

FORM APPROVED COUNTY COUNSEL  
 BY: GREGORY P. PRIAMOS DATE 6/29/15

Departmental Concurrence

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

585A



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

**SUBMITTAL DATE:**  
 JUN 29 2015

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 192, Item 1119. Last assessed to: Domonic Delariva, one third (1/3rd); Conrad Delariva, one third (1/3rd); and Lance Delariva, one third (1/3rd). District 4 [\$5,121] Fund 65595 Excess Proceeds from Tax Sale.

**RECOMMENDED MOTION:** That the Board of Supervisors:  
 1. Approve the claim from Found Extra Money, LLC, assignee for Domonic Delariva, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 768392005-8;  
 (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 20, 2012 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 11, 2012. 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 6, 2012, 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]*  
 Don Kent  
 Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 5,121	\$ 0	\$ 5,121	\$ 0	Consent <input type="checkbox"/> Policy <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:** 15/16

**C.E.O. RECOMMENDATION:** APPROVE  
 BY: *[Signature]* 7/13/15  
 Samuel Wong  
 County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Ashley, seconded by Supervisor Benoit 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: July 21, 2015  
 xc: Treasurer, Auditor

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

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

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 192, Item 1119. Last assessed to: Domonic Delariva, one third (1/3rd); Conrad Delariva, one third (1/3rd); and Lance Delariva, one third (1/3rd). District 4 [\$5,121] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** JUN 29 2015

**PAGE:** Page 2 of 3

**RECOMMENDED MOTION:**

2. Approve the claim from MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 768392005-8;
3. Authorize and direct the Auditor-Controller to issue warrants to Found Extra Money, LLC, assignee for Domonic Delariva in the amount of \$2,560.75 and MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva in the amount of \$2,560.75 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.
4. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$2,560.75 to the county general fund pursuant to Revenue and Taxation Code Section 4674.

**BACKGROUND:**

**Summary (continued)**

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and taxation Code 4676 (c). The Treasurer-Tax Collector's Office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

- Examined title reports to notify all parties of interest attached to the parcel.
- Researched all last assessee's through the County's Property Tax System for any parties of interest.
- Used Accurant (people finder) to notify any new addresses that may be listed for our parties of interest.
- Advertised in newspapers for three consecutive weeks in the Desert Sun, Palo Verde Valley Times and the Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
- Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4675.

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on May 11, 2012.

The Treasurer-Tax Collector has received two claims for excess proceeds:

1. Claim from Found Extra Money, LLC, assignee for Domonic Delariva based on an Assignment of Right to Collect Excess Proceeds dated May 8, 2013, an Order Approving First and Final Account and Report of Administrators; Order for Allowance of Compensation to Attorney for Administrators for Ordinary and Extraordinary Services and Order for Final Distribution Estate of Jose C. Delariva aka Joe De La Riva recorded September 28, 2011 as Instrument No. 2011-0429372 and the death certificate for Jose Chavez De La Riva.
2. Claim from MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva based on an Authorization for Agent to Collect Excess Proceeds dated May 10, 2013, an Order Approving First and Final Account and Report of Administrators; Order for Allowance of Compensation to Attorney for Administrators for Ordinary and Extraordinary Services and Order for Final Distribution Estate of Jose C. Delariva aka Joe De La Riva recorded September 28, 2011 as Instrument No. 2011-0429372, and the death certificate for Jose Chavez De La Riva.

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 192, Item 1119. Last assessed to: Domonic Delariva, one third (1/3rd); Conrad Delariva, one third (1/3rd); and Lance Delariva, one third (1/3rd). District 4 [\$5,121] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** JUN 29 2015

**PAGE:** Page 3 of 3

**BACKGROUND:**

**Summary (continued)**

Pursuant to Section 4675 (a) & (b) & (c) of the California Revenue and Taxation Code, it is the recommendation of this office that Found Extra Money, LLC, assignee for Domonic Delariva be awarded excess proceeds in the amount of \$2,560.75 and MM Network Recovery Assets, agent for Joe Conrad Delariva aka Conrad Delariva be awarded excess proceeds in the amount of \$2,560.75. Since there are no other claimants the unclaimed excess proceeds in the amount of \$2,560.75 will be transferred to the county general fund. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

**Impact on Citizens and Businesses**

Excess proceeds are being released to the last assessesees of the property and transferred to the county general fund.

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

Copies of the Excess Proceed Claim forms 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 192 Item 1119 Assessment No.: 768392005-8

Assessee: DELARIVA JOE ESTATE OF

Situs: 52390 CALLE AVILA COACHELLA

Date Sold: March 20, 2012

Date Deed to Purchaser Recorded: May 11, 2012

Final Date to Submit Claim: May 13, 2013

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$14,300.00 (APPROX.) 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. 2011-0429372; recorded on 9/28/2011. 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.**

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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 10<sup>TH</sup> day of MAY, 2013 at LOS ANGELES, CA  
County, State

Annexa D. Spindley / FOUND EXTRAMONEY, LLC  
Signature of Claimant

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

DENNIS A. MURKEY  
Print Name

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

9420 RESEDA BLVD., #830  
Street Address

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

NORTHRIDGE, CA 91324  
City, State, Zip

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

(888) 867-4785  
Phone Number

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

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to FOUNDER EXTRA MONEY, LLC my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 768392005-8 sold at public auction on MARCH 20, 2012. I understand that the total of excess proceeds available for refund is \$4,300.00 (approx) and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

Dominic De La Riva  
(Signature of Party of Interest/Assignor)

Dominic De La Riva  
(Name Printed)

80-917 Rio Grande  
(Address)

Indio Ca. 92201  
(City/State/Zip)

(760) 399-0883  
(Area Code/Telephone Number)

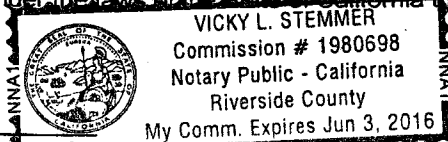
STATE OF CALIFORNIA )  
COUNTY OF Riverside ) ss.

On May 8, 2013 before me, Vicky L. Stemmer, Notary Public personally appeared Dominic De La Riva, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Vicky L. Stemmer  
(Signature of Notary)



See Attached CA Acknowledgment

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

Dennis A. Murkey  
(Signature of Assignee)  
FOUNDER EXTRA MONEY, LLC

DENNIS A. MURKEY  
(Name Printed)

9440 RESEDA BLVD # 205  
(Address)

STATE OF CALIFORNIA )  
COUNTY OF \_\_\_\_\_ ) ss.

NORWEDGE, CA 91326  
(City/State/Zip)

On \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary)

(This area for official seal)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

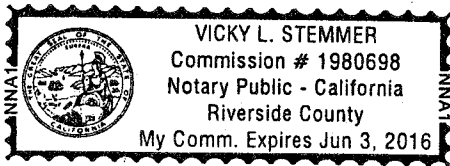
State of California

County of Riverside

On May 8, 2013 before me, Vicky L. Stemmer, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Dominic DeLaRiva  
Name(s) of Signer(s)

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



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

WITNESS my hand and official seal.

Signature: Vicky L. Stemmer  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

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

**Description of Attached Document**

Title or Type of Document: Assignment of Right to Collect Excess Proceeds

Document Date: May 8, 2013 Number of Pages: 1

Signer(s) Other Than Named Above: NONE

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: Dominic DeLaRiva Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_  Corporate Officer — Title(s): \_\_\_\_\_

Individual  Individual

Partner —  Limited  General  Partner —  Limited  General

Attorney in Fact  Attorney in Fact

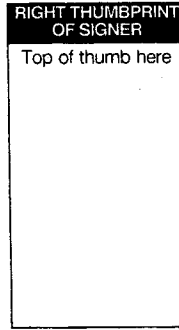
Trustee  Trustee

Guardian or Conservator  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles }

On 5/13/13 before me, Paula Gomez, Notary Public.  
Date Here Insert Name and Title of the Officer

personally appeared Dennis A. Murkey.  
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.

Signature Paula Gomez  
Signature of Notary Public



Place Notary Seal Above

## OPTIONAL

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

### Description of Attached Document

Title or Type of Document: Assignment of Right to Collect Excess Proceeds

Document Date: - Number of Pages: 1

Signer(s) Other Than Named Above: -

### Capacity(ies) Claimed by Signer(s)

Signer's Name: -

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

**RIGHT THUMBPRINT OF SIGNER**

Top of thumb here

Signer Is Representing: \_\_\_\_\_

Signer's Name: -

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

**RIGHT THUMBPRINT OF SIGNER**

Top of thumb here

Signer Is Representing: \_\_\_\_\_

**FOUND EXTRA MONEY, LLC**

UNCLAIMED MONEY CONSULTANTS

**WWW.FoundExtraMoney.com**

Email: [Richard@foundextramoney.com](mailto:Richard@foundextramoney.com)

**LAS VEGAS OFFICE:**

8022 S. Rainbow Blvd. #362  
Las Vegas, NV 89139  
Toll Free: (888) 867-4785  
Fax No: (702) 331-4992

**LOS ANGELES OFFICE**

9420 Reseda Blvd. #830  
Northridge, CA 91324  
Toll Free: (888) 867-4785  
Fax No.: (818) 701-7184

PLEASE REPLY TO LOS ANGELES OFFICE

April 1, 2013

Mr. Don Kent  
Riverside County Treasurer-Tax Collector  
P.O. Box 12005  
Riverside, CA 92502

Re: EXCESS Proceeds Claim: APN: 768-932-005/Claimant: Dominic Delariva/Sale Date: 03/20/2012/Recording Date: 5/11/2012/Excess Proceeds: approximately \$14,300.00

Dear Mr. Kent:

Enclosed for your reference please find the following documents in support of our claim for excess proceeds resulting from the tax sale of the above referenced property at the Tax Collector's Public Tax Auction held on 03/20/2012:

1. Copy of the original deed naming Claimant (Dominic Delariva) as party in interest;
2. Riverside County, California Excess Proceeds Claim Form;
3. Signed Agency Agreement between Claimant and FEM, LLC authorizing your payment of ninety (90%) of the excess proceeds funds to Dominic Delariva, and ten percent (10%) to FEM, LLC.
4. A signed and notarized Claim for Excess Proceeds and Assignment of Rights from Dominic Delariva assigning to FEM, LLC a right to claim 10% of the excess proceeds as per California law, and satisfying the requirements as specified in the California Revenue and Taxation Code Section 4675.
5. Please issue separate checks accordingly: \$12,870.00 (90%) to Dominic Delariva, and \$1,430.00 (10) to FEM, LLC.

Please do not hesitate to contact me at (888) 867-4785 if you have any questions, or if I can be of further assistance

Thank you.

Richard/FEM, LLC.

AP



**CLAIM FOR EXCESS PROCEEDS**  
(Rev. & Tax Code, Section 4675)


To: Mr. Don Kent/Riverside County Treasurer-Tax Collector  
Re: Claim for Excess Proceeds

I hereby certify that I am a party of interest in the following parcel:

Parcel Number: 768-392-005  
Assessee: Dominic Delariva  
Situs: 52390 Calle Avila, Coachella, CA 92236  
Date Sold: 3/20/12  
Date Deed to Purchaser Recorded: 5/11/12

I claim excess proceeds under *Revenue and Taxation Code* section 4675. Enclosed is documentation supporting my claim.

I affirm, under penalty of Perjury, that the foregoing is true and correct to the best of my knowledge.

 3/19/21  
Signature of Claimant/Date

Dominic Delariva  
Name of Claimant (please print)

Mailing Address:  
80917 Rio Grande Ave.  
Indio, CA 92201-5011

Daytime Phone: (760) 399-0883

**FOUND EXTRA MONEY, LLC**  
UNCLAIMED MONEY CONSULTANTS  
**WWW.FoundExtraMoney.com**  
Email: Richard@foundextramoney.com

**LAS VEGAS OFFICE**

8022 S. Rainbow Blvd. #362  
Las Vegas, NV 89139  
Toll Free: (888) 867-4785  
Fax No: (702) 331-4992

**LOS ANGELES OFFICE**

9420 Reseda Blvd. #830  
Northridge, CA 91324  
Toll Free: (888) 867-4785  
Fax No.: (818) 701-7184

PLEASE REPLY TO: **LOS ANGELES OFFICE**

**AUTHORIZATION AND FEE AGREEMENT**

The undersigned hereby authorizes Found Extra Money, LLC ("FEM, LLC") to act as its exclusive agent in the preparation and execution of all documents to recover unclaimed funds owed to Claimant(s) directly, or indirectly, either as an individual, trustee, authorized agent for a business entity, or personal agent or representative or heir of an estate.

The undersigned also agrees to pay FEM, LLC the amount of **10% (TEN PERCENT)** of any amount collected. FEM, LLC agrees to pay all processing costs, documentation costs and filing fees. No fee or costs will be charged to Claimant(s) if there is no recovery.

Claimant(s) authorize holder of these funds to issue separate checks payable to Claimant(s) and to FEM, LLC according to the terms of this agreement.

Claimant(s) agree to sign and return all documents necessary to process this claim within three (3) business days of Company's request.

This agreement may be signed in counterparts and a signed copy received electronically, or by fax, shall have full force and effect and be deemed an original.

I/we agree to the above.

~~Domonic & Conrad Delariva~~  
Domonic DeLaRiva

(Print Name)

Domonic De La Riva  
Sinc

(Print Name)

3-17-13

**FOUND EXTRA MONEY, LLC**

**"FEM, LLC"**

UNCLAIMED MONEY CONSULTANTS

**WWW.FoundExtraMoney.com**

Email: Richard@foundextramoney.com

**LAS VEGAS OFFICE:**

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Las Vegas NV 89139  
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Northridge, CA 91324  
Toll Free: (888) 867-4785  
Fax No.: (818) 701-7184

PLEASE REPLY TO: LOS ANGELES OFFICE.

TO: RIVERSIDE COUNTY TREASURER-TAX COLLECTOR:

RE: CLAIM FOR EXCESS PROCEEDS AND ASSIGNMENT OF RIGHTS (10% TO FEM,LLC):

I HEREBY CERTIFY THAT I AM A PARTY OF INTEREST IN THE FOLLOWING DESCRIBED PARCEL AND CLAIM 90%, OF THE TOTAL AMOUNT OF EXCESS PROCEEDS AVAILABLE TO ME, AS CLAIMANT/ASSIGNOR, AND HEREBY ASSIGN AN ADDITIONAL 10% OF THE TOTAL AMOUNT OF EXCESS PROCEEDS TO FEM, LLC, AS ASSIGNEE, PURSUANT TO REVENUE AND TAX CODE SECTION 4675:

CLAIMANT/ASSESSEE: Dominic Delariva

PARCEL NO.: 768-932-005

SITUS: 52390 Calle Avila, Coachella, CA 92236

DATE SOLD: 3/20/2012 DATE RECORDED: 5/11/2012

MY ASSIGNMENT OF RIGHTS TO FEM, LLC, TO CLAIM THE AMOUNT OF 10% OF TOTAL AMOUNT OF EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY:

FOR VALUABLE CONSIDERATION I, THE UNDERSIGNED (ASSIGNOR), HEREBY ASSIGNS TO FEM, LLC, (ASSIGNEE) ALL RIGHTS, TITLE AND INTEREST TO COLLECT TEN PERCENT (10%) OF THE EXCESS PROCEEDS WHICH I AM ENTITLED TO CLAIM.

I/WE HAVE BEEN ADVISED OF OUR RIGHT TO FILE A CLAIM FOR EXCESS PROCEEDS ON OUR BEHALF. THE PARTIES HAVE DISCLOSED ALL FACTS TO EACH OTHER THAT EACH IS AWARE OF, REGARDING THE VALUE OF THE RIGHTS BEING ASSIGNED, AS REQUIRED BY CALIFORNIA REVENUE AND TAXATION CODE SECTION 4675.

TOTAL AMOUNT OF EXCESS PROCEEDS ELIGIBLE FOR DISTRIBUTION IS \$14,300.00/approx)  
PAYABLE AS FOLLOWS:

90% TO CLAIMANT/ASSIGNOR IN THE AMOUNT OF \$12,870.00

10% TO FEM, LLC. AS ASSIGNEE IN THE AMOUNT OF \$1,430.00

ENCLOSED IS DOCUMENTATION SUPPORTING MY CLAIM. PLEASE ISSUE SEPARATE CHECKS TO EACH PARTY. PLEASE CONTACT FEM, LLC IF ANY QUESTIONS. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING AND ALL ENCLOSURES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THANK YOU.

DATED THIS 19<sup>th</sup> DAY OF March, 2013. Dominic De Lariva  
SIGNATURE:

STATE OF California

COUNTY OF Riverside

On March 19, 2013 before me, Delsy Vargas Sorabia, Notary Public  
personally appeared Dominic De Lariva, who proved to  
me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed  
the same in his/het/their authorized capacity(ies), and that by his/het/their signature(s) on  
the instrument the person(s) or the entity upon behalf of which the person(s) acted,  
executed the instrument.

Date: 3-19-13 Signature: Dominic De Lariva

Name (print): Dominic Delariva

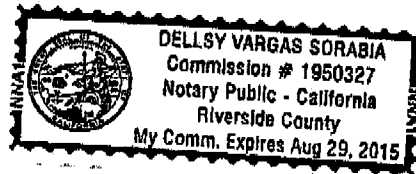
Address: 80917 Rio Grande Ave

City/State/Zip Code: Indio, CA 92201-5011

Phone: (760) 399-0883

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  
Delsy Vargas Sorabia  
SIGNATURE



RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

BRIAN M. LEWIS  
44-700 Village Court, Suite 100  
Palm Desert, CA 92260

DOC # 2011-0429372  
09/28/2011 11:19A Fee:51.00  
Page 1 of 13  
Recorded in Official Records  
County of Riverside  
Larry W. Ward  
Assessor, County Clerk & Recorder



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**ORDER APPROVING FIRST AND FINAL ACCOUNT AND REPORT OF  
ADMINISTRATORS; ORDER FOR ALLOWANCE OF COMPENSATION TO ATTORNEY  
FOR ADMINISTRATORS FOR ORDINARY AND EXTRAORDINARY SERVICES AND  
ORDER FOR FINAL DISTRIBUTION**

**ESTATE OF JOSE C. DELARIVA aka**

**JOE DE LA RIVA**

**APN: 768-392-005**

This page added to provide adequate space for recording information

(\$3.00 additional recording fee applies)

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BRIAN M. LEWIS, Bar No. 124025  
44-700 Village Court, Suite 100  
Palm Desert, California 92260  
Telephone: (760) 568-9200  
Telecopier: (760) 568-9211

Attorney for Petitioners  
DOMONIC DELARIVA and ROMAN DELARIVA

**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

SEP 22 2011



G. RUSHING

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE  
DESERT REGION

In the Matter of the Estate of  
  
JOSE C. DELARIVA, aka JOSE  
DELARIVA, JOE C. DELARIVA  
And JOE DELARIVA,  
  
Decedent.

Case No. INP 021656  
Judge: James A. Cox

ORDER APPROVING FIRST AND FINAL  
ACCOUNT AND REPORT OF  
ADMINISTRATORS; ORDER FOR  
ALLOWANCE OF COMPENSATION TO  
ATTORNEY FOR ADMINISTRATORS  
FOR ORDINARY AND EXTRAORDINARY  
SERVICES AND ORDER FOR FINAL  
DISTRIBUTION [Probate Code Sections  
10810, 11640, et. seq.]

Date: September 22, 2011  
Time: 8:45 a.m.  
Place: PS1

Petitioner, ROMAN DELARIVA, as one of the Administrators of the Estate of Jose  
C. DeLaRiva, having filed his first and final report and petition for distribution, and the  
report and petition coming on regularly for hearing on July 14, 2011, before the  
Honorable James A. Cox, judge presiding, the Court finds that:

2011-042372  
03/28/2011 11:13AM  
2 of 13



3011-042372  
03/20/2011 11:19A  
16 of 17



1 Notwithstanding the foregoing, Domonic DeLaRiva owes the Estate the sum of  
2 \$29,932.54 (advanced of \$9,018.14 plus the sum of \$20,914.40 as his share of the  
3 litigation matter); Lance DeLaRiva owes the Estate the sum of \$20,914.41 as his share  
4 of the litigation matter; and Conrad DeLaRiva owes the Estate the sum of \$600.00 for an  
5 advance, such amounts should be deducted from their respective share of the Estate of  
6 Jose DeLaRiva and distributed equally among the remaining beneficiaries.

7 Due to the commingling of assets between the Estate of Jose DeLaRiva  
8 and the Estate of Myrna DeLaRiva and the monies owed by Domonic DeLaRiva, Lance  
9 DeLaRiva and Conrad DeLaRiva, as well as the Assignment of Roman DeLaRiva filed  
10 on August 29, 2011, and the Declaration of Domonic DeLaRiva, Roman DeLaRiva,  
11 Conrad DeLaRiva and Lance DeLaRiva filed in this matter, the Administrators propose  
12 that the remaining assets held in the Estate of Myrna DeLaRiva be distributed as follows:

13 Real Property:

- 14 A. One-third (1/3<sup>rd</sup>) to DOMONIC DELARIVA;
- 15 B. One-third (1/3<sup>rd</sup>) to CONRAD DELARIVA; and
- 16 C. One-third (1/3<sup>rd</sup>) to LANCE DELARIVA.

17 Available Cash/Not Now Known or Later Discovered Assets:

- 18 A. One-third (1/3<sup>rd</sup>) to DOMONIC DELARIVA;
- 19 B. One-third (1/3<sup>rd</sup>) to CONRAD DELARIVA; and
- 20 C. One-third (1/3<sup>rd</sup>) to LANCE DELARIVA.

21 **IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** as follows:

- 22 1. That notice of administration has been given as required by law.
- 23 2. That the report of the Administrators is settled, allowed and approved as  
24 filed.
- 25 3. That all acts of Petitioners as Administrators are confirmed and approved;
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2011-0423372  
04/28/2011 11:54  
11 of 13



1           4.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
2 their attorney, the sum of \$6,717.73 as statutory compensation for services to Petitioners  
3 and to the Estate of Jose DeLaRiva;

4           5.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
5 their attorney, the sum of \$1,550.00 for extraordinary compensation for services to  
6 Petitioners and to the Estate of Jose DeLaRiva

7           6.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
8 their attorney, the sum of \$7,547.12 as statutory compensation for services to Petitioners  
9 and to the Estate of Myrna DeLaRiva;

10          7.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
11 their attorney, the sum of \$3,826.00 for extraordinary compensation for services to  
12 Petitioners and to the Estate of Myrna DeLaRiva;

13          8.     That the Administrators be authorized to retain \$400.00 in cash for closing  
14 expenses of administration applicable to both the Estate of Jose DeLaRiva and the  
15 Estate of Myrna DeLaRiva, and to deliver the unused part to the beneficiaries of the  
16 estate, as set forth in the petition, without further order; after the closing expenses have  
17 been paid;

18          9.     That distribution of the Decedent's Estate in the hands of the  
19 Administrators and any other property of the Decedent and or the Estate not now known  
20 or discovered shall be made as follows:

21                     That certain real property situate in the  
22                     City of Coachella, County of Riverside,  
23                     State of California, more particularly  
                          described as follows:

24                     Lot 63 of Abdelhour Subdivision, as  
25                     shown by Map on file in Book 21, page  
                          19 of Maps, Riverside County Records.

26                     Subject to:

27                     Conditions, restrictions, reservations,  
28                     covenants, easements, rights and rights  
                          of way of record.



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More commonly known as:

52390 Calle Avila  
Coachella, CA

Assessor's Parcel No. 768-392-005

shall be distributed as follows:

- A. One-third (1/3<sup>rd</sup>) to DOMONIC DELARIVA;
- B. One-third (1/3<sup>rd</sup>) to CONRAD DELARIVA; and
- C. One-third (1/3<sup>rd</sup>) to LANCE DELARIVA.

The remaining assets of the estate and not now known or later discovered assets shall be distributed as follows:

- A. One-third (1/3<sup>rd</sup>) to DOMONIC DELARIVA;
- B. One-third (1/3<sup>rd</sup>) to CONRAD DELARIVA; and
- C. One-third (1/3<sup>rd</sup>) to LANCE DELARIVA.

9. Such further orders as the court may deem just and proper.

Dated: Sept 22, 2011

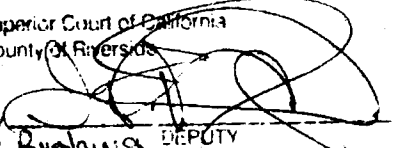
  
\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

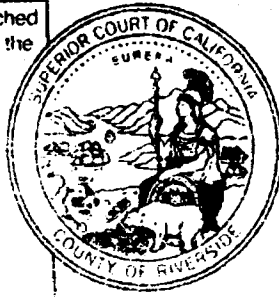


This must be in red to be a  
"CERTIFIED COPY"

Each document to which this certificate is attached  
is certified to be a full, true and correct copy of the  
original on file and of record in my office.

Superior Court of California  
County of Riverside

By:   
C. Rushing DEPUTY  
Dated: 9-22-11



Certification must be in red to be a  
"CERTIFIED COPY"



2911-0429372  
09/23/2011 11:11 AM  
13 of 13

**CERTIFICATION OF VITAL RECORD**

# COUNTY OF RIVERSIDE

## RIVERSIDE, CALIFORNIA

**CERTIFICATE OF DEATH**

3200733007838

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>JOSE</b>		3. LAST (Family) <b>DE LA RIVA</b>	
2. MIDDLE <b>CHAVEZ</b>		AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)	
4. DATE OF BIRTH mm/dd/yyyy <b>10/19/1944</b>		5. AGE Yrs. <b>62</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		10. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
13. EDUCATION — Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>MEXICAN AMERICAN</b>	
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		7. DATE OF DEATH mm/dd/yyyy <b>07/29/2007</b>	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>SUPERINTENDENT</b>		18. YEARS IN OCCUPATION <b>36</b>	
19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CITY WATER</b>		20. DECEDENT'S RESIDENCE (Street and number or location) <b>43-656 TOWNE ST.</b>	
21. CITY <b>INDIO</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>	
23. ZIP CODE <b>92201</b>		24. YEARS IN COUNTY <b>62</b>	
25. STATE/FOREIGN COUNTRY <b>CA.</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>JOE CONRAD DE LA RIVA, SON</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>53-380 AVENIDA RAMIREZ, LA QUINTA, CA 92253</b>		28. NAME OF SURVIVING SPOUSE — FIRST <b>MYRNA</b>	
29. MIDDLE <b>GLORIA</b>		30. LAST (Maiden Name) <b>MESTAS</b>	
31. NAME OF FATHER — FIRST <b>LUIS</b>		32. MIDDLE <b>-</b>	
33. LAST <b>DE LA RIVA</b>		34. BIRTH STATE <b>MX.</b>	
35. NAME OF MOTHER — FIRST <b>LUCY</b>		36. MIDDLE <b>-</b>	
37. LAST (Maiden) <b>CHAVEZ</b>		38. BIRTH STATE <b>TX.</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>08/06/2007</b>		40. PLACE OF FINAL DISPOSITION <b>COACHELLA VALLEY CEMETERY 82-925 AVE. 52, COACHELLA, CA 92236</b>	
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>		42. SIGNATURE OF EMBALMER <b>PHILIP MOCSI</b>	
43. LICENSE NUMBER <b>EMB8459</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>FITZHENRY FUNERAL HOME</b>	
45. LICENSE NUMBER <b>FD967</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ERIC K. FRYKMAN, M.D.</b>	
47. DATE mm/dd/yyyy <b>08/03/2007</b>		101. PLACE OF DEATH <b>JOHN F. KENNEDY MEMORIAL HOSPITAL</b>	
102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>47-111 MONROE ST.</b>	
106. CITY <b>INDIO</b>		107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIOPULMONARY ARREST</b> <b>(B) MYOCARDIAL INFARCTION</b> <b>(C) CORONARY ARTERY DISEASE</b>	
108. DEATH REPORTED TO CORONER? Time Interval Between Chest and Death: (A) MIN. <b>2007-05339</b>		109. BIOPSY PERFORMED? (B) YRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) YRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSION, HYPERLIPIDEMIA</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: <b>04/25/1994</b> Decedent Last Seen Alive: <b>10/30/2006</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>JANET M. KERRIGAN, D.O.</b>	
116. LICENSE NUMBER <b>20A5654</b>		117. DATE mm/dd/yyyy <b>08/03/2007</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JANET M. KERRIGAN, D.O. 42-575 WASHINGTON ST., PALM DESERT, CA 92260</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C
	D	E	
FAX AUTH. #		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

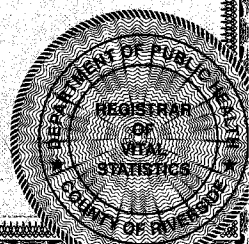
**Aug 10, 2007**

Eric Frykman, M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

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



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
AFFIDAVIT TO AMEND A RECORD

3200733007838

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

1.1

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

Form with fields for Name (JOSE CHAVEZ DE LA RIVA), Sex (M), Date of Event (07/29/2007), City of Occurrence (INDIO), County of Occurrence (RIVERSIDE), and Parent Names (LUIS - DE LA RIVA, LUCY - CHAVEZ).

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Row 1: 10, UNKNOWN, [REDACTED].

REASON FOR CORRECTION 13. TO CORRECT THE RECORD

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Signature section with fields for Signer Name, Title, Date, and Address. Includes signatures of Martha Alvarez and Wendy Anderson, and Eric K. Frykman, M.D.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS 24(1) (REV. 1/05) 022007000059242 1.1

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

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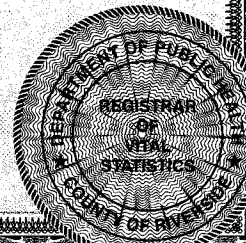
Eric Frykman, M.D., Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



DATE ISSUED

Aug 10, 2007

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



NATHAN T. MCINTYRE  
11230 ARMOUR AVE  
BEAUMONT, CA 92223

DOC # 2012-0219485  
05/11/2012 04:13P Fee:15.00  
Page 1 of 1 Doc T Tax Paid  
Recorded in Official Records  
County of Riverside  
Larry W. Ward  
Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NO SMF						T:	CTY	UNI	026

TRA 012-023

Doc. Trans. Tax - computed on full value of property conveyed \$ 23.10

Don Kent, Tax Collector

*Don Kent*  
Signature of Declarant

15

**TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY**

C  
026

On which the legally levied taxes were a lien for Fiscal Year 2005-2006  
and for nonpayment were duly declared to be in default 2006-765163005-0000  
Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and  
NATHAN T. MCINTYRE, A MARRIED MAN

("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing  
before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real  
property described herein which the SELLER sold to the PURCHASER at a public auction held on MARCH 20, 2012  
pursuant to a statutory power of sale in accordance with the provisions of Division 1, Part 6,  
Chapter 7, Revenue and Taxation Code, for the sum of \$21,000.00  
NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real  
property situated in said county, State of California, last assessed to  
DELARIVA, DOMONIC & CONRAD & LANCE, described as follows: 768392005-8  
Assessor's Parcel Number

IN THE CITY OF COACHELLA  
LOT 63 OF ABDELNOUR SUBDIVISION IN THE CITY OF COACHELLA, AS SHOWN BY MAP ON FILE IN BOOK 21, PAGE 19 OF  
MAPS, RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

State of California Executed on  
County of Riverside MARCH 20, 2012 By Don Kent  
Tax Collector

On May 5, 2011, before me, Larry W. Ward, Assessor, Clerk-Recorder, personally appeared Don Kent, Treasurer and Tax Collector for  
Riverside County, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and  
acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity  
upon behalf of which the person 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.  
Larry W. Ward, Assessor, Clerk Recorder

By: Larry W. Ward Seal  
Deputy



**CALIFORNIA** DRIVER LICENSE



DL [REDACTED]  
EXP 03/16/2018

CLASS C  
END NONE

LN RIVA  
FN DOMONIC FELIX DE LA  
88917 RIO GRANDE  
INDIO, CA 92201

DOB 03/16/1971  
RSTR NONE

03161871

*Domonic Riva*

SEX M HAIR BRN EYES BRN  
HGT 5-06 WGT 228 lb  
ISS 03/20/2013  
ID 03/20/2013 04/08/2014



AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby make MM Network Recovery Assets my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 768392005-8 sold at public auction on March 20, 2012. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$8,128.00, and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Joe Conrad Delariva
(Signature of Party of Interest)

Joe Conrad Delariva
(Name Printed)
43,656 Towne Street #1
(Address)
Indio, CA 92201-2456
(City/State/Zip)
(760) 698-5187
(Area Code/Telephone Number)

STATE OF CALIFORNIA )ss.
COUNTY OF Riverside )

On May 10, 2013, before me, Diana E. Hernandez Notary Public, personally appeared Joe Conrad De La Riva, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

(Signature of Notary)



(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

(Signature of Agent)

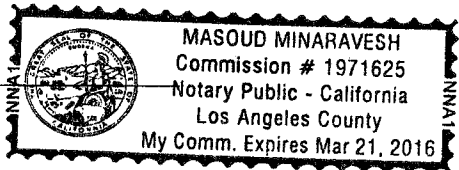
MM Network Recovery Assets
(Name Printed)
P.O. Box 91609
(Address)
Los Angeles, CA 90009
(City/State/Zip)

STATE OF CALIFORNIA )ss.
COUNTY OF LOS ANGELES )

On May 13, 2013, before me, the undersigned, a Notary Public in and for said State, personally appeared Mariza Mendoza, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary)



(This area for official seal)



RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

BRIAN M. LEWIS  
44-700 Village Court, Suite 100  
Palm Desert, CA 92260

**DOC # 2011-0429372**  
09/28/2011

**Customer Copy Label**

The paper to which this label is  
affixed has not been compared  
with the recorded document

**Larry W Ward**  
County of Riverside  
Assessor, County Clerk & Recorder

Space above this line for Recorder's Use

**ORDER APPROVING FIRST AND FINAL ACCOUNT AND REPORT OF  
ADMINISTRATORS; ORDER FOR ALLOWANCE OF COMPENSATION TO ATTORNEY  
FOR ADMINISTRATORS FOR ORDINARY AND EXTRAORDINARY SERVICES AND  
ORDER FOR FINAL DISTRIBUTION**

**ESTATE OF JOSE C. DELARIVA aka**

**JOE DE LA RIVA**

**APN: 768-392-005**

This page added to provide adequate space for recording information

(\$3.00 additional recording fee applies)

1 BRIAN M. LEWIS, Bar No. 124025  
2 44-700 Village Court, Suite 100  
3 Palm Desert, California 92260  
4 Telephone: (760) 568-9200  
5 Telecopier: (760) 568-9211

6 Attorney for Petitioners  
7 DOMONIC DELARIVA and ROMAN DELARIVA

**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE

SEP 22 2011



G. RUSHING

8  
9 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
10 COUNTY OF RIVERSIDE  
11 DESERT REGION

12  
13 In the Matter of the Estate of  
14 JOSE C. DELARIVA, aka JOSE  
15 DELARIVA, JOE C. DELARIVA  
16 And JOE DELARIVA,  
17 Decedent.

Case No. INP 021656  
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ALLOWANCE OF COMPENSATION TO  
ATTORNEY FOR ADMINISTRATORS  
FOR ORDINARY AND EXTRAORDINARY  
SERVICES AND ORDER FOR FINAL  
DISTRIBUTION [Probate Code Sections  
10810, 11640, et. seq.]

Date: September 22, 2011  
Time: 8:45 a.m.  
Place: PS1

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23  
24 Petitioner, ROMAN DELARIVA, as one of the Administrators of the Estate of Jose  
25 C. DeLaRiva, having filed his first and final report and petition for distribution, and the  
26 report and petition coming on regularly for hearing on July 14, 2011, before the  
27 Honorable James A. Cox, judge presiding, the Court finds that:

- 1           1.     Notice of Hearing. Notice of the hearing of the petition has been given as  
2 prescribed by law.
- 3           2.     Petition True. All allegations of the petition for final distribution are true.
- 4           3.     Date of Death and Domicile. Jose DeLaRiva died intestate on July 29,  
5 2007, in Indio, California, and was a resident of the County of Riverside, State of  
6 California, at the time of his death.
- 7           4.     Letters of Administration. Decedent died intestate. DOMONIC DELARIVA  
8 and ROMAN DELARIVA were appointed Administrators of the Decedent's Estate on  
9 March 14, 2008, and Letters of Administration were duly issued to DOMONIC  
10 DELARIVA and ROMAN DELARIVA on March 14, 2008.
- 11          5.     Authority Granted Under IAEA. On March 14, 2008, the Court granted the  
12 Administrators full authority to administer the Estate without court supervision under the  
13 Independent Administration of Estates Act. This authority has not been revoked.
- 14          6.     Compliance with Probate Code Section 9202. The Administrators served  
15 notice on the California Department of Health Services in accordance with Probate Code  
16 Section 9202(a); however, the Decedent did not receive and was not the surviving  
17 spouse of a person who received any Medi-Cal benefits. In addition, the Administrators  
18 know of no heir that is confined in a prison or facility under the jurisdiction of the  
19 Department of Corrections or the Department of Youth Authority or confined in any  
20 county or city jail, road camp, industrial farm or other local correctional facility to which  
21 notice is required under Probate Code Section 9202(b); therefore, no notice is required  
22 to be given to the Director of the California Victim Compensation and Government  
23 Claims Board.
- 24           The notice required by Probate Code Section 9202(c) was not served on the  
25 Franchise Tax Board as the Letters of Administration were issued prior to July 1, 2008.
- 26          7.     Passage of Time Since Issuance of Letters of Administration. More than  
27 four (4) months have elapsed since the issuance of Letters of Administration to the  
28

1 appointed Administrators, DOMONIC DELARIVA and ROMAN DELARIVA. The time for  
2 filing creditor's claims has expired.

3 8. Request for Special Notice. The following person has filed a Request for  
4 Special Notice in this estate.

5 Alan K. Nicolette, Esq.  
6 NORDSTROM, STEELE, NICOLETTE AND BLYTHE  
7 17542 E. 17<sup>th</sup> Street, #250  
8 Tustin, CA 92780-1976

9 9. Status of Estate. The Administrators performed all required duties as  
10 Administrators of the Estate. All costs of administration incurred to date, including costs  
11 of publication, have been paid, except compensation to the attorney for the Estate for  
12 both ordinary and extraordinary services. The Estate is in a condition to be closed.

13 10. Inventory and Appraisal. The following Inventory and Appraisal has been  
14 filed with the Court:

<u>Date</u>	<u>Type</u>	<u>Amount</u>
06/11/08	Final Inventory and Appraisal	\$190,591.16

16 The Administrators allege that such inventory totaling \$190,591.16 contains all the  
17 assets of the Estate that have come to Administrators' knowledge or into their  
18 possession.

19 11. Character of Estate Property. The Estate consists entirely of the  
20 Decedent's separate property.

21 12. Deceased Spouse. Myrna DeLaRiva, the spouse of the Decedent, died on  
22 August 16, 2007.

23 13. Commingling of Funds. Since Myrna DeLaRiva, the Decedent's spouse  
24 died approximately two weeks after this Decedent, and because the Administrators  
25 misunderstood the importance of maintaining a separate bank account for each Estate,  
26 there was a commingling of funds between the two (2) estates. The accounting filed in  
27

28

1 this Estate, as well as the accounting filed in the Estate of Myrna DeLaRiva, Case No.  
2 INP 021655, indicate the expenses and receipts attributable to each estate.

3 14. Family or Affiliate Relationship. During the period covered by this report,  
4 the Administrators did not hire any agent who had a family or affiliate relationship with  
5 the Administrators with regard to administration issues; however, the Administrators did  
6 hire Conrad DeLaRiva, brother of the Administrators, with regard to the repair work for  
7 the residence of the Decedent's deceased spouse (which residence is an asset of the  
8 Estate of Myrna DeLaRiva) which payments are set forth in the attached accounting.

9 15. Independent Action Taken Without Court Supervision. During the  
10 administration of the estate, the Administrators did not take any actions without court  
11 supervision.

12 16. Creditor's Claims. The following claims have been properly filed with the  
13 Court and served on the Estate but have not been allowed:

<u>Claimant</u>	<u>Date Filed</u>	<u>Amt Claimed</u>	<u>Nature of Claim</u>	<u>Status of Claim</u>
D. DeLaRiva	06/13/08	\$ 7,580.11	Funeral Expenses	Paid
Maria Correa	07/11/08	\$100,000.00	Dog Bite	Rejected

17 An Allowance or Rejection of Creditor's Claim was properly served on Maria Correa and  
18 litigation was then commenced in the matter of Maria Correa v. Estate of Jose C.  
19 DeLaRiva, deceased; Estate of Myrna M. DeLaRiva, deceased; Domic Felix  
20 DeLaRiva; Roman DeLaRiva, Lance Derek DeLaRiva and Does I through 50, Riverside  
21 Superior Court, Indio Branch, Case No. INC 078763. Settlement has now been reached  
22 in this matter whereby the Administrators paid the sum of \$29,950.00 as set forth in the  
23 accounting filed in the Estate of Jose DeLaRiva. There are no other rejected claims and  
24 no other claims have been filed with the Court.

25 17. All Debts Paid. The Estate is solvent and the Administrators have paid all  
26 debts of the Decedent and the Estate, except closing expenses and statutory and  
27 extraordinary attorney's fees.

28

1           18. Referee's Fee. The Probate Referee's fee in the amount of \$224.50 has  
2 been paid in full.

3           19. Taxes Paid. All personal property taxes and all California and federal  
4 income taxes due and payable by said Estate have been paid. No California estate tax  
5 is due because no federal estate tax return has been or will be filed in which a state  
6 death tax credit will apply for California property. No federal estate taxes are due.

7           20. 19513 Certificate. A certificate of the California Franchise Tax Board  
8 required by Revenue and Taxation Code Section 19513 does not have to be filed,  
9 because the assets of the Estate did not exceed \$1,000,000 at the Decedent's date of  
10 death and no assets are distributable to nonresident beneficiaries.

11           21. Statutory Fees. The statutory attorneys' fees are 6,717.73, and is  
12 computed as follows:

13	Inventory and Appraisal		<u>\$190,591.16</u>
14	Fee Base		\$190,591.16
15	Fee Calculation		
16	Fee on first	\$ 100,000.00 at 4%	4,000.00
17	Fee on the next	\$ 90,591.16 at 3%	<u>2,717.73</u>
18		\$ 190,591.16	\$ 6,717.73

19           22. Waiver of Statutory Compensation. The Administrators waived their fees  
20 for statutory services and the Waivers of Right to Compensation are on file with the  
21 Court.

22           23. Compensation for Extraordinary Services by Attorney. Brian M. Lewis,  
23 attorney for the Administrators, rendered extraordinary services to the estate which are  
24 described in the Declaration in Support of Extraordinary Attorney's Compensation on file  
25 with this Court and should be allowed the sum of \$1,550.00, which amount has not been  
26 paid.

27           24. Payment of Attorney's Fees For the Estate of Myrna DeLaRiva. Due to the  
28 commingling of assets between the Estates of Jose DeLaRiva and Myrna DeLaRiva, the

1 Administrators request that the attorney's fees due from the Estate of Myrna DeLaRiva  
2 be paid from the monies held in the Estate of Jose DeLaRiva.

3 25. Apartment Building. The Administrators did not receive any rent for the  
4 apartment building during the period of this account and report as the apartment building  
5 is not in a rentable condition.

6 26. Reserves for Closing Expenses. The Administrators request authorization  
7 to withhold \$400.00 for closing expenses applicable to both the Estate of Jose DeLaRiva  
8 and the Estate of Myrna DeLaRiva.

9 27. Names and Residences of Beneficiaries and Heirs. The following persons  
10 are the beneficiaries and/or heirs of the Decedent:

<u>Name and Relationship</u>	<u>Age</u>	<u>Address</u>
Roman DeLaRiva Son Beneficiary Administrator	Over 18	83156 Caribe Indio, CA 92201
Domonic DeLaRiva Son Beneficiary Administrator	Over 18	80917 Rio Grande Avenue Indio, CA 92201
Conrad DeLaRiva Son Beneficiary	Over 18	43-656 Towne Street Indio, CA 92201
Lance DeLaRiva Son Beneficiary	Over 18	40-204 Podova Drive Indio, CA 92203

21 28. Prior Distributions. No prior distributions have been made.

22 29. Settlement Agreement and Release of All Claims. An Order Approving  
23 Reallocation and Settlement Agreement was entered by this Court on September 14,  
24 2009, whereby the Court approved a Settlement Agreement and Release of All Claims  
25 ("Settlement Agreement") entered into by and among the Administrators of the Estate of  
26 Myrna DeLaRiva and the Estate of Jose DeLaRiva and all of the beneficiaries of the  
27 Estates, a copy of which Settlement Agreement is on file with this Court. In accordance  
28

1 with the terms of the Settlement Agreement, Lance DeLaRiva has agreed to cause the  
2 Estates of Jose DeLaRiva and Myrna DeLaRiva to specifically allocate \$43,020.25 of the  
3 CalPERS Benefits equally among CONRAD DELARIVA, DOMONIC DELARIVA and  
4 ROMAN DELARIVA.

5 30. Allocation of Monies Paid Under Settlement Agreement. As stated in  
6 Paragraph 16, above, the litigation entitled Maria Correa v. Estate of Jose C. DeLaRiva,  
7 deceased; Estate of Myrna M. DeLaRiva, deceased; Domonic Felix DeLaRiva; Roman  
8 DeLaRiva, Lance Derek DeLaRiva and Does I through 50, Riverside Superior Court,  
9 Indio Branch, Case No. INC 078763, settled for the sum of \$29,950.00. In addition,  
10 attorney's fees were paid to the law offices of Matt Morris in the sum of \$11,878.81  
11 (whether out of the Estate of Jose DeLaRiva or the Estate of Myrna DeLaRiva) for their  
12 services with regard to the litigation matter. The above-referenced litigation came about  
13 as the result of a dog bite which incident occurred following the death of Jose DeLaRiva  
14 and his wife, Myrna DeLaRiva. Therefore, the Administrators believe that because this  
15 incident occurred following the death of both Mr. and Mrs. DeLaRiva, the settlement  
16 monies and the attorney's fees are not an obligation of either estate but an obligation of  
17 Domonic DeLaRiva and Lance DeLaRiva, the two individuals responsible for the dog  
18 and consequently the sum of \$20,914.40 should be deducted from Domonic DeLaRiva's  
19 share of this Estate and the sum of \$20,914.41 should be deducted from Lance  
20 DeLaRiva's share of this Estate; however, in accordance with the Declaration of  
21 Domonic DeLaRiva, Roman DeLaRiva, Conrad DeLaRiva and Lance DeLaRiva on file  
22 this Court such amounts shall be deducted from their share of the distribution to which  
23 they are entitled in the Estate of Myrna DeLaRiva.

24 31. Advances to Conrad DeLaRiva and Domonic DeLaRiva. Due to their  
25 financial situation, it was necessary for Conrad DeLaRiva to receive an advance of  
26 \$600.00 from the Estate of Jose DeLaRiva and for Domonic DeLaRiva to receive  
27 advances of \$9,018.14 all as particularly set forth in the accounting on file in this matter.  
28 Such advances shall be deducted from their share of the distribution due to them for the



1 Estate of Myrna DeLaRiva in accordance with the Declaration of Domonic DeLaRiva,  
2 Roman DeLaRiva, Conrad DeLaRiva and Lance DeLaRiva on file this Court.

3 32. Estate Assets. The assets on hand available for distribution are as follows:

4  
5 A. Rabobank  
Account No. 1082612 \$ 21,449.91

6 B. That certain real property situate in the  
7 City of Coachella, County of Riverside,  
8 State of California, more particularly  
described as follows:

9 Lot 63 of Abdelhour Subdivision, as  
shown by Map on file in Book 21, page  
10 19 of Maps, Riverside County Records.

11 Subject to:

12 Conditions, restrictions, reservations,  
13 covenants, easements, rights and rights  
of way of record.

14 More commonly known as:

15 52390 Calle Avila  
Coachella, CA

16 Assessor's Parcel No. 768-392-005 \$170,000.00

17 TOTAL ASSETS ON HAND  
18 as of March 31, 2011 \$191,449.91

19 33. Gift/Transfer by Roman DeLaRiva. Roman DeLaRiva, the son of the  
20 decedent and beneficiary of the Estate, has gifted/transferred any and all right, title and  
21 interest to any and all assets of the decedent's Estate equally to his brothers.

22 34. Proposed Schedule of Distribution. Since the Decedent died intestate, the  
23 Estate is distributable under the rules of intestate succession. Therefore, the property of  
24 the Estate, together with any other property of the decedent not now known or  
25 discovered, should be distributed as follows:

- 26 A. One-third (1/3<sup>rd</sup>) to DOMONIC DELARIVA;  
27 B. One-third (1/3<sup>rd</sup>) to CONRAD DELARIVA; and  
28 C. One-third (1/3<sup>rd</sup>) to LANCE DELARIVA.

1           4.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
2 their attorney, the sum of \$6,717.73 as statutory compensation for services to Petitioners  
3 and to the Estate of Jose DeLaRiva;

4           5.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
5 their attorney, the sum of \$1,550.00 for extraordinary compensation for services to  
6 Petitioners and to the Estate of Jose DeLaRiva

7           6.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
8 their attorney, the sum of \$7,547.12 as statutory compensation for services to Petitioners  
9 and to the Estate of Myrna DeLaRiva;

10          7.     That the Administrators be authorized and directed to pay Brian M. Lewis,  
11 their attorney, the sum of \$3,826.00 for extraordinary compensation for services to  
12 Petitioners and to the Estate of Myrna DeLaRiva;

13          8.     That the Administrators be authorized to retain \$400.00 in cash for closing  
14 expenses of administration applicable to both the Estate of Jose DeLaRiva and the  
15 Estate of Myrna DeLaRiva, and to deliver the unused part to the beneficiaries of the  
16 estate, as set forth in the petition, without further order; after the closing expenses have  
17 been paid;

18          9.     That distribution of the Decedent's Estate in the hands of the  
19 Administrators and any other property of the Decedent and or the Estate not now known  
20 or discovered shall be made as follows:

21                   That certain real property situate in the  
22                   City of Coachella, County of Riverside,  
23                   State of California, more particularly  
                    described as follows:

24                   Lot 63 of Abdelhour Subdivision, as  
25                   shown by Map on file in Book 21, page  
                    19 of Maps, Riverside County Records.

26                   Subject to:

27                   Conditions, restrictions, reservations,  
28                   covenants, easements, rights and rights  
                    of way of record.

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More commonly known as:  
52390 Calle Avila  
Coachella, CA  
Assessor's Parcel No. 768-392-005

shall be distributed as follows:

- A. One-third (1/3<sup>rd</sup>) to DOMONIC DELARIVA;
- B. One-third (1/3<sup>rd</sup>) to CONRAD DELARIVA; and
- C. One-third (1/3<sup>rd</sup>) to LANCE DELARIVA.

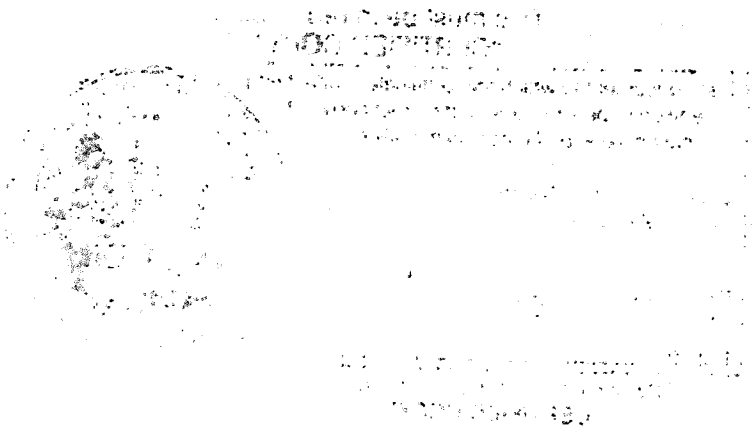
The remaining assets of the estate and not now known or later discovered assets shall be distributed as follows:

- A. One-third (1/3<sup>rd</sup>) to DOMONIC DELARIVA;
- B. One-third (1/3<sup>rd</sup>) to CONRAD DELARIVA; and
- C. One-third (1/3<sup>rd</sup>) to LANCE DELARIVA.

9. Such further orders as the court may deem just and proper.

Dated: Sept 22, 2011

  
\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT



COUNTY OF RIVERSIDE  
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200733007838

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		3. LAST (Family)	
JOSE		DE LA RIVA	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
CHAVEZ		10/19/1944	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs	
		62	
9. BIRTH STATE/FOREIGN COUNTRY		12. MARITAL STATUS (at Time of Death)	
CALIFORNIA		MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH mm/dd/yyyy	
UNKNOWN		07/29/2007	
11. EVER IN U.S. ARMED FORCES?		8. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		2234	
13. EDUCATION -- Highest Level/Degree (see worksheet on back)		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE		CAUCASIAN	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MEXICAN AMERICAN	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
CITY WATER		36	
20. DECEDENT'S RESIDENCE (Street and number or location)			
43-656 TOWNE ST.			
21. CITY			
INDIO			
22. COUNTY/PROVINCE			
RIVERSIDE			
23. ZIP CODE			
92201			
24. YEARS IN COUNTY			
62			
25. STATE/FOREIGN COUNTRY			
CA.			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
JOE CONRAD DE LA RIVA, SON		53-380 AVENIDA RAMIREZ, LA QUINTA, CA 92253	
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE	
MYRNA		GLORIA	
30. LAST (Maiden Name)		31. NAME OF FATHER -- FIRST	
MESTAS		LUIS	
32. MIDDLE		33. LAST	
		DE LA RIVA	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST	
MX.		LUCY	
36. MIDDLE		37. LAST (Maiden)	
		CHAVEZ	
38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy	
TX.		08/06/2007	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
COACHELLA VALLEY CEMETERY		BURIAL	
82-925 AVE. 52, COACHELLA, CA 92236		42. SIGNATURE OF EMBALMER	
		PHILIP MOCSI	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
EMB8459		FITZHENRY FUNERAL HOME	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD967		ERIC K. FRYKMAN, M.D.	
47. DATE mm/dd/yyyy		48. IF HOSPITAL, SPECIFY ONE	
08/03/2007		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ERVOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
JOHN F. KENNEDY MEMORIAL HOSPITAL		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ERVOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
RIVERSIDE		47-111 MONROE ST.	
106. CITY		107. CAUSE OF DEATH	
INDIO		Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE.	
109. BIOPSY PERFORMED?		110. AUTOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HYPERTENSION, HYPERLIPEMIA	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		113A. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since: 04/25/1994 Decedent Last Seen Alive: 10/30/2006		JANET M. KERRIGAN, D.O.	
116. LICENSE NUMBER: 20A5654		117. DATE: 08/03/2007	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
JANET M. KERRIGAN, D.O.		MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
42-575 WASHINGTON ST., PALM DESERT, CA 92260		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF REGISTRAR	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

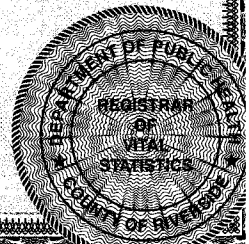
STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED

Aug 10, 2007

Eric Frykman, M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA



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

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

3200733007838

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

1.1

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

Form with fields: 1. NAME—FIRST (GIVEN) JOSE, 2. MIDDLE CHAVEZ, 3. LAST (FAMILY) DE LA RIVA, 4. SEX M, 5. DATE OF EVENT—MM/DD/CCYY 07/29/2007, 6. CITY OF OCCURRENCE INDIO, 7. COUNTY OF OCCURRENCE RIVERSIDE, 8. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL LUIS - DE LA RIVA, 9. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL LUCY - CHAVEZ

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Row 1: 10, UNKNOWN, [REDACTED]

REASON FOR CORRECTION 13. TO CORRECT THE RECORD

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Form with fields for signatures and titles: 14. SIGNATURE OF FIRST PERSON, 15. TITLE/RELATIONSHIP TO PERSON IN PART I, 16. DATE SIGNED—MM/DD/CCYY, 17. AGE, 18. ADDRESS (STREET, CITY, STATE, ZIP), 19. SIGNATURE OF SECOND PERSON, 20. TITLE/RELATIONSHIP TO PERSON IN PART I, 21. DATE SIGNED—MM/DD/CCYY, 22. AGE, 23. ADDRESS (STREET, CITY, STATE, ZIP), 24. SIGNATURE OF STATE OR LOCAL REGISTRAR, 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY

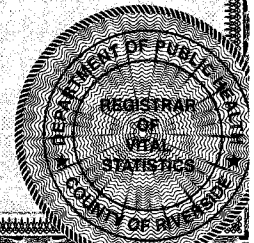
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS VS 24(1), (REV. 1/05) "022007000059242" 1.1

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED Aug 10, 2007 Eric Frykman, M.D., Local Registrar RIVERSIDE COUNTY, CALIFORNIA



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

Statement:

I, Joe Conrad De La Riva am the same person as Conrad De La Riva who is listed as one of the sons of Jose (Joe) C. De La Riva on page 6 and page 9 of Document # 2011-0429372 ORDER APPROVING FIRST AND FINAL ACCOUNT AND REPORT OF ADMINISTRATORS; ORDER FOR ALLOWANCE OF COMPENSATION TO ATTORNEY FOR ADMINISTRATORS FOR ORDINARY AND EXTRAORDINARY SERVICES AND ORDER FOR FINAL DISTRIBUTION - ESTATE OF JOSE C. DELARIVA aka JOE DE LA RIVA - APN: 768-392-005

*Joe C. De La Riva*  
(Signature of Party of Interest)

Joe Conrad DeLaRiva  
(Name Printed)

43,656 Towne Street #1  
(Address)

STATE OF CALIFORNIA )ss.  
COUNTY OF Riverside

Indio, CA 92201-2456  
(City/State/Zip)

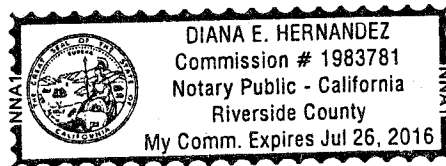
760-698-1805  
(Area Code/Telephone Number)

On Oct. 6, 2014, before me *Diana E. Hernandez*, <sup>Notary Public</sup> personally appeared Joe Conrad De La Riva, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or entity upon behalf of which the person 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.

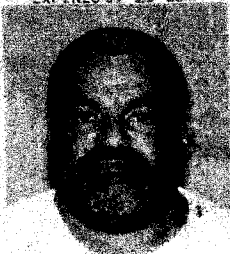

WITNESS my hand and official seal

*Diana E. Hernandez*



(This area for official seal)

**DMV CALIFORNIA DMV**  
**IDENTIFICATION CARD**  
EXPIRES 09-23-13

JOE CONRAD DE LA RIVA  
51315 AVENIDA VALLEJO  
LA QUINTA CA 92253

SEX: M    HAIR: BLK    EYES: BRN  
HT: 5-04    WT: 200    DOB: 09-23-65

*Joe C. De la Riva*

09/04/2008 578 CS FD/13

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

# CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

## BUSINESS TAX

ISSUED: 3/19/2012

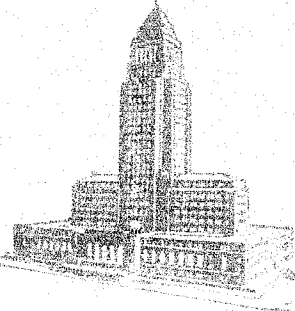
ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002190138-0002-4	L044	Retail Sales	01/20/2012	Active

ISSUED TO

MARIZA MENDOZA

8820 LILIENTHAL AVENUE  
LOS ANGELES, CA 90045-4213

8820 LILIENTHAL AVENUE  
LOS ANGELES, CA 90045-4213



ISSUED BY:

*Antoinette D. Christensen*

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS  
FORM 2000 (rev. 6/01)

P.O. BOX 53200, LOS ANGELES CA 90053-0200

IMPORTANT - READ REVERSE SIDE



YOUR RETURN MAILING ADDRESS

NAME: MARIZA MENDOZA  
ADDRESS: 8820 Lilienthal Ave  
CITY: Los Angeles STATE: CA ZIP CODE: 90045

2011 147451



FILED  
Dec 13 2011

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by JUANITA CARPENTER

### FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)  New Filings- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
- Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
- \$5.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

\* 1. MM Network Recovery Assets 2. \_\_\_\_\_  
Print Fictitious Business Name(s)

\*\* 8820 Lilienthal Ave  
Street address of principal place of business

<u>LA</u>	<u>CA</u>	<u>90045</u>				
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>COUNTY</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Mailing address if different

Articles of Incorporation or Organization Number (if applicable): AI #ON \_\_\_\_\_

\*\*\* REGISTERED OWNER(S):

1. <u>MARIZA MENDOZA</u> <small>Full Name/Corp/LLC (P.O. Box not accepted)</small> <u>8820 Lilienthal Ave</u> <small>Residence Address</small> <u>LA CA 90045</u> <small>City State Zip</small>	2. _____ <small>Full Name/Corp/LLC (P.O. Box not accepted)</small> _____ <small>Residence Address</small> _____ <small>City State Zip</small>
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If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

3. _____ <small>Full Name/Corp/LLC (P.O. Box not accepted)</small> _____ <small>Residence Address</small> _____ <small>City State Zip</small>	4. _____ <small>Full Name/Corp/LLC (P.O. Box not accepted)</small> _____ <small>Residence Address</small> _____ <small>City State Zip</small>
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If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

\*\*\*\* THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual  a General Partnership  a Limited Partnership  a Limited Liability Company
- an Unincorporated Association other than a Partnership  a Corporation  a Trust  Copartners
- Husband and Wife  Joint Venture  State or Local Registered Domestic Partners  a Limited Liability Partnership

\*\*\*\*\* The registrant commenced to transact business under the fictitious business name or names listed above on \_\_\_\_\_  
(insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.  
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANT/CORP/LLC NAME (PRINT) MARIZA MENDOZA TITLE OWNER

REGISTRANT SIGNATURE [Signature] IF CORP OR LLC, PRINT NAME \_\_\_\_\_

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

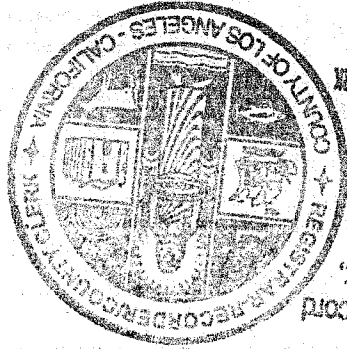
This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.  
NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

BY: \_\_\_\_\_ Deputy



**DUNCAN**  
REGISTRAR-RECORDER/COUNTY CLERK  
LOS ANGELES COUNTY, CALIFORNIA

DEC 18 1 2011

This is a true and certified copy of the record  
if it bears the seal, imprinted in purple ink,  
of the Registrar-Recorder/County Clerk