

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

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SUBMITTAL DATE:

APR 12 2016

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 200, Item 567. Last assessed to: Sarah C. Wall, an unmarried woman and Kevin C. Wall, an unmarried man as joint tenants. District 4 [\$5,388]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Kevin C. Wall, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 721204003-3;

(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, 2014 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 20, 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 July 16, 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

Don Kent

Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 5,388	\$ 0	\$ 5,388	\$ 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*
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: *Kecia Harper-Ihem*
Deputy

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

9-24

FORM APPROVED COUNTY COUNSEL 4/12/16
DATE
BY: GREGORY P. PRIAMOS

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. 200, Item 567. Last assessed to: Sarah C. Wall, an unmarried woman and Kevin C. Wall, an unmarried man as joint tenants. District 4 [\$5,388]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: APR 12 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to Kevin C. Wall in the amount of \$5,388.87, 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 Kevin C. Wall based on a Grant Deed recorded October 7, 2008 as Instrument No. 2008-0543108 and the death certificate for Sarah Bernadette Wall.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Kevin C. Wall be awarded excess proceeds in the amount of \$5,388.87. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

Impact on Citizens and Businesses

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

ATTACHMENTS (if needed, in this order):

A copy of the Excess Proceeds Claim form and supporting documentation is 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 200 Item 567 Assessment No.: 721204003-3

Assessee: WALL, SARAH C & KEVIN C

Situs:

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED

2015 DEC -1 PM 2:45

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 5,388.87 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 2008-0543108, recorded on 10/07/2008. 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.

- ① Claim for Excess Proceeds
- ② Grant Deed, Riverside County Doc # 2008-0543108 recorded 10/07/2008 (2pp)
- ③ Tax Deed to Purchaser of Tax-Defaulted Property, Riverside County Doc. # 2014-022753 recorded 06/20/2014 (2pp)
- ④ Certificate of Death, Riverside County issued

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 28th day of October, 2014 at Nevada, CA
County, State

[Signature]
Signature of Claimant

[Signature] 11/26/15
Signature of Claimant

Kevin C. Wall
Print Name

Kevin Wall
Print Name

10568 Laburnham Circle
Street Address

10568 Laburnham Cir
Street Address

Truckee, CA 96161
City, State, Zip

Truckee, CA 96161
City, State, Zip

530-249-4042
Phone Number

(530) 249-4042
Phone Number

RECORDING REQUESTED BY

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

Sarah C. Wall
71-300 Harbor Drive
North Shore, CA 92254

DOC # 2008-0543108

10/07/2008 08:00A Fee:12.00

Page 1 of 2 Doc T Tax Paid

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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DTT: \$1.10 TRACT 058								CTY	UNI	810

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810

				ALL
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Title Order No. _____

Escrow or Loan No. _____

GRANT DEED

APN 721-204-003

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ 1.10 CITY TAX \$ _____

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- Unincorporated area: City of _____, and

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

I, **JORGE O. GOMEZ**
hereby GRANT(S) to **SARAH C. WALL**, an unmarried woman and
KEVIN C. WALL, an unmarried man as Joint tenants
the following described real property in the County of **RIVERSIDE** State of California:

Lot 120 TRACT 2285 MB 44/92-94

SUBJECT TO: Restrictions common to such tract.

Dated MAY 19, 2008

JORGE O. GOMEZ

STATE OF CALIFORNIA }
COUNTY OF _____ } SS.

On _____ before me, _____

personally appeared _____

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 _____

(This area for official notarial seal)

See attached acknowledgment

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200833009423

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/89)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SARAH		2. MIDDLE BERNADETTE		3. LAST (Family) WALL	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/18/1925		5. AGE Yrs. 83	
9. BIRTH STATE/FOREIGN COUNTRY VA		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (See worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BROKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number or location) 71300 HARBOR DR					
21. CITY MECCA		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92254	
24. YEARS IN COUNTY 15		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP KEVIN WALL, SON			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 10568 LABURMHAM CIRCLE, TRUCKEE, CA 96161		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER - FIRST ROY		32. MIDDLE NORMAN		33. LAST COOK	
34. BIRTH STATE MI		35. NAME OF MOTHER - FIRST AGNES		36. MIDDLE DELORES	
37. LAST (Maiden) FRENCH		38. BIRTH STATE MD			
39. DISPOSITION DATE mm/dd/yyyy 09/20/2008		40. PLACE OF FINAL DISPOSITION RES: KEVIN WALL 7300 HARBOR DR, MECCA, CA 92254			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT FITZHENRY FUNERAL HOME - PDC		45. SIGNATURE OF LOCAL REGISTRAR ERIC K. FRYKMAN, M.D.		46. DATE mm/dd/yyyy 09/16/2008	
101. PLACE OF DEATH ODYSSEY HOUSE					
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 74350 COUNTRY CLUB DR		106. CITY PALM DESERT	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST (B) ACUTE CEREBROVASCULAR ACCIDENT 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 (C) NONE		Time Interval Between Onset and Death (A) MINS (B) WEEK (C) MONTHS (D) YEARS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <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 RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 09/10/2008		115. SIGNATURE AND TITLE OF CERTIFIER ARVINDER BIR M.D.		117. DATE mm/dd/yyyy 09/15/2008	
118. 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		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARVINDER BIR M.D. 71777 SAN JACINTO, RANCHO MIRAGE, CA 92270		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

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

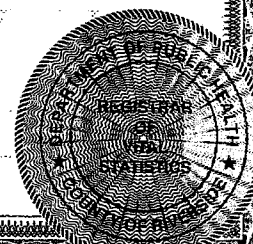
Sep 22, 2008

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



DATE ISSUED

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



REQUESTED BY:
 TREASURER-TAX COLLECTOR
 STOP 1110 DON KENT TAX COLLECTOR
 4080 LEMON ST-4TH FLOOR
 RIVERSIDE, CALIFORNIA 92501

THE ALLEN FAMILY REVOCABLE LIVING TRUST GARY
 ALLEN AND PATRICIA R. ALLEN AS TRUSTEES
 750 S. LINCOLN #104-131
 CORONA, CA 92882

DOC # 2014-0227533

06/20/2014 11:58A Fee:18.00

Page 1 of 2 Doc T Tax Paid

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NO SMF						T:	CTY	UNI	101

TRA 058-162

Doc. Trans. Tax - computed on full value of property conveyed \$ 11.55

Don Kent, Tax Collector

Signature of Declarant

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 C
 061

TAX DEED TO PURCHASER OF TAX-DEFAULTED PROPERTY

On which the legally levied taxes were a lien for Fiscal Year 2007-2008
 and for nonpayment were duly declared to be in default 2008-721204003-0000
 Default Number

This deed, between the Tax Collector of RIVERSIDE County ("SELLER") and THE ALLEN FAMILY REVOCABLE LIVING TRUST GARY ALLEN AND PATRICIA R. ALLEN AS TRUSTEES, A TRUST REGISTERED IN THIS STATE ("PURCHASER") conveys to the PURCHASER free of all encumbrances of any kind existing before the sale, except those referred to in §3712 of the Revenue and Taxation Code, to the real property described herein which the SELLER sold to the PURCHASER at a public auction held on APRIL 29, 2014 pursuant to a statutory power of sale in accordance with the provisions of Division 1, Part 6, Chapter 7, Revenue and Taxation Code, for the sum of \$10,200.00.

NO TAXING AGENCY objected to the sale.

In accordance with law, the SELLER, hereby grants to the PURCHASER that real property situated in said county, State of California, last assessed to WALL, SARAH C & KEVIN C, described as follows:

Assessor's Parcel Number 721204003-3

OUTSIDE CITY

SEE PAGE 2 ENTITLED "LEGAL DESCRIPTION"

State of California Executed on
 County of Riverside APRIL 29, 2014 By Don Kent
 Tax Collector

On June 5, 2014, before me, Larry W. Ward, Assessor, Clerk-Recorder, personally appeared Don Kent, Treasurer and Tax Collector for Riverside County, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.
 Larry W. Ward, Assessor, Clerk Recorder

By: W. Taylor Seal
 Deputy



LEGAL DESCRIPTION

LOT 120 OF TRACT MAP NO. 2285, AS SHOWN BY MAP ON FILE IN BOOK 44, PAGE 92 THRU 94 OF MAPS, RECORDS OF RIVERSIDE COUNTY.

January 28, 2016

Kevin C. Wall
10568 Laburnham Circle
Truckee, CA 96161

Re: APN: 721204003-3
TC 200 Item 567
Date of Sale: April 29, 2014

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"/> Copy of Trust or Will for Sarah C Wall. | <input type="checkbox"/> Original Note/Payment Book |
| <input checked="" type="checkbox"/> <u>If copy of Trust or Will is unavailable,</u>
A Notarized Affidavit for Collection of | <input type="checkbox"/> Updated Statement of Monies Owed
(as of date of tax sale) |
| Personal Property under California | <input type="checkbox"/> Articles of Incorporation (if applicable
Statement by Domestic Stock) |
| Probate Code 13100 signed by <u>ALL</u> heirs. | <input type="checkbox"/> Court Order Appointing Administrator |
| <input type="checkbox"/> Notarized Statement of
different/misspelled | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| <input checked="" type="checkbox"/> Original Certified Death Certificate for
Sarah C. Wall. | <input type="checkbox"/> Other – |
| <input type="checkbox"/> Copy of Marriage Certificate for | |

Please send in all documents within 30 days (**February 29, 2016**). 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
jpazicni@RivCoTTC.org