

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

336A



FORM APPROVED COUNTY COUNSEL
DATE 1/27/15
BY: GREGORY P. PRAMOS

FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

JAN 27 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 185, Item 310. Last assessed to: F. J. James, a single man. District 4 [\$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Deny the claim from Dorthy L. Thompson for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 723061013-5;

(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 16, 2010 public auction sale. The deed conveying title to the purchasers at the auction was recorded April 26, 2010. 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 3, 2010, 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)

Don Kent
Treasurer-Tax Collector

Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS:	Budget Adjustment: N/A
	For Fiscal Year: 14/15

C.E.O. RECOMMENDATION: APPROVE
BY: 3/12/15
Samuel Wong
County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: March 24, 2015
xc: Treasurer

Kecia Harper-Ihem
Clerk of the Board
By: Deputy

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

Prev. Agn. Ref.: | District: 4 | Agenda Number:

9-25

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 185, Item 310. Last assessed to: F. J. James, a single man. District 4 [\$0].

DATE: JAN 27 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Deny the claim, 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 Dorthy L. Thompson based on an Affidavit of Heirship dated April 8, 2010, the Last Will and Testament of Fred James dated April 17, 1993, and the death certificate of Fred James.

Pursuant to Section 4675 (a) of the California Revenue and Taxation Code, it is the recommendation of this office that Dorthy L. Thompson be denied since she is not an heir to the last assessee. Since there are no other claimants the excess proceeds in the amount of \$1,245.26 will remain unclaimed. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Citizens and Businesses

Pursuant to Section 4673.1 (2) of the California Revenue and Taxation Code, since there were no other claimants the 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 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):

A 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)

RECEIVED
2010 AUG -4 PM 12: 25
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

To: Don Kent, Treasurer and Tax Collector

Re: Claim for Excess Proceeds

TC 185 Item 310 Assessment No.: 723061013-5

Assessee: JAMES, F J

Situs:

Date Sold: March 16, 2010

Date Deed to Purchaser Recorded: April 26, 2010

Final Date to Submit Claim: April 26, 2011

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ _____ 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.

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 _____ day of _____, 20__ at _____
County, State

Dorothy L Thompson
Signature of Claimant

Signature of Claimant

DORTHY L THOMPSON
Print Name

DORTHY L THOMPSON
Print Name

1834 N 50th DR
Street Address

1834 N 50th DR
Street Address

PHOENIX AZ 85035
City, State, Zip

PHOENIX ARIZONA 85035
City, State, Zip

602 2698001
Phone Number

602 451 3879
Phone Number

Copy

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED
 IN THE COUNTY CLERK'S RECORD.

Reported owner name: <u>Dorothy LEE Thompson.</u>	Claim number:
---	---------------

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: ATB Fred James
WILSON EYER Estate

Before me, the undersigned authority, on this day personally appeared: Dorothy L Thompson
 ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: Dorothy Lee Thompson
 I live at: 1834 N. 50th Drive Phoenix, AZ 85035

I am personally familiar with the family and marital history of: Fred James
 (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from 6/1937 until JULY 50 Decedent died on JULY 5th 1995.

Decedent's place of death: Atlanta TX Cass
CITY STATE COUNTY
 At the time of decedent's death, decedent's residence was: Phoenix AZ Maricopa
CITY STATE COUNTY

3. Provide the following information on the deceased's marital history:
 (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
<u>Ruby LEE JAMES</u>	<u>X 19 30</u>	<u>NA</u>	<u>X Sept 1 - 1993</u>
<u>Fred James</u>	<u>19 30</u>	<u>NA</u>	<u>JULY 5/95</u>

4. Provide the following information on the deceased's natural born and adopted children:
 (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
<u>1834 N 50th DR PHOEN AZ 85035</u>		<u>Melvin Thompson</u>	
<u>Benny's Espejo</u> <u>On file with court</u>	<u>ON</u>	<u>LUCIO ESPEJO</u> <u>On file with court</u>	
<u>ERA B Bell</u>	<u>Will attach</u>	<u>Willie Bell</u> <u>another copy</u>	

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
 (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
<u>NONE</u>		<u>Darlene G Thompson</u>
		<u>Benny's Espejo</u>
		<u>ERA B. Bell</u>

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	<u>AU BY L JAMES</u>	<u>Sept 1 - 1993</u>
FATHER	<u>Fred James</u>	<u>July 5 - 1995</u>

Copy

Reported owner name: <u>Dorothy LEE THOMPSON.</u>	Claim number:
---	---------------

7. Provide the following information on the deceased's brothers and/or sisters:
 (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH
<u>LEROY JAMES</u>	<u>9-19-1930</u>	<u>10-14-1994</u>
<u>JOANN JAMES FOX</u>	<u>12-27-1944</u>	<u>9-30-2008</u>
<u>ANNE LEE JAMES CARR</u>	<u>12-28-1942</u>	<u>*3-28-201</u>
<u>Charlene James Petrese</u>	<u>12-28-1942</u>	<u>*11-29-201</u>

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:
 (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

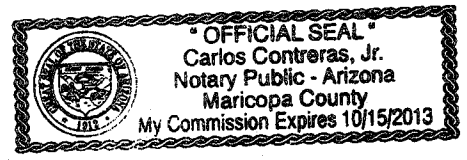
NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT

Signed this 8 day of April, 2010.
Dorothy J. Thompson
 (SIGNATURE OF AFFIANT)

State of Arizona
 County of Maricopa

Sworn to and subscribed to before me on Carlos Contreras Jr 4-8-2010
 (DATE)

by Dorothy LEE Thompson
 (NAME OF AFFIANT)
[Signature]
 (NOTARY SIGNATURE)



(Notary Seal) My commission expires: 10 day of 15, 2013.

PLEASE RETURN TO SENDER AFTER USE

Last Will and Testament

of

FRED JAMES

Copies of original

I, FRED JAMES, a resident of RIVERSIDE County, State of CALIFORNIA

declare this to be my last **WILL AND TESTAMENT**:

FIRST: I hereby revoke all prior wills or codicils made by me.

SECOND: I, Fred James, being of sound mind and memory, do give all my worldly possessions to my heirs; to be divided equally by my son, Leroy James and my daughter, Doris Lee Thomas, executors of my estate.

My estate includes, but no limited to the following, which is my property in Riverside County. My personal belongings and Bank Account.

My real property in the Riverside County, is described as follows:

The westerly 76.5 feet of the Easterly 183 feet of the Southerly 294 feet of the East half of the Southwest Quarter of the Southeast quarter of the Northwest quarter of Section 16, Township 5 South, Range 7 East, San Bernardino Base and Meridian. EXCEPTING THEREFROM The Southerly 30 feet and the Northerly 30 feet thereof for public road purposes.

IN WITNESS WHEREOF I sign my name to this WILL this _____ 17th _____ day
of APRIL _____ in the year nineteen hundred and NINETY THREE _____ at
INDIO, CALIFORNIA

Fred James
Fred James

The above and foregoing instrument, consisting of 2 pages, this one included, was on the above date signed, published and declared by the said Testator as and for his/her Last Will and Testament in the presence of us, who at his/her request, and in his/her presence, and in the presence of each other, have hereunto set our hands as attesting witnesses. We certify that at this time said Testator is of sound and disposing mind and memory. Each witness declares that he or she, as the case may be, is of legal age and not a beneficiary of this will.

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

Executed this _____ 17th _____ day of _____ April _____, 1993 _____ at
INDIO, CALIFORNIA

Nieves J. Gutierrez
Signature of Witness
residing at 81-720 AVE. 46, APT. 7301 Indio, California 92201

Miguel Gutierrez
Signature of Witness
residing at 81-720 Ave.46, Apt. 7301 Indio, California 92201

Leticia Navarro
Signature of Witness
residing at 81-634 Lido Avenue, Indio, CA 92201

Handwritten vertical note:
Copied original

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
CITY OF ATLANTA

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics
WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1988)
VS-112 REV. 7/83

1. NAME OF DECEASED (a) FIRST FRED		(b) MIDDLE		(c) LAST JAMES		(d) MAIDEN	2. SEX MALE	3. DATE OF DEATH JULY 5, 1995
4. DATE OF BIRTH NOVEMBER 2, 1909		5. AGE (IN YEARS) 85	IF UNDER 1 YR MO DAYS HOURS MIN	IF UNDER 1 DAY HOURS MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) ATLANTA, TEXAS		7. SOCIAL SECURITY NO.	
8. RACE BLACK		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12), COLLEGE (13-16, 17+)) 8
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		14a. DECEDENT'S USUAL OCCUPATION MECHANIC		14b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE		
15a. RESIDENCE STREET ADDRESS 1834 NORTH 50TH				15b. CITY OR TOWN PHOENIX		15c. COUNTY MARICOPA		15d. STATE ARIZONA
15e. ZIP CODE 85035		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. FATHER'S NAME JIM JEANS JAMES		17. MOTHER'S MAIDEN NAME ELMIRA LAST NAME UNKNOWN		
18. PLACE OF DEATH (CHECK ONLY ONE)								
HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)								
19. COUNTY OF DEATH CASS		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) ATLANTA		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) ATLANTA MEMORIAL HOSPITAL				
22. INFORMANT - SIGNATURE & RELATIONSHIP VICKI JAMES - DAUGHTER-IN-LAW				23. MAILING ADDRESS OF INFORMANT 3022 W. ROMA AVE., PHOENIX, AZ 85017				
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) GREENWOOD MEMORY LAWN		26. LOCATION (CITY, STATE) PHOENIX, AZ		27. DATE OF DISPOSITION 7-10-95		28. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Brian Th...</i> 9907
29. NAME & ADDRESS OF FUNERAL HOME EAST FUNERAL HOME P.O. BOX 15 TEXARKANA, TEXAS 75504								
30. CERTIFIER								
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.								
<input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.								
<input type="checkbox"/> JUSTICE OF THE PEACE								
31. SIGNATURE & TITLE OF CERTIFIER <i>David B. Morris, M.D.</i>				32. DATE SIGNED MO 7 DAY 9 YEAR 95		33. TIME OF DEATH 9:46 A.M.		
34. PRINTED NAME & ADDRESS OF CERTIFIER DAVID MORRIS, M.D., ELLINGTON CLINIC, 322 E. HIRAM, ATLANTA, TEXAS 75551								
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.								Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardiac arrest								1 hour
DUE TO (OR AS A LIKELY CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST								
DUE TO (OR AS A LIKELY CONSEQUENCE OF):								
DUE TO (OR AS A LIKELY CONSEQUENCE OF):								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)								
36. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				37. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		
41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)								
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)								
41f. DESCRIBE HOW INJURY OCCURRED								
42a. REGISTRAR FILE NO. 02-082-95		42b. DATE RECEIVED BY LOCAL REGISTRAR 7-17-95		42c. SIGNATURE OF LOCAL REGISTRAR <i>Janice J. Elliott</i>				

0185

STATE OF TEXAS
COUNTY OF CASS
CITY OF ATLANTA

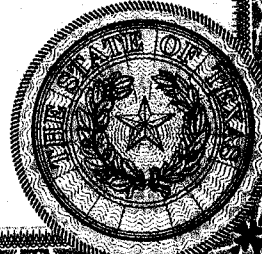
This is to certify that this is a true and correct copy of the original record as recorded in the office of the Local Registrar, City of Atlanta, Texas.

DATE ISSUED: 7-17-95

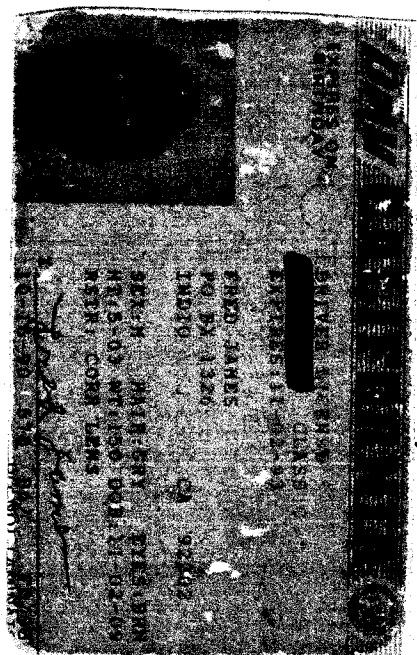
Janice J. Elliott
JANICE J. ELLIOTT, LOCAL REGISTRAR,
CITY OF ATLANTA, TEXAS

Do not accept unless prepared on security paper displaying the official seal and the signatures of the issuing agency. Lamination may void certificate. NOT VALID IF PHOTOCOPIED.

By: _____, Deputy.



July 5th 1995
passed away



~~Here's~~ Here's a July 5th 1995

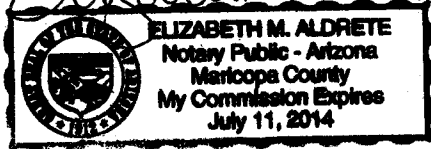
Copy of daddy driver
Licenses Brad Jones

Authy J Thompson

07/28/2010

Dear Sir or Madam:

To Whom it may concern, My name is Dorothy L. Thompson and the reason for this letter that I'm sending in reference to property in Riverside. I have not been contacted by this Tax Office for many years, more than 10 or 15 years but was not sure what was due on this property tax wise. This such late notice years later would not have given me sufficient time to pay for my property. Now that I'm 73 years old I feel like I was left out to dry, without any knowledge of what was going on seem to be unfair. I'm to old to stress about all the nonsense, I would like for whom ever is presiding over this property to only be fair with myself. I looking forward too being alloted the proper amount for this property at hand.

Elizabeth M Aldrete
8/2/10


Respectfully

Dorothy L Thompson
Dorothy L Thompson

1834 N. 50th Dr
Phoenix, Az 85035