

FORM APPROVED COUNTY COUNSEL
 BY: GREGORY P. PRIAMOS DATE: 3/18/16

Departmental Concurrence

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

753
 \$



FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:
MAR 18 2016

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 318. Last assessed to: Marion Helen Jones Rubio, aka Marion Helen Rubio Trustee, or Successor Trustee(s), of the Rubio Living Trust dated 5/28/02. District 4 [\$65,199]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Asset Finders of America, LLC, agent for Doreen L. Ramirez, heir to Marion Helen Jones Rubio, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 502540056-9;

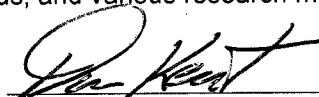
(continued on page two)

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 15, 2011 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 18, 2011. 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 2, 2011, 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	\$ 65,199	\$ 0	\$ 65,199	\$ 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

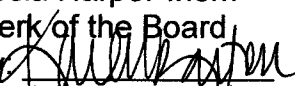
BY: 
 Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
 Nays: None
 Absent: None
 Date: May 24, 2016
 xc: Treasurer

Kecia Harper-Ihem
 Clerk of the Board
 By: 
 Deputy

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

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

9-5

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 318. Last assessed to: Marion Helen Jones Rubio, aka Marion Helen Rubio Trustee, or Successor Trustee(s), of the Rubio Living Trust dated 5/28/02. District 4 [\$65,199]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: MAR 18 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Asset Finders of America, LLC, agent for Doreen L. Ramirez in the amount of \$65,199.47, 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 Asset Finders of America, LLC, agent for Doreen L. Ramirez based on an Authorization for Agent to Collect Excess Proceeds dated May 3, 2012, a Trust Transfer Deed recorded June 26, 2002 as Instrument No. 2002-351857, an Affidavit for Collection of Real and Personal Property Pursuant to California Probate Code 13100-13116 and the death certificate for Marion Jones Rubio.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Asset Finders of America, LLC, agent for Doreen L. Ramirez be awarded excess proceeds in the amount of \$65,199.47. 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

The excess proceeds are being released to the heir of the last assessee of the property.

ATTACHMENTS (if needed, in this order):

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

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

RECEIVED

To: Don Kent, Treasurer and Tax Collector

✓ 2012 MAY 16 PM 4:51

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 189 Item 318 Assessment No.: 502540056-9

Assessee: JONES RUBIO, MARION HELEN TR

Situs: 487 CALLE BEGONIA PALM SPRINGS

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012 ✓

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 65,645.⁰⁰ from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2011-0219364; recorded on 3/15/2011. 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.

(Please see attached)

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants 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 14TH day of MAY, 2012 at SAN DIEGO, CA.
County, State

(Signature)
Signature of Claimant

Signature of Claimant

DAVID PRICE, MANAGING MEMBER
FOR ASSET FINAERS OF AMERICA LLC
Print Name

Print Name

101 CONVENTION CENTER DR. 7TH FLOOR
Street Address

SUITE 700 Street Address

LAS VEGAS, NV. 89109
City, State, Zip

City, State, Zip

(800) 504-2362
Phone Number

Phone Number

AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby appoint Asset Finders of America, LLC as my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of Assessor's Parcel No. 502-540-050-9. Sale No. TC 189..... Item No. 318....., sold at public auction on 3-15-2011..... I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience. I also understand that the total amount of excess proceeds available for distribution is \$ 65,645..... and that I have a right to file a claim for this refund on my own behalf, without the help of an agent. For valuable consideration received, my agent is appointed to act on my behalf.

FIPS #06005 LOT 34 TR 10346 MB 97
 SITS: 487 E. CALLE BECONIA PALM SPRINGS 92262

DOREEN L. RAMIREZ.....
 Print Name
4872 GAINSPORT CIRCLE.....
 Mailing Address (Non U.S. Postal Box No. is not Acceptable)
IRVINE, CA 92604.....
 City, State and Zip Code
(949) 552-6047.....
 Area Code and Daytime Phone Number
 Social Security Number

If acting on behalf of a business entity, I am duly authorized to act in its behalf pursuant to my title as indicated below:

.....
 Title
 Name of Business Entity of Partnership
 Partnership of Corporate Tax I.D. Number

Driver License No. State CA ... Expiration Date 05-04-13.....

Doreen L. Ramirez.....
 Signature of Party of Interest (REQUIRES NOTARIZATION)

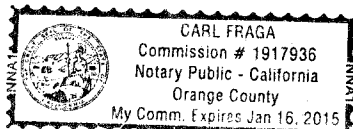
State of California)
 County of Orange)

On May 3rd 2012 before me, Carl Fraga, Notary Public....., personally appeared Doreen L. Ramirez.....

..... 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.....



DISCLOSURE

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

David Price.....
 Signature of Agent (Requires Notarization)

DAVID PRICE..... MANAGING MEMBER FOR
 Print Name ASSET FINDERS OF AMERICA LLC

State of California)
 County of Orange)

101 CONVENTION CENTER DR. SUITE 200 7TH FL.
 Mailing Address (Non U.S. Postal System Box No. is Not Acceptable)
LAS VEGAS, NV 89109.....
 City, State and Zip Code

On May 3rd 2012 before me, Carl Fraga, Notary Public....., personally appeared David Price.....

..... 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.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

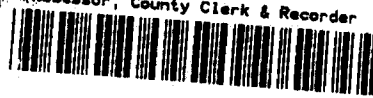
Name MRS. MARION HELEN RUBIO
Address 487 CALLE BEGONIA
City & PALM SPRINGS,
State CA 92262

MAIL TAX STATEMENTS TO

Name
Address SAME AS ABOVE
City & State

DOC # 2002-351857
06/28/2002 08:00A Fee:7.00

Page 1 of 1
Recorded in Official Records
County of Riverside
Gary L. Orao
Assessor, County Clerk & Recorder



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

TRA NO. 011-003
APN NO. 502-540-056-9

TRUST TRANSFER DEED

Grant Deed (Excluded from Reappraisal under Proposition 13, i.e., Calif. Const. Art 13A§ 1 et.seq.) The undersigned Grantors declare under penalty of perjury that the following is true and correct:

THERE IS NO CONSIDERATION FOR THIS TRANSFER.

There is no Documentary transfer tax due. This is a Trust Transfer under §62 of the Revenue and Taxation Code: Transfer to a revocable trust.

GRANTORS: MARION HELEN JONES RUBIO, A WIDOW

hereby GRANTS to MARION HELEN JONES RUBIO, aka MARION HELEN RUBIO trustee, or successor trustee(s), of the RUBIO LIVING TRUST dated 5/28/02

the following described real property in the CITY OF PALM SPRINGS, COUNTY OF RIVERSIDE State of California.

LOT 34 OF THE AMENDED MAP OF TRACT NO. 10346, AS PER MAP RECORDED IN BOOK 97, PAGES 72 TO 81 BOTH INCLUSIVE OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

Dated this 28TH day of MAY, 2002.

Marion Helen Jones Rubio

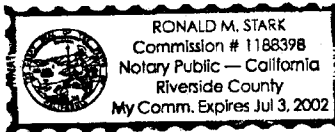
MARION HELEN JONES RUBIO, aka MARION HELEN RUBIO
TRANSFERORS/GRANTORS

State of California
County of Riverside

On MAY 28, 2002, before me, Ronald M. Stark, the Notary Public, personally appeared MARION HELEN JONES RUBIO, aka MARION HELEN RUBIO personally and 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 she executed the same in her authorized capacity, and that by her 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.

Signature *Ronald M. Stark* (Seal)
RONALD M. STARK, Notary Public



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STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
 351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)	RUBIO
MARION	JONES		
4. DATE OF BIRTH (month/day/year)			
07/10/1926			
5. AGE Yrs.		78	
6. SEX			
F			
7. DATE OF DEATH (month/day/year)			
08/12/2004			
8. HOUR (24 Hours)			
1000			
9. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)			
WHITE			
10. DECEASED'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			
SECRETARY			
11. YEARS IN OCCUPATION			
15			
12. DECEASED'S RESIDENCE (Street and number or location)			
487 CALLE BEGONIA AVENUE			
13. CITY			
PALM SPRINGS			
14. COUNTY			
RIVERSIDE			
15. ZIP CODE			
92262			
16. YEARS IN COUNTY			
16			
17. STATE OF BIRTH			
CALIFORNIA			
18. INFORMANT'S NAME, RELATIONSHIP			
DOREEN RAMIREZ - DAUGHTER			
19. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city, state, ZIP)			
4872 GAINSPORT CIRCLE, IRVINE, CA 92604			
20. NAME OF SURVIVING SPOUSE - FIRST			
21. MIDDLE			
22. LAST (Maiden Name)			
23. BIRTH STATE			
24. BIRTH DATE			
25. BIRTH STATE			
26. DISPOSITION DATE (month/day/year)			
08/16/2004			
27. PLACE OF FINAL DISPOSITION			
RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518			
28. TYPE OF DISPOSITION			
CR/BU			
29. SIGNATURE OF EMBALMER			
NOT EMBALMED			
30. LICENSE NUMBER			
31. NAME OF FUNERAL ESTABLISHMENT			
PALM SPRINGS MORTUARY, CATHEDRAL CITY			
32. LICENSE NUMBER			
FD 1513			
33. SIGNATURE OF LOOSE REGISTER			
34. DATE (month/day/year)			
08/16/2004			
35. PLACE OF DEATH			
HI DESERT CONTINUING CARE CENTER			
36. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
SAN BERNARDINO 6722 WHITE FEATHER ROAD			
37. CITY			
JOSHUA TREE			
38. CAUSE OF DEATH			
RESPIRATORY FAILURE			
39. IMMEDIATE CAUSE			
PNEUMONIA			
40. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 38			
VIRAL ENCEPHALITIS, IRREVERSIBLE BRAIN DAMAGE			
41. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation(s))			
NO			
42. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED			
43. SIGNATURE AND TITLE OF CERTIFIER			
ASHRAF A KHAN, MD			
44. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
1401 NORTH PALM CANYON DRIVE, PALM SPRINGS, CA 92262			
45. MANNER OF DEATH			
Natural			
46. PLACE OF INJURY (e.g., Home, construction site, wooded area, etc.)			
47. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
48. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
49. SIGNATURE OF CORONER / DEPUTY CORONER			
50. DATE			
51. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
52. STATE REGISTRAR			
53. FAX AUTH. #			
54. CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SAN BERNARDINO

DATE ISSUED 08/20/2004

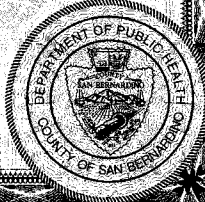
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



JUL 10 1952 MAME B. BEATTY, COUNTY RECORDER
CERTIFICATE OF LIVE BIRTH
 STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **1907** REGISTRAR'S NUMBER **1658**
 10. LAST NAME **Rubio**
 11. MIDDLE NAME **Lynn**
 12. DATE OF BIRTH **May 11, 1952** MONTH DAY YEAR
 13. TIME OF BIRTH **9:07 P.** HOUR

STATE OF CALIFORNIA, } ss.
 County of Los Angeles }

I hereby certify that the attached is a full, true and correct copy of the Certificate of

BIRTH
 of **DOREEN LYNN RUBIO** entered in

Book No. **1571** Page No. **22311** of **RECORD OF BIRTHS**
 which is on file in my office and of which I am the legal custodian.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, this
28 day of **August**, 19**53**.

MAME B. BEATTY, County Recorder
 By *Mary B. Callahan*, Deputy

100 JUL 10 1952 MAME B. BEATTY, COUNTY RECORDER
CERTIFICATE OF LIVE BIRTH
 STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **1907** REGISTRAR'S NUMBER **1658**

1. SEX **Female** 2. MARRIAGE STATUS **Single** 3. MIDDLE NAME **Lynn** 4. LAST NAME **Rubio** 5. DATE OF BIRTH **May 4, 1952** 6. HOURS **9:07 P. M.**

7. CITY OR TOWN **Los Angeles** 8. COUNTY **Los Angeles** 9. CITY OR TOWN **Glendale 5** 10. COUNTY **Los Angeles** 11. MIDDLE NAME **Lynn** 12. LAST NAME **Rubio**

13. ADDRESS **800 So. Adams Street** 14. CITY OR TOWN **Los Angeles 8** 15. COUNTY **Los Angeles** 16. MIDDLE NAME **Lynn** 17. LAST NAME **Rubio**

18. MAILING ADDRESS OF MOTHER **3224 N. 13rd, Pl 409** 19. COLOR OR RACE OF MOTHER **Caucasian**

20. MIDDLE NAME **Helen** 21. LAST NAME **Jones** 22. COLOR OR RACE OF FATHER **Caucasian**

23. MIDDLE NAME **Henry** 24. LAST NAME **Rubio Jr.** 25. COLOR OR RACE OF FATHER **Caucasian**

26. MIDDLE NAME **California** 27. LAST NAME **Jr. Emeline** 28. COLOR OR RACE OF FATHER **Caucasian**

29. SIGNATURE OF FATHER OR OTHER INFORMANT *Marion J. Jones* 30. DATE SIGNED BY FATHER OR OTHER INFORMANT **May 7, 1952**

31. SIGNATURE OF MOTHER *Mame B. Beatty* 32. DATE SIGNED BY MOTHER **May 7, 1952**

33. SIGNATURE OF LOCAL REGISTRAR *John J. ...* 34. DATE SIGNED BY LOCAL REGISTRAR **May 7, 1952**

35. SIGNATURE OF PHYSICIAN *...* 36. DATE SIGNED BY PHYSICIAN **May 7, 1952**

37. SIGNATURE OF NURSE *...* 38. DATE SIGNED BY NURSE **May 7, 1952**

39. SIGNATURE OF MIDWIFE *...* 40. DATE SIGNED BY MIDWIFE **May 7, 1952**

41. SIGNATURE OF OTHER HEALTH OFFICIAL *...* 42. DATE SIGNED BY OTHER HEALTH OFFICIAL **May 7, 1952**

43. SIGNATURE OF REGISTRAR *...* 44. DATE SIGNED BY REGISTRAR **May 7, 1952**

45. SIGNATURE OF PHYSICIAN *...* 46. DATE SIGNED BY PHYSICIAN **May 7, 1952**

47. SIGNATURE OF NURSE *...* 48. DATE SIGNED BY NURSE **May 7, 1952**

49. SIGNATURE OF MIDWIFE *...* 50. DATE SIGNED BY MIDWIFE **May 7, 1952**

51. SIGNATURE OF OTHER HEALTH OFFICIAL *...* 52. DATE SIGNED BY OTHER HEALTH OFFICIAL **May 7, 1952**

ASSET FINDERS OF AMERICA, LLC

PO BOX 5042362
101 Convention Center Drive, 20th Floor, Las Vegas, Nevada 89109
www.afna.biz

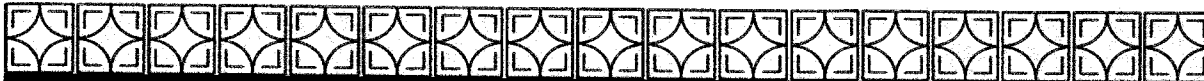
Dear Claims Processing,

Please find the enclosed documents for your review per your claim form instructions:

- 1) Riverside County claim form
- 2) Notarized "Authorization for agent to collect excess proceeds"
- 3) Tax deed document requested on claim form
- 4) Certified copy of Trust transfer deed/grant deed
- 5) Original death certificate of Marion Helen Jones Rubio
- 6) Original birth certificate of Doreen L Rubio (Ramirez)
- 7) Notarized affidavit pursuant to Ca. Probate Code sections 13000-13116
- 8) Official (Ca. driver license) ID for Doreen Ramirez, sole beneficiary
- 9) W-9 form from Asset Finders of America LLC (claimant)
- 10) Notarized limited power -of-attorney for claimant (from Ramirez)

We respectfully request that you return all original documents to us so we may return Them to Ms. Ramirez.

Should you have any questions, please call me, David Price, at (800) 504-2362
Thank you very much.



PETTERSEN & BARK

William D. Pettersen*

David Z. Bark

*Also licensed by the Nevada Bar

Date: May 14, 2012

Dear Riverside County claims processing,

The undersigned is counsel for Asset Finders of America who is an agent and party of interest, pursuant to the provisions set forth in section 4675 of the California revenue and taxation code, in connection with a claim for excess funds arising from the sale of tax defaulted property.

My client has provided the requisite documentation (enclosed herein) necessary to process the claim for excess funds. Should you need any additional information or have any questions please feel free to contact Mr. David Price at (800) 504-2362.

Sincerely,



WILLIAM D. PETERSEN

WDP/ts

**Affidavit for Collection of Real and Personal Property
Pursuant to California Probate Code §13100-13116**

I, DOREEN L. RAMIREZ, state as follows:

1. MARION HELEN RUBIO JONES (name of decedent), died on 8/12/2004 (date of death) in the County of RIVERSIDE, California.
2. At least 40 days have passed since the death of the decedent, as shown by **the attached certified copy of the decedent's death certificate.**
3. No proceeding is now being or **OR** The decedent's Personal Representative has been conducted in California for administration of the decedent's estate. The decedent's Personal Representative has consented in writing to the payment, transfer, or delivery of the property described in this declaration.
4. The current gross value of the decedent's real and personal property in California, excluding the property described in Probate Code §13050, does not exceed \$100,000.00.
5. An inventory and appraisal **OR** There is no real property in the estate. of the real property included in the decedent's estate is attached.
6. The following property is to be paid, transferred or delivered to the undersigned according to Probate Code § 13006 (describe the property to be transferred):
"EXCESS PROCEEDS" DERIVED FROM THE SALE OF TAX DEFAULTED PROPERTY FROM THE RIVERSIDE COUNTY PUBLIC AUCTION HELD ON MARCH 15, 2011 IN THE AMOUNT OF \$65,645.00

7. The successor(s) of the decedent, as defined in Probate Code § 13006 is/are:
DOREEN L. RAMIREZ, THE NATURAL BORN AND ONE SURVIVING CHILD, AND HEIR, OF MARION HELEN (JONES) RUBIO AND THE RUBIO LIVING TRUST DATED 5/28/2002 WHICH WAS THE DEEDHOLDER AT TIME OF DEATH.

8. I am:
 a successor(s) of the decedent **OR** authorized under Probate Code §13051 to the decedent's interest in the described property. to act on behalf of the decedent's successor(s) with respect to the decedent's interest in the described property.
9. No other person has a right to the interest of the decedent in the described property.
10. I request that the above-described property be paid, delivered or transferred to the undersigned.

**Affidavit for Collection of Real and Personal Property
Pursuant to California Probate Code §13100-13116 - continued**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 5/3/2012 Sign Name *Doreen L. Ramirez* Print Name DOREEN L. RAMIREZ
 (If more than one declarant is entitled to receive the described property, all need to sign this affidavit. If this is the case, additional declarants can sign below and on an additional page.)

Date _____ Sign Name N/A Print Name _____
 Date _____ Sign Name N/A Print Name _____
 Date _____ Sign Name N/A Print Name _____
 Date _____ Sign Name N/A Print Name _____

Acknowledgement
(By Notary Public)

State of California)
 County of Orange)

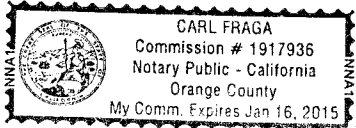
On May 3rd, 2012 (date) before me, personally appeared Doreen L. Ramirez
 [1] **who** proved to me on the basis of satisfactory [2] **evidence** to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he (she) / they executed the same in his (her) / their 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: *[Signature]*
 Print Name: Carl Fraga

My commission expires:
01/16/2015



(Seal)

RECORDING REQUESTED BY:

PETTERSEN & BARK

AND WHEN RECORDED RETURN TO:

c/o PETTERSEN & BARK
1620 Union Street
San Diego, CA 92101

LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That, I, DOREEN L. RAMIREZ the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint Asset Finders Of America principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To receive, hold and negotiate any check drawn in favor of principal. (This power is given solely in connection with the efforts of Asset Finders Of America to recover unclaimed funds on behalf of principal.)

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

This Limited Power of Attorney is granted for a period of ONE YEAR and shall become effective on MAY 3, 2012 and shall terminate on MAY 2, 2013.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 3RD day of MAY, 2012.

[Signature]
[Signature]

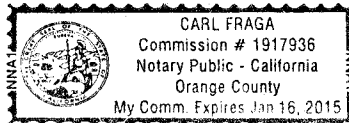
STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO (Orange)

On May 3rd 2012, before me, Carl Fraga, Notary Public, personally appeared Doreen L. Ramirez who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is 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 [Signature] (SEAL)



Green, Shawana

From: Green, Shawana
Sent: Wednesday, October 22, 2014 10:01 AM
To: 'david@afsa.biz'
Subject: Excess Proceeds Claim (EP 189-318)

Hi David,

I am currently working on an excess proceeds claim with APN 502540056-9 for claimant Doreen L. Ramirez. We are going to need something showing that Doreen's last name changed from Rubio to Ramirez. Can she provide a copy of her marriage certificate that shows the change in name?

Shawana Green
County of Riverside
Treasurer-Tax Collector
ssgreen@co.riverside.ca.us

Green, Shawana

From: David Price <david@afoa.biz>
Sent: Monday, November 10, 2014 5:57 PM
To: Green, Shawana
Subject: Re: Excess Proceeds Claim (EP 189-318)

Hi Ms. Green

Very nice to hear from you.

I will put together documentation for you.

I am sorry it took me so long to respond to your email. I have been dealing with some medical issues of late but am anxious to put this account to "bed". It has been quite awhile since this claim was submitted!

Best personal regards,

David

On Wed, Oct 22, 2014 at 10:01 AM, Green, Shawana <SSGreen@co.riverside.ca.us> wrote:

Hi David,

I am currently working on an excess proceeds claim with APN 502540056-9 for claimant Doreen L. Ramirez. We are going to need something showing that Doreen's last name changed from Rubio to Ramirez. Can she provide a copy of her marriage certificate that shows the change in name?

Shawana Green

County of Riverside

Treasurer-Tax Collector

ssgreen@co.riverside.ca.us

--

Kind regards,

David Price

Asset Finders of America

800-504-2362

david@afoa.biz

April 1, 2015

Asset Finders of America LLC
C/O David Price
101 Convention Center Dr. 7th Fl, Ste 700
Las Vegas, NV 89109

Re: APN: 502540056-9
TC 189, Item 318
Date of Sale: March 15, 2011

Dear Sir or Madam:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

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

- | | |
|--|--|
| <input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Notarized Statement of different/misspelled name | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale) |
| <input type="checkbox"/> Notarized Statement Giving Authorization to Certified Death Certificates for | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| <input checked="" type="checkbox"/> Copy of the Rubio Living Trust Dated 5/28/2002 | <input type="checkbox"/> Court Order Appointing Administrator |
| <input checked="" type="checkbox"/> Copy of Marriage Certificate for Doreen L. Ramirez | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input type="checkbox"/> Other - |

If you should have any question

Sincerely,

Shawana Green

Shawana Green
Tax Sales Operation
(951) 955-3947
(951) 955-3990 Fax

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Asset Finders of America LLC C/O David Price 101 Convention Center Dr. 7 th Fl, Ste 700 Las Vegas, NV 89109		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service)		3. Service Type	
EP 189-318 7003 2260 0004 1559 3722		<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.	
DC Form 3811 August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

May 13, 2015

Asset Finders of America, LLC
C/O David Price
101 Convention Center Dr., 7th floor, Ste. 700
Las Vegas, NV 89109

Final Notice

Re: APN: 502540056-9
Situs: 487 Calle Begonia, Palm Springs, CA 92262
TC 189, Item 318
Date of Sale: March 15, 2011

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale.

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

<input type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100	<input checked="" type="checkbox"/> Copy of Marriage Certificate for Doreen L. Ramirez
<input type="checkbox"/> Notarized Statement of different/misspelled	<input type="checkbox"/> Original Note/Payment Book
<input type="checkbox"/> Notarized Statement Giving Authorization to claim on behalf of	<input type="checkbox"/> Updated Statement of Monies Owed (as of dated of tax sale)
<input type="checkbox"/> Certified Death Certificate for	<input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)
<input checked="" type="checkbox"/> Copy of the Rubio Living Trust Dated 05/28/2002	<input type="checkbox"/> Court Order Appointing Administrator
	<input type="checkbox"/> Deed (Quitclaim/Grant etc...)
	<input type="checkbox"/> Other -

If your documentation is not received within 30 days (June 15, 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

ASSET FINDERS OF AMERICA, LLC.

Business Entity Information			
Status:	Active	File Date:	9/13/2011
Type:	Domestic Limited-Liability Company	Entity Number:	E0509672011-0
Qualifying State:	NV	List of Officers Due:	9/30/2015
Managed By:	Managing Members	Expiration Date:	
NV Business ID:	NV20111590658	Business License Exp:	9/30/2015

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	NEVADA CORPORATE HEADQUARTERS, INC	Address 1:	4730 S. FORT APACHE RD SUITE 300
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89147-7947
Phone:		Fax:	
Mailing Address 1:	P O BOX 27740	Mailing Address 2:	
Mailing City:	LAS VEGAS	Mailing State:	NV
Mailing Zip Code:	89126		
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

Officers		<input type="checkbox"/> Include Inactive Officers	
Managing Member - DAVID L PRICE			
Address 1:	PO BOX 27740	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89126	Country:	USA
Status:	Active	Email:	

Actions\Amendments			
Action Type:	Articles of Organization		
Document Number:	20110665274-34	# of Pages:	4
File Date:	9/13/2011	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20110758806-48	# of Pages:	1
File Date:	10/24/2011	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120593974-92	# of Pages:	1

File Date: 8/27/2012	Effective Date:
12-13	
Action Type: Annual List	
Document Number: 20130618246-43	# of Pages: 1
File Date: 9/20/2013	Effective Date:
(No notes for this action)	
Action Type: Annual List	
Document Number: 20140668707-91	# of Pages: 1
File Date: 9/17/2014	Effective Date:
(No notes for this action)	