

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

359A



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

**SUBMITTAL DATE:  
JAN 12 2015**

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 195 Item 16. Last assessed to: Arnold L. Weiner and Gayle E. Weiner, as Trustees of the Weiner Trust dated March 13, 1989. District 4 [\$1,451] Fund 65595 Excess Proceeds from Tax Sale.

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

1. Approve the claim from Arnold L. Weiner, Trustee of the Weiner Trust dated March 13, 1989, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 010590886-1

(continued on page two)

**BACKGROUND:**  
Summary

(continued on page two)

Don Kent  
Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 1,451	\$ 0	\$ 1,451	\$ 0	Consent <input type="checkbox"/> Polic: <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

**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: 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, Auditor

Kecia Harper-Ihem  
Clerk of the Board.

By: Deputy

Prev. Agn. Ref.:

District: 4

Agenda Number:

**9-48**

FORM APPROVED COUNTY COUNSEL  
DATE 1/12/15  
BY: GREGORY P. PRIAMOS

Departmental Concurrence

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

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 195, Item 16. Last assessed to: Arnold L. Weiner and Gayle E. Weiner as Trustees of the Weiner Trust dated March 13, 1989. District 4 [\$1,451] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** JAN 12 2015

**PAGE:** Page 2 of 2

**RECOMMENDED MOTION:**

2. Authorize and direct the Auditor-Controller to issue a warrant to Arnold L. Weiner, Trustee of The Weiner Trust dated March 13, 1989 in the amount of \$1,451.01, 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)**

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 February 4, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded April 1, 2013. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on April 24, 2013, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Arnold L. Weiner, Successor Trustee of The Weiner Trust dated March 13, 1989, based on a Grant Deed recorded November 1, 1990 as Instrument No. 1990-401467, the Declaration of Trust for the Weiner Trust dated March 13, 1989 and the death certificate of Gayle Edra Weiner.

Pursuant to Section 4675 (a) of the California Revenue and Taxation Code, it is the recommendation of this office that Arnold L. Weiner, Trustee of the Weiner Trust dated March 13, 1989 be awarded excess proceeds in the amount of \$1,451.01. 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 the last assessee of the property.

**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: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 195 Item 16 Assessment No.: 010590886-1

Assessee: WEINER, ARNOLD L TR & GAYLE E TR

Situs:

Date Sold: February 4, 2013

Date Deed to Purchaser Recorded: April 1, 2013

Final Date to Submit Claim: April 1, 2014

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 1451.01 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. 010590886-1; recorded on 2/1/2013. A copy of this document is attached here to. 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 Tenants 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 9th day of MAY, 2013 at LOS ANGELES, CALIF.  
County, State

Arnold L. Weiner  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

ARNOLD L. WEINER  
Print Name

\_\_\_\_\_  
Print Name

3538 LOADSTONE DR.  
Street Address

\_\_\_\_\_  
Street Address

SHERMAN OAKS, CALIF. 91403  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

818-995-0973  
Phone Number

\_\_\_\_\_  
Phone Number

SCO 8-21 (1-99)

MARRIOTT GRANT DEED 1990-0401-467

RECORDING REQUESTED BY  
FIRST AMERICAN TITLE INSURANCE COMPANY

PAID  
Doc. Transfer Tax  
WILLIAM E. CONERLY  
Riv. Co. Recorder

RECEIVED FOR RECORD  
AT 8:30 O'CLOCK A.M.  
AT Request of  
FIRST AMERICAN TITLE COMPANY  
OF RIVERSIDE

NOV 1 - 1990

Recorded in Official Records  
of Riverside County, California  
W. E. Conerly, Recorder  
Fees \$ 22

WHEN RECORDED MAIL TO:

Arnold L. & Gayle E. Weiner  
17012 Hartsook St.  
Encino, CA 91316

Space above for recorder's use

MAIL TAX STATEMENTS TO:

DOCUMENTARY TRANSFER TAX \$ 19.80

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

Arnold L. & Gayle E. Weiner  
17012 Hartsook St.  
Encino, CA 91316

*Beth P. Cotney*  
Signature of Declarant or Agent  
determining tax.

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, MARRIOTT OWNERSHIP RESORTS, INC., a Delaware corporation, hereby GRANTS to ARNOLD L. WEINER AND GAYLE E. WEINER, AS TRUSTEES OF THE WEINER TRUST DATED MARCH 13, 1989 the following described real property in the County of Riverside, State of California:

See Exhibit A attached hereto and incorporated herein by this reference.

MARRIOTT OWNERSHIP RESORTS, INC.  
a Delaware Corporation

Dated: OCT 29 1990

By: *Beth P. Cotney*  
Its Assistant Secretary

STATE OF FLORIDA )  
 ) ss.  
 ) ss.  
COUNTY OF POLK )  
OCT 29 1990

On \_\_\_\_\_, before me, the undersigned, a Notary Public in and for the said State, personally appeared Beth P. Cotney personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument as Assistant Secretary of the corporation that executed the within instrument, and acknowledged to me that such corporation executed the within instrument pursuant to its Bylaws or a resolution of its Board of Directors.

WITNESS my hand and official seal.

Signature *Neola Y. Salata*  
NOTARY PUBLIC

Commission expires: NOTARY PUBLIC, STATE OF FLORIDA  
MY COMMISSION EXPIRES MAR. 24, 1991;  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

401467

9151050-13

JON CHRISTENSEN  
ASSISTANT TREASURER-TAX COLLECTOR  
SUE BAUER  
SR. CHIEF DEPUTY TREASURER-TAX COLLECTOR  
DEBBIE BASHE  
INFORMATION TECHNOLOGY OFFICER II  
GIOVANE PIZANO  
INVESTMENT MANAGER



DON KENT  
TREASURER

GARY COTTERILL  
CHIEF DEPUTY TREASURER-TAX COLLECTOR  
MATT JENNINGS  
CHIEF DEPUTY TREASURER-TAX COLLECTOR  
MELISSA JOHNSON  
CHIEF DEPUTY TREASURER-TAX COLLECTOR  
ADRIANNA GOMEZ  
ADMINISTRATIVE SERVICES MANAGER I

October 22, 2014

Arnold L Weiner  
3538 Loadstone Dr.  
Sherman Oaks, CA 91403

Re: Apn: 010590886-1  
TC 195 Item 16  
Date of Sale: January 31, 2013-February 4, 2013

Dear Mr. Weiner

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

**Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.**

- |  |  |
|--|--|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Original Note/Payment Book  |
| <input type="checkbox"/> Notarized Statement of different/misspelled   | <input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale)            |
| <input type="checkbox"/> Notarized Statement Giving Rights to Collect/Claim on behalf of                             | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input checked="" type="checkbox"/> Certified Death Certificate for Gayle E. Weiner                                  | <input type="checkbox"/> Court Order Appointing Administrator                                  |
| <input type="checkbox"/> Copy of Birth Certificates for  | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)   |
| <input type="checkbox"/> Copy of Marriage Certificate for  | <input checked="" type="checkbox"/> Other - Copy of the Weiner Trust dated March 13, 1989      |

If you should have any questions, please contact me at the number listed below.

Sincerely,

*Sandy Finley*

Sandy Finley  
Tax Sale Operations Unit  
(951) 955-3947  
(951) 955-3990 Fax

*10/27/14*  
*Please see enclosed as requested.*  
*Thank you Arnold & Weiner*

RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

\*\*\*\*\*

4080 LEMON STREET, 4TH FLOOR \* P.O. BOX 12005 \* RIVERSIDE, CALIFORNIA 92502  
WWW.RIVERSIDETAXINFO.COM \* (951) 955-3900 \* 1(877) 748-2689 \* FAX (951) 955-3923

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/00)

STATE FILE NUMBER: \_\_\_\_\_ LOCAL REGISTRATION NUMBER: \_\_\_\_\_

1. NAME OF DECEDENT—FIRST (GIVEN) <b>CAYLE</b>		2. MIDDLE <b>EDRA</b>		3. LAST (FAMILY) <b>WEINER</b>	
4. DATE OF BIRTH M/M/D/D/C/C/Y/Y <b>06/04/1942</b>		5. AGE YRS <b>57</b>		6. SEX <b>FEMALE</b>	
7. DATE OF DEATH M/M/D/D/C/C/Y/Y <b>01/26/2000</b>		8. HOUR <b>0415</b>			
9. STATE OF BIRTH <b>ILLINOIS</b>		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>13</b>			
14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>CAMDEN PHARMACY</b>	
17. OCCUPATION <b>SALES EXECUTIVE</b>		18. KIND OF BUSINESS <b>PHARMACY</b>		19. YEARS IN OCCUPATION <b>15</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>17012 HARTSOOK STREET</b>					
21. CITY <b>ENCINO</b>		22. COUNTY <b>LOS ANGELES</b>		23. ZIP CODE <b>91316</b>	
24. YRS IN COUNTY <b>37</b>		25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>			
26. NAME, RELATIONSHIP <b>ARNOLD L. WEINER - HUSBAND</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>17012 HARTSOOK STREET, ENCINO, CALIFORNIA 91316</b>		
28. NAME OF SURVIVING SPOUSE—FIRST <b>ARNOLD</b>		29. MIDDLE <b>L.</b>		30. LAST (MAIDEN NAME) <b>WEINER</b>	
31. NAME OF FATHER—FIRST <b>CHARLES</b>		32. MIDDLE <b>DAVID</b>		33. LAST <b>GREEN</b>	
34. BIRTH STATE <b>ILLINOIS</b>		35. NAME OF MOTHER—FIRST <b>JEANETTE</b>		36. MIDDLE <b>ABRAHAM</b>	
37. LAST (MAIDEN) <b>ABRAHAM</b>		38. BIRTH STATE <b>ILLINOIS</b>			
39. DATE M/M/D/D/C/C/Y/Y <b>01/30/2000</b>		40. PLACE OF FINAL DISPOSITION <b>MOUNT SINAI MEMORIAL PARK, 5950 FOREST LAWN DRIVE, LOS ANGELES, CALIFORNIA 90069</b>			
41. TYPE OF DISPOSITION(S) <b>ENTOMBMENT</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR <b>MOUNT SINAI MORTUARY</b>		45. LICENSE NO. <b>FD-1010</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Simon</i>	
47. DATE M/M/D/D/C/C/Y/Y <b>01/29/2000</b>					
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL	
104. COUNTY <b>LOS ANGELES</b>					
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>17012 HARTSOOK STREET</b>		106. CITY <b>ENCINO</b>			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REVERSAL NUMBER	
IMMEDIATE CAUSE (A) <b>RESPIRATORY ARREST</b>		<b>1 MINUTE</b>			
DUE TO (B) <b>METASTATIC MELANOMA TO LIVER AND LUNGS</b>		<b>5 MONTHS</b>		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/D/D/C/C/Y/Y <b>08/18/1999</b> <b>01/14/2000</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey S. Weber MD</i>		116. LICENSE NO. <b>677964</b>	
117. DATE M/M/D/D/C/C/Y/Y <b>01/26/2000</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>JEFFREY S. WEBER, M.D., 1441 EASTLAKE AVENUE #3447, LOS ANGELES, CA 90033</b>			
119. MANNER OF DEATH: <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/C/Y/Y	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/D/C/C/Y/Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					

090301277

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



*Mark Simon* 262  
DATE ISSUED **JAN 31 2000**

## DECLARATION OF TRUST

This declaration of trust is made by ARNOLD L. WEINER and GAYLE E. WEINER as of March 13, 1989.

### ARTICLE 1

#### APPOINTMENTS AND NAME OF TRUST

- 1.1 NAME: This trust shall be known as "The WEINER TRUST dated March 13, 1989."
- 1.2 TRUSTORS: ARNOLD L. WEINER and GAYLE E. WEINER are the trustors of this trust.
- 1.3 TRUSTEES: Trustors appoint the following as trustee(s) of this trust:

First Appointment: ARNOLD L. WEINER and GAYLE E. WEINER, as co-trustees

Second Appointment: ~~MARTIN RICH, NEIL FRIEDMAN~~ and SHARON FRIEDMAN, as co-trustees

ARNOLD L. WEINER and ~~GAYLE E. WEINER~~ shall serve as the first trustees. If either ARNOLD L. WEINER or ~~GAYLE E. WEINER~~ is unable or unwilling to act, the remaining trustee shall serve alone. When both ARNOLD L. WEINER and ~~GAYLE E. WEINER~~ cease to act, the successor appointee(s) shall serve in the order appointed. If any co-trustee is unable or unwilling to act, the remaining appointee(s) shall serve as trustee or trustees. *deceased*

Except as otherwise provided in Article 4, where trustors have appointed co-trustees, all co-trustees shall act together. If no successor trustee is designated to act in the event of the death, incapacity or resignation of the trustee then acting, or no successor trustee accepts the office, the trustee then acting may appoint a successor trustee. If no such appointment is made, the majority of the adult beneficiaries entitled to distribution from this trust may appoint a successor trustee.

The successor trustee shall be reimbursed for all actual expenses incurred in relation to the administration of the trust. The successor trustee shall be entitled to reasonable compensation for his or her services.

- 1.4 BENEFICIARIES: Trustors shall be the initial beneficiaries of this trust. Successor beneficiaries are those persons designated in Article 2.
- 1.5 CHILDREN: ARNOLD L. WEINER and ~~GAYLE E. WEINER~~ have three children from their marriage to each other. Their names are JULIE R. WEINER, DANIELLE N. WEINER and HEATHER D. WEINER.

of the trust, including, without limitation, the power to perform all acts necessary to transfer any real and personal property contained in such trusts and to execute all documents in connection therewith; to open accounts of any type, in one or more financial institutions; to authorize the deposit or withdrawal of funds from any or all of such accounts and to sign checks on such accounts; and to enter into trust safe deposit boxes. All transfer agents, corporations and financial institutions dealing with a single Trustee or an agent pursuant to the provisions of this paragraph shall be relieved of all liability as a consequence of dealing with such Trustee or agent, and shall not be under any responsibility to see to the performance of the trusts created under this Trust Agreement."

The Trustors and the Trustees have executed this AMENDMENT TO THE REVOCABLE LIVING TRUST OF ARNOLD L. WEINER AND GAYLE E. WEINER this 27 day of January, 1995.

Arnold L. Weiner  
ARNOLD L. WEINER  
Gayle E. Weiner  
GAYLE E. WEINER

TRUSTORS AND TRUSTEES