

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS 7/22/15
 DATE

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

761A



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:
 JUL 22 2015

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 192, Item 1094. Last assessed to: William Assaad and Samira Assaad, Trustees of the Assaad Trust. District 4 [\$1,126] Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from William Anis Assaad, Trustee, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 743260004-8;
- (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)

Don Kent

Don Kent
 Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 1,126	\$ 0	\$ 1,126	\$ 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: Samuel Wong 8/10/15
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington and Benoit
Nays: None
Absent: Ashley
Date: August 18, 2015
xc: Treasurer, Auditor

Kecia Harper-Ihem,
 Clerk of the Board
 By: Cecilia Irl
 Deputy

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

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

9-12

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 1094. Last assessed to: William Assaad and Samira Assaad, Trustees of the Assaad Trust. District 4 [\$1,126] Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUL 22 2015

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to William Anis Assaad, Trustee in the amount of \$1,126.11, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

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

1. Claim from William Anis Assaad, Trustee based on a Quitclaim Deed recorded March 29, 1999 as Instrument No. 129001.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that William Anis Assaad, Trustee be awarded excess proceeds in the amount of \$1,126.11. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Citizens and Businesses

Excess proceeds are being released to the last assessee of the property.

ATTACHMENTS (if needed, in this order):

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

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 192 Item 1094 Assessment No.: 743260004-8

Assessee: ASSAAD, WILLIAM TR & SAMIRA TR

Situs:

Date Sold: March 20, 2012

Date Deed to Purchaser Recorded: May 11, 2012

Final Date to Submit Claim: May 13, 2013

RECEIVED
2012 JUN 19 AM 6:42
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ _____ from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached 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 _____ day of _____, 20__ at _____ County, State

William A. Assaad TR
Signature of Claimant

Signature of Claimant

William ANIS ASSAAD TR
Print Name

SAMIRA ASSAAD X PASS
Print Name

Street Address  Mr. William A. Assaad
10171 Geraldine Rd.
Garden Grove, CA 92840

4,30 2004
Street Address

City, State, Zip
949 231.8004
Phone Number

City, State, Zip

Phone Number

714,534,6711

AO

X 129001

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:
William Assaad and Samira Assaad
25511 Rue Chanson
Laguna Niguel, CA 92677 E X

RECEIVED FOR RECORD
AT 8:00AM

X MAR 29 1999

Recorded in Official Records
of Riverside County, California
Recorder
Fees \$ 6

MAIL TAX STATEMENT TO:
William Assaad and Samira Assaad, Trustees
25511 Rue Chanson
Laguna Niguel, CA 92677 X

QUITCLAIM DEED X

APN: 743260004-8 ✓

M
AG
6
AG

The undersigned Grantors declare:
Documentary Transfer Tax is \$ NONE
_____ computed on full value of property conveyed, or
_____ computed on full value less liens or encumbrances remaining at time of sale.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, WILLIAM A. ASSAAD, a married man, does hereby REMISE, RELEASE AND FOREVER QUITCLAIM to WILLIAM ASSAAD and SAMIRA ASSAAD, Trustees of the ASSAAD TRUST, all their interest in the real property situated in the County of Riverside, State of California described as follows: X

The South 1/3 of the North 3/5 of the West 1/2 of the Southwest 1/4 of the Southeast 1/4 of the Northwest 1/4 of the Southeast 1/4 of Section 11, Township 4 South, Range 8 East, San Bernardino Base and Meridian.

This conveyance is to the ASSAAD TRUST, by WILLIAM ASSAAD and SAMIRA ASSAAD who are the Settlers and Beneficiaries, which is not pursuant to a sale, and is exempt pursuant to R&T Code §62.

Dated: Feb 18 1999

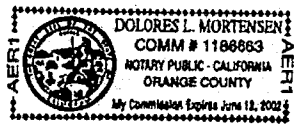
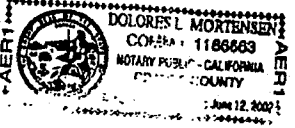
William A. Assaad
WILLIAM A. ASSAAD

STATE OF CALIFORNIA)
COUNTY OF Orange) ss.

On February 18, 1998, before me, Dolores L. Mortensen a Notary Public, personally appeared WILLIAM ASSAAD personally known to me (or 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.

WITNESS my hand and official seal.

Dolores L. Mortensen
Signature of Notary



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 200430 006291

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Samira		-		Assaad	
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs. <input type="checkbox"/> UNDER ONE YEAR <input type="checkbox"/> UNDER 24 HOURS					
04/17/1952 52 Months Days Hours Minutes					
8. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
Syria		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION - Highest level/degree (See worksheet on back)		14. WAS DECEDENT SPANISH/Hispanic/Latino? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS Graduate		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Barber		Owner of Shop		5	
20. DECEDENT'S RESIDENCE (Street and number or location)					
10171 Geraldine Rd.					
21. CITY		22. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
Garden Grove		Orange		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and residence or rural route number, city or town, state, ZIP)			
William Assaad - Husband		10171 Geraldine Rd., Garden Grove, CA 92840			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
William		A.		Assaad	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
Michelle		-		Saloum	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)	
Georgette		-		Hanna	
38. BIRTH STATE		39. BIRTH STATE			
Syria		Syria			
38. BIRTH STATE		39. BIRTH STATE			
Syria		Syria			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
05/05/2004		Res. of William Assaad - 10171 Geraldine Rd., Orange, CA 92840			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		Not Embalmed		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Dimond & Shannon Mortuary		FD-763		<i>Maub...</i>	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy			
03/04/2004		03/04/2004			
101. PLACE OF DEATH					
Residence					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Orange		10171 Geraldine Rd.		Garden Grove	
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. DEATH REPORTED TO CORONER? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Diabetes Mellitus		17 yrs		04-03335 CO	
110. BIOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. ALTOUSY PERFORMED? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. USED IN DETERMINING CAUSE? (E) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
None					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
No					
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		116. LICENSE NUMBER	
Discovered At/After Death		Discovered Last Seen Alive		A39088	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
11/13/2003		92691			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
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		120. INAPPERT AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOURS (24 Hours)			
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	
STATE REGISTRAR		A B C D E		FAX AUTH. # CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

002534800

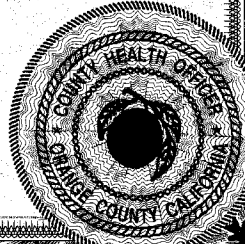
STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED MAY 15 2009

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler H.O.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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



THE ASSAAD TRUST

**ARTICLE ONE
CREATION OF TRUST**

1.1. **Declaration.** William Anis Assaad and Samira S. Assaad, husband and wife, of Orange County, California, who are herein referred to as "the settlors" or "the trustees," depending on the context, hereby declare that they hold certain property (the "trust estate") in trust, to be held, administered, and distributed according to the terms of this instrument.

1.2. **Names of Trusts.** The trusts created by this instrument shall be known collectively as the Assaad Trust, and each separate trust created under this instrument shall be referred to by adding the name or designation of that separate trust as it appears in the appropriate section of this instrument.

1.3. **Effective Date.** This declaration shall be effective immediately on execution by all the parties.

1.4. **Identification of Living Children.** The settlors have four living children, as follows:

<u>Name</u>	<u>Date of Birth</u>
Alex Anis Kahouch	1/6/1972
Dani Godinez	6/25/1974
Rani Kahouch	11/13/1976
Karen Assaad	4/9/1979

1.5. **No Deceased Children.** The settlors have no deceased children.

1.6. **Definitions of Child, Children, and Issue.** As used in this instrument, the terms "child" and "children" refer to all persons referred to in California Probate Code Section 26, as in effect at the time of execution of this instrument, and the term "issue" refers to all persons referred to in California Probate Code Section 50, as in effect at the time of execution of this instrument.

**ARTICLE TWO
TRUST ESTATE**

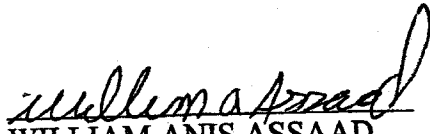
2.1. **Definition of Trust Estate.** All property subject to this instrument from time to time is referred to as the "trust estate" and shall be held, administered, and distributed as provided in this instrument. The trustee shall hold, administer, and distribute the property described in any schedules of property (which are attached hereto and made a part of this trust instrument), any other property that may be hereafter subject to this trust, and the income and proceeds attributable to all such property, in accordance with the provisions of this instrument.

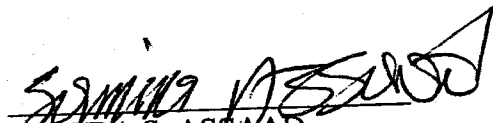
2.2. **Character of Trust Assets.** All community property of the settlors transferred to this trust, and the proceeds of all such property, shall continue to be community property under the laws of California, subject to the provisions of this instrument. All separate and quasi-community property shall remain the separate or quasi-community property, respectively, of the contributing settlor.

ARTICLE NINE
SIGNATURE AND EXECUTION

9.1. Execution. We certify that we have read the foregoing declaration of trust and that it correctly states the terms and conditions under which the trust estate is to be held, administered, and distributed. As trustees of the trusts created by this declaration of trust, we approve this declaration of trust in all particulars, and agree to be bound by its terms and conditions. As settlors of the trusts created by this declaration of trust, we approve this declaration of trust in all particulars, and agree to be bound by its terms and conditions.

Executed on February 18, 1999 at ORANGE,
California.

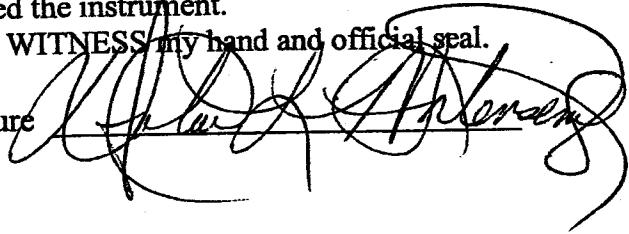

WILLIAM ANIS ASSAAD,
SETTLOR-TRUSTEE

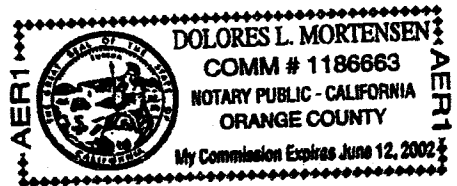

SAMIRA S. ASSAAD
SETTLOR-TRUSTEE

State of California
County of ORANGE

On February 18, 1999 before me, Dolores L. Mortensen
a notary public in and for the State of California, personally appeared William Anis Assaad and Samira S. Assaad, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Signature 



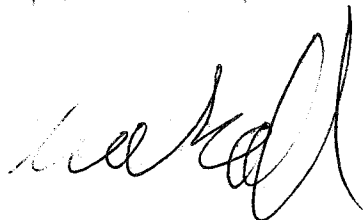
I William ANIS ASSAAD

Is the SAME PERSON as William ASSAAD
TRUSTEE as ASSAAD TRUST, out + claimed

MARSH 29 1999

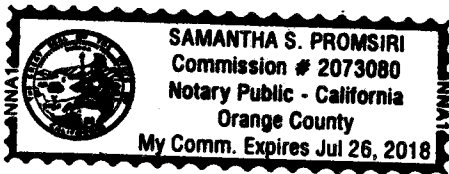
and William ANIS ASSAAD TRUSTEE
ASSAAD TRUST

FBI 18 1999

 11.13.14

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT
CIVIL CODE § 1189

State of California }
 County of Orange }
 On 11-13-14 before me, Samantha S. Promsiri
Date Name and Title of the Officer
 personally appeared William Anis Assaad
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.

Place Notary Seal Above

Signature: [Handwritten Signature]
Signature of Notary Public

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Statement of misspelled name. Document Date: 11-13-14

Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

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

Signer's Name: _____

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

Signer Is Representing: _____

Signer Is Representing: _____

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 23, 2014

William Anis Assaad Trustee & Samir Assaad
10171 Geraldine Rd
Garden Grove, CA 92840

Re: Apn: 743260004-8
TC 192 Item 1094
Date of Sale: March 20, 2012

Dear William Anis Assaad Trustee & Samir Assaad,

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 sign & return the enclosed copy of your claim form and 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"/> Copy of Marriage Certificate for Original Note/Payment Book |
| <input checked="" type="checkbox"/> Notarized Statement of different/misspelled name for William Assaad & William Anis Assaad and for Samira Assaad & Samir Assaad | <input type="checkbox"/> Updated Statement of Monies Owed (as of date 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 type="checkbox"/> Certified Death Certificates for | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Copy of Birth Certificates for | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input checked="" type="checkbox"/> Other - Copy of Assaad Trust |

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>William Anis Assaad Trustee & Samir Assaad 10171 Geraldine Rd Garden Grove, CA 92840</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> [Signature]</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>[Signature] 10/27</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>OCT 27 2014 OCT 27 2014</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Article Number (Transfer from service label) **7003 2260 0004 1562 0145** TOR

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 23, 2014

William Anis Assaad Trustee & Samir Assaad
10171 Geraldine Rd
Garden Grove, CA 92840

Re: Apn: 743260004-8
TC 192 Item 1094
Date of Sale: March 20, 2012

Dear William Anis Assaad Trustee & Samir Assaad,

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 sign & return the enclosed copy of your claim form and 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.

Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
 Notarized Statement of different/misspelled name for William Assaad & William Anis Assaad and for Samira Assaad & Samir Assaad
 Notarized Statement Giving Rights to Collect/Claim on behalf of
 Certified Death Certificates for
 Copy of Birth Certificates for

Copy of Marriage Certificate for
 Original Note/Payment Book
 Updated Statement of Monies Owed (as of date of tax sale)
 Articles of Incorporation (if applicable Statement by Domestic Stock)
 Court Order Appointing Administrator
 Deed (Quitclaim/Grant etc...)
 Other - Copy of Assaad Trust

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

Sincerely,

Debra A Ruth

Debra A. Ruth
Tax Sale Operations Unit
(951) 955-9386
(951) 955-3990 Fax

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

JON CHRISTENSEN
ASSISTANT TREASURER-TAX COLLECTOR

DEBBIE BASHE
INFORMATION TECHNOLOGY OFFICER

GIOVANE PIZANO
INVESTMENT MANAGER

KIEU NGO
FISCAL 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

November 5, 2014

William Anis Assaad Trustee
10171 Geraldine Rd
Garden Grove, CA 92840

Re: Apn: 743260004-8 FINAL NOTICE
TC 192 Item 1094
Date of Sale: March 20, 2012

Dear William Anis Assaad Trustee,

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 sign & return the enclosed copy of your claim form and 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.

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- Notarized Statement of different/misspelled name for William Assaad & William Anis Assaad and for Samira Assaad & Samir Assaad
- Notarized Statement Giving Rights to Collect/Claim on behalf of
- Certified Death Certificate for Samira Assaad

- Copy of Birth Certificates for
- Copy of Marriage Certificate for
- Original Note/Payment Book
- Updated Statement of Monies Owed (as of date of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other -Copy of Assaad Trust

4), your claim will be denied.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Anis Assaad Trustee
10171 Geraldine Rd
Garden Grove, CA 92840

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7003 2260 0004 1562 0220

TOR

CALIFORNIA 92502

★ FAX (951) 955-3923

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ADRIANNA GOMEZ
ADMINISTRATIVE SERVICES MANAGER I

November 5, 2014

William Anis Assaad Trustee
10171 Geraldine Rd
Garden Grove, CA 92840

Re: Apn: 743260004-8 **FINAL NOTICE**
TC 192 Item 1004
Date of Sale: March 20, 2012

Dear William Anis Assaad Trustee,

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 sign & return the enclosed copy of your claim form and 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.

Notarized Affidavit for Collection of
Personal Property under California
Probate Code 13100
 Notarized Statement of
different/misspelled name for William
Assaad & William Anis Assaad and for
Samira Assaad & Samir Assaad
 Notarized Statement Giving Rights to
Collect/Claim on behalf of
 Certified Death Certificate for Samira
Assaad

Copy of Birth Certificates for
 Copy of Marriage Certificate for
 Original Note/Payment Book
 Updated Statement of Monies Owed
(as of date of tax sale)
 Articles of Incorporation (if applicable
Statement by Domestic Stock)
 Court Order Appointing Administrator
 Deed (Quitclaim/Grant etc...)
 Other -Copy of Assaad Trust

If your documentation is not received within 30 days, (December 5, 2014), your claim will be denied.

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

Sincerely,

Debra A Ruth

Debra A. Ruth
Tax Sale Operations Unit
(951) 955-9386
(951) 955-3990 Fax

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