

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

316 A



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

**SUBMITTAL DATE:**  
**JUL 28 2015**

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 297. Last assessed to: Candido A. Valenzuela and Sandra H. Valenzuela, husband and wife as joint tenants. District 4 [\$65,441] Fund 65595 Excess Proceeds from Tax Sale.

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

1. Approve the claim from Candido Valenzuela aka Candido A. Valenzuela, last assessee for payment of excess proceeds resulting from the Treasurer-Tax Collector's public auction sale associated with parcel 603281016-1;

(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 Treasurer-Tax Collector conducted the February 4, 2014 public auction sale. The deed conveying title to the purchasers at the auction was recorded March 21, 2014. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on April 22, 2014 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

Don Kent  
Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 65,441	\$ 0	\$ 65,441	\$ 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

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:   
Deputy

Prev. Agn. Ref.:

District: 4

Agenda Number:

**9-61**

FORM APPROVED COUNTY COUNSEL  
BY:   
GREGORY P. PRIAMOS  
DATE: 7/28/15

Departmental Concurrence

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

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 297. Last assessed to: Candido A. Valenzuela and Sandra H. Valenzuela, husband and wife as joint tenants. District 4 [\$65,441] Fund 65595 Excess Proceeds from Tax Sale.

**DATE:** JUL 28 2015

**PAGE:** Page 2 of 2

**RECOMMENDED MOTION:**

2. Authorize and direct the Auditor-Controller to issue a warrant to Candido A. Valenzuela aka Candido Valenzuela in the amount of \$65,441.49 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 Candido Valenzuela aka Candido A. Valenzuela based on a Grant Deed recorded September 5, 1984 as Instrument No. 1984-19351, a Grant Deed recorded May 7, 1992 as Instrument No. 166483 and the death certificate of Sandra Lucila Valenzuela.

Pursuant to Section 4675 (a) of the California Revenue and Taxation Code, it is the recommendation of this office that Candido Valenzuela aka Candido A. Valenzuela be awarded excess proceeds in the amount of \$65,441.19. 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):**

Copies of the Excess Proceeds 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 199 Item 297 Assessment No.: 603281016-1

Assessee: VALENZUELA, CANDIDO A & SANDRA H

Situs: 49965 AVENIDA DE PLATA COACHELLA 92236

Date Sold: February 4, 2014

Date Deed to Purchaser Recorded: March 21, 2014

Final Date to Submit Claim: March 23, 2015

RECEIVED  
2014 DEC 30 AM 7:20  
RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 6544.49 from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), ☒ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. \_\_\_\_\_; recorded on \_\_\_\_\_. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint 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 12 day of 22, 2014 at Riverside, CA  
County, State

Candido Valenzuela  
Signature of Claimant

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

Candido Valenzuela  
Print Name

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

P.O. Box #314  
Street Address

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

Indio CA 92202  
City, State, Zip

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

760-702-9620  
Phone Number

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

## **INSTRUCTIONS FOR FILING CLAIM**

(See Claim Form on Reverse Side)

The California Revenue and Taxation Code, Section 4675, states in part (paraphrased):

For the purposes of this article, parties of interest and their order of priority are:

(a) First, lienholders of record prior to the recordation of the tax deed to the purchaser in the order of their priority; and

(b) Then, any person with title of record to all or any portion of the property prior to the recordation of the tax deed to the purchaser.

If you consider yourself to be a party of interest in the sale of tax-defaulted property as defined above, please fill out the reverse of this form stating how you have determined your status as a party of interest. If you need help in filling out the form, please contact our office by telephone at 951-955-3947, mail, or in person.

You must attach copies of documents to support your claim as follows:

1. In case (a), attach a copy of your trust deed or other evidence of lien or security interest, along with a statement under penalty of perjury setting forth the original amount of the lien or interest, the total amount of payments received reducing the original amount of the lien or interest, and the amount still due and payable as of the date of the sale of the tax defaulted property by the Tax Collector.

2. In case (b), attach copies of any other documents (e.g., deed, certified death certificate, will, court order, etc.) supporting your claim.

**PLEASE NOTE:** We cannot, by law, begin processing of claims until one year has passed from the date of the deed to the purchaser. In order to receive consideration by the Riverside County Board of Supervisors, claims must be filed **ON OR BEFORE THE EXPIRATION OF ONE YEAR** following the date of the recording of the deed to the purchaser. Please see the "Date Deed to Purchaser Recorded" appearing on the attached notice (Form 117-170). The Tax Collector will submit a recommendation to the County Board of Supervisors as to what disposition should be made on your claim. Following the Board's review, the claim will either be approved or denied. The Clerk of the Board of Supervisors will notify you of the action taken by the Board. Should the claim be approved, the Auditor-Controller will issue a County warrant in payment. By law, the Auditor-Controller cannot issue a warrant in payment of the approved claim until 90 days following the action taken by the Board.

### **MAIL COMPLETED FORMS TO:**

Don Kent, Treasurer-Tax Collector  
Post Office Box 12005  
Riverside, CA 92502-2205

Attention: Excess Proceeds

5483

RECORDING REQUESTED BY

Recording Requested By  
CHICAGO TITLE COMPANY

AND WHEN RECORDED MAIL TO

NAME Mr. & Mrs. Candido A. Valenzuela  
ADDRESS 49965 Avenida De Plata  
CITY & STATE Coachella, CA 92236 X

MAIL TAX STATEMENTS TO

NAME Same as above  
ADDRESS  
CITY & STATE

RECEIVED FOR RECORD  
AT 2:00 O'CLOCK P.M.

MAY - 7 1992

Recorded in Coachella County, California

by Judy M. Hansen, Recorder

Fee \$

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Documentary transfer tax \$ NONE  
☐ Computed on full value of property conveyed, or  
☐ Computed on full value less liens & encumbrances  
remaining thereon at time of sale.

Signature of declarant or agent determining tax - first name  
☐ Unincorporated area City of

Grant Deed X

PARCEL NO.

This form furnished by Orange Coast Title Company

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Candido A. Valenzuela and Sandra H. Valenzuela, husband and wife

hereby GRANT(S) to

Candido A. Valenzuela and Sandra H. Valenzuela, husband and wife as joint tenants ✓

the following described real property in the City of Coachella  
county of Riverside, state of California:

Lot 32 of Rancho De Oro Estates Unit #1 as shown by map on file in  
Book 36, Pages 51 & 52 of Maps, Records of Riverside County, California

Dated April 15, 1992

Candido A. Valenzuela

Sandra H. Valenzuela

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE } ss.

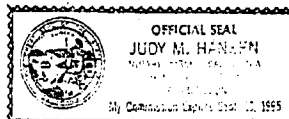
On APRIL 24, 1992 before me, the under-  
signed, a Notary Public in and for said County and State, personally  
appeared CANDIDO A. VALENZUELA AND  
SANDRA H. VALENZUELA \* \* \* \* \*

known to me  
to be the person S whose name ARE subscribed to the within  
instrument and acknowledged that THEY executed the same.

Judy M. Hansen  
Signature of Notary

JUDY M. HANSEN  
Name (Typed or Printed) of Notary

FOR NOTARY SEAL OR STAMP



Title Order No. Escrow No.

MAIL TAX STATEMENTS AS DIRECTED ABOVE

Public Record

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF DEATH

3 200219007109

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN): <b>SANDRA</b>		2. MIDDLE: <b>LUCILA</b>		3. LAST (FAMILY): <b>VALENZUELA</b>	
4. DATE OF BIRTH M/M/DD/CCYY <b>11/08/1956</b>		5. AGE YRS. <b>45</b>		6. SEX <b>F</b>	
7. DATE OF DEATH M/M/DD/CCYY B. HOUR: <b>02/12/2002 0105</b>		8. IF UNDER 24 HOURS MONTHS DAYS HOURS MINUTES		9. IF UNDER 24 HOURS MONTHS DAYS HOURS MINUTES	
9. STATE OF BIRTH: <b>TX</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		12. MARITAL STATUS <b>MARRIED</b>	
13. EDUCATION—YEARS COMPLETED <b>12</b>		14. RACE <b>CAUC.</b>		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES <b>MEX/AMER</b> <input type="checkbox"/> NO	
16. USUAL EMPLOYER <b>SELF EMPLOYED</b>		17. OCCUPATION <b>HOMEMAKER</b>		18. KIND OF BUSINESS <b>OWN HOME</b>	
19. YEARS IN OCCUPATION <b>25</b>		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>49-965 AVENIDA DE PLATA</b>		21. CITY <b>COACHELLA</b>	
22. COUNTY <b>RIVERSIDE</b>		23. ZIP CODE <b>92236</b>		24. YRS IN COUNTY <b>36</b>	
25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. NAME, RELATIONSHIP <b>CANDIDO VALENZUELA—HUSBAND</b>		27. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>49-965 AVENIDA DE PLATA COACHELLA, CA. 92236</b>	
28. NAME OF SURVIVING SPOUSE—FIRST <b>CANDIDO</b>		29. MIDDLE <b>—</b>		30. LAST (MAIDEN NAME) <b>VALENZUELA</b>	
31. NAME OF FATHER—FIRST <b>ALEJANDRO</b>		32. MIDDLE <b>—</b>		33. LAST <b>HERNANDEZ</b>	
34. BIRTH STATE <b>TX</b>		35. NAME OF MOTHER—FIRST <b>NINFA</b>		36. MIDDLE <b>—</b>	
37. LAST (MAIDEN) <b>REYES</b>		38. BIRTH STATE <b>TX</b>		39. DATE M/M/DD/CCYY <b>02/15/2002</b>	
40. PLACE OF FINAL DISPOSITION <b>COACHELLA VALLEY CEMETERY 82-925 AVENUE 52 COACHELLA, CALIFORNIA 92236</b>		41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EXHALMER <i>[Signature]</i>	
43. LICENSE NO. <b>FD 967</b>		44. NAME OF FUNERAL DIRECTOR <b>FITZHENRY FUNERAL HOME</b>		45. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
46. DATE M/M/DD/CCYY <b>02/14/2002</b>		101. PLACE OF DEATH <b>USC UNIVERSITY HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> MOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>LOS ANGELES</b>		105. CITY <b>LOS ANGELES</b>	
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1500 SOUTH SAN PABLO</b>		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) SYSTEMIC FUNGAL INFECTION</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. TIME INTERVAL BETWEEN ONSET AND DEATH <b>DAYS</b>		110. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>RENAL FAILURE, STATUS POST LIVER TRANSPLANTATION</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>LIVER TRANSPLANTATION ---/---/1991</b>		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY <b>01/01/2000</b>	
115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>TSE-LING PONG, M.D. 1355 SAN PABLO LOS ANGELES, CA. 90033</b>		117. DATE M/M/DD/CCYY <b>02/13/2002</b>	
118. I CERTIFY THAT IN MY OPINION, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT LAST SEEN ALIVE M/M/DD/CCYY <b>02/01/2002</b>		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE M/M/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>	
127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. STATE REGISTRAR <b>8191</b>	
130. FAX AUTH. # <b>918-3756</b>		131. CENSUS TRACT		132. STATE REGISTRAR <b>8191</b>	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

MAY 28 2013



\* 002293385 \*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. FBNCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

193517

NAME Mr. and Mrs. Candido A. Valenzuela  
ADDRESS 49-965 Avenida De Plata  
Coachella, CA 92236  
CITY & STATE ZIP

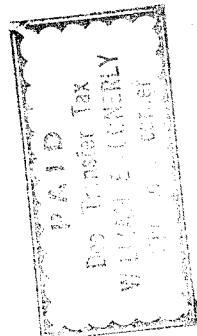
Title Order No. 535376 Escrow No. 1991

RECEIVED FOR RECO  
AT 9:00 O'CLOCK A.M.  
At Request of  
SAFECO TITLE INSURANCE C  
Book 1984, Page 19351

SEP - 5 1984

Recorded in Official Records  
of Riverside County, California

William E. Bondy  
Recorder  
Fees \$



SPACE ABOVE THIS LINE FOR RECORDER'S USE

AP 603-281-016-1

## GRANT DEED

The undersigned declares that the documentary transfer tax is \$ 55.00 and is  
☒ computed on the full value of the interest or property conveyed, or is  
☐ computed on the full value less the value of liens or encumbrances remaining thereon at the time of sale. The land,  
tenements or realty is located in  
☐ unincorporated area ☐ city of Coachella and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

MITCHELL F. BOND and AVIS L. BOND, husband and wife

hereby GRANT(S) to

CANDIDO A. VALENZUELA and SANDRA H. VALENZUELA, husband and wife

the following described real property in the city of Coachella,  
county of Riverside, state of California:

Lot 32 of Rancho De Oro Estates Unit #1 as shown by map on file in Book 36, Pages  
51 and 52 of Maps, Records of Riverside County, California.

Dated July 9, 1984

Mitchell F. Bond

Avis L. Bond

Avis L. Bond

STATE OF CALIFORNIA

COUNTY OF San Diego

SS.

On this the 13th day of July

19 84, before me the undersigned, a

Notary Public in and for said County and State, personally appeared  
Mitchell F. Bond and Avis L. Bond

personally known  
to me or proved to me on the basis of satisfactory evidence to be the

FOR NOTARY SEAL OR STAMP



OFFICIAL SEAL  
Suzanne R. Shuster