

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

960A



**FROM:** Don Kent, Treasurer/Tax Collector

**SUBMITTAL DATE:**

**JUN 02 2014**

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 179, Item 244.

Last assessed To: Special Cutting Tools, Inc., a California Corporation. District 4/4 [\$28,380] Fund 65595 Excess Proceeds from Tax Sale.

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the claim from Miriam L. Bliss AKA Miriam Bliss for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 770163013-4;

(continued on page two)

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the March 17, 2008 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 12, 2008. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 9, 2008, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

*[Signature]*  
**Jon Christensen on behalf of Don Kent,  
Treasurer-Tax Collector**

FORM APPROVED COUNTY COUNSEL  
BY: DALE A. GARDNER 6/2/14  
DATE

FINANCIAL DATA	Current Fiscal Year	Next Fiscal Year	Total Cost	Ongoing Cost	Other
<b>COST</b>	\$ 28,380	\$ 0	\$ 28,380	\$ 0	
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0	

Consent  Policy

**SOURCE OF FUNDS:** Fund 65595 Excess Proceeds from Tax Sale  
**Budget Adjustment:** N/A  
**For Fiscal Year:** 14/15

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY: *[Signature]* 7/15/14  
**Samuel Wong**

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Benoit, seconded by Supervisor Stone and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

**Ayes:** Tavaglione, Stone, Benoit and Ashley  
**Nays:** None  
**Absent:** Jeffries  
**Date:** July 15, 2014  
**xc:** Treasurer, Auditor

**Kecia Harper-Ihem**  
Clerk of the Board  
By: *[Signature]*  
Deputy

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.:

District: 4/4

Agenda Number:

**9-10**

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 179, Item 244.

Last assessed To: Special Cutting Tools, Inc., a California Corporation. District 4/4 [\$28,380] Fund 65595 Excess Proceeds from Tax Sale.

**DATE: JUN 02 2014**

**PAGE: Page 2 of 2**

**RECOMMENDED MOTION:**

2. Authorize and direct the Auditor-Controller to issue a warrant to Miriam L. Bliss AKA Miriam Bliss in the amount of \$28,380.72, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

**BACKGROUND:**

**Summary (continued)**

The Treasurer-Tax Collector has received one claim for excess proceeds:

1. Claim from Miriam L. Bliss based on a Short Form Deed of Trust and Assignment of Rents recorded November 9, 1989 as Instrument No. 391718.

Pursuant to Section 4675 (a) & (e) of the California Revenue and Taxation Code, it is the recommendation of this office that Miriam L. Bliss AKA Miriam Bliss be awarded excess proceeds in the amount \$28,380.72. Since there are no other claimants the excess proceeds in the amount of \$31,205.58 will remain unclaimed. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.

**Impact on Citizens and Businesses**

Excess proceeds are being released to a lien holder of the property and Pursuant to Section 4673.1 (2) of the California Revenue and Taxation Code, since there were no other claimants the remaining unclaimed excess proceeds are being transferred to the Auditor's office for apportionment.

Pursuant to Section 4673.1 (2) of the California Revenue and Taxation Code, the remaining balance of the proceeds to be distributed under this section shall be distributed to each tax fund in an amount bearing the same proportion to the balance remaining as the tax rate for each fund bears to the total tax rate applicable to the property for the fiscal year preceding that in which the property was sold.

**ATTACHMENTS (if needed, in this order):**

Copy of the Excess Proceeds Claim form and supporting documentation are attached.

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

To: Paul McDonnell, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC 179 Item 244 Assessment No.: 770163013-4

Assessee: SPECIAL CUTTING TOOLS INC

Situs: NONE

Date Sold: March 17, 2008

Date Deed to Purchaser Recorded: May 12, 2008

Final Date to Submit Claim: May 12, 2009

RECEIVED  
2009 MAY 12 PM 12:37  
RIVERSIDE COUNTY  
TREAS - TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$59,530<sup>02</sup> from the sale of the above mentioned real property. I/We were the  lienholder(s)  property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. \_\_\_\_\_; recorded on \_\_\_\_\_. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Copy of "Deed of Trust", DATED 10/31/1989

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 6<sup>TH</sup> day of May, 2009 at ORANGE COUNTY, CA  
County, State

~~Signature of Claimant~~  
~~Print Name~~  
~~Street Address~~  
~~City, State, Zip~~  
~~Phone Number~~

Miriam L. Bliss  
Signature of Claimant  
MIRIAM L. BLISS  
Print Name  
1001 W. LAMBERT RD # 243  
Street Address  
LA HABRA, CA 90631  
City, State, Zip  
562-690-8260 (home)  
Phone Number  
714-222-5714 (cell) SCO 8-21 (1-99)

391718

RECORDING REQUESTED BY  
ROBERT E. MITCHELL, ESQ.

AND WHEN RECORDS MAIL TO

MIRIAM BLISS  
c/o ROBERT E. MITCHELL, ESQ.  
13915 S. San Antonio Drive  
Norwalk, CA 90650

Name  
Street Address  
City & State

RECEIVED FOR RECORD  
AT 8:30 O'CLOCK A.M.

NOV - 9 1989  
Recorded in Official Records  
of Riverside County, California  
Riverside County Recorder  
File 511

TD 831 H4 SHORT FORM DEED OF TRUST AND ASSIGNMENT OF RENTS (2nd Priority) 181018

This Deed of Trust, made this 31<sup>st</sup> day of October, 1989, between  
SPECIAL CUTTING TOOLS, INC., a California corporation,

whose address is 9845 Alburtils, Satna Fe Springs, CA 90670, herein called TRUSTOR,  
(number and street) (city) (state)  
TRUSTORS SECURITY SERVICE, a California corporation, 7624 Painter Avenue, Whittier, CA 90602, herein  
called TRUSTEE, and MIRIAM BLISS, 15920 La Forge, #8, Whittier, CA 90603

Witnesseth: That Trustor IRREVOCABLY GRANTS, TRANSFERS AND ASSIGNS to TRUSTEE IN TRUST, WITH POWER OF SALE,  
that property in Riverside County, California, described as:

Lot 1, of Block 5, Desert Club Tract, Unit 2, recorded in  
Book 20, Page 6 of Miscellaneous Maps of the Official  
Records of Riverside County

TOGETHER WITH the rents, issues and profits thereof, SUBJECT, HOWEVER, to the right, power and authority given to and  
conferred upon Beneficiary by paragraph (10) of the provisions incorporated herein by reference to collect and apply such rents, issues and  
profits.

For the Purpose of Securing: 1. Performance of each agreement of Trustor incorporated by reference or contained herein. 2. Payment of  
the indebtedness evidenced by one promissory note of even date herewith, and any extension or renewal thereof, in the principal sum of  
\$ 10,000.00 executed by Trustor in favor of Beneficiary or order.

TO PROTECT THE SECURITY OF THIS DEED OF TRUST, TRUSTOR AGREES: By the execution and delivery of this Deed of  
Trust and the note secured hereby, that provisions (1) to (14), inclusive, of the fictitious deed of trust recorded in Riverside County June 24,  
1968, and in all other Counties July 2, 1968, in the book and at the page of Official Records in the office of the County Recorder of the  
County where said property is located, noted below opposite the name of such County, viz.:

COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE
Alameda	2210	I.M. 198	Kings	824	155	Pleasant	1204	632	Shasta	386	60
Alpine	10	483	Lake	528	271	Plumas	182	83	Shasta	47	187
Amador	175	234	Lassen	322	478	Riverside Account	19018	Year 1963	Shelby	600	887
Butte	1823	366	Los Angeles	78841	240	Sacramento	88-07-02	228	Shelby	1514	829
Calaveras	259	343	Madera	1818	485	San Bernardino	509	83	Sonoma	2228	861
Colusa	367	32	Marin	2222	338	San Bernardino	7085	236	Stanislaus	2237	171
Contra Costa	8428	1	Mariposa	110	183	San Diego	Series 9	111225	Sutter	725	28
Del Norte	136	288	Merced	788	171	San Francisco	Book 1988		Tehama	514	275
El Dorado	984	608	Merced	1778	46	San Francisco	8304	261	Trinity	128	867
Fresno	5526	234	Modoc	204	150	San Joaquin	3221	98	Tulare	2789	157
Glenn	508	75	Mono	86	17	San Luis Obispo	1481	581	Tuolumne	288	885
Humboldt	846	332	Monterey	843	844	San Mateo	5483	67	Ventura	2390	848
Imperial	1284	251	Napa	788	882	Santa Barbara	2237	734	Yuba	688	783
Inyo	182	844	Nevada	499	210	Santa Clara	9177	463			
Kern	4178	224	Orange	3848	247	Santa Cruz	1889	1			

(which provisions, identical in all counties, are printed on the reverse hereof) hereby are adopted and incorporated herein and made a part  
hereof as fully as though set forth herein at length; that he will observe and perform said provisions; and that the references to property,  
obligations, and parties in said provisions shall be construed to refer to the property, obligations, and parties set forth in this deed of Trust.

The undersigned Trustor requests that a copy of any Notice of Default and of any Notice of Sale hereunder be mailed to him at his  
address hereinbefore set forth.

State of California  
County of LOS ANGELES

On this the 6<sup>th</sup> day of November, 1989

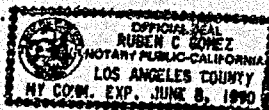
before me, (DONALD NEFFINGER) RUBEN GOMEZ BY: [Signature]  
the undersigned Notary Public, personally appeared  
DONALD NEFFINGER

personally known to me  
 proved to me on the basis of satisfactory evidence  
to be the person(s) whose name(s) LS subscribed to the  
within instrument, and acknowledged that HE executed it.  
WITNESSES my hand and official seal.

[Signature]  
Notary's Signature

Signature of Trustor  
SPECIAL CUTTING TOOLS, INC., a  
California corporation

[Signature]  
DONALD NEFFINGER



ASSESSOR'S NO.: 769113013-9





This Deed of Trust, made this 31<sup>st</sup> day of October, 1989, between  
(month) (year)  
 SPECIAL CUTTING TOOLS, INC., a California corporation

whose address is 9845 Alburdis, Satna Fe Springs, CA 90670  
(number and street) (city) (state)  
 herein called TRUSTOR,

TRUSTORS SECURITY SERVICE a California corporation, 7624 Painter Avenue, Whittier, CA 90602, herein  
 called TRUSTEE, and MIRIAM BLISS, 15920 La Forge, #8, Whittier, CA 90603  
 herein called BENEFICIARY,

Witnesseth: That Trustor IRREVOCABLY GRANTS, TRANSFERS AND ASSIGNS TO TRUSTEE IN TRUST, WITH POWER OF SALE,  
 that property in Riverside County, California, described as:

Lot 1, of Block 5, Desert Club Tract, Unit 2, recorded in  
 Book 20, Page 6 of Miscellaneous Maps of the Official  
 Records of Riverside County

Assessment No. 770-163-013-4 LAND  
 1897

USE CONVEY 034654 04/1967

TOGETHER WITH the rents, issues and profits thereof, SUBJECT, HOWEVER, to the right, power and authority given to and  
 conferred upon Beneficiary by paragraph (10) of the provisions incorporated herein by reference to collect and apply such rents, issues and  
 profits.

For the Purpose of Securing: 1. Performance of each agreement of Trustor incorporated by reference or contained herein. 2. Payment of  
 the indebtedness evidenced by one promissory note of even date herewith, and any extension or renewal thereof, in the principal sum of  
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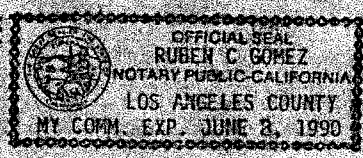
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 1968, and in all other Counties July 2, 1968, in the book and at the page of Official Records in the office of the County Recorder of the  
 County where said property is located, noted below opposite the name of such County, viz.:

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Alpine	10	483	Lake	559	271	Plumas	182	83	Sierra	47	197
Amador	175	234	Lassen	222	478	Riverside Account	59015	Year 1968	Siskiyou	560	897
Butte	1523	386	Los Angeles	T5841	240	Sacramento	88-87-02	288	Solano	1514	628
Calaveras	259	342	Madera	1013	455	San Benito	339	63	Sonoma	2338	981
Colusa	357	32	Marin	2222	339	San Bernardino	7053	298	Stonistlaus	2227	171
Contra Costa	5658	1	Mariposa	110	183	San Diego	Series 9	111826	Sutter	725	20
Del Norte	135	258	Mendocino	768	171	San Francisco	Book 1968		Tehama	514	275
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Fresno	5586	264	Modoc	204	156	San Luis Obispo	3221	96	Tulare	2790	157
Glenn	509	75	Mono	95	17	San Mateo	1481	591	Tuolumne	253	585
Humboldt	968	322	Monterey	563	646	Santa Clara	5496	87	Ventura	3328	548
Imperial	1264	201	Napa	789	862	Santa Barbara	2237	734	Yale	885	163
Inyo	152	843	Nevada	450	210	Santa Cruz	1777	403	Yuba	409	438
Kern	4175	224	Orange	8848	347		1890	1			

(which provisions, identical in all counties, are printed on the reverse hereof) hereby are adopted and incorporated herein and made a part  
 hereof as fully as though set forth herein at length; that he will observe and perform said provisions; and that the references to property,  
 obligations, and parties in said provisions shall be construed to refer to the property, obligations, and parties set forth in this deed of Trust.

The undersigned Trustor requests that a copy of any Notice of Default and of any Notice of Sale hereunder be mailed to him at his  
 address hereinbefore set forth.

State of California  
 County of LOS ANGELES  
 On this the 6<sup>th</sup> day of NOVEMBER, 1989  
 before me, (DONALD NEFFINGER) RUBEN GOMEZ BY: [Signature]  
 the undersigned Notary Public, personally appeared  
DONALD NEFFINGER  
 personally known to me  
 proved to me on the basis of satisfactory evidence  
 to be the person(s) whose name(s) LS subscribed to the  
 within instrument, and acknowledged that HE executed it.  
 WITNESS my hand and official seal.



Notary's Signature

ASSESSOR'S NO.: 769113013-9 NEW 770-163-013-4

# Application Development

From: Department of Health and Human Services  
Social Security Administration

7227 S. Greenleaf, Whittier, CA 90602

*James G Bliss*  
*7673 Yale*  
*Whittier Ca 90602*

DATE: *9/23/85*

Refer to:

Enclosed is the application we talked about on the phone. Please read it carefully. Answer the questions we have circled and sign where we have checked. Be sure to sign your initials next to any corrections you make. RETURN THE APPLICATION TO US WITHIN 10 DAYS. DON'T DELAY RETURNING IT OR YOU MAY LOSE BENEFITS.

When you return your application, please send us the records we have asked for below. YOU MUST SEND US THE ORIGINAL RECORDS. If you don't have the original, you must send a copy certified by the person who is the custodian of the original record. Do not send copies signed by a notary public. And, don't delay sending back your application just because you can't get the records.

We need these records to complete your claim for benefits. Your records will be returned to you later.

Proof of age for \_\_\_\_\_

Proof of marriage \_\_\_\_\_

Proof of divorce or annulment \_\_\_\_\_

Withholding Statement (W-2 Form) for \_\_\_\_\_

Tax Return; ~~Schedule SE for~~ *Personal and the corporation's*  
*for 1983, 1984.*

Proof of appointment as legal representative \_\_\_\_\_

Death Certificate \_\_\_\_\_

Award letter and/or correspondence concerning \_\_\_\_\_

Life insurance policy for \_\_\_\_\_

Proof of Military Service \_\_\_\_\_

Other *Corporate officer Questionnaire.*

Call us right away if you have any questions or if you have trouble getting the records we asked for. We will be glad to help you.

*C. DAVIS*

*696-9477*



CORPORATE OFFICER QUESTIONNAIRE

NAME OF WAGE EARNER

James G Bliss

SOCIAL SECURITY NUMBER

[REDACTED]

I certify to the following:

1. Name, address and telephone number of the corporation:

SPECIAL CUTTING TOOLS, INC

9844 ALBURTIS AVENUE

SANTA FE SPRINGS, CA. 90670

2. Date of incorporation: 30 APRIL 1958

3. What kind of business is the corporation involved in?

MANUFACTURE OF SMALL SPECIAL CARBIDE AND HIGH SPEED CUTTING TOOLS, AND RELATED PRODUCTS.

4. What was the business structure prior to incorporation?

STARTED AS A CORPORATION

5. Who are the officers of the corporation:

<u>OFFICERS</u>	<u>RELATIONSHIP TO YOU</u>	<u>SALARY</u>
PRESIDENT <u>JAMES G. BLISS</u>	<u>SELF</u>	<u>NONE</u>
VICE PRESIDENT _____	_____	_____
SECRETARY <u>ERNEST J. PRISBE</u>	<u>NONE</u>	<u>NONE</u>
TREASUER _____	_____	_____

6. Who determined the salary for the corporation's officers?

ORIGINALLY, THE THREE FORMING MEMBERS; NOW, ONE IS DECEASED, OTHER IS RETIRED WITH NO INTEREST OR STOCK IN THE COMPANY.

[REDACTED]



7. Does the corporation have a board of directors? YES

If it does, who are its members?

MYSELF (JAMES G. BLISS)

ERNEST J. PRISBE

8. Will there be or has there been a change in the officers of the corporation because of your retirement? NO, NOT YET

If the answer is yes please indicate:

A. Who will be replacing you? \_\_\_\_\_

B. What is his experience? \_\_\_\_\_

C. Is he related to you? \_\_\_\_\_

Relationship? \_\_\_\_\_

D. What is his salary? \_\_\_\_\_

E. What were his previous duties for the corporation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please indicate:

A.1. What are/were your duties/services before retiring? ( Give a complete and detailed description).

GENERAL MANAGER: RESPONSIBLE FOR FINANCIAL AND OPERATING  
FUNCTIONS. THIS INCLUDES FINANCIAL DETAILS, ENGINEERING  
DESIGN, PRODUCTION AND SALES.

2. Will you continue rendering services to the corporation after your retirement on 1 OCT 1985 ? YES  
(mo) (yr)

If yes, how, (if at all) will it differ from your duties/services rendered to the corporation shown in A.1. above. (Give a complete and detailed description)

MAINLY, REDUCTION IN TIME SPENT. SEVERAL SALES PROGRAMS  
ARE COVERING FOR MY SALES EFFORTS, A FULL TIME PRODUCTION  
SUPERVISOR IS HANDLING SHOP DETAILS, A COMPUTER SYSTEM IS  
DETAILING THE FINANCIAL ASPECTS, AND A SON (ALAN) IS BEING

9. Con't.

THIS SON (ALAN) HAS BEEN EMPLOYED FOUR YEARS WHILE COMPLETING HIS ENGINEERING EDUCATION, WORKING WITH LONG ASSOCIATED STAFF EMPLOYEES IN ACCOUNTING, SALES AND ENGINEERING.

B.1. How many days a week and hours per day did you work before retiring?  
(This includes all activities related to the corporation, whether performed at the office or elsewhere).

SEVEN                      10/12 (Except Sunday)  
(# of days)                      (hrs. per day)

2. How many days a week and hours per day will you work after retiring?  
(This includes all activities related to the corporation, whether performed at the office or elsewhere).

FOUR                      4/5  
(# of days)                      (hrs. per day)

C.1. What is your present salary and who determined it? NONE  
(salary)

SELF  
(determined by)

2. Were you paid for services rendered or for the holding of your corporate office?

YES, PRIOR TO FIVE YEARS AGO

3. If your earnings will show a significant decline from prior years earnings and you have not decreased your hours of work, please explain basis for decline.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Must you be consulted for approval in the making of major decisions in the business operation? YES

If yes, please answer the following:

If no agreement is reached and there is a difference of opinions, would the others abide by your decision? YES

11. Does the corporation have an active bank account separate and apart from your personal account? YES

Are you currently authorized to sign checks on behalf of the corporation?  
ONLY WITH SECOND SIGNATURE (TWO ARE REQUIRED)

Will this change after your retirement?  
NO

12. List below the name, address and telephone number of three firms (suppliers) with whom the corporation does business:

1. GARRETT SUPPLY COMPANY MR. HARRY ZIMBEL 213/723-6777  
6015 RANDOLPH STREET  
LOS ANGELES, CA. 90040
2. DOWNEY STEEL TREATING COMPANY MR. JAMES PATTERSON 213/861-1215  
9629 NANCE STREET  
DOWNEY, CA. 90241
3. DEWITT TOOL COMPANY MR. ART JOSEPH 213/269-0671  
2847 E. ELEVENTH STREET  
LOS ANGELES, CA. 90023

May we contact them regarding your retirement? YES

13. Did you receive or are you presently receiving from the corporation remuneration other than salary, such as:

- A. Dividends? NO
- B. Rents? NO
- C. Loan Repayment? YES (3000/month required to service \$250,000 Loan)
- D. Expense account? YES (\$300/400 per Month)
- E. Bonuses? NO
- F. Other? NO

If yes, indicate type of payment and amount.

LOAN REPAYMENT

EXPENSES: TRAVEL & ENTERTAINMENT

14. Will you be receiving or have you received any increase in any of the items mentioned in item 13? NO

14. Con't

If the answer is yes, please indicate the item and the amount of the increase.

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I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW AND/OR STATE LAW. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS TRUE.

SIGNATURE

*James J. Blinn*

DATE 30 SEPTEMBER 1985

ADDRESS

7673 VALE DRIVE

WHITTIER, CA. 90602

TELEPHONE

213/698-2005



# APPLICATION FOR RETIREMENT INSURANCE BENEFITS

This application is to be used only when the applicant is interviewed by a Social Security District Office employee.

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended.

1. (a) NAME OF PERSON APPLYING FOR BENEFITS (b) SEX (c) SOCIAL SECURITY NUMBER

(NH) FIRST James MI G LAST Bliss (SX) M (SN) [REDACTED]

(d) ENTER OTHER NAME(S) OR NAME AT BIRTH IF DIFFERENT FROM ITEM (a) ABOVE (e) DATE OF BIRTH (f) MULTIPLE SSN

(DB) 10 01 20 (MA) [REDACTED]

2. (AD) Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

7673 Vale

(DO NOT WRITE IN THIS SPACE) City Whittier State Ca Zip Code 90602

State & County Code (ST) [REDACTED]

3. (a) Enter name of State or foreign country where you were born. Washington (ST) [REDACTED]

If you have already presented, or if you are now presenting, a public or religious record of your birth established before you were age 5, go on to item 4.

(b) Was a public record of your birth made before you were age 5?  Yes  No  Unknown

(c) Was a religious record of your birth made before you were age 5?  Yes  No  Unknown

4. (a) Have you (or has someone on your behalf) ever filed an application for Social Security Benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare?  Yes (If "Yes," answer (b) and (c).)  No (If "No," go on to item 5.)

(b) Enter name of person on whose Social Security record you filed other application. \_\_\_\_\_

(c) Enter Social Security Number of person named in (b). If unknown, check this block  CR \_\_\_\_\_ STAT \_\_\_\_\_

5. (a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968?  Yes (If "Yes," answer (b) and (c).)  No (If "No," go to item 6)

(b) Enter dates of service. MS From: MONTH YEAR To: MONTH YEAR CODE

04 44 11 46  
10 50 03 52

(c) Have you ever been (or will you be) eligible for a monthly benefit from a military or civilian Federal agency? (Include Veterans Administration benefits only if you waived military retirement pay.)  Yes  No

6. Have you or your spouse worked in the railroad industry for 7 years or more?  Yes  No

7. (a) Are you so disabled that you cannot work or was there some period during the last 14 months when you were so disabled that you could not work?  Yes (If "Yes," complete (b).)  No (If "No," go on to item 8)

(b) Enter the date you became disabled. (Month, day, year)



[REDACTED]

United States?  (If "Yes," answer (b).) (If "No," go on to item 9.)

(b) If "Yes," list the country(ies).

9. Have you ever been married?  Yes  No  
(If "Yes," answer item 10.) (If "No," go to item 12.)

10. (a) Give the following information about your current marriage. If not currently married, show your last marriage below.

To whom married		When (Month, day, year)	Where (Name of City and State)
<i>Dyer Marim (Bliss)</i>		<i>12/12/47</i>	<i>San Diego Ca</i>
Your current or last marriage	How marriage ended (If still in effect, write "Not ended.")	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input checked="" type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number (if none or unknown, so indicate)		<i>6/30/27</i>

(b) Give the following information about each of your previous marriages. (IF NONE, WRITE "NONE")

To whom married		When (Month, day, year)	Where (Name of City and State)
<i>none</i>			
Your previous marriage (Use a separate statement for information about any other marriages.)	How marriage ended	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number (if none or unknown, so indicate)		____/____/____

11. If you are currently married, answer this question only if your spouse is within 3 months of age 62 or older, disabled, or has a child-in-care who is eligible on your earnings record. Do you wish this application to protect your spouse's right to Social Security benefits?  Yes  No

12. List below FULL NAME OF ALL your children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) who are now or were in the past 6 months UNMARRIED and:  
• UNDER AGE 18 • AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL  
• DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22)  
Also list any student who is between the ages of 18 to 23 if such student was both: 1. Previously entitled to Social Security benefits on any Social Security record for August 1981, and 2. Was also in full-time attendance at a post-secondary school prior to May 1982.  
(IF THERE ARE NO SUCH CHILDREN, WRITE "NONE" BELOW AND GO ON TO ITEM 13.)

<i>none</i>	
-------------	--

13. Enter below the names and addresses of all the persons, companies, or government agencies for whom you have worked this year, last year, and the year before last. IF NONE, WRITE "NONE" BELOW AND GO ON TO ITEM 15.

(a) NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer).	Work Began		Work Ended (If still working, Show "Not Ended")	
	Month	Year	Month	Year
<i>Special Cutting tools</i>		<i>1958</i>	<i>not ended</i>	
<i>I will retire 10/1/85</i>				

(b) Are you an officer of a corporation, or are you related to an officer of a corporation?  Yes  No

14. May we ask your employers for wage information needed to process your claim?  Yes  No

[REDACTED]

15. THIS ITEM MUST BE COMPLETED, EVEN IF YOU ARE AN EMPLOYEE

(a) Were you self-employed this year, last year, or the year before?  Yes (If "Yes," answer (b).)  No (If "No," skip to item 16.)

(b) Check the year or years which you were self-employed

In what kind of trade or business were you self-employed? (For example, storekeeper, farmer, physician)

Were your net earnings from your trade or business \$400 or more? (Check "Yes" or "No")

This year  Yes  No

Last year  Yes  No

Year before last  Yes  No

(DO NOT WRITE IN THIS SPACE)

16. YEARLY AND MONTHLY EARNINGS—LAST YEAR, THIS YEAR, AND NEXT YEAR

**CH**

WK	WS	WB	YEAR	TOTAL EARNINGS	CENTS	◀ SHOW TOTAL EARNINGS LAST YEAR
			84	00000000	00	
OTHER WORK FAC.				EXEMPT AMOUNT	◀ MONTHLY EXEMPT AMOUNT	
				430		
		NONE		ALL		◀ Cross out each month of last year in which you <u>did not earn</u> more than the exempt amount in wages and <u>did not perform</u> substantial services in self-employment. These months are non-service months. If no months were non-service months, cross out "NONE." If all months were non-service months, cross out "ALL."
JAN.	FEB.	MAR.	APR.			
MAY	JUN.	JUL.	AUG.			
SEPT.	OCT.	NOV.	DEC.			

WK	WS	WB	YEAR	TOTAL EARNINGS	CENTS	◀ SHOW TOTAL EXPECTED EARNINGS THIS YEAR
			85	00000000	00	
OTHER WORK FAC.				EXEMPT AMOUNT	◀ MONTHLY EXEMPT AMOUNT	
				610		
		NONE		ALL		◀ Cross out each month of this year in which you <u>did not or will not earn</u> more than the exempt amount in wages or <u>did not or will not perform</u> substantial services in self-employment. These months are non-service months. If no months are or will be non-service months, cross out "NONE." If all months are or will be non-service months, cross out "ALL."
JAN.	FEB.	MAR.	APR.			
MAY	JUN.	JUL.	AUG.			
SEPT.	OCT.	NOV.	DEC.			

WK	WS	WB	YEAR	TOTAL EARNINGS	CENTS	ANSWER FOR NEXT YEAR ONLY IF YOU ARE NOW IN THE LAST 4 MONTHS OF TAX YEAR. ◀ SHOW TOTAL ESTIMATED EARNINGS NEXT YEAR
			86	00000000	00	
OTHER WORK FAC.				EXEMPT AMOUNT	◀ MONTHLY EXEMPT AMOUNT	
				610		
		NONE		ALL		◀ Cross out each month of next year in which you <u>do not expect to earn</u> more than the exempt amount in wages and <u>do not expect to perform</u> substantial services in self-employment. These months will be non-service months. If no months are expected to be non-service months, cross out "NONE." If all months are expected to be non-service months, cross out "ALL."
JAN.	FEB.	MAR.	APR.			
MAY	JUN.	JUL.	AUG.			
SEPT.	OCT.	NOV.	DEC.			

IF YOU ARE AGE 65 AND 6 MONTHS, OR OLDER, DO NOT ANSWER ITEM 17. GO ON TO ITEM 18.

17. CIRCLE (a), (b) or (c) TO SELECT THE MONTH THAT YOU WANT YOUR BENEFITS TO BEGIN.

<input checked="" type="radio"/> (a)	MONTH	YEAR	I want benefits beginning with the earliest possible month that will be the most advantageous.
<input type="radio"/> (b)			I am age 65 (or will be age 65 within 4 months) and I want benefits beginning with the earliest possible month providing there is no permanent reduction in my ongoing monthly benefit.
<input type="radio"/> (c)			I want benefits beginning with _____ Explain in remarks, page 4.

ANSWER ITEM 18 ONLY IF YOU ARE AGE 65 AND 6 MONTHS OR OLDER. CIRCLE THE CHECK MARK.

18.  I want benefits beginning with the earliest possible month UNLESS I have indicated a later month in the following space: Explain later month in remarks, page 4.







(213) 949-0688  
(213) 685-5926  
(714) 521-7740

MANUFACTURERS OF SPECIAL CUTTING TOOLS

9844 ALBERTIS AVENUE • SANTA FE SPRINGS, CALIFORNIA 90670

JAMES M. BLISS and MIRIAM L. BLISS  
1001 W. Lambert Road  
Sp. 243  
La Habra, CA 90631

County Administrative Center  
4080 Lemon Street  
Riverside, CA 92502-2205

Attn: DESIREE TAYLOR

Re: DOCUMENTS NECESSARY FOR PROOF OF CLAIM – ITEM: 244

Dear DESIREE TAYLOR:

It was a pleasure talking to you recently about the property we formerly owned in Riverside County, CA. Thank you for taking time and explaining what you precisely need to determine our eligibility for a claim and how to procure those documents. My brothers and I are doing what we can to help our Mom through these processes and we appreciate all the help we can get.

As I explained on the phone, there has been much chaos since the electrical fire at her house on December 26, 2008. And, in addition to the fact of no fire insurance, many items were lost or destroyed. We are in the process of procuring a new death certificate for our father as well as the original deed to the property. We will do <sup>our</sup> ~~my~~ best to get these to you as soon as possible. The company documents you requested, the original note secured by the deed of trust, and our father's will are all being elusive; however, we are not giving up hope.

We did find a few documents that might prove important to substantiate my mother's claim for all excess proceeds from the sale of our property minus other claimants' allowances. Our father, James G. Bliss, was the sole owner of SPECTO, INC. Our mother, Miriam L. Bliss, inherited all of the net worth and debt of the company. She made sure all past creditors were paid in full. The lot had been held in Joint Tenancy prior to being transferred to the company. I am enclosing copies of those items in addition to an original letterhead from my father's company. We also have the original corporate seal.

Our mother's main income from my father's social security barely covers her basic needs. Repairs to the home since the fire are quickly consuming her savings, too. She desperately needs the revenue from the excess proceeds. Thank you so much for your understanding and involvement regarding this issue. We appreciate your efforts in our behalf. We look forward to your response, and perhaps meeting you when we are in Riverside in the near future.

Respectfully,

  
James M. Bliss,  
Son of Miriam L. Bliss

Enc.

34654

RECORDING REQUESTED BY  
Grayco Land Escrow, Ltd.  
85 North Lake Avenue  
Pasadena, California  
AND WHEN RECORDED MAIL TO

Name  
Special Cutting Tools Inc.  
(James G. Bliss & Mke No Hapicov)  
Street Address  
4178 E. Washington Blvd.  
City & State  
Los Angeles, California

RECEIVED FOR RECORD  
APR 24 1967

30 Min. Past 4 o'clock  
At Request of  
**Gratic**  
Recorder in Official Records  
of Riverside County, California  
W.W. Daniels  
FEE \$ 2 - Recorder

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Name  
Street Address  
City & State

MAIL TAX STATEMENTS TO  
Above



### Corporation Grant Deed

AFFIX \$ 2.75  
I.R.S. ABOVE

TO 406 CA (12-66) THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

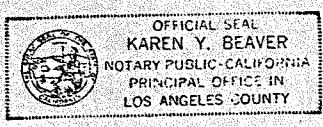
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
GRAYCO LAND ESCROW, LTD., a corporation trustee -----  
a corporation organized under the laws of the state of California  
hereby GRANTS to  
SPECIAL CUTTING TOOLS, INC. a California corporation -----  
the following described real property in the  
County of ----- Riverside ----- State of California:  
  
Lot 1, Block 5, Desert Club Tract Unit No. 2, as per map  
recorded in Book 20, Page 6 of Maps, Records of Riverside  
County.

- Subject to:
1. Taxes for the fiscal year 1967-68, not yet a lien.
  2. Covenants, conditions, restrictions, easements, reservations, rights, rights of way, and all matters appearing of record.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instrument to be executed by its \_\_\_\_\_ President and \_\_\_\_\_ Ass't. Secretary  
thereunto duly authorized.  
Dated: April 21, 1967  
GRAYCO LAND ESCROW, LTD.,  
a corporation trustee

STATE OF CALIFORNIA  
COUNTY OF Los Angeles } ss.  
On April 21, 1967 before me, the undersigned, a Notary Public in and for said State, personally appeared  
Robert A. Gray ----- known to me to be the \_\_\_\_\_ President, and  
Mabel K. Roberts ----- known to me to be  
Ass't. Secretary of the Corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the within Instrument pursuant to its by-laws or a resolution of its board of directors.  
WITNESS my hand and official seal.  
Signature Karen Y. Beaver  
KAREN Y. BEAVER  
My Commission Expires Feb. 23, 1970  
Name (Typed or Printed)

By: Robert A. Gray President  
By: Mabel K. Roberts Ass't. Secretary



Title Order No. \_\_\_\_\_ Escrow or Loan No. \_\_\_\_\_

MAIL TAX STATEMENTS AS DIRECTED ABOVE

END RECORDED DOCUMENT, W. D. BALOGH, COUNTY RECORDER

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: **James** 1B. MIDDLE: **Gorley** 1C. LAST: **Bliss** 2A. DATE OF DEATH (MONTH, DAY, YEAR): **March 2, 1987** 2B. HOUR: **0916**

3. SEX: **Male** 4. RACE/ETHNICITY: **White/American** 5. SPANISH/HISPANIC: **NO** 6. DATE OF BIRTH: **October 1, 1920** 7. AGE: **66** YEARS 8. IF UNDER 1 YEAR: MONTHS: **0** DAYS: **0** 9. IF UNDER 24 HOURS: HOURS: **0** MINUTES: **0**

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): **Washington** 9. NAME AND BIRTHPLACE OF FATHER: **Walter Shephard Bliss - Kentucky** 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: **Kathryn Lee Goosey - Kentucky**

11A. CITIZEN OF WHAT COUNTRY: **U.S.A.** 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: **19NET TO 1953** 12. SOCIAL SECURITY NUMBER: **[REDACTED]** 13. MARITAL STATUS: **Married** 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): **Miriam Lee Dyer**

15. PRIMARY OCCUPATION: **Mfg. Engineer** 16. NUMBER OF YEARS THIS OCCUPATION: **21** 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): **Self Employed** 18. KIND OF INDUSTRY OR BUSINESS: **Tool & Die Mfg.**

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): **7673 Vale Drive** 19B. CITY OR TOWN: **Whittier**

19D. COUNTY: **Los Angeles** 19E. STATE: **California** 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: **Larry S. Bliss - Son**

21A. PLACE OF DEATH: **Presbyterian Intercommunity Hospital** 21B. COUNTY: **Los Angeles** 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): **12401 E. Washington Blvd.** 21D. CITY OR TOWN: **Whittier** 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: **10908 Grovedale Drive Whittier, CA 90603**

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: **Chronic Lymphocytic Leukemia. 5Y6.** (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **NO** 24. WAS DEATH REPORTED TO CORONER? **NO**

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) DUE TO, OR AS A CONSEQUENCE OF: **[REDACTED]** (B) DUE TO, OR AS A CONSEQUENCE OF: **[REDACTED]** (C) DUE TO, OR AS A CONSEQUENCE OF: **[REDACTED]** 25. WAS BOPSY PERFORMED? **Y/N** 26. WAS AUTOPSY PERFORMED? **NO**

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: **none** 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: **Brain Pathway Biopsy** DATE: **11/2/81**

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: **Edward M. Wolin, M.D.** 28C. DATE SIGNED: **3/3/87** 28D. PHYSICIAN'S LICENSE NUMBER: **630317**

I ATTENDED DECEDENT SINCE: (ENTER MO. DA. YR.) **5/26/82** I LAST SAW DECEDENT ALIVE: (ENTER MO. DA. YR.) **3/2/87** 28E. TYPE PHYSICIAN'S NAME AND ADDRESS: **Edward M. Wolin, M.D.-10155 Colima Rd.-Whittier, CA**

29. SPECIFY ACCIDENT, SUICIDE, ETC.: **[REDACTED]** 30. PLACE OF INJURY: **[REDACTED]** 31. INJURY AT WORK: **[REDACTED]** 32A. DATE OF INJURY—MONTH, DAY, YEAR: **[REDACTED]** 32B. HOUR: **[REDACTED]**

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): **[REDACTED]** 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): **[REDACTED]**

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-**INVESTIGATION**) 35B. CORONER—SIGNATURE AND DEGREE OR TITLE: **[REDACTED]** 35C. DATE SIGNED: **[REDACTED]**

36. DISPOSITION: **Cremation** 37. DATE—MONTH, DAY, YEAR: **March 6, 1987** 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: **Rose Hills Memorial Park Crematory 3900 S. Workman Mill Rd -Whittier, CA** 39. EMBALMED: **Unembalmed**

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): **Rose Hills Mortuary Whittier, CA** 40B. LICENSE NO.: **970** 41. LOCAL REGISTRAR—SIGNATURE: **[REDACTED]** 42. DATE ACCEPTED BY LOCAL REGISTRAR: **MAR 05 1987**

STATE REGISTRAR: A. **[REDACTED]** B. **[REDACTED]** C. **[REDACTED]** D. **[REDACTED]** E. **[REDACTED]** F. **[REDACTED]**

VS-11(1-85) **2049** **01-2-1-0631**

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN FULL FIDELITY.

MAR 06 1987

14 **[Signature]**  
Director of Health Services and Registrar

[REDACTED]



Miriam L. Bliss  
1001 West Lambert Road  
Space 243  
La Habra, CA 90631

October 4, 2009

Riverside County  
County Administrative Center  
Attn: Desiree Taylor, Deputy  
4080 Lemon Street  
Riverside, CA 92502-2205

Re: Excess Proceeds from Sale of Tax Defaulted Property – Item #244

Dear Ms. Taylor:

It was a pleasure meeting with you on August 26, 2009 while in Riverside with my son, James. I would like to thank you for your time and patience in sorting through all of the details involved in clearing up this property matter. As requested, per our conversation, the following are the facts regarding the secured loan made to Special Cutting Tools, Inc., which resided in Santa Fe Springs, CA until its liquidation in 1993.

- ❖ Property was purchased on April 21, 1967 by Special Cutting Tools, Inc (Assessment No. 770-163-013-4)
- ❖ My husband, James G. Bliss, was the President of Special Cutting Tools, Inc. (SPECTO) until his death on March 2, 1987.
- ❖ The company continued to operate after his death and was run by my son, Alan, and the company's Controller, Donald Neffinger.
- ❖ SPECTO ran into hard times and Robert Mitchell, the company's attorney, and I (Miriam L. Bliss) each loaned \$10,000 secured with a Deed of Trust on the lot in La Quinta CA, to Special Cutting Tools, Inc at an annual interest rate of 12% (Twelve Percent) on October 31, 1989.
- ❖ Due to an error regarding forwarded mail from the company, the property was sold by the County Tax Collector's Office to pay defaulted taxes on March 17, 2008.
- ❖ To date no funds have been received towards the principle or interest accrued on the loan.

Your assistance in completing the filing of my claim is greatly appreciated. All of the documentation that we have has been provided to your office. However, if I can be of further assistance please contact me directly at (714) 222-5714 or James at (503) 504-0768.

Sincerely, *Miriam L. Bliss*

Miriam L. Bliss

# **Loan Calculations**

**for**

**Miriam Bliss**

Interest and Principle  
on a \$10,000 Loan to SPECTO, Inc.  
at 12% Interest  
Compounded Annually

Secured by a Deed of Trust  
on La Quinta Lot, Parcel #770-163-013-4  
TC 179 Item #244  
in the County of Riverside, California

Loan Date: October 31, 1989  
Recorded at Riverside County on November 9, 1989  
Property Transferred on March 17, 2008  
in Tax Sale

This Document Prepared on  
November 26, 2012  
by Kari Laitinen, J.D.

Principal Interest Calculation Spreadsheet

Miriam Bliss

Original Loan Amount: \$ 10,000.00 365  
 Interest Rate: 12% Compounded Annually  
 Date: 31-Oct-89  
 Date recorded in Riverside County: 9-Nov-89  
 Date on foreclosure sale (Secured Asset): 17-Mar-08

Day	Date Year 1	Principal	Daily Interest	Total balance
1	9-Nov-89	\$ 10,000.00	\$ 3.29	\$ 10,003.29
2	10-Nov-89	\$ 10,003.29	\$ 3.29	\$ 10,006.58
3	11-Nov-89	\$ 10,006.58	\$ 3.29	\$ 10,009.86
4	12-Nov-89	\$ 10,009.86	\$ 3.29	\$ 10,013.15
5	13-Nov-89	\$ 10,013.15	\$ 3.29	\$ 10,016.44
6	14-Nov-89	\$ 10,016.44	\$ 3.29	\$ 10,019.73
7	15-Nov-89	\$ 10,019.73	\$ 3.29	\$ 10,023.01
8	16-Nov-89	\$ 10,023.01	\$ 3.29	\$ 10,026.30
9	17-Nov-89	\$ 10,026.30	\$ 3.29	\$ 10,029.59
10	18-Nov-89	\$ 10,029.59	\$ 3.29	\$ 10,032.88
11	19-Nov-89	\$ 10,032.88	\$ 3.29	\$ 10,036.16
12	20-Nov-89	\$ 10,036.16	\$ 3.29	\$ 10,039.45
13	21-Nov-89	\$ 10,039.45	\$ 3.29	\$ 10,042.74
14	22-Nov-89	\$ 10,042.74	\$ 3.29	\$ 10,046.03
15	23-Nov-89	\$ 10,046.03	\$ 3.29	\$ 10,049.32
16	24-Nov-89	\$ 10,049.32	\$ 3.29	\$ 10,052.60
17	25-Nov-89	\$ 10,052.60	\$ 3.29	\$ 10,055.89
18	26-Nov-89	\$ 10,055.89	\$ 3.29	\$ 10,059.18
19	27-Nov-89	\$ 10,059.18	\$ 3.29	\$ 10,062.47
20	28-Nov-89	\$ 10,062.47	\$ 3.29	\$ 10,065.75
21	29-Nov-89	\$ 10,065.75	\$ 3.29	\$ 10,069.04
22	30-Nov-89	\$ 10,069.04	\$ 3.29	\$ 10,072.33
23	1-Dec-89	\$ 10,072.33	\$ 3.29	\$ 10,075.62
24	2-Dec-89	\$ 10,075.62	\$ 3.29	\$ 10,078.90
25	3-Dec-89	\$ 10,078.90	\$ 3.29	\$ 10,082.19
26	4-Dec-89	\$ 10,082.19	\$ 3.29	\$ 10,085.48
27	5-Dec-89	\$ 10,085.48	\$ 3.29	\$ 10,088.77
28	6-Dec-89	\$ 10,088.77	\$ 3.29	\$ 10,092.05
29	7-Dec-89	\$ 10,092.05	\$ 3.29	\$ 10,095.34
30	8-Dec-89	\$ 10,095.34	\$ 3.29	\$ 10,098.63
31	9-Dec-89	\$ 10,098.63	\$ 3.29	\$ 10,101.92
32	10-Dec-89	\$ 10,101.92	\$ 3.29	\$ 10,105.21
33	11-Dec-89	\$ 10,105.21	\$ 3.29	\$ 10,108.49
34	12-Dec-89	\$ 10,108.49	\$ 3.29	\$ 10,111.78
35	13-Dec-89	\$ 10,111.78	\$ 3.29	\$ 10,115.07
36	14-Dec-89	\$ 10,115.07	\$ 3.29	\$ 10,118.36
37	15-Dec-89	\$ 10,118.36	\$ 3.29	\$ 10,121.64
38	16-Dec-89	\$ 10,121.64	\$ 3.29	\$ 10,124.93

Day	Date Year 19	Principal	Daily Interest	Total balance
85	1-Feb-08	\$ 79,017.54	\$ 25.21	\$ 79,042.75
86	2-Feb-08	\$ 79,042.75	\$ 25.21	\$ 79,067.97
87	3-Feb-08	\$ 79,067.97	\$ 25.21	\$ 79,093.18
88	4-Feb-08	\$ 79,093.18	\$ 25.21	\$ 79,118.39
89	5-Feb-08	\$ 79,118.39	\$ 25.21	\$ 79,143.60
90	6-Feb-08	\$ 79,143.60	\$ 25.21	\$ 79,168.82
91	7-Feb-08	\$ 79,168.82	\$ 25.21	\$ 79,194.03
92	8-Feb-08	\$ 79,194.03	\$ 25.21	\$ 79,219.24
93	9-Feb-08	\$ 79,219.24	\$ 25.21	\$ 79,244.46
94	10-Feb-08	\$ 79,244.46	\$ 25.21	\$ 79,269.67
95	11-Feb-08	\$ 79,269.67	\$ 25.21	\$ 79,294.88
96	12-Feb-08	\$ 79,294.88	\$ 25.21	\$ 79,320.10
97	13-Feb-08	\$ 79,320.10	\$ 25.21	\$ 79,345.31
98	14-Feb-08	\$ 79,345.31	\$ 25.21	\$ 79,370.52
99	15-Feb-08	\$ 79,370.52	\$ 25.21	\$ 79,395.73
100	16-Feb-08	\$ 79,395.73	\$ 25.21	\$ 79,420.95
101	17-Feb-08	\$ 79,420.95	\$ 25.21	\$ 79,446.16
102	18-Feb-08	\$ 79,446.16	\$ 25.21	\$ 79,471.37
103	19-Feb-08	\$ 79,471.37	\$ 25.21	\$ 79,496.59
104	20-Feb-08	\$ 79,496.59	\$ 25.21	\$ 79,521.80
105	21-Feb-08	\$ 79,521.80	\$ 25.21	\$ 79,547.01
106	22-Feb-08	\$ 79,547.01	\$ 25.21	\$ 79,572.23
107	23-Feb-08	\$ 79,572.23	\$ 25.21	\$ 79,597.44
108	24-Feb-08	\$ 79,597.44	\$ 25.21	\$ 79,622.65
109	25-Feb-08	\$ 79,622.65	\$ 25.21	\$ 79,647.86
110	26-Feb-08	\$ 79,647.86	\$ 25.21	\$ 79,673.08
111	27-Feb-08	\$ 79,673.08	\$ 25.21	\$ 79,698.29
112	28-Feb-08	\$ 79,698.29	\$ 25.21	\$ 79,723.50
113	29-Feb-08	\$ 79,723.50	\$ 25.21	\$ 79,748.72
114	1-Mar-08	\$ 79,748.72	\$ 25.21	\$ 79,773.93
115	2-Mar-08	\$ 79,773.93	\$ 25.21	\$ 79,799.14
116	3-Mar-08	\$ 79,799.14	\$ 25.21	\$ 79,824.36
117	4-Mar-08	\$ 79,824.36	\$ 25.21	\$ 79,849.57
118	5-Mar-08	\$ 79,849.57	\$ 25.21	\$ 79,874.78
119	6-Mar-08	\$ 79,874.78	\$ 25.21	\$ 79,899.99
120	7-Mar-08	\$ 79,899.99	\$ 25.21	\$ 79,925.21
121	8-Mar-08	\$ 79,925.21	\$ 25.21	\$ 79,950.42
122	9-Mar-08	\$ 79,950.42	\$ 25.21	\$ 79,975.63
123	10-Mar-08	\$ 79,975.63	\$ 25.21	\$ 80,000.85
124	11-Mar-08	\$ 80,000.85	\$ 25.21	\$ 80,026.06
125	12-Mar-08	\$ 80,026.06	\$ 25.21	\$ 80,051.27
126	13-Mar-08	\$ 80,051.27	\$ 25.21	\$ 80,076.49
127	14-Mar-08	\$ 80,076.49	\$ 25.21	\$ 80,101.70
128	15-Mar-08	\$ 80,101.70	\$ 25.21	\$ 80,126.91
129	16-Mar-08	\$ 80,126.91	\$ 25.21	\$ 80,152.12
130	17-Mar-08	\$ 80,152.12	\$ 25.21	\$ 80,177.34



## Claim for Excess Proceeds

I, Miriam Bliss, am claiming excess proceeds up to the amount of \$80,177.34 from the sale of a La Quinta lot, Parcel # 770-163-013-4 also recorded as TC 179 – Item #244. This amount includes the original loan (secured by a Deed of Trust) plus interest, as documented in the accompanying spreadsheet.

I declare this amount to be accurate according to the best of my knowledge. No payments were ever made at any time on the \$10,000 dollar loan that I made to SPECTO, Inc. on October 31, 1989 (recorded in Riverside County on November 9, 1989) up until its sale on March 17, 2008.

Miriam Bliss

Miriam Bliss

Nov. 27, 2012

Date

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Orange {ss.}  
{Venue/Location of Notarization}

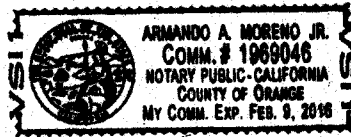
On 11/27/12, before me, Armando A. Moreno, Jr Notary Public,  
{ Date } { Name of Notary }

Personally appeared Miriam Lee Bliss  
{ Name(s) of Signer(s) }

proved to me on the basis of satisfactory evidence to be the persons(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.

Armando A. Moreno Jr  
{ Notary Signature }



Placement of Notary's SEAL { LS. }

**Accrued Interest for Deed of Trust on 770163013-4**

Original Loan Amount **\$10,000.00**  
% Rate 10 per annum = **\$1,000** per year  
Interest per day = **\$2.739**

Amount owing as of 10/31/1989		\$10,000.00
Interest from 10/31/1989 to 10/31/1990	\$1,000.00	\$11,000.00
Interest from 10/31/1990 to 10/31/1991	\$1,000.00	\$12,000.00
Interest from 10/31/1991 to 10/31/1992	\$1,000.00	\$13,000.00
Interest from 10/31/1992 to 10/31/1993	\$1,000.00	\$14,000.00
Interest from 10/31/1993 to 10/31/1994	\$1,000.00	\$15,000.00
Interest from 10/31/1994 to 10/31/1995	\$1,000.00	\$16,000.00
Interest from 10/31/1995 to 10/31/1996	\$1,000.00	\$17,000.00
Interest from 10/31/1996 to 10/31/1997	\$1,000.00	\$18,000.00
Interest from 10/31/1997 to 10/31/1998	\$1,000.00	\$19,000.00
Interest from 10/31/1998 to 10/31/1999	\$1,000.00	\$20,000.00
Interest from 10/31/1999 to 10/31/2000	\$1,000.00	\$21,000.00
Interest from 10/31/2000 to 10/31/2001	\$1,000.00	\$22,000.00
Interest from 10/31/2001 to 10/31/2002	\$1,000.00	\$23,000.00
Interest from 10/31/2002 to 10/31/2003	\$1,000.00	\$24,000.00
Interest from 10/31/2003 to 10/31/2004	\$1,000.00	\$25,000.00
Interest from 10/31/2004 to 10/31/2005	\$1,000.00	\$26,000.00
Interest from 10/31/2005 to 10/31/2006	\$1,000.00	\$27,000.00
Interest from 10/31/2006 to 10/31/2007	\$1,000.00	\$28,000.00
Interest from 10/31/2007 to 03/17/2008 (139 Days)	\$380.72	\$28,380.72

**Total** **\$28,380.72**