-M-1540

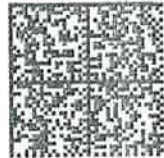
EXHIBIT NO. E⁴²

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7004 1160 0004 0605 32



UNITED STATES POSTAGE
THREE BOWES
\$ 05.94⁰⁰
02 1A
0004337431
DEC 14 2007
MAILED FROM ZIP CODE 92504

Refused
REFUSED
John E Bouzane Attorney at Law
Bar #079804
634 Oak Ct, San Bernardin
San Bernardino, Ca 92410
CV061580LI

9241066338 0017

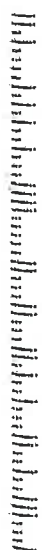


EXHIBIT NO. *FD*

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage \$

John E Bouzane Attorney at Law
Bar #079804
634 Oak Ct, San Bernardin
San Bernardino, Ca 92410
CV061580LI

mark
here

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

122E 5090 4000 09TT 400L

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

CERTIFIED MAIL™



7004 1160 0004 0605 3127



UNITED STATES POSTAGE
\$05.94
02 1A
0004337431 DEC14 2007
MAILED FROM ZIP CODE 92504

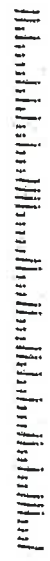


REFUSED

John E Bouzane Attorney At Law
634 Oak St
San Bernardino, Ca 92410
CV061580LI

FH

5241083338 0017



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage \$

Rel (Endors) John E Bouzane Attorney At Law
634 Oak St
Restrict (Endors) San Bernardino, Ca 92410
CV061580LI
Total f

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

DATE 5090 4000 09TT 4002

EXHIBIT NO. _____

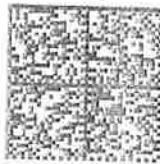
CERTIFIED MAIL™

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

7004 1160 0004 0605 3101



FIRST CLASS



UNITED STATES POSTAL SERVICE
02 1A
0004837481
MAILED FROM FIREHOUSE 92504
\$05.94

Laura Mendez
27660 Via Real
Sun City, CA 92585
CV061580L1

UNCLAIMED

NIXIE 923 4E 1 30 02/04/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

925853611 0022

BC: 92201

*1777-04199-14-41

hhhhhhhhhhhhhhhhhh

ML
AG
2/18
E45

EXHIBIT NO. _____

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Sent To
Laura Mendez
(Endc) 27660 Via Real
Rest Sun City, ca 92585
(Endc) CV061580L1

Total postage & fees

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

DATE 5090 4000 09TT 4002

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

PLACE STICKER AT TOP OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7004 1160 0004 0605 3160

PRESORTED
FIRST CLASS



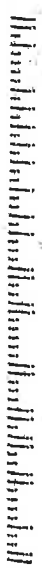
UNITED STATES POSTAGE
FIRST CLASS
\$05.77
DEC 1 2007
MAILED FROM ZIP CODE 92504
02 1A
0004337431

REASON CHECKED

- Moved, Left No Address
- Unable To Forward
- Attempted - Not Known
- Unclaimed
- No Such Street
- Insufficient Address
- Refused
- No Such Number

Demetrio Mendez
27660 Via Real
Sun City, Ca 92585
CV061580LI

32853511 P022



NDA

EE

PR

NLC
12-1st

**U.S. Postal Service™
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OFFICIAL USE

Postage \$

Return (Endorsement) **Demetrio Mendez**
Restricted (Endorsement) **27660 Via Real**
Sun City, Ca 92585
Total Postage **CV061580LI**

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

09TE 5090 4000 09TT 4002

EXHIBIT NO. _____

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

CERTIFIED MAIL™



7004 1160 0004 0605 3122



UNITED STATES POSTAGE
PRIME SOWELS
02 1A
0004337281
MAILED FROM ZIP CODE 92504
DEC 14 2007
\$05.940

ATTEMPTED,
NOT KNOWN

Michael L Shaima ESQ.
Law Offices of Michael L Shaima
27349 Jefferson Ave, Suite 213
Temecula, California 92590
CV061580LI

MVA

ANK

9259092592 0011



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Michael L Shaima ESQ.
Return to: Law Offices of Michael L Shaima
27349 Jefferson Ave, Suite 213
Restrict to: Temecula, California 92590
Endorser: CV061580LI

Total Postage & Fees \$

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

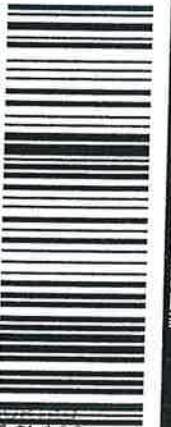
See Reverse for Instructions

EXHIBIT NO.

22LE 5090 4000 09TT 4002

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

CERTIFIED MAIL™



7004 1160 0004 0605 3155
FIRST CLASS



02 1A
0004337431
MAILED FROM ZIP CODE 92504



\$05.770

Michael L. Shaima, ESQ.
27349 Jefferson Ave, Suite 213
Tem
CV0.

M L S

EX

NIXIE 923 SE 1 30 12/19/07

RETURN TO SENDER
ATTEMPTED TO FORWARD
UNABLE TO FORWARD

9259085532 0011
9220105690



BC: 92201569050 *1777-09456-14-41

EXHIBIT NO.

U.S. Postal Service™
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OFFICIAL USE

Michael L. Shaima, ESQ.

(End) 27349 Jefferson Ave, Suite 213

(Res) Temecula, Ca 92590
(End) CV061580LI

Total Postage & fees \$

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

557F 5090 4000 09TT 4002

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

CERTIFIED MAIL™



7004 1160 0004 0605 3139
PRESORTED
FIRST CLASS



UNITED STATES POSTAGE
FIRST CLASS
\$05.770
DEC 14 2007
MAILED FROM ZIP CODE 92504

RT

Charles M. Ellis
77-622 country Bluc Drive, Suite N
Palm
CV061

NIXIE 923 SE 1 30 12/21/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

9221180448 0057
9220185590

BC: 92201559050 *1777-03459-14-41
|||hhhhhhhh|||mmmmmmmmmm|||hhhhhhhhhh|||mmmmmmmmmm|||

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Charles M. Ellis
Retu 77-622 country Bluc Drive, Suite N
(Endorse) Palm Desert, Ca 92260
Restrict
(Endorse) CV061580LI

Total Postage & Fees \$

Sent To
Street, Apt. No.;
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

PERTE 5090 4000 09TT 4002

EXHIBIT NO. *E*

COUNTY OF RIVERSIDE
CODE ENFORCEMENT DEPARTMENT
82675 HIGHWAY 111, ROOM 3050
INDIO, CA 92201

CERTIFIED MAIL™

7004 1160 0004 0605



02 1A
0004337431
MAY 14 2007
MAILED FROM ZIP CODE 91704

UNITED STATES POSTAGE
E50

Mr. and Mrs. Oscar Ortega
PO Box 127
Coachella
CV061580LI

NIXIE

923 SE 1 30 01/20/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 92201569050

*1777-03459-14-41

92201569050
9220105590



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OFFICIAL USE

Mr. and Mrs. Oscar Ortega

PO Box 127

Coachella, Ca 92236

CV061580LI

Total Postage & Fees \$

Sent To
Street, Apt. No.;
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

94TE 5090 4000 09TT 4002

EXHIBIT NO.

7004 1160 0004 0605 3115

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OFFICIAL USE

Roman Mendez
Laura Mendez
Ret (Endorse) PO Box 821
Restrict (Endorse) Thermal Ca 92274
CV061580LI

Total Postage & Fees \$

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

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:

Roman Mendez
Laura Mendez
PO Box 821
Thermal Ca 92274
CV061580LI

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maria Mendez* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 1160 0004 0605 3115

ESI

PROOF OF SERVICE BY MAIL

Case No. CV06-1580

I, the undersigned, say I am a citizen of the United States and am employed in the County of Riverside, over the age of 18 years and not a party to the within action or proceeding; that my business address is 31290 Plantation Dr., Thousand Palms, Ca 92276.

I am readily familiar with our department's practice for collection and processing of correspondence for mailing with the United States Postal Service. Correspondence is deposited with the United States Postal Service on the same day in the ordinary course of business.

That on the 31st day of December, 2008 I served a copy of the papers to which this proof of service is attached, entitled:

Copies Notice of Violation
RCC 8.120 Accumulated Rubbish
RCC 15.16 Substandard Structure
Notice of Defects (x4)
Notice List/ Interested Parties

by depositing a copy thereof in an envelope for deposit in the United States Postal Service via Certified Mail, return receipt requested, and addressed as follows:


See attached Notice List/ Interested Parties

The envelope was sealed and placed for collection and mailing at 31290 Plantation Dr., Thousand Palms, CALIFORNIA, on the same date following the ordinary business practices.

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

Executed this 31st of December, 2008 at Thousand Palms, California.

CERTIFIED MAIL



Sara Nunez, Code Enforcement Aide

Article Number: 7008 1300 0000 4944 3825/3849/3870/3832/3863/3856/3917/3900/3894/3887/2682/4136/2668/3818/2675

EXHIBIT NO. _____

E⁵²



John Boyd
DIRECTOR

Code Enforcement Department
County Of Riverside
Thousand Palms District Office
31290 Plantation Dr.
Thousand Palms, CA 92276
(760) 343-4150 – Fax (760) 343-0882

NOTICE LIST / INTERESTED PARTIES

December 22, 2008

RE: Case No.: CV06-1580
APN No.: 723-071-017/019
Address: 70615 Miramar Dr, Mecca

1. Roman Mendez
Laura Mendez
70615 Miramar Dr
Palm Desert, CA 92260
2. Roman Mendez
Laura Mendez
70615 Miramar Dr
Mecca, CA 92254
3. Roman Mendez
Laura Mendez
PO Box 821
Thermal, CA 92274
4. Mr. and Mrs. Oscar Ortega
PO Box 127
Coachella, CA 92236
5. Charles M Ellis
77-622 Country Blue Drive, Suite N
Palm Desert, California 92260
6. Grover Trask, DA
47940 Arabia St
Indio, CA 92201
7. Sergio Mendes
89450 Airport Blvd SP#4
Thermal, CA 92274

EXHIBIT NO. _____

E⁵³



Jay E. Orr
DIRECTOR

Code Enforcement Department
County Of Riverside
Thousand Palms District Office
31290 Plantation Dr.
Thousand Palms, CA 92276
(760) 343-4150 – Fax (760) 343-0882

8. Michael L. Shaima, ESQ
Law Offices of Michael L. Shaima
27349 Jefferson Ave, Suite 213
Temecula, CA 92590
9. Demetrio Mendez
27660 Via Real
Sun City, CA 92585
10. Laura Mendez
27660 Via Real
Sun City, CA 92585
11. John E. Bouzane Attorney at Law
Law Bar #079804
634 Oak Ct, San Bernardin
San Bernardino, CA 92410
12. Sonya Campos
24180 Millsap Dr
Moreno Valley, CA 92553
13. Demitrus Mendez
24180 Millsap Dr
Moreno Valley, CA 92553
14. Laura Mendez
24180 Millsap Dr
Moreno Valley, CA 92553
15. Laura Rodriguez
84499 Pedro Dr
Coachella, CA 92236

EXHIBIT NO. _____

ES4

COUNTY OF RIVERSIDE
Code Enforcement Department
31290 Plantation Drive
Thousand Palms, CA 92276

CERTIFIED MAIL™



7008 1300 0000 4944 3825

FIRST CLASS



UNITED STATES POSTAGE
02 TM
0004277091
MAILED FROM ZIP CODE 92504
\$05.49
JAN 05 2009



Roman Mendez
Laura Mendez
70615 Miramar Dr
CV061580LI(COPIES)



ES
1-1-09

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

cc Roman Mendez
Return R Laura Mendez
(Endorsement) 70615 Miramar Dr
Restricted D Mecca, CA 92254
(Endorsement) CV061580LI(COPIES)

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

529E 4464 0000 00ET 9002

EXHIBIT NO. _____

COUNTY OF RIVERSIDE
Code Enforcement Department
31290 Plantation Drive
Thousand Palms, CA 92276

CERTIFIED MAIL™



7008 1300 0000 4944 3849

FIRST CLASS



UNITED STATES POSTAGE
METRIC DENOMINATIONS
02 1M
0034277091
MAILED FROM ZIP CODE 92254
\$ 05.490
JAN 05 2005



Roman Mendez
Laura Mendez
70615 Miramar Dr
Palm Desert, CA 92260
CV061580LI(COPIES)

NSS

E 54



EXHIBIT NO. _____

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

Return F (Endorsement) Roman Mendez
Laura Mendez
70615 Miramar Dr
Restricted D (Endorsement) Palm Desert, CA 92260
CV061580LI(COPIES)
Total Postage & Fees \$

Sent to
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800 August 2005 See Reverse for Instructions

5498 4464 0000 00ET 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Return (Endorsement) **Mr. and Mrs. Oscar Ortega**
PO Box 127
 Restricted (Endorsement) **Coachella, CA 92236**
CV061580LI(COPIES)

Total Post

Sent To

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 1300 0000 4944 3870

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.

Mr. and Mrs. Oscar Ortega
 PO Box 127
 Coachella, CA 92236
 CV061580LI(COPIES)

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Oscar Ortega
 B. Received by (Printed Name) Agent
 Addressee
Oscar Ortega
 C. Date of Delivery
1-9-08
 D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7008 1300 0000 4944 3870

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO.

E 57

COUNTY OF RIVERSIDE
Code Enforcement Department
31290 Plantation Drive
Thousand Palms, CA 92276

CERTIFIED MAIL™



7008 1300 0000 4944 3863

FIRST CLASS



UNITED STATES POSTAGE
RIVERSIDE
\$ 05.49
02 1M
006427091 JAN 05 2009
MAILED FROM ZIP CODE 92504



No one built THAT name

CB

Charles M Ellis
77-622 Country Blue Drive, Suite N
Palm Desert California 92260
CV06

NIXIE 929 5C 1 06 01/07/09

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

922180448 0057 BC: 92276660490 *1977-06098-07-43

92276605604



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Charles M Ellis
Retu (Endorse) 77-622 Country Blue Drive, Suite N
Restrict (Endorse) Palm Desert, California 92260
CV061580LI(COPIES)

Total Postage & fees \$

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT NO.

F 59

COUNTY OF RIVERSIDE
Code Enforcement Department
31290 Plantation Drive
Thousand Palms, CA 92276

CERTIFIED MAIL™



7008 1300 0000 4944 3856

FIRST CLASS



UNITED STATES POSTAGE
METRY 8005'S
\$ 05.49⁰⁰
JAN 05 2009
0004277091
02 1M
MAILED FROM ZIP CODE 92254

Grover Trask, DA
47940 Arabia St
Inc
CA

unk

NIXIE

923 SE 1

06 01/07/09

RETURN TO SENDER
ATTEMPTED -
UNABLE TO FORWARD

9220166028 0017

9227666604

BC: 922766660490

*1977-03456-07-44



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Postage \$

Grover Trask, DA

Return (Endorsement) 47940 Arabia St

Restricted (Endorsement) Indio, CA 92201

CV061580LI(COPIES)

Total Postage & Fees

Sent to

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

9598 4444 0000 00ET 9002

EXHIBIT NO. _____

E6

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Sergio Mendes
 Return (Endorsement) 89450 Airport Blvd SP#4
 Restricted (Endorsement) Thermal, CA 92274
 CV061580LI(COPIES)

Total Postage

Sent To

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 1300 0000 4944 3917

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.

Sergio Mendes
 89450 Airport Blvd SP#4
 Thermal, CA 92274
 CV061580LI(COPIES)

2. Article Number
 (Transfer from service label)

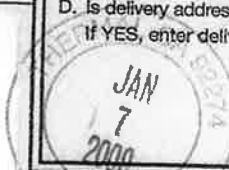
COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Sergio Mendes* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes



7008 1300 0000 4944 3917

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

E 61

EXHIBIT NO. _____

COUNTY OF RIVERSIDE
Code Enforcement Department
31290 Plantation Drive
Thousand Palms, CA 92276

CERTIFIED MAIL™



7008 1300 0000 4944 3900

FIRST CLASS



UNITED STATES POSTAGE
\$ 05.49
02 IN
00427031 JAN 09 2009
MAILED FROM ZIP CODE 92594

Michael L. Shaima, ESQ
Law Offices of Michael L. Shaima
27349 Jefferson Ave, Suite 213
T

NIXIE 923 SE 1 06 01/07/09

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

9259045522 0011

9227666604

BC: 922766660490 *1977-09219-07-44



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Postage \$

Michael L. Shaima, ESQ
Law Offices of Michael L. Shaima
27349 Jefferson Ave, Suite 213
Temecula, CA 92590
CV061580LI(COPIES)

Return (Endorser)
Restricted (Endorser)
Total Postage

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

006 4464 0000 00ET 9002

EXHIBIT NO.

E62

COUNTY OF RIVERSIDE
Code Enforcement Department
31290 Plantation Drive
Thousand Palms, CA 92276

CERTIFIED MAIL™



7008 1300 0000 4944 3894

FIRST CLASS



UNITED STATES POSTAGE
\$05.49⁰⁰
02 1M
0004277091 JAN05 2006
MAILED FROM ZIP CODE 92504

E63



Demetrio Mendez
27660 Via Real
CA 92276

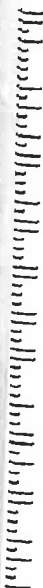
NIXIE

923 5E 1 06 01/07/09

RETURN TO SENDER
ATTEMPTED TO
UNABLE TO FORWARD

BC: 92276660490 *1977-02693-07-42

92276660490
922766604



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OFFICIAL USE

Demetrio Mendez

Ret (Endorse) 27660 Via Real
Restrict (Endorse) Sun City, CA 92585
CV061580LI(COPIES)

Total Postage & Fees \$

Sent to

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

458E 4464 0000 00ET 8002

EXHIBIT NO.

COUNTY OF RIVERSIDE
Code Enforcement Department
31290 Plantation Drive
Thousand Palms, CA 92276

CERTIFIED MAIL™



7008 1300 0000 4944 3887

FIRST CLASS



UNITED STATES POSTAGE
SERVING SERVING SERVING
\$ 05.49⁰⁰
02 1M
0004277091
JAN 05 2009
MAILED FROM ZIP CODE 92504



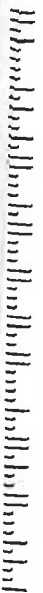
Laura Mendez
27660 Via Real
Sun City, CA 92585

NIXIE 923 SE 1 06 01/07/09

RETURN TO SENDER
ATTEMPTED TO
UNABLE TO FORWARD

BC: 92276660490 *1977-02694-07-42

9226666611 ROR
9227666604



104
29

EXHIBIT NO. EL64

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Laura Mendez
(Endor) 27660 Via Real
Restr (Endor) Sun City, CA 92585
CV061580LI(COPIES)

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

298E 4464 0000 00ET 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return
(Endorsement)

Restricted
(Endorsement)

John E. Bouzane Attorney at Law
 Law Bar #079804
 534 Oak Ct, San Bernardino
 San Bernardino, CA 92410
 CV061580LI(COPIES)

Sent To

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 1300 0000 4944 2682

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.

John E. Bouzane Attorney at Law
 Law Bar #079804
 534 Oak Ct, San Bernardino
 San Bernardino, CA 92410
 CV061580LI(COPIES)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Charles Kelley 1/6/09

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7008 1300 0000 4944 2682

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. _____

EG5

7008 1300 0000 4944 4136

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$ _____

Certif _____

Return Rec. (Endorsement R) **Demitrus Mendez**
 Restricted Deliv. (Endorsement R) **24180 Millsap Dr**
Moreno Valley, CA 92553
CV061580LI(COPIES)

Total Postage _____

Sent to _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2005 See Reverse for Instructions

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.

Addressed to:
Demitrus Mendez
24180 Millsap Dr
Moreno Valley, CA 92553
CV061580LI(COPIES)

2. Article Number
 (Transfer from service label)

7008 1300 0000 4944 4136

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **1/10**

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

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

4. Restricted Delivery? (Extra Fee) Yes

E64

EXHIBIT NO. _____

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7008 1300 0000 4944 2668

CS Sonya Campos

Return P. (Endorsement) 24180 Millsap Dr
 Restricted D. (Endorsement) Moreno Valley, CA 92553
 CV061580LI(COPIES)

Total Postage & Fees

Sent to

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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.

Sonya Campos
 24180 Millsap Dr
 Moreno Valley, CA 92553
 CV061580LI(COPIES)

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

7008 1300 0000 4944 2668

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO.

E67

7008 1300 0000 4944 2675

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage \$

To
Laura Rodriguez
(Endor) 34499 Pedro Dr
Restr (Endor) Coachella, CA 92236
CV061580LI(COPIES)

Sent to
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions

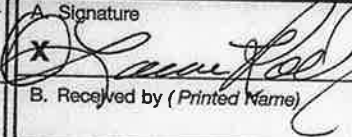
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 1-09-09</p> |
| <p>Laura Rodriguez 34499 Pedro Dr Coachella, CA 92236 CV061580LI(COPIES)</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7008 1300 0000 4944 2675</p> |

EXHIBIT NO. E 69

When recorded please mail to:
Mail Stop# 4016

DOC # 2008-0623701

11/24/2008 08:00A Fee:NC

Page 1 of 1

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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| M | A | L | 465 | 426 | PCOR | NCOR | SMF | NCHG | EXAM |
| NCHG CC | | | | | | T: | CTY | UNI | 809 |

NOTICE OF NONCOMPLIANCE

6 **C**
809

In the matter of the Property of)
Roman Mendez)
Laura Mendez)

Case No.: CV061580

NOTICE IS HEREBY GIVEN to all persons, pursuant to Section 10 of Ordinance Number 725 of the County of Riverside, State of California, that proceedings have been commenced with respect to violations of Riverside County Ordinance No.457 & 541 (RCC Title 15.16 & 8.120) described as (2) Substandard Structures & Accumulated Rubbish. Such Proceedings are based upon the noncompliance of such real property, located at 70615 Miramar Dr., North Shore (Mecca) CA, and more particularly described as Assessor's Parcel Number 723-071-017 and having a legal description of Lot 181, MB 042/009 TR 2185, Section 27 T7S R10E Records of Riverside County, with the requirements of Ordinance No. 457 & 541 (RCC Title 15.16 & 8.120).

The owner has been advised to immediately correct the above-referenced violation to avoid further action by the County of Riverside, which may include remediation or restoration to abate the public nuisance or other remedies available to the department by a court of competent jurisdiction. Any costs incurred by the County, including, but not limited to investigative, administrative and abatement costs and attorneys' fees, may become a lien on the property. Further details regarding this notice may be obtained by addressing an inquiry to the Code Enforcement Department, 31290 Plantation Dr., Thousand Palms, CA 92276, Attention Code Enforcement Officer Lucero Iniguez (760) 343-4150.

NOTICE IS FURTHER GIVEN in accordance with §17274 and §24436.5 of the California Revenue and Taxation Code, that a tax deduction may not be allowed for interest, taxes, depreciation, or amortization paid or incurred in the taxable year affected by these proceedings.

COUNTY OF RIVERSIDE
DEPARTMENT OF CODE ENFORCEMENT

By: *Dave Lawless*
Dave Lawless
Code Enforcement Division

ACKNOWLEDGEMENT

State of California)
County of Riverside)

On 11/18/08 before me, I. Lorena Diaz, Notary Public, personally appeared Dave Lawless who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

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

WITNESS my hand and official seal.

I. Lorena Diaz
Commission # 1641915 Comm. Expires Jan 30, 2010

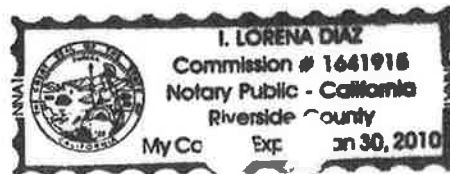


EXHIBIT NO. 4

When recorded please mail to:
Mail Stop# 4016

DOC # 2008-0623700

11/24/2008 08:00A Fee:NC

Page 1 of 1

Recorded in Official Records
County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



| S | R | U | PAGE | SIZE | DA | MISC | LONG | RFD | COPY |
|---------|---|---|------|------|------|------|------|------|------|
| 1 | | | 1 | | | | | | |
| M | A | L | 465 | 426 | PCOR | NCOR | SMF | NCHG | EXAM |
| NCHG CC | | | | | | T: | CTY | UNI | 809 |

NOTICE OF NONCOMPLIANCE

C
809

In the matter of the Property of)
Roman Mendez)
Laura Mendez)

Case No.: CV061580

NOTICE IS HEREBY GIVEN to all persons, pursuant to Section 10 of Ordinance Number 725 of the County of Riverside, State of California, that proceedings have been commenced with respect to violations of Riverside County Ordinance No.457 & 541 (RCC Title 15.16 & 8.120) described as (2) Substandard Structures & Accumulated Rubbish. Such Proceedings are based upon the noncompliance of such real property, located at One Lot S/O 70615 Miramar Dr., North Shore (Mecca) CA, and more particularly described as Assessor's Parcel Number 723-071-019 and having a legal description of Lot 182, MB 042/009 TR 2185, Section 27 T7S R10E Records of Riverside County, with the requirements of Ordinance No. 457 & 541 (RCC Title 15.16 & 8.120).

The owner has been advised to immediately correct the above-referenced violation to avoid further action by the County of Riverside, which may include remediation or restoration to abate the public nuisance or other remedies available to the department by a court of competent jurisdiction. Any costs incurred by the County, including, but not limited to investigative, administrative and abatement costs and attorneys' fees, may become a lien on the property. Further details regarding this notice may be obtained by addressing an inquiry to the Code Enforcement Department, 31290 Plantation Dr., Thousand Palms, CA 92276, Attention Code Enforcement Officer Lucero Iniguez (760) 343-4150.

NOTICE IS FURTHER GIVEN in accordance with §17274 and §24436.5 of the California Revenue and Taxation Code, that a tax deduction may not be allowed for interest, taxes, depreciation, or amortization paid or incurred in the taxable year affected by these proceedings.

COUNTY OF RIVERSIDE
DEPARTMENT OF CODE ENFORCEMENT

By: *Dave Lawless*
Dave Lawless
Code Enforcement Division

ACKNOWLEDGEMENT

State of California)
County of Riverside)

On 11/18/08 before me, I. Lorena Diaz, Notary Public, personally appeared Dave Lawless who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

I. Lorena Diaz
Commission #1641915 Comm. Expires Jan 30, 2010

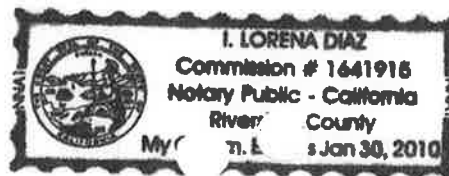


EXHIBIT NO. 72

PAMELA J. WALLS
County Counsel

OFFICE OF COUNTY COUNSEL
COUNTY OF RIVERSIDE



KATHERINE A. LIND
Assistant County Counsel

3960 ORANGE STREET, SUITE 500
RIVERSIDE, CA 92501-3674
TELEPHONE: 951/955-6300
FAX: 951/955-6322 & 951/955-6363

December 14, 2010

**NOTICE TO CORRECT COUNTY ORDINANCE VIOLATIONS AND
ABATE PUBLIC NUISANCE**

TO: Owners and Interested Parties
(See Attached Proof of Service
and Attached Notice List)

Case No.: CV06-1580
APNs: 723-071-019 & 723-071-017; MENDEZ
Property: 70615 Miramar Drive, Mecca

NOTICE IS HEREBY GIVEN that a hearing will be held before the Riverside County Board of Supervisors pursuant to Riverside County Ordinance Nos. 348 and 541 (RCC Title Nos. 17 & 8) and 725 (RCC Title 1) to consider the abatement of the substandard structures and accumulated rubbish located on the SUBJECT PROPERTY described as 70615 Miramar Drive, Mecca, **Riverside County, California**, and more particularly described as Assessor's Parcel Number 723-071-019 & 723-071-017.

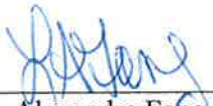
YOU ARE HEREBY DIRECTED as owner of the SUBJECT PROPERTY, to appear at this hearing to show cause why the SUBJECT PROPERTY should not be condemned as a public nuisance and be abated by removing the substandard structures and accumulated rubbish from the real property.

SAID HEARING will be held on **Tuesday, January 11, 2011, at 9:30 a.m.** in the Board of Supervisors Room, County Administrative Center, 4080 Lemon Street, 1st Floor Annex, Riverside, California at which time and place pertinent evidence will be received and/or testimony from all concerned parties will be heard. Failure to appear on your behalf will result in the exclusion of your testimony, and facts as known to the Code Enforcement Department ("Department") will be presented to the Board of Supervisors for consideration and deliberation in this matter.

Please be advised that the costs already accrued in this case, including but not limited to, enforcement and investigation costs, are recoverable by the Department, as allowed under Riverside County Ordinance No. 725. The Department may seek recovery of such costs from the property owner(s) which may result in a special assessment lien against the SUBJECT PROPERTY. Additionally, should the Department abate the property, the costs associated therewith, as well as all abatement costs allowed under Riverside County Ordinance No. 725 (RCC Title 1), will be sought from the property owner(s) and/or may result in a special assessment lien against the property.

You are encouraged to contact Supervising Code Enforcement Officer David Lawless at (760) 343-4150 or the undersigned prior to the hearing. Please meet the undersigned and Brian Black, Supervising Code Enforcement Officer, at 8:30 a.m. on the day of the hearing in the lobby of the 1st floor annex in front of the Clerk of the Board's Office to discuss the case.

PAMELA J. WALLS
Riverside County Counsel



L. Alexandra Fong
Deputy County Counsel

EXHIBIT NO. 6

NOTICE LIST

Subject Property: 70615 Miramar Dr., Mecca
Case No.: CV 06-1580; APNs: 723-071-017 and 723-071-019; District 4

ROMAN MENDEZ
LAURA MENDEZ
PO BOX 821
THERMAL CA 92274

LAURA MENDEZ
27660 VIA REAL
SUN CITY CA 92585

ROMAN MENDEZ
LAURA MENDEZ
70615 MIRAMAR DR.
MECCA CA 92254

MARCOS CAMPOS
C/O JOHN E. BOUZANE, ESQ.
CASE NO. LEC005859
634 OAK CT.
SAN BERNARDINO CA 92410

OCCUPANT
70615 MIRAMAR DR.
MECCA CA 92254

MR. AND MRS. OSCAR ORTEGA
PO BOX 127
COACHELLA CA 92236

SERGIO MENDEZ
89-450 AIRPORT BLVD. SP#4
THERMAL CA 92274

DEMETRIO MENDEZ
27660 VIA REAL
SUN CITY CA 92585

SONYA CAMPOS
24180 MILLSAP DR.
MORENO VALLEY CA 92553

DEMETRIUS MENDEZ
24180 MILLSAP DR.
MORENO VALLEY CA 92553

CARLOS J. ORTEGA, TRUSTEE
C/O CHARLES M. ELLIS
77-622 COUNTRY BLUC DRIVE, STE. N
PALM DESERT, CA 92260

| | |
|--|--|
| SENDER: COMPLETE THIS SECTION | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">MR AND MRS OSCAR ORTEGA PO BOX 127 COACHELLA CA 92236</p> | <ul style="list-style-type: none"> ■ 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. |
| <p>2. Article Number <i>(Transfer from service label)</i></p> <p style="font-size: small;">PS Form 3811, February 2004</p> | <p style="font-size: small;">Domestic Return Receipt</p> |
| <p style="font-size: x-large; color: blue;">7010 1670 0001 7232 5907</p> | <p style="font-size: x-large; color: blue;">C06-1580 (MENDEZ) ART 11</p> |
| <p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> | |
| <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>A. Signature</p> <p style="font-size: x-large; color: blue;">Oscar Ortega</p> | <p>Agent <input type="checkbox"/></p> |
| <p>B. Received by (Printed Name)</p> <p style="font-size: x-large; color: blue;">OSCAR ORTEGA</p> | <p>Addressee <input type="checkbox"/></p> |
| <p>C. Date of Delivery</p> <p style="font-size: x-large; color: blue;">12-17-10</p> | |

NOTICE LIST

Subject Property: 70615 Miramar Dr., Mecca
Case No.: CV 06-1580; APNs: 723-071-017 and 723-071-019; District 4

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:

SONYA CAMPOS
24180 MILLSAP DR
MORENO VALLEY CA 92553

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Campos Addressee

B. Received by (Printed Name) C. Date of Delivery
Campos *12/16/10*

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7010 1670 0001 7232 593B

2. Article Number
(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

MARCOS CAMPOS
C/O JOHN E BOUZANE ESQ
CASE NO LEC005859
634 OAK CT
SAN BERNARDINO CA 92410

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Steve Addressee

B. Received by (Printed Name) C. Date of Delivery
Steve Case

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



3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7010 1670 0001 7232 5020

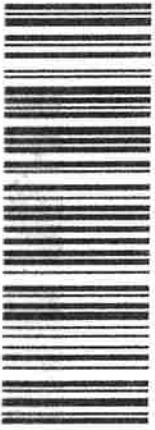
2. Article Number
(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Office of County Counsel
3960 Orange Street, Suite 500
Riverside, CA 92501

CERTIFIED MAIL™



7010 1670 0001 7232 5952



CARLOS J ORTEGA TRUSTEE
C/O CHARLES M ELLIS
77-622 COUNTY PUBLIC DRIVE STF N
PALM DESE

NIXIE 923 SE 1 00 12/17/10

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 92501364425 *2404-21120-15-30

9221136442509644



NOTICE LIST

Subject Property: 70615 Miramar Dr., Mecca

Case No.: CV 06-1580: APNs: 723-071-017 and 723-071-019; District 4

EXHIBIT NO.

G

NOTICE LIST

Subject Property: 70615 Miramar Dr., Mecca
Case No.: CV 06-1580; APNs: 723-071-017 and 723-071-019; District 4

Office of County Counsel
3960 Orange Street, Suite 500
Riverside, CA 92501

Office of County Counsel
3960 Orange Street, Suite 500
Riverside, CA 92501

CERTIFIED MAIL™



7010 1670 0001 7232 5914

SERGIO MENDEZ
89-450 AIRPORT BLVD. SP#4
THERMAL CA 92774

NIXIE

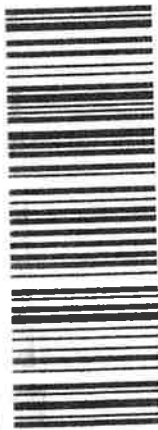
923 SE 1 00 12/17/10

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 92501364425

*2404-20749-15-30

CERTIFIED MAIL™



7010 1670 0001 7232 5945

DEMETRIUS MENDEZ
24180 MILLSAP DR
MORENO VALLEY CA 92553

NIXIE

923 SE 1 00 12/17/10

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 92501364425 *2604-15996-15-30

92501364425



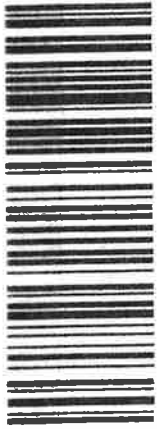
RETURNED TO SENDER
UNDELIVERABLE AS ADDRESSED
INSUFFICIENT ADDRESS
ATTEMPTED NOT KNOWN
NO SUCH NUMBER



EXHIBIT NO. 45

Office of County Counsel
3960 Orange Street, Suite 500
Riverside, CA 92501

CERTIFIED MAIL™



7010 1670 0001 7232 5891

OCCUPANT
70615 MIRAMAR DR.
MECCA CA 92754

NIXIE 923 SE 1 OO 12/17/10

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 92501964425 *2404-15914-15-30

||||| 11111 || 11 || | 111111111111

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known



Office of County Counsel
3960 Orange Street, Suite 500
Riverside, CA 92501

CERTIFIED MAIL™



7010 1670 0001 7232 5884

ROMAN MENDEZ
LAURA MENDEZ
70615 MIRAMAR DR
MECCA CA 92

NIXIE 923 SE 1 OO 12/17/10

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 92501964425 *2604-15914-15-30

||||| 11111 || 11 || | 111111111111

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible



EXHIBIT NO. 96

92254382561 03644



Track & Confirm

FAQs

Track & Confirm

Search Results

Label/Receipt Number: 7010 1670 0001 7232 5969

Service(s): **Certified Mail™**

Status: **Notice Left**

We attempted to deliver your item at 12:56 pm on December 16, 2010 in SUN CITY, CA 92585 and a notice was left. You may pick up the item at the Post Office indicated on the notice, go to www.usps.com/redelivery, or call 800-ASK-USPS to arrange for redelivery. If this item is unclaimed after 15 days then it will be returned to the sender. Information, if available, is updated periodically throughout the day. Please check again later.

Track & Confirm

Enter Label/Receipt Number.

Go >

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

[Site Map](#) [Customer Service](#) [Forms](#) [Gov't Services](#) [Careers](#) [Privacy Policy](#) [Terms of Use](#) [Business Customer Gateway](#)

Copyright© 2010 USPS. All Rights Reserved. No FEAR Act EEO Data FOIA

| | | | |
|--|-------------------|--|--|
| 7010 1670 0001 7232 5969 | | U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| | | For delivery information visit our website at www.usps.com | |
| | | OFFICIAL USE | |
| Postage | \$ 1.44 | Marked 12/14/10 Postmark Here | |
| Certified Fee | 2.80 | | |
| Return Receipt Fee (Endorsement Required) | 2.30 | | |
| Restricted Delivery Fee (Endorsement Required) | | | |
| Total Postage & Fees | \$ 5.54 | | |
| Sent To | | | |
| Street, # or PO B. | LAURA MENDEZ | | |
| City, Sta | 27660 VIA REAL | | |
| | SUN CITY CA 92585 | | |
| PS Form 3800, August 2006 | | See Reverse for Instructions | |

67

EXHIBIT NO. _____



Track & Confirm

Search Results

Label/Receipt Number: **7010 1670 0001 7232 5921**
Service(s): **Certified Mail™**
Status: **Notice Left**

We attempted to deliver your item at 12:56 pm on December 16, 2010 in SUN CITY, CA 92585 and a notice was left. You may pick up the item at the Post Office indicated on the notice, go to www.usps.com/redelivery, or call 800-ASK-USPS to arrange for redelivery. If this item is unclaimed after 15 days then it will be returned to the sender. Information, if available, is updated periodically throughout the day. Please check again later.

Track & Confirm

Enter Label/Receipt Number.

Go >

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

7010 1670 0001 7232 5921

| | | |
|--|-------------------|--------------------------------------|
| U.S. Postal Service™ | | |
| CERTIFIED MAIL™ RECEIPT | | |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | | |
| For delivery information visit our website at www.usps.com | | |
| OFFICIAL USE | | |
| Postage | \$.44 | Mailed 12/14/10 Postmark Here |
| Certified Fee | 2.80 | |
| Return Receipt Fee (Endorsement Required) | 2.30 | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ 5.54 | |
| Sent To | | |
| Street, Apt. or PO Box | DEMETRIO MENDEZ | |
| City, State, | 27660 VIA REAL | |
| | SUN CITY CA 92585 | |
| PS Form 3800, August 2006 See Reverse for Instructions | | |

EXHIBIT NO. _____

G⁸



Track & Confirm

Search Results

Label/Receipt Number: **7010 1670 0001 7232 5877**
Service(s): **Certified Mail™**
Status: **Notice Left**

We attempted to deliver your item at 7:31 am on December 16, 2010 in THERMAL, CA 92274 and a notice was left. You may pick up the item at the Post Office indicated on the notice, go to www.usps.com/redelivery, or call 800-ASK-USPS to arrange for redelivery. If this item is unclaimed after 15 days then it will be returned to the sender. Information, if available, is updated periodically throughout the day. Please check again later.

Detailed Results:

- **Notice Left, December 16, 2010, 7:31 am, THERMAL, CA 92274**
- **Arrival at Unit, December 16, 2010, 7:30 am, PALM DESERT, CA 92260**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

7010 1670 0001 7232 5877

| | |
|--|-----------------------|
| U.S. Postal Service | |
| CERTIFIED MAIL™ RECEIPT | |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$ <u>1.44</u> |
| Certified Fee | <u>2.80</u> |
| Return Receipt Fee (Endorsement Required) | <u>2.30</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>5.54</u> |
| Sent To: Street, or PO: ROMAN MENDEZ City, S: LAURA MENDEZ THERMAL CA 92274 | |
| PS Form 3800, August 2006 See Reverse for Instructions | |

Handed 12/14/10

Postmark Here

69

EXHIBIT NO. _____

1 **PROOF OF SERVICE**

2 Case No. CV 06-1580

3 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

4 I, Brenda Peeler, declare that I am a citizen of the United States and am employed in the County of
5 Riverside, over the age of 18 years and not a party to the within action or proceeding; that my
6 business address is 3960 Orange Street, Suite 500, Riverside, California 92501.

7 That on December 14, 2010, I served the following document(s):

8 **NOTICE TO CORRECT COUNTY ORDINANCE VIOLATIONS
9 AND ABATE PUBLIC NUISANCE**

10 by placing a true copy thereof enclosed in a sealed envelope(s) addressed as follows:

11 **Owners or Interested Parties
12 (see attached notice list)**

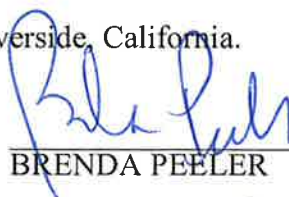
13 XX **BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.** I am "readily familiar"
14 with the office's practice of collection and processing correspondence for mailing. Under
15 that practice it would be deposited with the U.S. Postal Service on that same day with
16 postage thereon fully prepaid at Riverside, California, in the ordinary course of business.

17 **BY PERSONAL SERVICE:** I caused to be delivered such envelope(s) by hand to the offices
18 of the addressee(s).

19 XX **STATE - I declare under penalty of perjury under the laws of the State of California that the
20 above is true and correct.**

21 **FEDERAL - I declare that I am employed in the office of a member of the bar of this court at
22 whose direction the service was made.**

23 EXECUTED ON December 14, 2010, at Riverside, California.

24 
25 _____
26 BRENDA PEELER

27 **EXHIBIT NO.** _____

28 6¹⁰



**CODE ENFORCEMENT DEPARTMENT
COUNTY OF RIVERSIDE**

GLENN BAUDE
Director

AFFIDAVIT OF POSTING OF NOTICES

December 20, 2010

RE CASE NO: CV061580

I, Lucero Iniguez, hereby declare:

I am employed by the Riverside County Code Enforcement Department; that my business address is 31-290 Plantation Drive, Thousand Palms, California 92276 .

That on 12/20/2010 at 10:45 a.m., I securely and conspicuously posted Notice to Correct County Ordinance Violations and Abate Public Nuisance at the property described as:

Property Address: 70615 MIRAMAR DR, MECCA

Assessor's Parcel Number: 723-071-017

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

Executed on December 20, 2010 in the County of Riverside, California.

CODE ENFORCEMENT DEPARTMENT


By: Lucero Iniguez, Code Enforcement Officer

31-290 PLANTATION DRIVE, THOUSAND PALMS, CA 92276
(760) 343-4150 • FAX (760) 343-0882

EXHIBIT NO. 6th