

FORM APPROVED COUNTY COUNSEL  
 BY: *GREGORY P. PRAMOS* 8/12/15  
 DATE

Departmental Concurrence

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

260 A



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

**SUBMITTAL DATE:**

**AUG 12 2015**

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 97. Last assessed to: Victor Velardez, a married man, his sole and separate property. District 1 [\$20,436] Fund 65595 Excess Proceeds from Tax Sale.

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

1. Approve the claim from Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez, last assessee, for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 295060005-5;

(continued on page two)

**BACKGROUND:**

**Summary**

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the April 29, 2013 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 2013. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 17, 2013 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(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	\$ 20,436	\$ 0	\$ 20,436	\$ 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 9/10/15*  
 Samuel Wong

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

**Ayes:** Jeffries, Tavaglione, Benoit and Ashley  
**Nays:** None  
**Absent:** Washington  
**Date:** September 22, 2015  
**xc:** Treasurer

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

Prev. Agn. Ref.:

District: 1

Agenda Number:

**9-38**

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

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 196, Item 97. Last assessed to: Victor Velardez, a married man, his sole and separate property. District 1 [\$20,436] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** AUG 12 2015

**PAGE:** Page 2 of 2

**RECOMMENDED MOTION:**

2. Authorize and direct the Auditor-Controller to issue a warrant to Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez in the amount of \$20,436.93, 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 Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez based on an Authorization for Agent to Collect Excess Proceeds dated May 24, 2013, a Quitclaim Deed recorded January 12, 2004 as Instrument No. 2004-0019579, an Affidavit-Death of Joint Tenant recorded January 12, 2004 as Instrument No. 2004-0019580, Declarations Pursuant to Probate Code 13100 and the death certificate of Victor Velardez.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Nationwide Asset Recovery Services, agent for Victor Velardez, Jr., heir to the Estate of Victor Velardez be awarded excess proceeds in the amount of \$20,436.93. 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 heir to the Estate of 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 and Tax Collector

Re: Claim for Excess Proceeds

TC: TC 196 Item: 97 Assessment No.: 295-060-005-5

Assessee(s): Victor Velardez

Situs: 20125 Gaston Rd., Perris, CA 92570

Date Sold: April 25-29, 2013

Date Deed to Purchaser Recorded: 06-20-2013

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of **\$20,933.00** (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. **2004-0019579** recorded on **1/12/2004**. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

**Victor Velardez - Owner by Deed, Victor Velardez Jr. - son and only heir to the estate of Victor Velardez**

**Documents Attached: Copy of the Deed, Agent Authorization, Probate Declaration, Ids, etc.**

If the property is held in Joint Tenancy, the tax sale 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 May day of 24, 2013 at Riverside CA  
County, State

Victor Velardez Jr.  
Signature of Claimant

**Victor Velardez Jr.**

20125 Gaston Rd.  
Perris, CA 92570

(951) 214-5684

SCO 8-21 (1-99)

10

**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 applicant'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(we), the undersigned, do hereby make **NATIONWIDE ASSET RECOVERY SERVICES** my(our) agent to apply for and collect the excess proceeds which you are holding and to which I(we) am(are) entitled from the sale of assessment number **295-060-005-5** sold at public auction on **April 25-29, 2013**. I(we) understand that I(we) AM(ARE) NOT SELLING MY(OUR) RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my(our) convenience.

I(we) also understand that the total amount of excess proceeds available for refund is \$20,933.00 (approx.) , and that I(we) have a right to file a claim for this refund on my(our) own, without the help of an agent. For valuable consideration received my(our) agent is appointed to act on my(our) behalf.

*Victor Velardez Jr*  
Victor Velardez Jr.

STATE OF California )  
COUNTY OF San Bernardino )

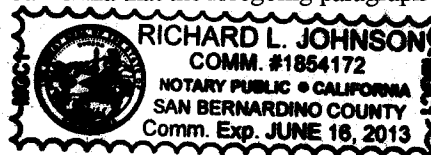
20125 Gaston Rd.  
Perris, CA 92570  
**(951) 214-5684**

On 5/24/2013, before me, Richard Johnson, Notary Public, personally appeared **Victor Velardez Jr.** 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 State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal

*[Signature]*  
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the above 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 RIGHTS TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

*[Signature]*  
(Signature of Agent)

Lubasha Johnson  
NATIONWIDE ASSET RECOVERY SERVICES  
17100 Bear Valley Rd. B-201  
Victorville, CA 92395

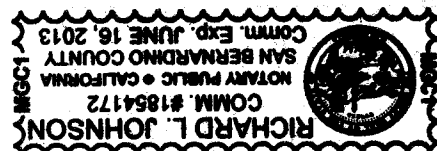
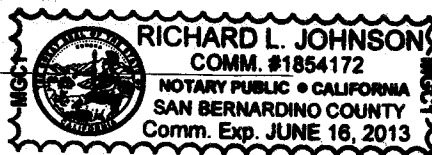
STATE OF CALIFORNIA )  
COUNTY OF SAN BERNARDINO )

On 5/25/2013, before me, Richard L. Johnson, Notary Public, personally appeared, Lubasha Johnson, 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 State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal

*[Signature]*  
(Signature of Notary)



**DECLARATION PURSUANT TO PROBATE CODE 13100**

I, **Victor Velardez Jr.**, hereby declare the decedent **Victor Velardez** died on **10/31/2006** in **Perris, Riverside County, State of California**. More than 40 days have elapsed since the death of the decedent. No proceeding is now being or has been conducted in California for administration of the decedent's estate. The current gross fair market value of the decedent's real and personal property in California did not exceed one hundred thousand dollars (\$100,000) at the time of death.

The property of the decedent to be paid is excess proceeds in the approximate amount of \$20,933.00 from April 25-29, 2013 sale of tax defaulted property, Assessor Parcel # 295-060-005-5, item #97 being held by the Riverside County Tax Collector office.

The declarant, Victor Velardez Jr., son of the decedent, is the only successor of the decedent to the decedent's interest to the described property. No other person has a superior interest in the described property.

The declarant requests that the described property be paid to the declarant. The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Victor Velardez Jr.  
Victor Velardez Jr.

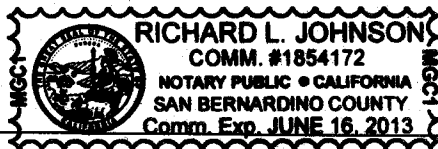
5/24/13  
Date

State of CALIFORNIA )  
County of San Bernardino )

On 5/24/2013, before me, Richard Johnson, Notary Public personally appeared **Victor Velardez Jr.** 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 State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal



[Signature]  
Notary Signature

Order No.  
Escrow No.  
Loan No.

WHEN RECORDED MAIL TO:

Victor Velardez  
20125 Gaston  
Perris, CA 92370

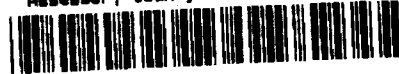
APN: 295-060-005

DOCUMENTARY TRANSFER TAX \$ 0

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

DOC # 2004-0019579

01/12/2004 08:00A Fee:7.00  
Page 1 of 1  
Recorded in Official Records  
County of Riverside  
Gary L. Orse  
Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC
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A	R	L			COPY	LONG	REFUND	CHG	EXAM

Signature of Declarant or Agent determining tax - Firm Name

Trk 087

### QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
LINDA VELARDEZ, spouse of Grantee



do(es) hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

VICTOR VELARDEZ, a married man, his sole and separate property

the real property in the ~~City of~~ unincorporated area  
County of Riverside

State of California, described as

PARCEL 1: The Southerly 60 feet of the Northerly 210 feet of the East half of Lot 66 of a Record of Survey entitled "Glen Valley Farms No. 2" as shown by Records of Survey on file in Book 14 pages 85 & 86 of Records of Survey, Riverside County Records.

PARCEL 2: A non-exclusive easement for ingress, egress, road and public utility purposes over and across the Easterly 30 feet of said Lot 64 EXCEPTING therefrom any portion thereof lying within parcel 1 above described  
Dated Nov. 26, 2003

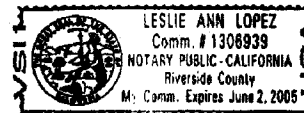
STATE OF CALIFORNIA }  
COUNTY OF Riverside } ss.  
On 12/14/03 before me,  
Leslie Ann Lopez  
personally appeared Linda Velardez

Linda Velardez  
Linda Velardez

personally known to me (or 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 Leslie Ann Lopez

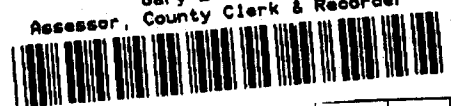
MAIL TAX STATEMENTS TO:



(This area for official notarial seal)

Order No.  
Escrow No.  
Loan No.

DOC # 2004-0019580 X  
01/12/2004 08:00A Fee:13.00  
Page 1 of 3  
Recorded in Official Records  
County of Riverside  
Gary L. Orso  
Assessor, County Clerk & Recorder



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A	R	L				COPY	LONG	REFUND	NCHG	EXAM

WHEN RECORDED MAIL TO:  
Victor Velardez  
20125 Gaston  
Perris, CA 92370

# AFFIDAVIT — DEATH OF JOINT TENANT

13  
**C**  
SP

STATE OF CALIFORNIA }  
COUNTY OF Riverside } ss.

Victor Velardez, of legal age, being first duly sworn, deposes and says:  
That Martha Velardez, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as Martha Velardez, a widow  
named as one of the parties in that certain Grant Deed dated Aug. 2, 1983  
executed by Haskel G. Lawler and Mildred E. Lawler, husband and wife  
to Victor Velardez and Linda Velardez, husband and wife, and Martha Velardez,  
a widow as joint tenants, recorded as Instrument No. 165866 on Aug. 16, 1983 in  
Book ---, Page ---, of Official Records of Riverside County, California,  
covering the following described property situated in the County of Riverside, State of California:  
PARCEL 1: The Southerly 60 feet of the Northerly 210 feet of the East half  
of Lot 66 of a Record of Survey entitled "Glen Valley Farms No. 2" as shown  
by Records of Survey on file in Book 14 pages 85 and 86 of Records of Survey,  
Riverside County Records.  
PARCEL 2: A non-exclusive easement for ingress, egress, road and public  
utility purposes over and across the Easterly 30 feet of said Lot 64:  
EXCEPTING therefrom any portion thereof lying within Parcel 1 above described.

Dated Nov. 26, 2003

*[Signature]*  
Victor Velardez

SUBSCRIBED AND SWORN TO before me, the undersigned,  
a Notary Public in and for said State,

this \_\_\_ day of \_\_\_  
WITNESS my hand and official seal.

Signature \_\_\_\_\_

Name (Typed or Printed)  
*See Attached*

(This area for official notarial seal)

1150 (1/94)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3 2003 33008318

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) **Martha** 2. MIDDLE **-** 3. LAST (Family) **Velardez**

4. DATE OF BIRTH **07/29/1938** 5. AGE Yrs. **65** 6. SEX **F**

7. DATE OF DEATH **09/02/2003** 8. HOUR (24 Hours) **0915**

9. BIRTH STATE/FOREIGN COUNTRY **CA** 10. EVER IN U.S. ARMED FORCES?  YES  NO  UNK. 11. MARITAL STATUS (at time of death) **Widowed**

12. DECEDENT'S RACE - Up to 8 races may be listed (see worksheet on back) **Mexican/American**

13. EDUCATION - Highest Level/Type (see worksheet on back) **Some College** 14. WAS DECEDENT SPANISH/Spanolastic? (If yes, see worksheet on back)  YES  NO  UNK. 15. DECEDENT'S RACE - Up to 8 races may be listed (see worksheet on back) **Mexican/American**

16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED **Realtor** 17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) **Real Estate** 18. YEARS IN OCCUPATION **25**

19. DECEDENT'S RESIDENCE (Street and number or location) **18385 Markham St**

20. CITY **Riverside** 21. COUNTY/PROVINCE **Riverside** 22. ZIP CODE **92508** 23. YEARS IN COUNTY **25** 24. STATE/FOREIGN COUNTRY **CA**

25. INFORMANT'S NAME, RELATIONSHIP **Vance Velardez, Son** 26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) **33689 Nandina Ln Murrieta CA 92563**

27. NAME OF SURVIVING SPOUSE - FIRST **-** 28. MIDDLE **-** 29. LAST ( Maiden Name) **-** 30. BIRTH STATE **MEX**

31. NAME OF FATHER - FIRST **-** 32. MIDDLE **-** 33. LAST **Jimenez** 34. BIRTH STATE **MEX**

35. NAME OF MOTHER - FIRST **Victoria** 36. MIDDLE **-** 37. LAST ( Maiden) **Ojeda** 38. BIRTH STATE **MEX**

39. DEPOSITION DATE (month/year) **09/05/2003** 40. PLACE OF FINAL DISPOSITION **Riverside National Cemetery Riverside CA 92518**

41. TYPE OF DISPOSITION **BU** 42. SIGNATURE OF FUNERAL HOME *[Signature]* 43. LICENSE NUMBER **7010**

44. NAME OF FUNERAL ESTABLISHMENT **Miller-Jones Mortuary-Sun City** 45. LICENSE NUMBER **FD 1490** 46. SIGNATURE OF LOCAL REGISTRAR *[Signature]* 47. DATE (month/year) **09/04/2003**

101. PLACE OF DEATH **Own Residence** 102. IF HOSPITAL, SPECIFY ONE  IP  GPOV  DOA  HOSPITAL  HOSPITAL HOME, TO  Quads/Quadrants  Other

103. IF OTHER THAN HOSPITAL, SPECIFY ONE  IP  GPOV  DOA  HOSPITAL  HOSPITAL HOME, TO  Quads/Quadrants  Other

104. COUNTY **Riverside** 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) **18385 Markham St** 106. CITY **Riverside**

107. CAUSE OF DEATH **Chronic Renal Failure** 108. DEATH REPORTED TO CORONER?  YES  NO

109. IMMEDIATE CAUSE (First disease or condition resulting in death) **Chronic Renal Failure** 110. DEATH REPORTED TO CORONER?  YES  NO

111. UNDERLYING CAUSE (Underlying cause of death) **Chronic Renal Failure** 112. ALTOGETHER PERFORMED?  YES  NO

113. USED IN DETERMINING CAUSE?  YES  NO

114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REALIZING IN THE UNDERLYING CAUSE GIVEN IN 107 **Diabetes Mellitus, Hypertension, Sepsis**

115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date.) **No** 116. IF FEMALE, PREGNANT IN LAST YEAR?  YES  NO  UNK.

117. SIGNATURE AND TITLE OF CERTIFIER *[Signature]* 118. LICENSE NUMBER **A060997** 119. DATE (month/year) **09/04/2003**

120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE **Earl Quijada MD 225 W. Hospitality Lane #102 San Bernardino CA 92408**

121. DATE (month/year) **08/26/2003** 122. DATE (month/year) **08/26/2003** 123. MANNER OF DEATH  Natural  Accidental  Suicide  Pending Investigation  Could not be determined  YES  NO  UNK.

124. PLACE OF INJURY (e.g., home, construction site, roadside area, etc.) **-** 125. INJURED AT WORK?  YES  NO  UNK.

126. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) **-** 127. MARRIED AT WORK?  YES  NO  UNK.

128. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) **-** 129. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER **-**

130. SIGNATURE OF CORONER/DEPUTY CORONER **-** 131. DATE (month/year) **-** 132. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER **-**

STATE REGISTRAR **A B C D E** CERTIFIED COPY OF VITAL RECORDS FAX AUTH. # **035038** CENSUS TRACT



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 County of Riverside, Department of Health.  
 DATE ISSUED **09/09/2003**  
 Gary Feldman M.D., Local Registrar  
 RIVERSIDE COUNTY, CALIFORNIA



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF California

COUNTY OF Riverside

On Jan. 2, 2004 before me, BIONA HALLER, Notary  
(Name, Title of Officer)

personally appeared Victor Belardez

personally known to me (or 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.

Biona Haller  
(Signature of Notary Public)



(This area for notarial seal)

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

104 -

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

18833004223

STATE BIRTH CERTIFICATE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST <b>Victor</b>	1B. MIDDLE <b>Esteban</b>	1C. LAST <b>Velardez Jr.</b>		
	2. SEX <b>male</b>	3A. THIS BIRTH SINGLE, TWIN, ETC. <b>single</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR <b>April 8, 1988</b>	4B. HOUR—(24 HOUR CLOCK TIME) <b>0303</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY <b>Riverside Community Hospital</b>		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) <b>4445 Magnolia Avenue Zip. 92501</b>		
	5C. CITY OR TOWN <b>Riverside</b>		5D. COUNTY <b>Riverside</b>		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST <b>Victor</b>	6B. MIDDLE	6C. LAST <b>Velardez</b>	7. STATE OF BIRTH <b>CA</b>	8. AGE OF FATHER <b>28</b>
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST <b>Linda</b>	9B. MIDDLE	9C. LAST (BIRTH NAME) <b>Romero</b>	10. STATE OF BIRTH <b>CA</b>	11. AGE OF MOTHER <b>25</b>
PARENT'S CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD <b>mother</b>	12C. DATE SIGNED <b>4-10-88</b>
ATTENDANT'S CERTIFICATION	1. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>[Signature]</i>		13B. LICENSE NUMBER <b>G-13541</b>	13C. DATE SIGNED <b>4-15-88</b>
LOCAL REGISTRAR	14.	13D. TYPED NAME AND ADDRESS <b>Samuel G. Wilchik M.D. 8945 Magnolia Avenue #203 Riverside, CA</b>			17. ACCEPTED FOR REGISTRATION <b>APR 26 1988</b>
	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>			



\* 034296061 \*

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED **MAY 30 2013**

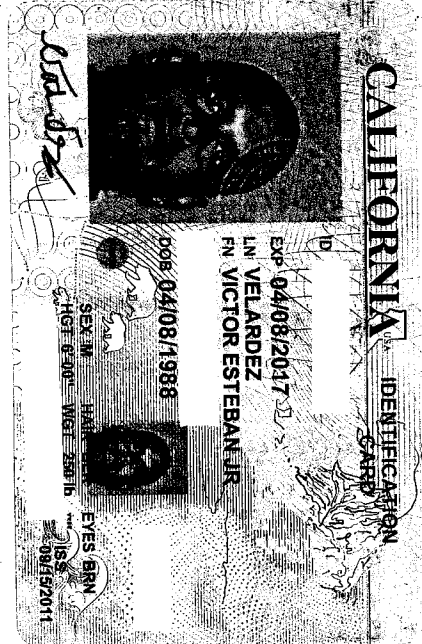
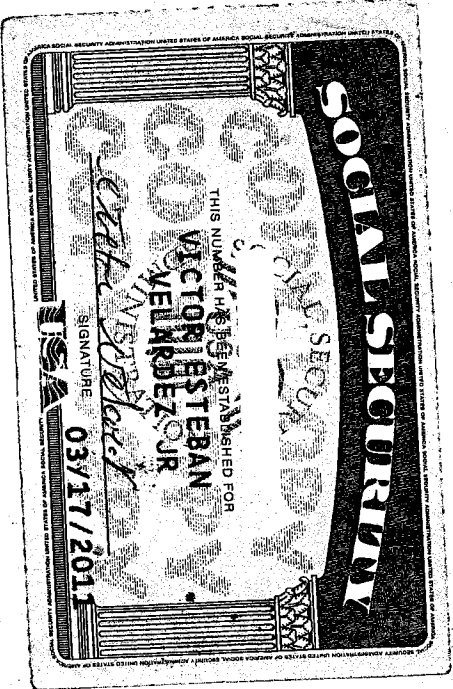
This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

*[Signature]*  
**LARRY W. WARD**

ASSESSOR-COUNTY CLERK-RECORDER  
RIVERSIDE COUNTY, CALIFORNIA

PB/CO (REV) 03/12







**Larry Walker**  
Auditor/Controller-Recorder,  
County Clerk  
222 W. Hospitality Lane, 1<sup>st</sup> Floor  
San Bernardino CA 92415-0022  
(909) 386-8970 or (909) 386-8969

**LARRY WALKER**  
Auditor/Controller - Recorder

Doc#: 20100013533



EcgiD - 132674

DocType: FBN  
Pages: 2  
Fees: \$50.00

**PUBLICATION IS REQUIRED  
IF FIRST TIME FILING, REFILING  
WITH CHANGES, OR FILING EXPIRED**

**FILING** **FICTITIOUS BUSINESS NAME STATEMENT**

**ABANDONMENT:** County of Original Filing San Bernardino Date of Original Filing 12/23/2005 File No. 200518439

Fee \$40.00 includes up to one partner (please make check payable to "County Clerk")  
\$10.00 ea. additional FBN name filed on same statement and operating at same location.  
\$10.00 ea. additional partner \$10.00 ea. additional partner

Please **TYPE** or **PRINT** legibly and firmly in **DARK** ink (no alterations). See reverse side for filing and publishing instructions. The determination whether or not publication is required by law is **ENTIRELY THE RESPONSIBILITY OF THE REGISTRANT**. **Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance.** THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

**1** LIST FICTITIOUS BUSINESS NAME BELOW (list any additional business names on additional form) County of Principal Place of Business  
NATIONWIDE ASSET RECOVERY SERVICES San Bernardino

**2** Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable) City State Zip Code  
17960 PEBBLE BEACH DR. Victorville CA 92395  
Mailing Address (Optional) City State Zip Code  
9961 SVL BOX Victorville CA 92395

(1) Name of Individual Registrant (First name) (Middle initial only) (Last name)  
LUBASHA JOHNSON

(1) Name of corporation or limited liability company as set out in the Articles of Inc./Org./Reg. State of Inc./Org. / Reg. Inc./Org./Reg. No.

Residence Street Address (Mailing address is NOT acceptable) City State Zip Code  
17960 PEBBLE BEACH DR. Victorville CA 92395

**3** (2) Name of Individual Registrant (First name) (Middle initial only) (Last name)  
RANDALL D WITTE

(2) Name of corporation or limited liability company as set out in the Articles of Inc./Org./Reg. State of Inc./Org. / Reg. Inc./Org./Reg. No.

Residence Street Address (Mailing address is NOT acceptable) City State Zip Code  
17960 PEBBLE BEACH DR. Victorville CA 92395

**List any additional names on additional form**

(CHECK ONE ONLY) This business is/was conducted by (if corporation or limited liability company, registrant must include copy of "Articles of Incorporation", "Articles of Organization" or "Articles of Registration"):

- An Individual
- A General Partnership
- A Limited Partnership
- A Limited Liability Company
- A Limited Liability Partnership
- An Unincorporated Assoc. Other Than a Partnership
- A Corporation (include "Articles of Incorporation")
- Copartners
- Husband & Wife
- State or Local Registered Domestic Partners
- A Joint Venture
- A Trust

**5** (CHECK ONE ONLY) enter date ONLY if first box is checked:  
 Registrant **commenced** to transact business under the fictitious business name or names listed above on (do not enter a future date) 01 01 2000  
 Registrant has **not yet begun** to transact business under the fictitious business name or names listed herein. Month Day Year

**6** BY SIGNING BELOW, I DECLARE THAT I HAVE READ AND UNDERSTAND THE REVERSE SIDE OF THIS FORM AND 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. (B&P Code 17913) I am also aware that all information on this statement becomes public record upon filing pursuant to the California Public Records Act (Government Code Sections 6250-6277).  
Sign below (see instructions on reverse for signature requirements):

Print Name (as appears on this statement) of Registrant: Lubasha Johnson  
Printed Name of Person Signing: Lubasha Johnson  
By Signature: Print Title of Person Signing: Co-Owner Date: 12/22/2010

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

**CALIFORNIA** DRIVER LICENSE

DL


CLASS: C  
END: NONE

EXP: 04/24/2018  
LN: JOHNSON  
RN: LUBASHA Y

DOB: 04/24/1974  
SEX: F  
HT: 5-03  
WG: 118 LB

HAIR: BLN  
EYES: GRN

04/24/2013



*Signature*



**NATIONWIDE ASSET RECOVERY SERVICES**

[www.nationwideassetrecovery.com](http://www.nationwideassetrecovery.com)

17100 Bear Valley Rd. B-201  
Victorville, CA 92395

Phone: (760) 963-9434  
Fax: (760) 243-1539  
Toll Free FAX: (877) 541-6920

July 15, 2013

Riverside Treasurer-Tax Collector  
Attn: Excess Proceeds Department  
PO Box 12005  
Riverside, CA 92502-2205

RE: Excess Proceeds Claim for Victor Velardez Jr., the only heir to the Estate of Victor Velardez and Nationwide Asset Recovery Services,

AP# 295-060-005-5

To Whom It May Concern:

This Office represents Victor Velardez Jr., the only heir to the Estate of Victor Velardez and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on April 25-29, 2013. Please contact this office if additional information is required in the processing of their claim.

- Please note that Linda Velardez, mother of Victor Velardez Jr. deeded her portion of this property to Victor Velardez Sr. Thus, Victor Velardez Jr. (the only son of the deceased) is the only heir to the Estate of Victor Velardez Sr.

Please return original documents (if any) to our client. Thank you.

Sincerely,

Lubasha Johnson  
Claim Coordinator

**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:

Nationwide Asset Recovery  
 C/O Lubasha Johnson  
 17100 Bear Valley Rd. B-201  
 Victorville, CA 92395

*EP196-97*

2. Article Number  
 (Transfer from service label)

7003 2260 0004 1548 9810

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>[Signature]</i>		<input type="checkbox"/> Agent
		<input type="checkbox"/> Address
B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>7/1/15</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

June 29, 2015

Nationwide Asset Recovery  
 C/O Lubasha Johnson  
 17100 Bear Valley Rd. B-201  
 Victorville, CA 92395

Re: APN: 295060005-5  
 TC 196 Item 97  
 Date of Sale: April 29, 2013

Domestic Return Receipt

To Whom It May Concern:

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

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 from Linda Velardez as spouse at time of death | <input type="checkbox"/> Copy of Birth Certificates for  |
| <input type="checkbox"/> Notarized Statement of different/misspelled   | <input type="checkbox"/> Copy of Marriage Certificate for                                      |
| <input checked="" type="checkbox"/> Notarized Statement Giving Authorization to Victor Velardez, Jr to claim on behalf of Linda Velardez                                       | <input type="checkbox"/> Original Note/Payment Book  |
| <input checked="" type="checkbox"/> Certified Original Death Certificate for Victor Velardez.  | <input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale)            |
|  | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
|  | <input type="checkbox"/> Court Order Appointing Administrator                                  |
|  | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)   |
|  | <input type="checkbox"/> Other -   |

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

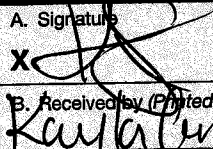
Sincerely,

Jennifer Pazični  
 Tax Sale Operations Unit  
 (951) 955-3336  
 (951) 955-3990 Fax

July 14  
~~June 02~~, 2015

Nationwide Asset Recovery  
C/O Lubasha Johnson  
17100 Bear Valley Rd. B-201  
Victorville, CA 92395

Re: APN: 295060005-5  
TC 196 Item 97  
Date of Sale: April 29, 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature 	
1. Article Addressed to:  Nationwide Asset Recovery C/O Lubasha Johnson 17100 Bear Valley Rd. B-201 Victorville, CA 92395		B. Received by (Printed Name) Kayla Pentre	<input type="checkbox"/> Agent <input type="checkbox"/> Address C. Date of Delivery 7/16/15
2. Article Number (Transfer from service label)  EP 196-97		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	
		7003 2260 0004 1558 6359	

To Whom It May Concern:

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

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

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 from Linda Velardez as spouse at time of death
- Notarized Statement of different/misspelled
- Notarized Statement Giving Authorization to Victor Velardez, Jr to claim on behalf of Linda Velardez
- Certified Original Death Certificate for Victor Velardez.

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

**If your documentation is not received within 30 days (August 13, 2015), your claim will be denied.**

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

Sincerely,

Jennifer Pazicni  
Tax Sale Operations Unit  
(951) 955-3336  
(951) 955-3990 Fax





**NATIONWIDE ASSET RECOVERY SERVICES**

17100 Bear Valley Rd. B-201  
Victorville, CA 92395

Phone: (760) 963-9434  
Fax: (760)243-1539  
Toll Free FAX: (877) 541-6920

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July 29, 2015

Riverside Treasurer-Tax Collector  
Attn: Excess Proceeds Department  
PO Box 12005  
Riverside, CA 92502-2205

RE: Excess Proceeds Claim for Victor Velardez Jr. and Nationwide Asset Recovery Services,

AP# 295-060-005-5

To Whom It May Concern:

Please find enclosed the following additional outstanding documents for Victor Velardez Jr. and Nationwide Asset Recovery Services in their claim for excess proceeds from the sale of property sold at public auction on April 25-29, 2013:

- Notarized Probate Declaration/ Statement of Authorization
- Certified Original Death Certificate for Victor Velardez

Please contact this office if additional information is required in the processing of their claim.

**P.S. Please return the Original Documents if any to this Office.**

Sincerely,

Richard L. Johnson, esq  
Attorney for Nationwide Asset Recovery Services

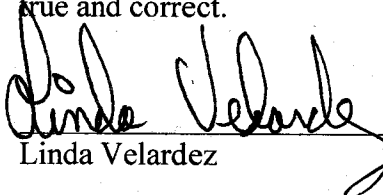
**DECLARATION PURSUANT TO PROBATE CODE 13100**

I, **Linda Velardez** hereby declare the decedent **Victor Velardez** died on **10/31/2006** in **Perris, Riverside County, State of California**. More than 40 days have elapsed since the death of the decedent. No proceeding is now being or has been conducted in California for administration of the decedent's estate. The current gross fair market value of the decedent's real and personal property in California did not exceed one hundred and fifty thousand dollars (\$150,000) at the time of death.

The property of the decedent to be paid is excess proceeds in the approximate amount of \$20,933.00 from April 25-29, 2013 sale of tax defaulted property, Assessor Parcel # 295-060-005-5, item #97 being held by the Riverside County Tax Collector office.

The declarant, **Linda Velardez**, wife of the decedent, is a successor of the decedent along with my son **Victor Velardez Jr** to the decedent's interest to the described property. No other person has an interest in the described property except my son **Victor Velardez Jr**.

The declarant requests that my interest in the described property be paid to my son **Victor Velardez Jr**. The declarant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

  
\_\_\_\_\_  
Linda Velardez

7/24/15  
\_\_\_\_\_  
Date

State of CALIFORNIA — )

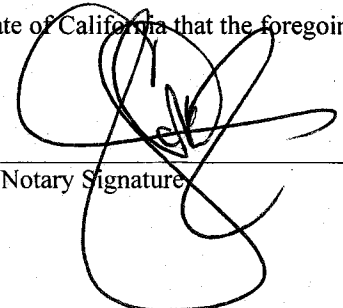
County of RIVERSIDE — )

On 7/24/2015, before me, Cynthia Tovar, Notary Public personally appeared Linda Velardez 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 State of California that the foregoing paragraph is true and correct.

WITNESS my hand and Official Seal

**"SEE ATTACHED DOCUMENT"**

  
\_\_\_\_\_  
Notary Signature

# CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Riverside }

On 7/24/2015 before me, Cynthia Tovar Notary Public,

Date

(here insert name and title of the officer)

personally appeared Linda Velardez

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:  (Seal)

OPTIONAL

Description of Attached Document

Title or Type of Document: 7/24/2015 Number of Pages: 1

Document Date: \_\_\_\_\_ Other: \_\_\_\_\_

**CERTIFICATION OF VITAL RECORD**

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

**CERTIFICATE OF DEATH**

3200636010531

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) <b>VICTOR</b>		3. LAST (Family) <b>VELARDEZ</b>	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy <b>02/20/1960</b>	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. <b>46</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		6. SEX <b>M</b>	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH mm/dd/yyyy <b>10/31/2006</b>	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		8. HOUR (24 Hours) <b>2343</b>	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED. <b>MUSICIAN</b>		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>20125 GASTON ROAD</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MUSIC</b>	
21. CITY <b>PERRIS</b>		19. YEARS IN OCCUPATION <b>15</b>	
22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92570</b>	
24. YEARS IN COUNTY <b>29</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>LINDA VELARDEZ, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>22050 CAJALCO ROAD, PERRIS, CA 92570</b>	
28. NAME OF SURVIVING SPOUSE -- FIRST <b>LINDA</b>		29. MIDDLE <b>R</b>	
31. NAME OF FATHER -- FIRST <b>RALPH</b>		30. LAST (Maiden Name) <b>BELLA</b>	
35. NAME OF MOTHER -- FIRST <b>MARTHA</b>		33. LAST <b>VELARDEZ</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>11/07/2006</b>		34. BIRTH STATE <b>AZ</b>	
40. PLACE OF FINAL DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY</b>		36. BIRTH STATE <b>CA</b>	
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>		37. LAST (Maiden) <b>JIMENEZ</b>	
42. SIGNATURE OF EMBALMER <b>BRIAN HEMPHILL</b>		38. BIRTH STATE <b>CA</b>	
43. LICENSE NUMBER <b>EMB9004</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>MILLER-JONES MORTUARY SUN CITY</b>	
45. LICENSE NUMBER <b>FD1490</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ERIC K FRYKMAN, MD</b>	
47. DATE mm/dd/yyyy <b>11/06/2006</b>		48. SIGNATURE OF LOCAL REGISTRAR <b>ERIC K FRYKMAN, MD</b>	
101. PLACE OF DEATH <b>VA MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice	
104. COUNTY <b>SAN BERNARDINO</b>		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>11201 BENTON ST</b>		106. CITY <b>LOMA LINDA</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>CARDIORESPIRATORY ARREST</b>		108. DEATH REPORTED TO CORONER? (Time Interval Between Onset and Death) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CARDIORESPIRATORY ARREST</b>		109. REFERRAL NUMBER <b>06-8413LU</b>	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) ALCOHOLIC CARDIOMYOPATHY</b>		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>(C)</b>		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>(D)</b>		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES MELLITUS I, SEPSIS, DIABETIC FOOT ULCER</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>RIGHT FOOT DEBRIDEMENT 10/31/2006</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: Attributed Since 10/27/2006 Decedent: Last Seen Alive 10/31/2006		115. SIGNATURE AND TITLE OF CERTIFIER <b>NORMAN LENNARD SPECHT M.D.</b>	
116. LICENSE NUMBER <b>G52839</b>		117. DATE mm/dd/yyyy <b>11/02/2006</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>NORMAN LENNARD SPECHT M.D.</b>		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. 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)		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	
STATE REGISTRAR	A <b>611-15</b>	B	C
D	E	FAX AUTH. #	CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

Nov 15, 2006

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

ERIC FRYKMAN, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

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



001613847

