

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



172

**SUBMITTAL DATE:
JUN 27 2016**

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 200, Item 591. Last assessed to: Mario Guadalupe Rodriguez, a single man and Jose Louis Gonzales Sanchez, a married man as his sole and separate property. District 4 [\$6,093]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Hanna Maria for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 750040066-6;

(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

Treasurer-Tax Collector

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 6,093	\$ 0	\$ 6,093	\$ 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: 16/17

C.E.O. RECOMMENDATION:

APPROVE

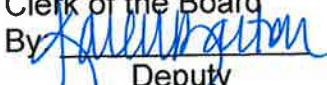
BY: 
Samuel Wong

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Washington, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: July 12, 2016
xc: Treasurer

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

Prev. Agn. Ref.:

District: 4

Agenda Number:

9-19

FORM APPROVED COUNTY COUNSEL
BY: 
GREGORY P. PRIAMOS
DATE: 6/27/16

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 591. Last assessed to: Mario Guadalupe Rodriguez, a single man and Jose Louis Gonzales Sanchez, a married man as his sole and separate property. District 4 [\$6,093]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 27 2016

PAGE: Page 2 of 3

RECOMMENDED MOTION:

2. Deny the claim from Suha Maria;
3. Deny the claim from the Law Office of V. Iyer attorney for Fireside Bank fka Fireside Thrift Co.;
4. Deny the claim from the State of California, Employment Development Department;
5. Deny the claim from the City of Oxnard;
6. Deny the claim from Akbar Sharif, Esq. for Dana Point Seaview Condominium Association;
7. Deny the claim from Riverside County Department of Child Support Services;
8. Deny the claim from the State of California, Franchise Tax Board;
9. Deny the claim from the State of California, State Board of Equalization;
10. Deny the claim from Ashley Wistrom, attorney for Vion Holdings, LLC;
11. Deny the claim from Alex Castellon and Associates, Inc. dba Sapphire Realty;
12. Deny the claim from Cristina Sanchez agent for Jose Louis Gonzales Sanchez;
13. Authorize and direct the Auditor-Controller to issue a warrant to Hanna Maria in the amount of \$6,093.66, 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 twelve claims for excess proceeds:

1. Claim from Hanna Maria based on a Deed of Trust with Assignment of Rents recorded June 26, 2008 as Instrument No. 2008-0348650.
2. Claim from Suha Maria based on a Deed of Trust with Assignment of Rents recorded June 26, 2008 as Instrument No. 2008-0348650.
3. Claim from the Law Office of V. Iyer attorney for Fireside Bank fka Fireside Thrift Co. based on an Abstract of Judgment recorded February 9, 2005 as Instrument No. 2005-0111613.
4. Claim from the State of California, Employment Development Department based on an Abstract of Judgment recorded May 3, 2007 as Instrument No. 2007-0297470.
5. Claim from the City of Oxnard based on an Abstract of Judgment recorded September 24, 2007 as Instrument No. 2007-0597765.
6. Claim from Akbar Sharif, Esq. for Dana Point Seaview Condominium Association based on an Abstract of Judgment recorded June 10, 2009 as Instrument No. 2009-0295045.
7. Claim from Riverside County Department of Child Support Services based on a Notice of Support Judgment recorded December 1, 2011 as Instrument No. 2011-0530069.
8. Claim from the State of California, Franchise Tax Board based on a Notice of State Tax Lien recorded December 5, 2011 as Instrument No. 2011-0534919.
9. Claim from the State of California, State Board of Equalization based on a Notice of State Tax Lien recorded February 21, 2012 as Instrument No. 2012-0075537.
10. Claim from Ashley Wistrom, attorney for Vion Holdings, LLC based on an Abstract of Judgment recorded November 29, 2012 as Instrument No. 2012-0577932.
11. Claim from Alex Castellon and Associates, Inc. dba Sapphire Realty based on an Abstract of Judgment recorded December 13, 2012 as Instrument No. 2012-0606460.
12. Claim from Cristina Sanchez agent for Jose Louis Gonzales Sanchez based on an Authorization for Agent to Collect Excess Proceeds, a Grant Deed recorded August 24, 1990 as Instrument No. 315604 and a Grant Deed recorded June 26, 2008 as Instrument No. 2008-0348649.

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 591. Last assessed to: Mario Guadalupe Rodriguez, a single man and Jose Louis Gonzales Sanchez, a married man as his sole and separate property. District 4 [\$6,093]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: JUN 27 2016

PAGE: Page 3 of 3

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Hanna Maria be awarded excess proceeds in the amount of \$6,093.66. The claim from Suha Maria be denied since she was not a party of interest at the time of the sale. The claims from the Law Office of V. Iyer, attorney for Fireside Bank fka Fireside Thrift Co., the State of California, Employment Development Department, the City of Oxnard, Akbar Sharif, Esq. for Dana Point Seaview Condominium Association, Riverside County Department of Child Support Services, the State of California, Franchise Tax Board, the State of California, State Board of Equalization, Ashley Wistrom, attorney for Vion Holdings, LLC and Alex Castellon and Associates, Inc. dba Sapphire Realty be denied since the liens filed are not associated with our last assessees. Since the amount claimed by Hanna Maria exceeds the amount of excess proceeds available for Jose Louis Gonzales Sanchez's portion of excess proceeds, there are no funds available for consideration for the claim from Cristina Sanchez, agent for Jose Louis Gonzales Sanchez. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Citizens and Businesses

Excess proceeds are being released to the Deed of Trust holder 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 200 Item 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED
2014 AUG -4 PM 2:24
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 6,036.66 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. 2007-0348650 recorded on 6-20-08. 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.

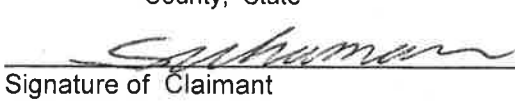
ATTACHED A COPY OF THE SECURED NOTE
AGAINST THE SUBJECT PROPERTY NOTED ABOVE.
AND COPIES OF OUR DRIVER LICENSES

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 21 day of JULY, 20 at SAN DIEGO, CA.
County, State


Signature of Claimant


Signature of Claimant

HANNA MARIA
Print Name

Suha Maria
Print Name

1442 VISTA GRANDE RD
Street Address

1442 Vista Grande Rd
Street Address

EL CAJON, CA 92019
City, State, Zip

EL CAJON, CA 92019
City, State, Zip

619-244-4787
Phone Number

619 444-1948
Phone Number

First American Title

Order No. 2869049-12
 Escrow No. 101-24096-MM
 Loan No.

DOC # 2008-0348650
 06/26/2008 08:00A Fee:23.00

Page 1 of 2
 Recorded in Official Records
 County of Riverside

Larry W. Ward
 Assessor, County Clerk & Recorder



WHEN RECORDED MAIL TO:
Mr. Hanna Maria
1530 Jamacha Road Suite Z
El Cajon, CA 92019

Parcel No. 750040066-6

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
2			2		1				
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
T:							CTY	UNI	001

2869049-12

DEED OF TRUST WITH ASSIGNMENT OF RENTS
 (SHORT FORM)

M

23

This DEED OF TRUST, made August 13, 2007, between **Jose Luis Gonzales Sanchez**, a married man as his sole and separate property, herein called TRUSTOR, whose address is 27895 Hot Wells Rd., Desert Hot Springs, CA 92240, **First American Title Company**, a California corporation, herein called TRUSTEE, and **Hanna Maria, a California Corporation**, herein called BENEFICIARY, WITNESSETH: That Trustor grants to Trustee in Trust with Power of Sale, that property in the **County of Riverside**, State of California, described as

THE NORTH ONE-HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 4 SOUTH, RANGE 7 EAST, SAN BERNARDINO MERIDIAN IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, ACCORDING TO THE OFFICIAL PLAT THEREOF.

SAID PROPERTY IS ALSO KNOWN AS PARCEL 113 OF A RECORD OF SURVEY ON FILE IN BOOK 29 PAGE 86 OF RECORDS OF SURVEY, RIVERSIDE COUNTY, CALIFORNIA, EXCEPT ALL OIL, GAS AND OTHER MINERALS AS RESERVED TO THE UNITED STATES OF AMERICA BY PATENT RECORDED MAY 25, 1972, AS INSTRUMENT NO. 6826.

together with the rents, issues and the profits thereof, subject, however, to the right, power and authority hereinafter given to and conferred upon Beneficiary to collect and apply such rents, issues and profits for the purpose of securing (1) payment of the sum of **\$82,000.00** with interest thereon according to the terms of a promissory note or notes of even date herewith made by Trustor, payable to order of Beneficiary, and extensions or renewals thereof, and (2) the performance of each agreement of Trustor incorporated by reference or contained herein and (3) payment of additional sums and interest thereon which may hereafter be loaned to Trustor, or his successors or assigns, when evidenced by a promissory note or notes reciting that they are secured by this Deed of Trust.

To protect the security of this Deed of Trust, and with respect to the property above described, Trustor expressly makes each and all of the agreements, and adopts and agrees to perform and be bound by each and all of the terms and provisions set forth in subdivision A, and it is mutually agreed that each and all of the terms and provisions set forth in subdivision B of the fictitious deed of trust recorded in Orange County August 17, 1964, and in all other counties August 18, 1964, in the book and at the page of Official Records in the office of the county recorder of the county where said property is located, noted below opposite the name of such county, namely:

COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE	COUNTY	BOOK	PAGE
Alameda	1288	556	Kings	858	713	Placer	1023	379	Sierra	38	187
Alpine	3	130-31	Lake	437	110	Plumas	166	1307	Siskiyou	506	762
Amador	133	438	Lassen	192	367	Riverside	3778	347	Solano	1287	621
Butte	1330	513	Los Angeles	T-3878	874	Sacramento	5039	124	Sonoma	2067	427
Calaveras	185	338	Madera	911	136	SanBenito	300	405	Stanislaus	1970	56
Colusa	323	391	Marin	1849	122	San Bernardino	6213	768	Sutter	655	585
Contra Costa	4684	1	Mariposa	90	453	San Francisco	A-804	596	Tehama	457	183
Del Norte	101	549	Mendocino	667	99	San Joaquin	2855	283	Trinity	108	595
El Dorado	704	635	Merced	1660	753	San Luis Obispo	1311	137	Tulare	2530	108
Fresno	5052	623	Modoc	191	93	San Mateo	4778	175	Tuolumne	135	47
Glenn	469	76	Mono	69	302	Santa Barbara	2065	881	Ventura	2607	237
Humboldt	801	83	Monterey	357	239	Santa Clara	6626	664	Yolo	769	16
Imperial	1189	701	Napa	704	742	Santa Cruz	1638	607	Yuba	398	693
Inyo	165	672	Nevada	363	94	Shasta	800	633			
Kern	3756	690	Orange	7182	18	San Diego	SERIES 5 Book 1964, Page 149774				

shall insure to and bind the parties hereto, with respect to the property above described. Said agreements, terms and provisions contained in said subdivisions A and B, (identical in all counties, and printed on Page 3 of this document hereof) are by the within reference thereto,

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:

Hanna Maria
1442 Vista Grande Rd
El Cajon, CA 92019

EP 200-591

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Hanna Maria

B. Received by (Printed Name) Agent Addressee
Hanna Maria

C. Date of Delivery
11-19-15

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7015 0640 0006 1626 4417**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

November 10, 2015

Hanna Maria
1442 Vista Grande Rd
El Cajon, CA 92019

Re: APN: 750040066-6
 TC 200 Item 591
 Date of Sale: April 29, 2015

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

Please send in all documents within 30 days (**December 10, 2015**). 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

EP 200-591

Hanna Maria - Suha Maria
1442 Vista Grande Road
El Cajon, CA 92019
619-244-4787

November 30, 2015

Attn: Jennifer Pazicni
Tax Sale Operations Unit
County of Riverside, Treasurer-Tax Collector
P. O. Box 12005
Riverside, CA 92502

Re: APN: 750040066-6
TC 200 Item 591
Date of Sale: April 29, 2014
Response to Your Letter Dated November 10, 2015

Dear Ms. Pazicni:

This letter is

(1) to act as a cover letter for an enclosed copy of the promissory note secured by a deed of trust recorded on 6/20/08 as Document No. 2008-0348050 that encumbered the real property which was the subject of the referenced tax sale, and


(2) to confirm that we have received no payment on this obligation since our application claim for excess proceeds from the sale of tax defaulted property, more than \$60,000.00 is currently owing to us on that obligation.

The amount of the original claim was intended to confirm the total amount of any overage. I believe the original sum was provided by someone in your department. I apologize if the amount of claim was less than the actual overage sum available. My intention was to confirm that we were making claim for the total overage amount available.

My records show that a copy of the enclosed secured note was sent with my original claim application on July 21, 2014, but I am enclosing an additional copy with this letter for your convenience.

Thank you for your continuing attention to my claim, and for the continuing assistance of the Riverside Treasurer -Tax Collector's office.

Sincerely,


Hanna Maria


Suha Maria

Enclosure.

*NOTE

*DEED OF TRUST

DO NOT DESTROY THIS NOTE: When paid, said original Note, together with the Deed of Trust securing same, must be surrendered to Trustee for cancellation and retention before reconveyance will be made.

Escrow No: 101-24096-MM

NOTE SECURED BY DEED OF TRUST

STRAIGHT NOTE

\$82,000.00

EL CAJON, CALIFORNIA

AUGUST 10, 2007

On or before, August _____, 2007, and for value received I promise to pay to

Hanna Maria, a married man as his sole and separate property

or order at **El Cajon**, California or at place designated by the holder(s) hereof, the sum of **EIGHTY TWO THOUSAND AND NO/100 (\$82,000.00)** with interest from - **date endorsed** - until paid at the rate of **1.000%** per annum. The whole sum of principal plus accrued interest shall be due and payable on or before **August _____, 2009.**

This Note is subject to Section 2966 of the Civil Code, which provides that the holder of this Note shall give written notice to the Payor, or his successor in interest, of prescribed information at least 90 and not more than 150 days before any balloon payment is due.

Payor reserves the privilege of prepaying this Note in part or in full at any time without prepayment penalty.

Should the Payor or his successors in interest, without consent in writing of the Beneficiary, sell, transfer or convey, or permit to be sold, transferred or conveyed, his interest in the property, or any part thereof, then Beneficiary may, at his option declare all sums secured hereby immediately due and payable.

This Note contains a balloon payment at maturity.

At Beneficiary's option, the maturity of this note may be extended, however, such extension must be a modification, in writing, of this note and executed by both Payor and Beneficiary to become effective.

Each payment shall be credited first on interest then due and the remainder on principal; and interest shall cease upon the principal so credited. Should default be made in payment of any installment when due, the whole sum of principal and interest shall become immediately due at the option of the holder of this Note. Principal and interest shall be payable in lawful money of the United States of America. Should suit be commenced to collect this Note or any portion thereof, such sum as the Court may deem reasonable shall be added hereto as attorney's fees. This Note is secured by a Deed of Trust to **First American Title Company**, a California Corporation as Trustee, affecting the property located at: **27895 Hot Wells Road, Desert Hot Springs, CA 92240.**

Jose Luis Gonzales Sanchez


Jose Luis Gonsales Sanche

Affidavit

To Riverside County

This is to state that Hanna Maria Inc was a typo error and that the beneficiary of the deed of trust with assignment of rents NO 2008-0348650 of the promissory note for \$82,000 is:

HANNA MARIA a married man residing in the state of California.



Hanna Maria
12-09-2015

See attached Notary

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 San Diego

Subscribed and sworn to (or affirmed) before me
 on this 9 day of December, 2015,
 by Hanna Maria
Date Month Year

(1) Hanna Maria

(and (2) _____)

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Brandy Thomas*
Signature of Notary Public



Seal
 Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

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

Accrued Interest for Deed of Trust on 750040066-6

Original Loan Amount **\$82,000.00**
% Rate 1 per annum = \$820.00
Interest per day = \$2.25

Amount owing as of	08/10/2007			\$82,000.00	
Interest from	08/10/2007	to	08/10/2008	\$820.00	\$82,820.00
Interest from	08/10/2008	to	08/10/2009	\$820.00	\$83,640.00
Interest from	08/10/2009	to	08/10/2010	\$820.00	\$84,460.00
Interest from	08/10/2010	to	08/10/2011	\$820.00	\$85,280.00
Interest from	08/10/2011	to	08/10/2012	\$820.00	\$86,100.00
Interest from	08/10/2012	to	08/10/2013	\$820.00	\$86,920.00
Interest from	08/10/2013	to	04/29/2014	\$588.60	\$87,508.60
			(262 Days)		
			Total		\$87,508.60

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 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED
2014 SEP 11 AM 9:31
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 15,101.97 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. 2005-0111613 recorded on 2/9/05. 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.

ABSTRACT OF JUDGMENT DOC # 2005-0111613

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 25th day of August, 2014 at SANTA CLARA COUNTY, CALIFORNIA
County, State



Signature of Claimant

FOR
VIDHYA IYER (LAW OFFICE OF V. IYER)

Print Name

~~4848~~ 4848 San Felipe Road

Street Address

San Jose CA 95135 #150-549

City, State, Zip

408-620-1954

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

LAW OFFICES OF V. IYER

Ph 408-620-1954

4848 SAN FELIPE ROAD | Suite 150-549 | SAN JOSE CA 95135

viyer@viyerlaw.comcastbiz.net

Treasurer-Tax Collector
P.O.Box 12005
Riverside CA 925002

8/25/14

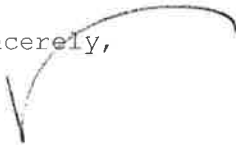
Dear Tax Collector

Re: Excess Proceeds

Please see the attached claim for excess proceeds. Thank you.

Thank you.

Sincerely,



Vidhya Iyer
Attorney
SBN# 235703



RECORDING REQUESTED BY AND MAIL TO:

POLK, PROBER & RAPHAEL,
A Law Corporation
20750 Ventura Blvd., #100
Woodland Hills, CA 91364
(818) 227-0100

DOC # 2005-0111613

02/09/2005 08:00A Fee:18.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



PUBLIC RECORD

M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.	
			3							
									DT	
A	R	L				COPY	LONG	REFUND	NCHG	EXAM

-18-

DOCUMENT TITLE

- ABSTRACT OF JUDGMENT
- ACKNOWLEDGMENT OF SATISFACTION OF JUDGMENT
- OTHER

M
DT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) TEL NO.: (818) 227-0100
 Recording requested by and return to: FAX NO.:
 Dean R. Prober (Bar # 106207) (818) 227-0101
 Polk, Prober & Raphael
 20750 Ventura Blvd., #100, Woodland Hills, California 91364

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

NAME OF COURT: Superior Court of California, County of Riverside
 STREET ADDRESS: 4050 MAIN STREET
 MAILING ADDRESS:
 CITY AND ZIP CODE: RIVERSIDE 92501-3703
 BRANCH NAME: CENTRAL DISTRICT

FOR RECORDERS USE ONLY

PLAINTIFF: Fireside Bank Fka Fireside Thrift Co.
 DEFENDANT: Jose L. Sanchez, Jr.

ABSTRACT OF JUDGMENT Amended

CASE NUMBER: RIC415733

FOR COURT USE ONLY

1. The judgment creditor assigned of record applies for an abstract of judgment and represents the following:
 a. Judgment debtor's

Name and last known address
 JOSE L. SANCHEZ, JR.
 1472 SAN CLEMENTE CIRCLE, UNIT R
 CORONA, CA 92882

NOTIFICATION MAILED
USA POSTAL SERVICE

- b. Driver's license No. and state: Unknown
- c. Social security No.: Unknown
- d. Summons or notice of entry of sister-state judgment was personally served or Mailed to (name and address): JOSE L. SANCHEZ, JR.
1472 SAN CLEMENTE CIRCLE, UNIT R, CORONA, CA 92882
- e. Original abstract recorded in this county:
 (1) Date:
 (2) Instrument No.:

f. Information on additional judgment debtors is shown on page two.

Date: January 12, 2005
 DEAN R. PROBER
 (TYPE OR PRINT NAME)

Dean Prober
 (SIGNATURE OF APPLICANT OR ATTORNEY)

- 2. a. I certify that the following is a true and correct abstract of the judgment entered in this action.
- b. A certified copy of the judgment is attached.
- 3. Judgment creditor (name and address):
 FIRESIDE BANK FKA FIRESIDE THRIFT CO.
 5050 HOPYARD RD., #200, PLEASANTON, CA 94588
- 4. Judgment debtor (full name as it appears in judgment):
 Jose L. Sanchez, Jr.

- 6. Total amount of judgment as entered or last renewed:
 \$ 7,736.45
- 7. An execution lien attachment lien is endorsed on the judgment as follows:
 a. Amount: \$
 b. In favor of (name and address):



a. Judgment entered on (date): January 4, 2005
 b. Renewal entered on (date):
 This abstract issued on (date):
JAN 31 2005

8. A stay of enforcement has
 a. not been ordered by the court.
 b. been ordered by the court effective until (date):
 9. This judgment is an installment judgment.
 Clerk, by J. ARREDONDO, Deputy

4010 Riverside



PLAINTIFF: Fireside Bank Fka Fireside Thrift Co.
DEFENDANT: Jose L. Sanchez, Jr.

CASE NUMBER:
RIC415733

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS

10. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):

14. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):

11. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):

15. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):

12. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):

16. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):

13. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):

17. Name and last known address

Driver's license No. & state: Unknown
Social security No.: Unknown
Summons was personally served at or mailed to (address):



2005-011613
02/09/2005 08:00A
3 of 3

18. Continued on Attachment 18.



RECEIVED

2014 JUL 28 PM 4:34

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR



July 23, 2014

RIVERSIDE COUNTY TREASURER
P.O. BOX 12005
RIVERSIDE, CA 92502-2205
Attn.: EXCESS PROCEEDS

EXCESS PROCEEDS FROM SALE OF TAX-DEFAULTED PROPERTY

Item No.: 591
Last Assessee: JOSE R. SANCHEZ

EDD Account:

Enclosed is the completed Statement of Claim for Excess Proceeds from the sale of tax defaulted property for APN.: 750040066-6

To ensure proper credit to the account, please note the EDD account number listed above on the payment. Send payment to:

CASHIER-BENEFIT RECOVERY
EDD
PO BOX 826806
SACRAMENTO CA 94206

If you have any questions concerning the claim form, you may contact me at (916) 464-1006 .

Sincerely,

K. Christ
Department Representative

Enclosure

CLAIM FOR EXCESS FROM THE SALE OF TAX-DEFAULTED PROPERTY

COUNTY OF RIVERSIDE, TREASURER-TAX COLLECTOR
PO BOX 12005
RIVERSIDE, CA 92502-2205
Attn: TAX COLLECTION DIVISION

Trustor Name: JOSE R. SANCHEZ
APN NO.: 750040066-6
ITEM NO.: 591
SALE DATE.: APRIL 29, 2014
Claimant: EMPLOYMENT DEVELOPMENT DEPARTMENT
Reference No.:
Address: PO BOX 826218, SACRAMENTO, CA 94230-6218
Phone No.: (916) 464-1006

The following amounts were secured by a Deed of Trust or lien on the above-referenced property immediately prior to the Tax Collector's Power of sale for non-payment of taxes, and these amounts remain outstanding to this date:

Principle Balance	\$	819.00
Interest from 04/13/07 to 06/29/14 10% per annum.	\$	749.55
Other Charges: (Costs)	\$	297.90
Less Credit(s) received	\$	78.00
Total Due	\$	<u>1,788.45</u>

- Document evidencing the claim (Attached)
 The claim has been fully released (Attached)

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

Dated July 23, 2014

Signature: 

K. Christ, Department Representative

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

On July 23, 2014 before me, **J. FAHLMAN**, Deputy Clerk, personally appeared **K. CHRIST**, 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:  J. Fahlman

[Seal]



S070434037

RECORDING REQUESTED BY:

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218 ✓
TELEPHONE NO: 1-800-676-5737

WHEN RECORDED MAIL TO:

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
BENEFIT OVERPAYMENT COLLECTION
SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218 ✓

DOC # 2007-0297470 ✓

05/03/2007 08:00A Fee:NC

Page 1 of 3

Recorded in Official Records
County of Riverside

Larry W. Ward
Assessor, County Clerk & Recorder



036

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

ABSTRACT OF JUDGMENT ✓

DOCUMENT TITLE

SEPARATE PAGE, PURSUANT TO GOVT. CODE 27361.6

EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number): 1-800-676-5737
Recording requested by and return to: S070434037
STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT ✓
BENEFIT OVERPAYMENT COLLECTION SECTION, MIC 91
P.O. BOX 826218, SACRAMENTO, CA 94230-6218
 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
STREET ADDRESS: 720 NINTH STREET, ROOM 104
MAILING ADDRESS: 720 NINTH STREET, ROOM 104
CITY AND ZIP CODE: SACRAMENTO, CA 95814
BRANCH NAME: SACRAMENTO - LIMITED CIVIL

FOR RECORDER'S USE ONLY

PLAINTIFF: STATE OF CALIFORNIA, EMPLOYMENT DEVELOPMENT DEPARTMENT
DEFENDANT: JOSE SANCHEZ

CASE NUMBER:
07ED34037 ✓

ABSTRACT OF JUDGMENT - CIVIL AND SMALL CLAIMS Amended

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:
a. Judgment debtor's

Name and last known address

JOSE SANCHEZ
25340 GENTIAN AVE
MORENO VALLEY CA 92551-4606 ✓

b. Driver's license No. and state: Unknown
c. Social security No.: Unknown
d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): (Same as line 1.a. above)

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):
State of California
Employment Development Department
P.O. Box 826218, Sacramento, CA 92430-6218 ✓

5. Original abstract recorded in this county:
a. Date:
b. Instrument No.:

Date: 4/19/2007

S. Allen

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 1,071.90

10. An execution lien attachment lien is endorsed on the judgment as follows:

7. All judgment creditors and debtors are listed on this abstract.

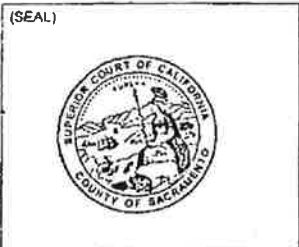
a. Amount: \$
b. In favor of (name and address):

8. a. Judgment entered on (date): 04/13/07
b. Renewal entered on (date):

11. A stay of enforcement has

9. This judgment is an installment judgment.

a. not been ordered by the court.
b. been ordered by the court effective until (date):



This abstract issued on (date):

04/13/07

Clerk, by _____, Deputy

PLAINTIFF:	CASE NUMBER:
DEFENDANT: JOSE SANCHEZ	

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (*name and address*):

14. Judgment creditor (*name and address*):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

16. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (*address*):

17. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (*address*):

18. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (*address*):

19. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (*address*):

20. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (*address*):

21. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (*address*):

22. Continued on Attachment 22.

Account Reconciliation 07/23/14

SSN: <input type="text"/>	<u>Date</u>	<u>Code</u>	<u>Credits</u>	<u>Debits</u>	<u>Transaction Detail</u>
	08/02/06	00		\$819.00	Overpayment
	06/01/07	00		\$9.10	Interest
	07/03/07	00		\$9.40	Interest
	08/01/07	00		\$8.52	Interest
	09/04/07	00		\$9.99	Interest
	10/01/07	00		\$7.93	Interest
	11/01/07	00		\$9.10	Interest
	12/03/07	00		\$9.40	Interest
	01/02/08	00		\$8.81	Interest
Liability Amount	02/01/08	00		\$8.81	Interest
\$819.00	03/03/08	00		\$9.10	Interest
PreJudg. Interest	04/02/08	00		\$8.81	Interest
\$39.90	05/01/08	00		\$8.52	Interest
Court Costs	06/02/08	00		\$9.40	Interest
\$258.00	07/01/08	00		\$8.52	Interest
Interest	08/01/08	00		\$9.10	Interest
\$749.55	09/02/08	00		\$9.40	Interest
Credits/Payments	10/10/08	00		\$15.00	Court Costs
-\$78.00	10/10/08	00		\$11.16	Interest
Amount Due	10/21/08	00		\$30.00	Court Costs
\$1,788.45	11/03/08	00		\$7.25	Interest
	12/01/08	00		\$8.57	Interest
	01/02/09	00		\$9.79	Interest
	02/02/09	00		\$9.49	Interest
	02/13/09	21	-\$78.00		State Tax Refund Offset
	03/02/09	00		\$8.21	Interest
	04/01/09	00		\$8.54	Interest
	05/01/09	00		\$8.54	Interest
	06/01/09	00		\$8.82	Interest
	07/01/09	00		\$8.54	Interest
	08/03/09	00		\$9.39	Interest
	09/02/09	00		\$8.54	Interest
	10/02/09	00		\$8.54	Interest
	11/02/09	00		\$8.82	Interest
	12/01/09	00		\$8.25	Interest
	01/04/10	00		\$9.68	Interest
	02/01/10	00		\$7.97	Interest
	03/01/10	00		\$7.97	Interest
	04/01/10	00		\$8.82	Interest
	05/05/10	00		\$9.68	Interest
	06/01/10	00		\$7.69	Interest
	07/01/10	00		\$8.54	Interest
	08/02/10	00		\$9.11	Interest
	09/03/10	00		\$9.11	Interest
	10/01/10	00		\$7.97	Interest
	11/01/10	00		\$8.82	Interest
	12/01/10	00		\$8.54	Interest
	01/03/11	00		\$9.39	Interest
	02/01/11	00		\$8.25	Interest
	03/01/11	00		\$7.97	Interest

Account Reconciliation 07/23/14

04/11/11	00	\$11.67	Interest
05/02/11	00	\$5.98	Interest
06/01/11	00	\$8.54	Interest
07/01/11	00	\$8.54	Interest
08/01/11	00	\$8.82	Interest
09/01/11	00	\$8.82	Interest
10/03/11	00	\$9.11	Interest
11/01/11	00	\$8.25	Interest
12/24/11	00	\$15.09	Interest
01/03/12	00	\$2.85	Interest
02/01/12	00	\$8.25	Interest
03/01/12	00	\$8.25	Interest
04/02/12	00	\$9.11	Interest
05/01/12	00	\$8.25	Interest
06/01/12	00	\$8.82	Interest
07/03/12	00	\$9.11	Interest
08/01/12	00	\$8.25	Interest
09/04/12	00	\$9.68	Interest
10/01/12	00	\$7.69	Interest
11/01/12	00	\$8.82	Interest
12/04/12	00	\$9.39	Interest
01/02/13	00	\$8.25	Interest
02/01/13	00	\$8.54	Interest
03/01/13	00	\$7.97	Interest
04/02/13	00	\$9.11	Interest
05/01/13	00	\$8.25	Interest
06/03/13	00	\$9.39	Interest
07/02/13	00	\$8.25	Interest
08/01/13	00	\$8.54	Interest
09/03/13	00	\$9.39	Interest
10/01/13	00	\$7.97	Interest
11/01/13	00	\$8.82	Interest
12/03/13	00	\$9.11	Interest
01/03/14	00	\$8.82	Interest
02/03/14	00	\$8.82	Interest
03/04/14	00	\$8.25	Interest
04/01/14	00	\$7.97	Interest
05/01/14	00	\$8.54	Interest
06/02/14	00	\$9.11	Interest

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 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED
2014 JUL 23 PM 4:54
RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 7,784.88 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. 2007-0597765; recorded on 09/24/2007. 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.

Small Claims Case No. HS182649 recorded Abstract of Judgment,
Recorded in both Ventura County and Riverside County

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 21st day of July, 2014 at Ventura, California
County, State

Lorraine Ebdon
Signature of Claimant
on behalf of City of Oxnard

Signature of Claimant

Lorraine Ebdon
Print Name

Print Name

300 W. Third St. #300
Street Address

Street Address

Oxnard CA 93030
City, State, Zip

City, State, Zip

805-385-7483 (Main)
Phone Number
805-385-7792 (Direct line)

Phone Number

DOC # 2007-0597765

09/24/2007 08:00A Fee:NC

Page 1 of 6

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



PLEASE COMPLETE THIS INFORMATION
RECORDING REQUESTED BY:

City of Oxnard
300 West Third Street, No. 300
Oxnard, CA 93030
AND WHEN RECORDED MAIL TO:

City of Oxnard
300 West Third Street, No. 300
Oxnard, CA 93030
Attn: Lorraine Ebdon

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			6						1-
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
							T:	CTY	UNI

1

023

Space above this line for recorder's use only

TRA:
DTT:

M
023

Abstract for Jose Gonzalez, dba: Sunshine Manor MHP

Title of Document

THIS AREA FOR
RECORDER'S
USE ONLY

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
(\$3:00 Additional Recording Fee Applies)

NO FEE GOVT COD 83

RECORDING REQUESTED BY

City of Oxnard
300 West Third St.,
Suite 300
Oxnard, CA 93030

WHEN RECORDED MAIL TO

NAME City of Oxnard
Attn: Lorraine Ebdon
MAILING 300 West Third Street,
ADDRESS Suite 300

CITY, STATE Oxnard, CA
ZIP CODE 93030



20060614-0126980

Pages: 4 Fees: \$9.00
06/14/2006 03:52:08 PM

T200606140126 JL
Ventura County Recorder
Philip J. Schmit

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

Abstract of Judgment for Jose Gonzalez dba Sunshine Manor MRP

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):
Recording requested by and return to:
City of Oxnard
300 West Third St., Ste. 300
Oxnard, CA 93030
Attn.: Lorraine Ebdon

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA
STREET ADDRESS: 300 South Victoria
MAILING ADDRESS:
CITY AND ZIP CODE: Ventura, CA 93009
BRANCH NAME:

FOR RECORDER'S USE ONLY

PLAINTIFF: City of Oxnard

CASE NUMBER:

DEFENDANT: Jose Gonzalez dba Sunshine Manor MHP

MS182649

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS Amended

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

Jose Gonzalez
dba Sunshine Manor MHP
70225 Highway 111, #C10
Rancho Mirage, CA 92270-2997

b. Driver's license No. and state:

Unknown

c. Social security No.:

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):

City of Oxnard, 300 West Third St., Ste. 300, Oxnard, CA 93030

5. Original abstract recorded in this county:

Date: June 8, 2006

a. Date:

b. Instrument No.:

Dolaine Finch, on behalf of the City of Oxnard
(TYPE OR PRINT NAME)

Dolaine Finch
(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 4,329.72

10. An execution lien attachment lien is endorsed on the judgment as follows:

7. All judgment creditors and debtors are listed on this abstract.

a. Amount: \$

8. a. Judgment entered on (date): 05/08/06

b. In favor of (name and address):

b. Renewal entered on (date):

9. This judgment is an installment judgment.

11. A stay of enforcement has

a. not been ordered by the court.

b. been ordered by the court effective until (date):



This abstract issued on (date):

JUN 12 2006

12. a. I certify that this is a true and correct abstract of the judgment entered in this action.

MICHAEL PLANET of the judgment is attached.

Clerk, by *Michael Planet* Deputy

JRA RAMOS

PLAINTIFF: City of Oxnard	CASE NUMBER:
DEFENDANT: Jose Gonzalez dba Sunshine Manor MHP	MS182649

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (name and address):

14. Judgment creditor (name and address):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

16. Name and last known address

17. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

18. Name and last known address

19. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

20. Name and last known address

21. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

22. Continued on Attachment 22.

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA)
) ss
COUNTY OF VENTURA)

I am a resident of the county aforesaid, I am over the age of eighteen years and not a party to the within entitled action; my business address is: 300 West Third Street, Oxnard, California 93030.

On June 9 , 2006, I served the following:

ABSTRACT OF JUDGMENT

By placing a true copy of the aforementioned document to each below named party in a sealed envelope with postage thereon fully prepaid, in the United States mail at Oxnard, California, addressed as follows:

JOSE GONZALEZ
DBA SUNSHINE MANOR MHP
70225 HIGHWAY 111, #C10
RANCHO MIRAGE, CA 92270-2997

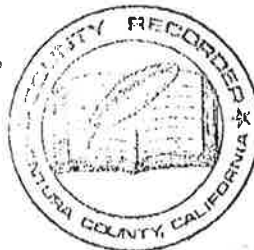
I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on June 8 , 2006, at Oxnard, California.


LeAnne Daly, Sr. Admin. Legal Secretary

This is a true certified copy of the record
if it bears the seal, imprinted in purple ink,
of the County Recorder.

Philip J. Schmitt JUN 21 2006
PHILIP J. SCHMITT, COUNTY RECORDER
VENTURA COUNTY, CALIFORNIA



NO FEE GOVT CODE 27383

RECORDING REQUESTED BY

City of Oxnard
300 West Third St.,
Suite 300
Oxnard, CA 93030

WHEN RECORDED MAIL TO

NAME City of Oxnard
Attn: Lorraine Ebdon
MAILING 300 West Third Street,
ADDRESS Suite 300

CITY, STATE Oxnard, CA
ZIP CODE 93030



20060614-0126980

Pages: 4 Fees: \$0.00

06/14/2006 03:52:06 PM

T20060050722 JL

Ventura County Recorder

Philip J. Schmit

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

TITLE(S)

Abstract of Judgment for Jose Gonzalez dba Sunshine Manor MHP

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):

Recording requested by and return to:

City of Oxnard
300 West Third St., Ste. 300
Oxnard, CA 93030
Attn.: Lorraine Ebdon

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA

STREET ADDRESS: 800 South Victoria

MAILING ADDRESS:

CITY AND ZIP CODE: Ventura, CA 93009

BRANCH NAME:

FOR RECORDER'S USE ONLY

PLAINTIFF: City of Oxnard

DEFENDANT: Jose Gonzalez dba Sunshine Manor MHP

CASE NUMBER:

MS182649

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS Amended

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

Jose Gonzalez
dba Sunshine Manor MHP
70225 Highway 111, #C10
Rancho Mirage, CA 92270-2997

b. Driver's license No. and state:

Unknown

c. Social security No.:

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):

City of Oxnard, 300 West Third St.,
Ste. 300, Oxnard, CA 93030

5. Original abstract recorded in this county:

Date: June 8, 2006

a. Date:

b. Instrument No.:

Delaina Finch, on behalf of the City of Oxnard
(TYPE OR PRINT NAME)

Delaina Finch
(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 4,329.72

10. An execution lien attachment lien is endorsed on the judgment as follows:

7. All judgment creditors and debtors are listed on this abstract.

a. Amount: \$

b. In favor of (name and address):

8. a. Judgment entered on (date): 05/08/06

b. Renewal entered on (date):

9. This judgment is an installment judgment.

11. A stay of enforcement has

a. not been ordered by the court.

b. been ordered by the court effective until (date):



This abstract issued on (date):

JUN 12 2006

12. a. I certify that this is a true and correct abstract of the judgment entered in this action.

MICHAEL J. PLANEY of the judgment is attached.

Clerk, by

Michael J. Planey
Deputy

Deputy

PLAINTIFF: City of Oxnard	CASE NUMBER:
DEFENDANT: Jose Gonzalez dba Sunshine Manor MHP	MS182649

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (name and address):

14. Judgment creditor (name and address):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

16. Name and last known address

17. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

18. Name and last known address

19. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

20. Name and last known address

21. Name and last known address

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

Driver's license No. & state: Unknown
 Social security No.: Unknown
 Summons was personally served at or mailed to (address):

22. Continued on Attachment 22.

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA)
) ss
COUNTY OF VENTURA)

I am a resident of the county aforesaid, I am over the age of eighteen years and not a party to the within entitled action; my business address is: 300 West Third Street, Oxnard, California 93030.

On June 9, 2006, I served the following:

ABSTRACT OF JUDGMENT

By placing a true copy of the aforementioned document to each below named party in a sealed envelope with postage thereon fully prepaid, in the United States mail at Oxnard, California, addressed as follows:

JOSE GONZALEZ
DBA SUNSHINE MANOR MHP
70225 HIGHWAY 111, #C10
RANCHO MIRAGE, CA 92270-2997

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on June 8, 2006, at Oxnard, California.



LeAnne Daly, Sr. Admin. Legal Secretary

0136.0002

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 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED
2014 AUG 12 PM 1:59
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 17,390.11 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. 000908611048; recorded on 6/9/09. 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.

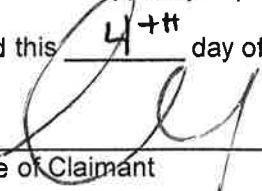
NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

- ABSTRACT OF JUDGMENT SHOWING MARIO RODRIGUEZ AS OUR DEBTOR 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 4th day of AUGUST, 2014 at ORANGE COUNTY, CA
County, State



Signature of Claimant

Signature of Claimant

AKBAR SHARIF, ESQ

Print Name

Print Name

10881 VOW KARMAN SUITE #1000

Street Address

Street Address

IRVINE, CA 92612

City, State, Zip

City, State, Zip

949-833-8633

Phone Number

Phone Number



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, State Bar number, and telephone number):

Recording requested by and return to:

James A. Judge (122227)
The Judge Law Firm, A Law Corporation
19900 MacArthur Blvd. Suite 150
Irvine, CA 92612

6136.0002

949-833-8633

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange
STREET ADDRESS: 23141 Moulton Parkway
MAILING ADDRESS: 23141 Moulton Parkway
CITY AND ZIP CODE: Laguna Hills, California 92653
BRANCH NAME: Harbor Justice Center-Laguna Hills Facility

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			3						
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM 509

PLAINTIFF: DANA POINT SEAVIEW CONDOMINIUM ASSOCIATION, a Mutual Benefit Nonprofit Corporation
DEFENDANT: MARIO RODRIGUEZ

CASE NUMBER:

30-2008-00053167

C
509

FOR COURT USE ONLY

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS Amended

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's Name and last known address

Mario Rodriguez
24341 Pasto Road, Apt. B
Dana Point, CA 92629

b. Driver's license no. [last 4 digits] and state: Unknown

c. Social security no. [last 4 digits]: Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): Mario Rodriguez
24341 Pasto Road, Apt. B
Dana Point, CA 92629

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):
DANA POINT SEAVIEW CONDOMINIUM ASSOCIATION, a Mutual Benefit Nonprofit Corporation 19900 MacArthur Blvd. Ste 150 Irvine, CA 92612

5. Original abstract recorded in this county:

a. Date:
b. Instrument No.:

Date: 2/12/2009

James A. Judge (122227)
(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 10,041.00

10. An execution lien attachment lien is endorsed on the judgment as follows:

7. All judgment creditors and debtors are listed on this abstract.

a. Amount: \$ 0.00
b. In favor of (name and address):

8. a. Judgment entered on (date): 1/30/2009

b. Renewal entered on (date):

9. This judgment is an installment judgment.

11. A stay of enforcement has

a. not been ordered by the court.
b. been ordered by the court effective until (date):



This abstract issued on (date):

APR 03 2009 ALAN CARLSON

12. a. I certify that this is a true and correct abstract of the judgment entered in this action.

A certified copy of the judgment is attached.

Clerk, by J. JENSEN Deputy

PLAINTIFF: DANA POINT SEAVIEW CONDOMINIUM ASSOCIATION, a Mutual Benefit Nonprofit Corporation DEFENDANT: MARIO RODRIGUEZ	CASE NUMBER: 30-2008-00053167
--	----------------------------------

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (*name and address*):
14. Judgment creditor (*name and address*):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

<p>16. Name and last known address</p> <p>_____</p> <p>_____</p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (<i>address</i>):</p>	<p>17. Name and last known address</p> <p>_____</p> <p>_____</p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (<i>address</i>):</p>
--	--

<p>18. Name and last known address</p> <p>_____</p> <p>_____</p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (<i>address</i>):</p>	<p>19. Name and last known address</p> <p>_____</p> <p>_____</p> <p>Driver's license no. [last 4 digits] and state: <input type="checkbox"/> Unknown</p> <p>Social security no. [last 4 digits]: <input type="checkbox"/> Unknown</p> <p>Summons was personally served at or mailed to (<i>address</i>):</p>
--	--

20. Continued on Attachment 20.



2009-0295045
 06/18/2009 08:00A
 2 of 3



LARRY W. WARD
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

Recorder
P.O. Box 751
Riverside, CA 92502-0751
(951) 486-7000

www.riversideacr.com

CERTIFICATION

Pursuant to the provisions of Government Code 27361.7, I certify under the penalty of perjury that the following is a true copy of illegible wording found in the attached document:

(Print or type the page number(s) and wording below):

The judgement
b []
ALAN CARLSON
A certified

2009-0295045
06/10/2009 08:00A
3 of 3

Date: 11/6/08
Signature: [Signature]
Print Name: CASH

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 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED
2014 AUG 18 AM 7:56
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 2,496.⁹⁸ 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. 2011-0530069; recorded on 12-01-2011. 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.

A Notice of Support Judgment (lien) and Case Balance detail history as of date of The sale are attached. As of The date of the sale a balance of \$2,496.⁹⁸ existed. Any payments collected after that date went to current support obligations & did not reduce The amount of The lien at The time of The sale.

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 14th day of August, 2014 at Riverside County, CA
County, State

Glen Brandel
Signature of Claimant

Signature of Claimant

Glen Brandel, Attorney RCDSS
Print Name

Print Name

2041 Iowa Ave.
Street Address

Street Address

Riverside, CA 92507
City, State, Zip

City, State, Zip

951 983-4155
Phone Number

Phone Number

DOC # 2011-0530069
12/01/2011 11:27A Fee:NC
Page 1 of 3
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



RECORDING REQUESTED BY

RIVERSIDE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0606502



WHEN RECORDED MAIL TO

RIVERSIDE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
47950 ARABIA ST
INDIO CA 92201-6828

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT

RIVERSIDE COUNTY DCSS - INDIO BRANCH ✓
47950 ARABIA ST
INDIO CA 92201-6828



11/03/2011

Riverside County Recorder's Office
PO BOX 751
RIVERSIDE CA 92502-0751

CSE Case Number. 200000000995067

Custodial Party:
MARIA RODRIGUEZ

Noncustodial Parent:
MARIO RODRIGUEZ

Court Case Number: INK1101645 ✓

Please record the enclosed legal document(s) and return them to:

RIVERSIDE COUNTY DCSS - INDIO BRANCH ✓
47950 ARABIA ST
INDIO CA 92201-6828

The Department of Child Support Services is exempt from paying recording fees per Government Code Section §6103.9. Thank you for your assistance.

If you have any questions, you may call us at (866) 901-3212.

Sincerely,

ANITA M TRUJILLO
Child Support Representative

Enclosure(s)
cc:

RECORDER'S OFFICE TRANSMITTAL
DCSS 0241 (08/16/04)

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF CHILD SUPPORT SERVICES
I2ENFCSS

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address): <input checked="" type="checkbox"/> Recording requested by and return to: GLEN O. BRANDEL, SENIOR DEPUTY CHILD SUPPORT AT RIVERSIDE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 47950 ARABIA ST INDIO CA 92201-6828 TELEPHONE NO.: (866) 901-3212 <input type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY 200000000995067
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46200 OASIS ST MAILING ADDRESS: 46200 OASIS ST CITY AND ZIP CODE: INDIO 92201-5933 BRANCH NAME: LARSON JUSTICE CENTER (INDIO COURT)	
PETITIONER/PLAINTIFF: COUNTY OF RIVERSIDE RESPONDENT/DEFENDANT: MARIO RODRIGUEZ	

ABSTRACT OF SUPPORT JUDGMENT

CASE NUMBER:
INK1101645

1. The judgment creditor assignee of record applies for an abstract of a support judgment and represents the following:
- a. Judgment debtor's
- name and last known address
- MARIO RODRIGUEZ
15225 WISPERING SAND
#14
DESERT HOT SPRINGS CA 92240
- b. Driver's license no. and state: Unknown
- c. Social security number: XXX-XX (provide only last four) Unknown
- d. Birth date: 08/18/1969 Unknown

FOR COURT USE ONLY

This document is a notice under Family Code Section 4506.

Court stamp not required.

Any electronic signature affixed below has been officially adopted by the requesting governmental agency.

Date: 11/03/2011

GLEN O. BRANDEL
(TYPE OR PRINT NAME)


(SIGNATURE OF APPLICANT OR ATTORNEY)

- | | |
|--|--|
| 2. I CERTIFY that the judgment entered in this action contains an order for payment of spousal, family, or child support.
3. Judgment creditor (name): County of RIVERSIDE
Department of Child Support Services
whose address appears on this form above the court's name.
4. <input checked="" type="checkbox"/> The support is ordered to be paid to the following county officer (name and address):
RIVERSIDE
PO BOX 989067
WEST SACRAMENTO CA 95798-9067 | 5. Judgment debtor (full name as it appears in judgment):
MARIO RODRIGUEZ
6. a. A judgment was entered on (date): 09/27/2011
b. Renewal was entered on (date):
c. Renewal was entered on (date):
7. <input type="checkbox"/> An execution lien is endorsed on the judgment as follows:
a. Amount: \$
b. In favor of (name and address):
8. A stay of enforcement has
a. <input checked="" type="checkbox"/> not been ordered by the court.
b. <input type="checkbox"/> been ordered by the court effective until (date):
9. <input type="checkbox"/> This is an installment judgment. |
|--|--|

[Seal]

This document is a notice under Family Code Section 4506.
No court seal required.

This abstract issued on (date): **No date required under FC § 4506**

This document is a notice under Family Code Section 4506.

Clerk, by No signature required., Deputy

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406): GLEN O. BRANDEL, SENIOR DEPUTY CHILD SUPPORT ATTORNEY RIVERSIDE COUNTY DCSS - INDIO BRANCH 47950 ARABIA ST INDIO CA 92201-6828 200000000995067 TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (760) 863-7114 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE SEP 27 2011 K. Fiore
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46200 OASIS ST MAILING ADDRESS: 46200 OASIS ST CITY AND ZIP CODE: INDIO 92201-5933 BRANCH NAME: LARSON JUSTICE CENTER (INDIO COURT)	
PETITIONER/PLAINTIFF: COUNTY OF RIVERSIDE RESPONDENT/DEFENDANT: MARIO RODRIGUEZ OTHER PARENT: MARIA RODRIGUEZ	
STIPULATION FOR <input checked="" type="checkbox"/> JUDGMENT <input type="checkbox"/> SUPPLEMENTAL JUDGMENT REGARDING PARENTAL OBLIGATIONS AND JUDGMENT	CASE NUMBER: INK1101645

1. This matter proceeded as follows:

- a. By written stipulation without court appearance.
- b. By court hearing, appearances as follows:
 - (1) Date: Dept.: Judicial officer:
 - (2) Petitioner/plaintiff present Attorney present (name):
 - (3) Respondent/defendant present Attorney present (name):
 - (4) Other parent present Attorney present (name):
 - (5) Local child support agency (Family Code, §§ 17400, 17406) by (name):
 - (6) Other (specify):
- c. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent.

2. This order is based on the attached documents (specify):

3. The parties agree that:

- a. The parent ordered to pay support has read and understands the *Advisement and Waiver of Rights for Stipulation* on page 4 of this form. The parent ordered to pay support gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.
- b. The amount of support payable by the party ordered to pay support as calculated under the guideline is \$487.00 per month.
 - We agree to guideline support.
 - The guideline amount should be rebutted because of the following:
 - (1) We have been fully informed of the guideline amount of support; we agree voluntarily to child support in the amount of \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below guideline, no change of circumstances need be shown for the court to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
 - (2) Other rebutting factors (specify):
- c. The computer printout attached shows the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.



PETITIONER/PLAINTIFF: COUNTY OF RIVERSIDE RESPONDENT/DEFENDANT: MARIO RODRIGUEZ OTHER PARENT: MARIA RODRIGUEZ	CASE NUMBER: INK1101645
---	----------------------------

3. d. Petitioner/plaintiff Respondent/defendant Other parent are the parents of the children named in item 3e below.

e. The parent ordered to pay support must pay current child support as follows:

<u>Name of child</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
MARIO RODRIGUEZ	12/11/1993	\$80.00
JASMINE RODRIGUEZ	02/06/1997	\$138.00
NATAN RODRIGUEZ	12/15/2004	\$269.00

(1) Other (specify):

(2) For a total of \$ 487.00 payable on the 1ST day of each month beginning (date): 10/01/2011

(3) The low-income adjustment applies.

The low-income adjustment does not apply because (specify reasons):

(4) Any support ordered will continue until further order of court, unless terminated by operation of law.

f. The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below.

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
MARIO RODRIGUEZ	12/11/1993		
JASMINE RODRIGUEZ	02/06/1997		
NATAN RODRIGUEZ	12/15/2004		

(1) Other (specify):

(2) For a total of \$ payable \$ on the day of each month beginning (date):

(3) Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

g. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearages, unless specifically provided.

h. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

i. All payments must be made to (name and address of agency): CALIFORNIA STATE DISBURSEMENT UNIT
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

j. **An earnings assignment order is issued.**

k. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

l. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

m. If "The parent ordered to pay support" box is checked in item 3i, a health insurance coverage assignment must issue.

PETITIONER/PLAINTIFF: COUNTY OF RIVERSIDE RESPONDENT/DEFENDANT: MARIO RODRIGUEZ OTHER PARENT: MARIA RODRIGUEZ	CASE NUMBER: INK1101645
---	----------------------------

3. n. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- o. The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- p. The parent ordered to pay support must pay costs of \$ _____ to (specify):
on the following terms and conditions (specify):
- q. Other (specify):
OBLIGOR MUST PAY FIFTY PERCENT (50%) OF THE REASONABLE UNINSURED HEALTH CARE COSTS FOR THE CHILDREN AS PROVIDED BY FAMILY CODE SECTION 4062.
- r. Under Family Code 17404 (specify): MARIA RODRIGUEZ is added as a party to this action.

Date: 9/22/11
LLOYD B. PORTER
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

Date: 09/12/2011
MARIO RODRIGUEZ
(TYPE OR PRINT NAME)

(SIGNATURE OF RESPONDENT)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

Date: 9-13-11
MARIA RODRIGUEZ
(TYPE OR PRINT NAME)

(SIGNATURE OF OTHER PARENT)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR OTHER PARENT)

JUDGMENT

4. THE COURT SO ORDERS.

Date: SEP 27 2011
Number of pages attached: 9

Judge Michael J. Naughton

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

PETITIONER/PLAINTIFF: COUNTY OF RIVERSIDE RESPONDENT/DEFENDANT: MARIO RODRIGUEZ OTHER PARENT: MARIA RODRIGUEZ	CASE NUMBER: INK1101645
---	----------------------------

ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION

- RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge only if I dispute that I am the parent of the children named in this action and only on the issue of parentage. I understand that the attorney for the local child support agency does not represent me.
- RIGHT TO A TRIAL.** I understand that I have a right to have a judicial officer (1) determine if I am the parent of the children named in the stipulation, (2) decide how much child support I must pay, and (3) decide how much I owe for arrearages (unpaid support).
- RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence and witnesses.
- RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide on the tests. The court could order that I pay none, some, or all of the costs of the tests.
- ADMISSION AND WAIVER OF RIGHTS.** I understand that by agreeing to the terms of this stipulation, I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.
- WHERE THE STIPULATION INCLUDES CHILD SUPPORT.**
 - I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.
 - I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the local child support agency if one is assigned to collect the support.
 - I have been advised of the amount of guideline child support and how the proposed child support amount was determined.
- WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE.** I understand that I must keep health insurance coverage for the minor children if insurance is available or becomes available to me at no or reasonable cost. A health insurance coverage assignment/*National Medical Support Notice* may be ordered to get health insurance for my children.
- I agree to the terms of this stipulation freely and voluntarily.
- I understand that the local child support agency is required by state law to enforce the duty of support.
- I UNDERSTAND THAT IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME.**
- COLLECTION OF SUPPORT.** I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.
- IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE TERMS OF THE STIPULATION AND THIS ADVISEMENT AND WAIVER OF RIGHTS, AND I UNDERSTAND THESE TERMS.**

I have read and understand the *Advisement and Waiver of Rights for Stipulation*; or
 Attached is a translation of this *Advisement and Waiver of Rights for Stipulation* in (specify language):

I understand the translation.

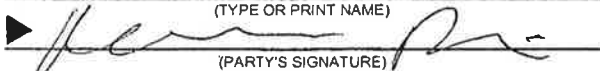
I understand the translation.

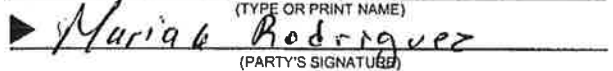
Date: 09/12/2011

Date: 9-13-11

MARIO RODRIGUEZ

MARIA RODRIGUEZ

(TYPE OR PRINT NAME)

(PARTY'S SIGNATURE)

(TYPE OR PRINT NAME)

(PARTY'S SIGNATURE)

DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION: The party/parties indicated below is/are unable to read or understand this *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* because

(Insert name): _____'s primary language is (specify):

(Insert name:) Maria Rodriguez's primary language is (specify):

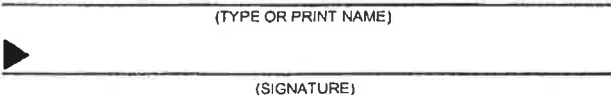
and he or she has has not read the form stipulation translated into this language.

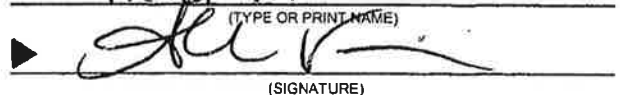
and he or she has has not read the form stipulation translated into this language.

I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* in the party's primary language. The above-named party said he or she understood the terms of this *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* before signing it.

Date:

Date: 9/13/11

(TYPE OR PRINT NAME)

(SIGNATURE)

(TYPE OR PRINT NAME)
Alma Villanueva

(SIGNATURE)

Court Case Number: INK1101645
Petitioner Name: COUNTY OF RIVERSIDE
Respondent Name: MARIO RODRIGUEZ
Other Parent Name: MARIA RODRIGUEZ

Guideline Calculation Results Detail		
	NCP	Other Parent
Tax Setting Details		
Federal Tax Settings		
Include Self-Employment Taxes	NO	NO
Include FICA	YES	YES
Include Medicare	YES	YES
Include Advanced Earned Income Credit	NO	NO
Number of Children for Child Care Credits	0	3
Number of Children for Earned Income Credits	0	3
Number of Children for Child Tax Credits	0	3
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or older	NO	NO
Married Filing Separately, Lived with Spouse Part of the year	NO	NO
State Tax Settings		
Include California State Income Taxes	YES	YES
California State Disability Insurance	YES	YES
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	NO	NO
Number of Children for Child Tax Credits	0	3
Include Other State Income Taxes	NO	NO
Other State Tax Rate		
Other State Tax Amount		
Deduction type when NCP and Other Parent are Married Filing Separately		
Monthly Income Information		
Wages/Salary	2033.00	2534.00
NCP: Based on earned income: \$6081.00 YEAR-TO-DATE from 12/30/2010 to 03/30/2011		
Other Parent: Based on earned income: \$14.62 HOURLY WAGE, 40 hours / week		
Self-Employment Income	0.00	0.00
Unemployment Compensation	0.00	0.00
Disability (Taxable)	0.00	0.00
Imputed Income	NONE	NONE
Other Taxable Income		
Interest Received	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Other Income	0.00	0.00
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Rental Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 1250 Gains	0.00	0.00
Royalties	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Other Non-Taxable Income		
Social Security Income (Non-Taxable)	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received		
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New-Spouse Income		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Court Case Number: INK1101645
Petitioner Name: COUNTY OF RIVERSIDE
Respondent Name: MARIO RODRIGUEZ
Other Parent Name: MARIA RODRIGUEZ

Guideline Calculation Results Detail

	NCP	Other Parent
Monthly Deduction Information		
Child Support Paid (Other Relationships)	0.00	0.00
Spousal Support Paid (This Relationship)	0.00	0.00
Property Tax	0.00	0.00
Mortgage Interest	0.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductible Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Health Insurance Premium	0.00	0.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	0.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	0.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD ' S OR CHILDREN ' S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent ' s court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. Burden to prove. The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. Cost of additional coverage. If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* or FL-683 *Order to Show Cause (Governmental)* and
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is not open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* or FL-300, *Order to Show Cause* and
- FL-310, *Application for Order and Supporting Declaration* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* or FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too. This means someone 18 or over — not you — must serve the other parent copies of your filed court forms at least 16 court days before the hearing. Add 5 calendar days if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). **Court days are weekdays** when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* and FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* and
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

Aviso Sobre Derechos y Responsabilidades
Procedimiento relativo a costos de salud y devolución de dichos costos

Si usted tiene una orden de manutención de menores que disponga la devolución de costos incurridos por servicios de salud para menores y costos no cubiertos por el seguro médico, la ley dice lo siguiente:

1. Aviso. Se debe dar al otro padre una factura detallada relacionando los costos cobrados por servicios de salud que no estén cubiertos por seguro médico. Esta factura se le debe dar al otro padre con antelación razonable y no más tarde de 30 días después de haber recibido dichos cobros de pago.

2. Comprobante de pago total. Si usted ya pagó todos los costos de salud correspondientes a individuos no asegurados, deberá: (1) proporcionar al otro padre el comprobante de haber pagado y (2) pedirle al otro padre que le pague la porción de los costos que al otro padre le corresponda, según la orden del tribunal.

3. Comprobante de pago parcial. Si sólo pagó su porción de los costos no cubiertos por el seguro, debe: (1) darle al otro padre un comprobante indicando que ya pagó dicha porción, (2) pedir al otro padre que pague directamente al proveedor de servicios médicos la parte de los costos que al otro padre le corresponda y (3) darle al otro padre la información necesaria para que pague la factura.

4. Pago que le corresponde al padre notificado. Si usted recibe notificación del otro padre indicando costos incurridos por servicios de salud para individuos sin seguro, deberá pagar la porción que le corresponde a usted dentro del plazo ordenado por el tribunal, o si el tribunal no especifica un plazo, usted deberá pagar dichos costos, ya sea, (1) a más tardar en 30 días, desde la fecha en que recibió la notificación sobre los costos por pagar, (2) Según un horario de pagos fijado por el proveedor de servicios de salud, (3) según un horario acordado por escrito, entre usted y el otro padre o (4) según el horario adoptado por el tribunal.

5. Cuando se disputan los costos. Si usted disputa un costo, puede presentar al tribunal una moción (o pedimento) para resolver la disputa. Sólo podrá hacer esto, si paga el costo antes de presentar la moción. Si su reclamo consiste en que la otra parte no le ha pagado a usted por un costo, o que no le ha pagado al proveedor de servicios de salud después de la notificación apropiada, usted puede presentar una moción ante el tribunal para resolver la disputa.

El tribunal asumirá que si los costos ya se han pagado, dichos costos han sido razonables. Si una persona se comporta de una manera que no sea razonable, el tribunal puede imponerle que pague honorarios de abogado.

6. Cobertura de seguro por orden de tribunal. Si un padre tiene seguro de salud por orden del tribunal, ese seguro se usará todo el tiempo, siempre que esté disponible para cubrir los costos de servicios de salud.

a. Responsabilidad de comprobar. La responsabilidad de comprobar ante el tribunal que la cobertura de servicios de salud es inadecuada para los menores recae sobre la parte que reclama que es inadecuada.

b. Costos de cobertura adicional. Si uno de los padres compra un seguro de salud adicional al que haya sido ordenado por el tribunal, dicho padre deberá pagar todo el costo de la cobertura adicional. Y si uno de los padres usa una manera alterna para cubrir gastos médicos que cuestan más que la cobertura dispuesta por el tribunal, dicho padre tendrá que pagar la diferencia.

7. Proveedor preferido para servicios de salud.

Si la orden del tribunal especifica un proveedor preferido para servicios de salud, dicho proveedor deberá usarse siempre, según los términos de la póliza del seguro de salud. Si una de las partes decide usar un proveedor que no sea al preferido e incurre costos que podrían haber sido cubiertos por el proveedor preferido si se hubieran utilizado sus servicios, dicha parte asumirá la responsabilidad de cubrir los costos incurridos.

Información sobre cómo cambiar una orden judicial sobre manutención de menores

Información general

El tribunal acaba de dar una orden judicial sobre manutención de menores en esta causa. Esta orden permanecerá en efecto, a menos que alguna de las partes de la causa pida que se modifique. Sólo se puede modificar una orden de manutención de menores si se presenta ante el tribunal una moción (o pedimento) de modificación de manutención y si se da una copia de dicha moción a las partes interesadas en la causa. Si ambos padres llegan a un común acuerdo sobre una suma y si la agencia local que vigila la manutención de menores también acepta el acuerdo (si dicha agencia participa), se puede llenar y hacer que cada una de las partes firme una *Estipulación para Establecer o Modificar una Orden de Manutención de Menores* (formulario FL-350) o llenar y hacer que cada una de las partes firme una *Estipulación y Orden (Documento gubernamental)* (formulario FL-625).

¿Cuándo se puede modificar una orden de manutención de menores?

El juez toma varios factores en consideración cuando emite una orden judicial sobre el pago de manutención de menores. Primero, considera, el número de hijos. Luego, determina los ingresos de ambos padres y el porcentaje del tiempo que cada padre asume la custodia física de los hijos. El tribunal estudia el estado tributario (pago de impuestos) de ambas partes y puede tener en cuenta factores de dificultad económica, tales como la existencia de hijos de otra relación. Se puede modificar la orden sobre manutención de menores si ocurre un cambio considerable en los ingresos netos de uno de los padres, un cambio considerable en el tiempo que los menores pasan con cada uno de los padres, o cuando nace un nuevo hijo.

Ejemplos:

- Si a usted se le ha ordenado pagar \$500 mensuales por manutención de menores y luego pierde su empleo, continuará debiendo \$500 mensuales. Además usted deberá el 10% de intereses de la suma de manutención adeudada, a menos que presente una moción pidiendo que se modifique y se reduzca la suma de manutención y que el tribunal ordene dicha reducción
- Si usted está recibiendo \$300 mensuales por manutención de menores provenientes del otro padre y los ingresos de ese padre aumentan considerablemente, usted continuará recibiendo \$300 mensuales, a menos que usted presente una moción para modificar la orden y que el tribunal ordene el aumento de la suma de manutención de menores.
- Si paga manutención de menores basándose en que pasa un 30% de tiempo asumiendo la custodia parcial de sus hijos y después de varios meses, resulta que en efecto pasa el 50% del tiempo a cargo de la custodia física de sus hijos, en dado caso, podrá presentar una moción pidiendo que se reduzca la suma de manutención.

Cómo modificar una orden existente de manutención de hijos menores

Para modificar una orden de manutención de hijos menores usted debe presentar documentos ante el tribunal. Recuerde: Usted tiene la obligación de cumplir la orden judicial existente.

¿Qué formularios necesita?

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso esté abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-680 Aviso de Petición (Gubernamental) o FL-683 Orden de motivos justificativos (Gubernamental) y
- FL-684 Solicitud de orden y declaración de respaldo

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso **no** esté abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-301 Aviso de petición o FL-300 Orden de motivos justificativos y
- FL-310 Solicitud para una orden y declaración de respaldo (Derecho de familia - Paternidad uniforme) o
- FL-390 Aviso de petición y petición simplificada de modificación de orden de manutención de hijos menores, de cónyuge o de familia

También deberá llenar uno de los siguientes formularios:

- FL-150 Declaración de ingresos y gastos o FL-155 Declaración sobre finanzas (Simplificada)

¿Qué puedo hacer si no sé qué formulario llenar?

Hable con el asesor legal del tribunal de familia.

Después de llenar los formularios, radíquelos en el tribunal y pida una audiencia ante el tribunal. Escriba la fecha de su audiencia en su formulario.

En la secretaría le pedirán que pague la cuota de radicación. Si no tiene los medios para pagar la cuota, llene también los siguientes formularios:

- Formulario FW-001 Solicitud de exención de cuotas y costos judiciales
- Formulario FW-003 Orden de exoneración de cuotas y costos judiciales

Usted tiene que hacer la "entrega legal" de los formularios de modificación al otro padre. Si la agencia local que vigila la manutención de hijos menores participa en la causa, entregue también a esa agencia los documentos.

Esto significa que una persona de no menos de 18 años (**y que no sea usted mismo**) debe entregar copias de los formularios por lo menos **16 días hábiles del tribunal** antes de la audiencia. Se deben añadir **5 días calendarios** más si la entrega se hace por correo postal dentro de California (véase Código Civil de Procedimientos, sección 1005 para ver otras situaciones) Los **días hábiles del tribunal** son los días cuando el tribunal está funcionando, de lunes a viernes, exceptuando los días feriados. Los **días calendarios** son todos los días de la semana, incluyendo los fines de semana y los días feriados. Para obtener mayor información, visite: www.courtinfo.ca.gov/selfhelp/courtcalendars

La persona que haga entrega de la copia de los documentos deberá entregar copias de los siguientes formularios:

- FL-320 Declaración de respuesta y FL-150 Declaración de ingresos y gastos o
- FL-155 Declaración de finanzas (Simplificada)

La persona que hace la entrega entonces llena y firma el comprobante de entrega (formularios FL-330 o FL-335). Luego, usted lleva este documento a la secretaría del tribunal para radicarlo.

Vaya a su audiencia ante el tribunal y pídale a juez que modifique la manutención. Lleve consigo sus formularios más recientes de declaración de impuestos federales de los últimos dos años y sus talones de pago de los últimos dos meses. El juez estudiará la información presentada, escuchará a ambos padres y emitirá una orden. Después de la audiencia usted debe llenar los formularios:

- FL-340 Conclusiones y Orden Posterior a la Audiencia y
- FL-342 Documento adjunto con información sobre manutención de menores y orden judicial.

¿Necesita ayuda?

Consulte con el Asesor Legal del Tribunal de Familia de su condado o llame al colegio de abogados de su condado y pida un abogado con experiencia en el tribunal de familia.

Case Balance Detail

FVI Case Number: 20000000995067 Managing County: RIVERSIDE NCP: RODRIGUEZ, MARIO CP: RODRIGUEZ, MARIA

View Options

View Criteria: Debt Type: All Court Case Number: All Payee: All Interstate: All Other Agencies: All Child: All Balance Month: 03/2014

Case Balance Detail

Obligation	Beginning Balance (\$)	Current Obligations (\$)	Current Interest (\$)	Collections (\$)	Adjusted Collections (\$)	Other Balance Changes (\$)	Balance (\$)	Payee	Child	Child Aid Status	Active
Court Case Number: <u>INK1101645</u>											
CHILD SUPPORT - ASSIGNED CURRENT	0.00	<u>259.00</u>	0.00	<u>0.00</u>	0.00	0.00	269.00	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, NATAN</u>	<u>CA</u>	Yes
CHILD SUPPORT - ASSIGNED CURRENT	0.00	<u>138.00</u>	0.00	<u>0.00</u>	0.00	0.00	138.00	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, JASMINE</u>	<u>CA</u>	Yes
CHILD SUPPORT - NAA PRINCIPAL	642.15	<u>0.00</u>	0.00	<u>10.09</u>	0.00	0.00	632.06	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, JASMINE</u>	<u>CA</u>	Yes
CHILD SUPPORT - NAA PRINCIPAL	2.91	<u>0.00</u>	0.00	<u>0.05</u>	0.00	0.00	2.86	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, MARIO</u>	<u>NA</u>	Yes
CHILD SUPPORT - NAA PRINCIPAL	1,251.73	<u>0.00</u>	0.00	<u>19.69</u>	0.00	0.00	1,232.04	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, NATAN</u>	<u>CA</u>	Yes
CHILD SUPPORT - NAA INTEREST	65.99	<u>0.00</u>	5.37	<u>0.00</u>	0.00	0.00	71.36	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, JASMINE</u>	<u>CA</u>	Yes
CHILD SUPPORT - NAA INTEREST	12.57	<u>0.00</u>	0.02	<u>0.00</u>	0.00	0.00	12.59	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, MARIO</u>	<u>NA</u>	Yes
CHILD SUPPORT - NAA INTEREST	128.61	<u>0.00</u>	10.46	<u>0.00</u>	0.00	0.00	139.07	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, NATAN</u>	<u>CA</u>	Yes
CHILD SUPPORT - PAA PRINCIPAL	187.04	<u>0.00</u>	0.00	<u>187.04</u>	0.00	0.00	0.00	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, NATAN</u>	<u>CA</u>	Yes
CHILD SUPPORT - PAA PRINCIPAL	95.96	<u>0.00</u>	0.00	<u>95.96</u>	0.00	0.00	0.00	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, JASMINE</u>	<u>CA</u>	Yes
CHILD SUPPORT - PAA INTEREST	1.43	<u>0.00</u>	0.00	<u>1.43</u>	0.00	0.00	0.00	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, NATAN</u>	<u>CA</u>	Yes
CHILD SUPPORT - PAA INTEREST	0.74	<u>0.00</u>	0.00	<u>0.74</u>	0.00	0.00	0.00	<u>RODRIGUEZ, MARIA</u>	<u>RODRIGUEZ, JASMINE</u>	<u>CA</u>	Yes
SubTotal	2,389.13	407.00	15.85	315.00	0.00	0.00	2,496.98				
Court Case Number: OTHER											
SubTotal	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Total	2,389.13	407.00	15.85	315.00	0.00	0.00	2,496.98				

[View All](#)

Case Balance History									
Month ^	Assistance Status	Managing Office	Beginning Balance (\$)	Current Obligations (\$)	Current Interest (\$)	Collections (\$)	Adjusted Collections (\$)	Other Balance Changes (\$)	Balance (\$)
08/2014	CA(MXD)	Riverside DCSS Indio Branch	4,095.49	407.00	0.00	25.00	0.00	0.00	4,477.49
07/2014	CA(MXD)	Riverside DCSS Indio Branch	3,784.81	407.00	29.68	126.00	0.00	0.00	4,095.49
06/2014	CA(MXD)	Riverside DCSS Indio Branch	3,352.43	407.00	25.38	0.00	0.00	0.00	3,784.81
05/2014	CA(MXD)	Riverside DCSS Indio Branch	2,922.67	407.00	22.76	0.00	0.00	0.00	3,352.43
04/2014	CA(MXD)	Riverside DCSS Indio Branch	2,496.98	407.00	18.69	0.00	0.00	0.00	2,922.67
03/2014	CA(MXD)	Riverside DCSS Indio Branch	2,389.13	407.00	15.85	315.00	0.00	0.00	2,496.98
02/2014	CA(MXD)	Riverside DCSS Indio Branch	2,585.41	407.00	16.72	620.00	0.00	0.00	2,389.13
01/2014	CA(MXD)	Riverside DCSS Indio Branch	2,284.49	407.00	17.92	124.00	0.00	0.00	2,585.41
12/2013	NA	Riverside DCSS Indio Branch	1,909.63	407.00	14.86	47.00	0.00	0.00	2,284.49
11/2013	NA	Riverside DCSS Indio Branch	1,491.59	407.00	11.04	0.00	0.00	0.00	1,909.63
10/2013	NA	Riverside DCSS Indio Branch	1,322.53	407.00	10.06	248.00	0.00	0.00	1,491.59
09/2013	NA	Riverside DCSS Indio Branch	909.14	407.00	6.39	0.00	0.00	0.00	1,322.53



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
COLLECTION ADVISORY TEAM, MS A-240
PO BOX 2952
SACRAMENTO CA 95812-2952

70 288

February 9, 2015

In Reply Refer To:624:CAT:MJA

CLAIM FOR EXCESS PROCEEDS

**RIVERSIDE COUNTY TREASURER
ATT: DON KENT / EXCESS PROCEEDS
P O BOX 12005
RIVERSIDE CA 92502-2205**

Reference Number : 750040066-6
Item Number : 591
Taxpayer (s) : MARIO RODRIGUEZ
FTB Account Number:

I, Deborah Barrett, am the Supervisor of the Collection Advisory Team of the State of California, Franchise Tax Board and am authorized to execute this claim on behalf of said Board.

The Franchise Tax Board hereby claims any or all of the excess proceeds resulting from the trustee sale or tax defaulted sale on April 29, 2014. Pursuant to Government Code Section 6103, State of California Franchise Tax Board is exempt from payment of any fee for processing this claim.

The claim is based on the fact that the Franchise Tax Board was a party in interest in the property at the time of sale and the following proof is submitted to establish rights to the excess proceeds:

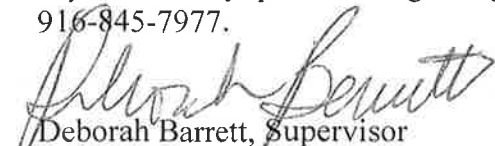
A Certificate of Tax Due and Delinquency reflecting the current tax indebtedness of Mario Rodriguez, Account Number

A perfected and enforceable state tax lien arose upon all real property of Mario Rodriguez pursuant to Revenue and Taxation Code Section 19221.

The amount of the claim for the Franchise Tax Board is **\$3,382.60**, as of April 29, 2014.

I declare under penalty of perjury that the foregoing and attached supporting documents are true and correct.

If you have any questions regarding this claim, contact Matthew Andrade of this department at 916-845-7977.


Deborah Barrett, Supervisor
Collection Advisory Team

**State of California
Franchise Tax Board**

Certificate of Tax Due and Delinquency

Filed Pursuant to Part 10.2, Division 2, Revenue and Taxation Code

State of California)
)
County of Sacramento)

The Franchise Tax Board certifies that:

The taxpayer is delinquent in payment of tax, penalties, and interest imposed upon the taxpayer under the provisions of the California Revenue and Taxation Code.

The name of the taxpayer, the last known address, and the amount of tax, penalties, and interest with reference to which the taxpayer is delinquent are as follows:

MARIO RODRIGUEZ
20455 BARNES RD
PERRIS, CA 92570 - 8994

Tax Year	Tax	Penalties	Interest	Fees	Refunds	Payments	Total
2006	\$6,351.00	\$1,694.61	\$2,939.87	\$79.00	\$0.00	\$7,681.88	\$3,382.60
Total	\$6,351.00	\$1,694.61	\$2,939.87	\$79.00	\$0.00	\$7,681.88	\$3,382.60

Balance reflects the liabilities secured by a recorded or filed Notice of State Tax Lien as of the date of the trustee sale. The current per diem on these liabilities is \$0.27.

The following Notice(s) of State Tax Lien have/has been recorded or filed:

Cert No. 11312465770 recorded in Riverside County on December 5, 2011, for the tax year 2006 under Instrument No. 2011-0534919.

The taxpayer is indebted to the State of California in the above amount; no part of the indebtedness has been paid and the whole thereof is now due, owing and unpaid from the taxpayer to the State of California; the Franchise Tax Board has fully complied with all provisions of the Revenue and Taxation Code relating to the computation and levy of tax, penalties, and interest.

IN WITNESS WHEREOF the Franchise Tax Board has caused this Certificate to be executed in its name and on its behalf and its seal to be affixed by the undersigned, thereunto duly authorized.

February 9, 2015

FRANCHISE TAX BOARD
of the State of California

BY  _____
Matthew Andrade, Specialist
(916) 845-7977

Recording Requested by

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
Sacramento CA 95812-2952 ✓

DOC # 2011-0534919 ✓
12/05/2011 08:55A Fee:NC
Page 1 of 1
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder

And When Recorded Mail to

Special Procedures Section ✓
PO BOX 2952
Sacramento CA 95812-2952



028
M
028



Notice of State Tax Lien ✓

Filed With: RIVERSIDE

Certificate Number: 11312465770 ✓

The Franchise Tax Board of the State of California hereby certifies that the following named taxpayer(s) is liable under parts 10 or 11 of Division 2 of the Revenue and Taxation Code to the State of California for amount due and required to be paid by said taxpayer(s) as follows:

Name of Taxpayer(s) : MARIO RODRIGUEZ

FTB Account Number :

Social Security Number(s) :

Last Known Address : PO BOX 1614
: PERRIS CA 92572-1614 ✓

For Taxable Years : 2006

Total Lien Amount * : \$28,510.12

Further interest and fees will accrue at the rate prescribed by law until paid; that the Franchise Tax Board of the State of California complied with all of the provisions of parts 10 or 11 of Division 2 of the Revenue and Taxation Code of the State of California in computing, levying, determining and assessing the tax; the said amounts are due and payable and have not been paid. Said lien attaches to all property and rights to such property now owned or later acquired by the taxpayer.

IN WITNESS WHEREOF, the Franchise Tax Board of the State of California has duly authorized the undersigned to execute this Notice in its name.

Dated: 11/14/11

FRANCHISE TAX BOARD
of the State of California

Collection Bureau
Telephone Number: (916) 845-4350

By:

Authorized facsimile signature.

*Additional interest is accruing at the rate prescribed by law.

FTB 2930 V1 ARCS (REV 03-2011)



STATE BOARD OF EQUALIZATION

450 N STREET, MIC:55, SACRAMENTO, CALIFORNIA
PO BOX 942879, SACRAMENTO, CALIFORNIA 94279-0055
TELEPHONE 916-445-1123 • FAX 916-327-0615
www.boe.ca.gov

RECEIVED
2014 JUL 29 AM 6:58
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

BETTY T. YEE
First District, San Francisco

SEN. GEORGE RUNNER (Ret.)
Second District, Lancaster

MICHELLE STEEL
Third District, Orange County

JEROME E. HORTON
Fourth District, Los Angeles

JOHN CHIANG
State Controller

CYNTHIA BRIDGES
Executive Director

July 24, 2014

County of Riverside
P.O. Box 12005
Riverside, CA 92502-2205

Attn: Excess Proceeds
Assessment No. 750040066-6

JOSE GONZALEZ
Certificate No. BE-1282775
Account No.

Mr. Don Kent:

In your letter dated 7/16/14, you advised that you are holding surplus funds from the sale of Tax-Defaulted property owned by Jose Gonzalez.

Jose Gonzalez owes the State Board of Equalization \$2,754.28 with interest calculated to 4/29/14, the date of the foreclosure sale. Notice of State Tax Lien (copy of document enclosed) secures the full amount.

Therefore, the State Board of Equalization makes claim to any surplus proceeds, with our interest substantiated by Certificate No. BE-1282775 as mentioned above. Thank you for your cooperation.

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

Sincerely,

Louella Lu
Business Taxes Representative
Special Operations Branch

RECORDING REQUESTED BY
STATE OF CALIFORNIA
BOARD OF EQUALIZATION

AND WHEN RECORDED MAIL TO:

STATE BOARD OF EQUALIZATION
PO BOX 942879
SACRAMENTO, CALIFORNIA 94279-0055

DOC # 2012-0075537

02/21/2012 01:17P Fee:NC

Page 1 of 1

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
						T:	CTY	UNI	043

NOTICE OF STATE TAX LIEN

Chapter 14 (Commencing with section 7150 of Division 7 of Title 1 of the Government Code)

RIVERSIDE

33

Account No.

Certificate No. BE- 1282775

The State Board of Equalization of the State of California, hereby certifies that the following named taxpayer(s)
JOSE GONZALEZ

whose last known address was 1440 S ANAHEIM BLVD, ANAHEIM, CA 92805-6213

is (are) liable to the State of California for amounts due from and required to be paid by said taxpayer(s) and duly levied and determined under the provisions of the California Sales and Use Tax Law, Part 1, 1.5 and where applicable, Part 1.6.

PERIOD	ASSESSMENT	TAX	INTEREST	PENALTY	TOTAL
05/20/04 05/20/04	04/14/08	\$1,395.00	\$886.02	\$279.00	\$2,560.02
TOTAL		\$1,395.00	\$886.02	\$279.00	\$2,560.02

Additional interest accrues after January 31, 2012, at the modified adjusted rate established pursuant to section 6591.5 of the Revenue and Taxation Code. Additional penalties may accrue by operation of law.

The State Board of Equalization further certifies that it has complied with all of the provisions of the above-cited law, act, or ordinance in its determination of the amounts required to be paid.

The liability above set forth is a lien upon all real property and rights to such property, including all after-acquired property and rights to property belonging to the above-named taxpayer(s).



Dated January 27, 2012
 At Sacramento, California

The State Board of Equalization of the State of California has caused this Notice to be issued in its name by its representative thereon duly authorized by resolution of said Board.

The agency has adopted the use of a facsimile signature as shown below:

By 
 D.S. Abel, Authorized Representative

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 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

I/We, pursuant to ^{plus post judgment interest at the rate of 10% per annum.} Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 6,172.02 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. 2012-0577932; recorded on 11/29/12. 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 Copy of judgment filed 9/7/12
- ② copy of abstract of judgment recorded 11/29/12

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 29 day of July, 2014 at Sacramento, CA
County, State

[Signature]
Signature of Claimant

Signature of Claimant

Ashley Wistrom - attorney for claimant Vion Holdings LLC
Print Name

Print Name

Nelson B Kennard 2100 Harvard St. #160
Street Address

Street Address

Sacramento CA 95815
City, State, Zip

City, State, Zip

(866) 920-2295
Phone Number

Phone Number

RECEIVED
2014 AUG -4
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR
AM 8:24

TO BE RECORDED IN:
RIVERSIDE COUNTY

DOC # 2012-0577932

11/29/2012 03:02P Fee:26.00

Page 1 of 3

Recorded in Official Records
County of Riverside

Larry W. Ward
Assessor, County Clerk & Recorder



FILE NO. 11-19647-0
RECORDING REQUESTED BY:
DONALD G. NELSON
WHEN RECORDED MAIL TO:
NELSON & KENNARD
P.O. BOX 13807
SACRAMENTO, CA 95853

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			3						
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NOTICE SENT					T:	CTY	UNI		

TITLE(S)

ABSTRACT OF JUDGMENT

M
013

02 26

VION HOLDINGS LLC v. JOSE SANCHEZ , et al.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and telephone number):

Recording requested by and return to:

ROBERT SCOTT KENNARD, S.B.N. 117017
NELSON & KENNARD (916) 920-2295
2180 Harvard Street, Suite 160
Sacramento, CA 95815
File No. 11-19647-0

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA
STREET ADDRESS: 600 Administration Dr. Rm.107J
MAILING ADDRESS: 600 Administration Dr. Rm.107J
CITY AND ZIP CODE: Santa Rosa, CA 95403
BRANCH NAME: LIMITED CIVIL CASE

FOR RECORDER'S USE ONLY

PLAINTIFF: VION HOLDINGS LLC

DEFENDANT: JOSE SANCHEZ, et al.

CASE NUMBER:

MCV222360

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS Amended

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

JOSE SANCHEZ
3129 JANE ST
Riverside, California 92506-4364

b. Driver's license no. [last 4 digits] and state: Unknown

c. Social security no. [last 4 digits]: ***-**-**** Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

JOSE SANCHEZ, 3129 JANE ST, Riverside, California 92506-4364

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):

VION HOLDINGS LLC,
c/o NELSON & KENNARD P.O. Box 13807, Sacramento, CA 95853
Date: October 9, 2012
ROBERT SCOTT KENNARD

5. Original abstract recorded in this county:

a. Date:
b. Instrument No.:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 6,172.02

10. An execution lien attachment lien is endorsed on the judgment as follows:

7. All judgment creditors and debtors are listed on this abstract.

a. Amount: \$

8. a. Judgment entered on (date): September 7, 2012

b. In favor of (name and address):

b. Renewal entered on (date):

9. This judgment is an installment judgment.

11. A stay of enforcement has
a. not been ordered by the court.

b. been ordered by the court effective until (date):

12. a. I certify that this is a true and correct abstract of the judgment entered in this action.

b. A certified copy of the judgment is attached.



This abstract issued on (date):
OCT 31 2012

JOSE O. GUILLEN

Clerk, by

Angela Mendia

Deputy

PLAINTIFF: VION HOLDINGS LLC
DEFENDANT: JOSE SANCHEZ, et al.

CASE NUMBER:
MCV222360

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (name and address):

14. Judgment creditor (name and address):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

16. Name and last known address

[]

Driver's license no. [last 4 digits] and state:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (address):

17. Name and last known address

[]

Driver's license no. [last 4 digits] and state:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (address):

18. Name and last known address

[]

Driver's license no. [last 4 digits] and state:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (address):

19. Name and last known address

[]

Driver's license no. [last 4 digits] and state:

Unknown

Social security no. [last 4 digits]:

Unknown

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

- 0720024101574925 -

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Helen Braginsky, S.B.N. 282359 File No. 11-19647-0 NELSON & KENNARD 2180 Harvard Street, Ste. 160 (95815) P.O. Box 13807 Sacramento, CA 95853 TELEPHONE NO: (916) 920-2295 FAX NO. (Optional): (916) 920-06082 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): VION HOLDINGS LLC	FOR COURT USE ONLY ENDORSED FILED SEP 07 2012 SUPERIOR COURT OF CALIFORNIA COUNTY OF SONOMA										
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA STREET ADDRESS: 600 Administration Dr. Rm.107J MAILING ADDRESS: 600 Administration Dr. Rm.107J CITY AND ZIP CODE: Santa Rosa, CA 95403 BRANCH NAME: LIMITED CIVIL CASE											
PLAINTIFF/PETITIONER: VION HOLDINGS LLC DEFENDANT/RESPONDENT: JOSE SANCHEZ, et al.											
<table border="1"> <tr> <td colspan="3" style="text-align: center;">JUDGMENT</td> <td rowspan="2">CASE NUMBER: MCV222360</td> </tr> <tr> <td><input checked="" type="checkbox"/> By Clerk</td> <td><input checked="" type="checkbox"/> By Default</td> <td><input type="checkbox"/> After Court Trial</td> </tr> <tr> <td><input type="checkbox"/> By Court</td> <td><input type="checkbox"/> On Stipulation</td> <td><input type="checkbox"/> Defendant Did Not Appear at Trial</td> </tr> </table>		JUDGMENT			CASE NUMBER: MCV222360	<input checked="" type="checkbox"/> By Clerk	<input checked="" type="checkbox"/> By Default	<input type="checkbox"/> After Court Trial	<input type="checkbox"/> By Court	<input type="checkbox"/> On Stipulation	<input type="checkbox"/> Defendant Did Not Appear at Trial
JUDGMENT			CASE NUMBER: MCV222360								
<input checked="" type="checkbox"/> By Clerk	<input checked="" type="checkbox"/> By Default	<input type="checkbox"/> After Court Trial									
<input type="checkbox"/> By Court	<input type="checkbox"/> On Stipulation	<input type="checkbox"/> Defendant Did Not Appear at Trial									

JUDGMENT

1. **BY DEFAULT**

- a. Defendant was properly served with a copy of the summons and complaint.
- b. Defendant failed to answer the complaint or appear and defend the action within the time allowed by law.
- c. Defendant's default was entered by the clerk upon plaintiff's application.
- d. **Clerk's Judgment** (Code Civ. Proc., § 585(a)). Defendant was sued only on a contract or judgment of a court of this state for the recovery of money.
- e. **Court Judgment** (Code Civ. Proc., § 585(b)). The Court considered
 - (1) plaintiff's testimony and other evidence.
 - (2) plaintiff's written declaration (Code Civ. Proc., § 585(d)).

2. **ON STIPULATION**

- a. Plaintiff and defendant agreed (stipulated) that a judgment be entered in this case. The court approved the stipulated judgment and
- b. the signed written stipulation was filed in the case.
- c. the stipulated was stated in open court the stipulation was stated on the record.

3. **AFTER COURT TRIAL.** The jury was waived. The court considered the evidence.

- a. The case was tried on (date and time):
before (name of judicial officer):
- b. Appearances by:

<input type="checkbox"/> Plaintiff (name each):	<input type="checkbox"/> Plaintiff's attorney (name each):
(1)	(1)
(2)	(2)
<input type="checkbox"/> Continued on Attachment 3b.	
<input type="checkbox"/> Defendant (name each):	<input type="checkbox"/> Defendant's attorney (name each):
(1)	(1)
(2)	(2)
<input type="checkbox"/> Continued on Attachment 3b.	
- c. Defendant did not appear at trial. Defendant was properly served with notice of trial.
- d. A statement of decision (Code Civ. Proc., § 632) was not was requested.

PLAINTIFF: VION HOLDINGS LLC DEFENDANT: JOSE SANCHEZ, et al.	CASE NUMBER: MCV222360
---	---------------------------

JUDGMENT IS ENTERED AS FOLLOWS BY: THE COURT THE CLERK

4. **Stipulated Judgment.** Judgment is entered according to the stipulation of the parties.

5. **Parties.** Judgment is

a. for plaintiff (*name each*):

VION HOLDINGS LLC

and against defendant (*names*):

JOSE SANCHEZ

c. for cross-complainant (*name each*):

and against cross-defendant (*name each*):

Continued on Attachment 5a.

b. for defendant (*name each*):

Continued on Attachment 5c.

d. for cross-defendant (*name each*):

6.. **Amount.**

a. Defendant named in 5a above must pay plaintiff on the complaint.

(1) <input checked="" type="checkbox"/> Damages	\$	5,738.52
(2) <input checked="" type="checkbox"/> Prejudgment interest at the annual rate of <u>0.00%</u> %	\$	0.00
(3) <input checked="" type="checkbox"/> Attorney fees	\$	0.00
(4) <input checked="" type="checkbox"/> Costs	\$	433.50
(5) <input type="checkbox"/> Other (<i>specify</i>):	\$	0.00
(6) TOTAL	\$	6,172.02

c. Cross-defendant named in item 5c above must pay cross-complainant on the cross-complaint:

(1) <input type="checkbox"/> Damages	\$	
(2) <input type="checkbox"/> Prejudgment interest at the annual rate of %	\$	
(3) <input type="checkbox"/> Attorney fees	\$	
(4) <input type="checkbox"/> Costs	\$	
(5) <input type="checkbox"/> Other (<i>specify</i>):	\$	
(6) TOTAL	\$	

b. Plaintiff to receive nothing from defendant named in 5b.

Defendant named in item 5b to recover costs \$

and attorney fees \$

d. Cross-complainant to receive nothing from named in item 5d.

Cross-defendant named in item 5d to recover costs \$

and attorney fees \$

7. Other (*specify*):

Date:

Date: **SEP 07 2012**

JOSE O. GUILLEN

Clerk, by

JUDICIAL OFFICER

JENNIFER ELLIS

Deputy

(SEAL)

CLERK'S CERTIFICATE (Optional)

I certify that this is a true copy of the original judgment on file in the court.

Date:

Clerk, by _____

, Deputy

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 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

RECEIVED
2014 SEP -3 AM 7:05
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

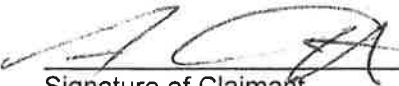
I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 15,698.19 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2012-0606460; recorded on 12/13/2012. 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 25th day of AUGUST, 2014 at SAN BERNARDINO, CA
County, State



Signature of Claimant

Signature of Claimant

ALEX CASTELLON

Print Name

Print Name

3350 SHELBY ST #200

Street Address

Street Address

ONTARIO CA 91764

City, State, Zip

City, State, Zip

(909) 240-1548

Phone Number

Phone Number

ORIGINAL

RECORDING REQUESTED BY:

MARK JOHN TUNDIS

WHEN RECORDED MAIL TO:

MARK JOHN TUNDIS
Attorney at Law
984 West Foothill Boulevard, Suite A
Upland, California 91786

DOC # 2012-0606460

12/13/2012 10:00A Fee:25.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry U. Ward

Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
			3						1
M	0	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
NOTICE SENT						T:	CTY	UNI	012

M
012

27

ABSTRACT OF JUDGMENT
(CIVIL)

ORIGINAL EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):

Recording requested by and return to:

MARK JOHN TUNDIS (SBN 101464)
LAW OFFICES OF MARK JOHN TUNDIS
984 W. FOOTHILL BLVD., SUITE A
UPLAND, CA 91786

(909) 985-9643

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

STREET ADDRESS: 8303 HAVEN AVE.

MAILING ADDRESS: SAME

CITY AND ZIP CODE: RANCHO CUCAMONGA, CA 91730

BRANCH NAME: RANCHO CUCAMONGA

FOR RECORDER'S USE ONLY

PLAINTIFF: ALEX CASTELLON AND ASSOCIATES, INC. dba
SAPPHIRE REALTY
DEFENDANT: MARIO RODRIGUEZ; LUCINDA RODRIGUEZ

CASE NUMBER:

CIVRS1203498

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS Amended

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

MARIO RODRIGUEZ
3909 MILLBURY AVENUE
BALDWIN PARK, CA 91706

b. Driver's license no. [last 4 digits] and state:

Unknown

c. Social security no. [last 4 digits]: ***-**-****

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): MARIO RODRIGUEZ

3909 MILLBURY AVENUE
BALDWIN PARK, CA 91706

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):

ALEX CASTELLON & ASSOCIATES, INC. dba SAPPHIRE REALTY
3350 SHELBY ST., #200, ONTARIO, CA 91764

5. Original abstract recorded in this county:

a. Date:

b. Instrument No.:

Date: NOVEMBER 27, 2012

MARK JOHN TUNDIS

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 15,698.19

10. An execution lien attachment lien is endorsed on the judgment as follows:

a. Amount: \$

b. In favor of (name and address):

7. All judgment creditors and debtors are listed on this abstract.

8. a. Judgment entered on (date): NOVEMBER 15, 2012

b. Renewal entered on (date):

9. This judgment is an installment judgment.

11. A stay of enforcement has

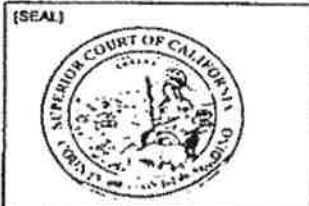
a. not been ordered by the court.

b. been ordered by the court effective until (date):

12. a. I certify that this is a true and correct abstract of the judgment entered in this action.

b. A certified copy of the judgment is attached.

Clerk, by _____ Deputy



This abstract issued on (date):

NOV 30 2012

Form Adopted for Mandatory Use
Judicial Council of California
EJ-001 (Rev. January 1, 2008)

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS

Legal Solutions Co. Plus

Page 1 of 2
Code of Civil Procedure, §§ 488.480, 674, 700.130

PLAINTIFF: ALEX CASTELLON AND ASSOCIATES, INC. dba SAPPHIRE REALTY DEFENDANT: MARIO RODRIGUEZ; LUCINDA RODRIGUEZ	CASE NUMBER: CIVRS1203498
--	------------------------------

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (name and address):

14. Judgment creditor (name and address):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

16. Name and last known address

17. Name and last known address

LUCINDA RODRIGUEZ
 3909 MILLBURY AVENUE
 BALDWIN PARK, CA 91706

Driver's license no. (last 4 digits) and state:

Unknown

Driver's license no. (last 4 digits) and state:

Unknown

Social security no. (last 4 digits): +-+--+-

Unknown

Social security no. (last 4 digits):

Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

LUCINDA RODRIGUEZ
3909 MILLBURY AVENUE
BALDWIN PARK, CA 91706

18. Name and last known address

19. Name and last known address

Driver's license no. (last 4 digits) and state:

Unknown

Driver's license no. (last 4 digits) and state:

Unknown

Social security no. (last 4 digits):

Unknown

Social security no. (last 4 digits):

Unknown

Summons was personally served at or mailed to (address):

Summons was personally served at or mailed to (address):

20. Continued on Attachment 20.

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 200 Item 591 Assessment No.: 750040066-6

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

2015 MAY 19 AM 8:34
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$6,930.06 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 _____ day of _____, 20__ at _____ County, State

Jose Louis Gonzalez Sanchez
Signature of Claimant

Signature of Claimant

Jose Louis Gonzalez Sanchez
Print Name

Print Name

3424 South Granada Ave
Street Address

Street Address

Spring valley CA, 91977
City, State, Zip

City, State, Zip

(619) 244-9116
Phone Number

Phone Number

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

2015 MAY 19 AM 8:35

TC 200 Item 591 Assessment No.: 750040066-6

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

Assessee: RODRIGUEZ, MARIO GUADALUPE & SANCHEZ, JOSE LOUIS G

Situs: 27895 HOT WELLS RD DESERT HOT SPRINGS 92240

Date Sold: April 29, 2014

Date Deed to Purchaser Recorded: June 20, 2014

Final Date to Submit Claim: June 22, 2015

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$6,935.56 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 _____ day of _____, 20__ at _____
County, State

Jose Louis Gonzalez Sanchez
Signature of Claimant

Signature of Claimant

Jose Louis Gonzalez Sanchez
Print Name

Print Name

3424 - South Granada Ave
Street Address

Street Address

Spring Valley CA, 91977
City, State, Zip

City, State, Zip

(619) 244-9116
Phone Number

Phone Number

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 assignor'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, the undersigned, do hereby make _____ my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number _____ sold at public auction on _____. 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 of excess proceeds available for refund is \$ _____ and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

Jose Louis Gonzalez Sanchez
(Signature of Party of Interest)

Cristina Sanchez
(Name Printed)

1201 E Vista chino Apt 207
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

Palm Springs Ca 92262
(City/State/Zip)

(818) 826-0662
(Area Code/Telephone Number)

On _____, before me, _____, personally appeared _____, 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 forgoing paragraph is true and correct.

WITNESS my hand and official seal.

(Signature of Notary)

(This area for official seal)

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 excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

(Signature of Agent)

(Name Printed)

STATE OF CALIFORNIA)ss.
COUNTY OF _____)

(Address)

(City/State/Zip)

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, 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.

WITNESS my hand and official seal.

(Signature of Notary)

(This area for official seal)

ORANGE COAST TITLE CO.

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

MARIO GUADALUPE RODRIGUEZ
JOSE LOUIS GONZALES
27925 HOT WELL ROAD
DESERT HOT SPRINGS, CA 92240 ✓

ESCROW NO. 7198-2-PH
TITLE ORDER NO. R 92187-2

PAID
Doc. Transfer Tax
WILLIAM E. CONSERLY
Inv. Co. Recorder

RECEIVED FOR RECORD
AT 8:30 OCLOCK A.M.
At Request of
ORANGE COAST TITLE CO.

AUG 24 1990

Recorded in Orange County
of Riverside County, California
By *William E. Conserly*
Recorder
Fees \$

SUPERVISORS
Management Fund
\$1000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

The undersigned grantor(s) declare(s):
Documentary transfer tax is \$ 16.50

APN 747-058-008

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

By this instrument dated TWENTY-NINTH DAY OF JUNE, 1990, for a valuable consideration
SHERALYN R. HOUSMAN, TRUSTEE OF THE HOUSMAN FAMILY TRUST DATED JUNE 22, 1989
AND SHERALYN R. HOUSMAN, WIFE OF EVERETT DON HOUSMAN

hereby GRANTS to

MARIO GUADALUPE RODRIGUEZ, A SINGLE MAN AND JOSE LOUIS GONZALES, A SINGLE MAN, ✓
AS JOINT TENANTS

the following described real property in the UNINCORPORATED AREA OF THE
County of RIVERSIDE, State of CALIFORNIA

THE NORTH ONE-HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE
SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 4 SOUTH, RANGE 7 EAST, SAN BERNADINO
MERIDIAN, IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, ACCORDING TO THE
OFFICIAL PLAT THEREOF,
SAID PROPERTY IS ALSO KNOWN AS PARCEL 113 OF A RECORD OF SURVEY ON FILE IN
BOOK 29 PAGE 86 OF RECORDS OF SURVEY, RIVERSIDE COUNTY, CALIFORNIA,
EXCEPT ALL OIL, GAS AND OTHER MINERALS AS RESERVED TO THE UNITED STATES OF
AMERICA BY PATENT RECORDED MAY 25, 1972 AS INSTRUMENT NO. 68626.

STATE OF CALIFORNIA

COUNTY OF *San Diego*

On *July 24, 1990* before me
the undersigned, a Notary Public in and for said County and State,
personally appeared *Sheralyn R. Housman*

Sheralyn R. Housman
SHERALYN R. HOUSMAN, TRUSTEE

Sheralyn R. Housman
SHERALYN R. HOUSMAN

proved to me on the basis of satisfactory evidence to be the person(s)
whose name(s) I have subscribed to the within instrument, and
acknowledged to me that he/she they executed the same.
WITNESS my hand and official seal.

Teri Franks



MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY IS SHOWN, MAIL AS DIRECTED ABOVE.

9-21-90 27-10

7-23-90-11-11

Aug. 24, 1990

Recording requested by
 First American Title any

AND WHEN RECORDED MAIL TO:
 AND MAIL TAX STATEMENT TO:
 Jose Louis Gonzales Sanchez ✓
 12571 Laurel Street Apt 10
 Lakeside, CA 92040

Order No. 2869049-12
 Escrow No. 101-24096-MM
 Parcel No. 750040066-6



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
1			2						
M	A	L	465	426	PCOR	NCOR	SMP	NCHG	EXAM
							T:	CTY	UNI

GRANT DEED ✓

M
065

THE UNDERSIGNED GRANTOR(S) DECLARE(S) THAT DOCUMENTARY TRANSFER TAX IS ZERO AS THIS IS A NAME CORRECTION ONLY AND NO CONSIDERATION INVOLVED.

_____ computed on full value of property conveyed, or
 _____ computed on full value less liens or encumbrances remaining at the time of sale.
 unincorporated area: _____ City of Desert Hot Springs

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
 JOSE LOUIS GONZALES SANCHEZ, A MARRIED MAN WHO ACQUIRED TITLE AS JOSE LOUIS GONZALES,
 A SINGLE MAN
 hereby GRANTS to

JOSE LOUIS GONZALES SANCHEZ, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY ✓
 the following described real property in the County of Riverside, State of California:

THE NORTH ONE-HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 4 SOUTH, RANGE 7 EAST, SAN BERNARDINO MERIDIAN IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, ACCORDING TO THE OFFICIAL PLAT THEREOF.

SAID PROPERTY IS ALSO KNOWN AS PARCEL 113 OF A RECORD OF SURVEY ON FILE IN BOOK 29 PAGE 86 OF RECORDS OF SURVEY, RIVERSIDE COUNTY, CALIFORNIA, EXCEPT ALL OIL, GAS AND OTHER MINERALS AS RESERVED TO THE UNITED STATES OF AMERICA BY PATENT RECORDED MAY 25, 1972, AS INSTRUMENT NO. 6826.

Date August 8, 2007
Jose Louis Gonzales Sanchez
 Jose Louis Gonzales Sanchez

STATE OF CALIFORNIA }
COUNTY OF San Diego }

On August 10, 2007, before me ^m **** M. Marr ****, a
Notary Public, personally appeared **** Jose Louis Gonzales Sanchez ****

_____ 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 *M. Marr* (Seal)



CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY FOR ENTRIES, WRITE OUTS OR ALTERATIONS
YES (IN KEY BOX)

3200633004088

<small>STATE FILE NUMBER</small>		<small>DATE OF DEATH</small>		<small>LOCAL REGISTRATION NUMBER</small>	
1. NAME OF DECEDENT -- FIRST (Given) MARIO		2. MIDDLE GUADALUPE		3. LAST (Family) RODRIGUEZ	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST) ---					
4. DATE OF BIRTH mm/dd/yyyy 12/12/1926		5. AGE Yrs. 79		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 04/21/2006		8. HOUR (24 hours) 1520		9. MONTH 04	
10. YEAR 2006		11. HOURS 15		12. MINUTES 20	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN AMERICAN		15. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number or location) 27925 HOT WELL ROAD					
21. CITY DESERT HOT SPRINGS		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92241	
24. YEARS IN COUNTY 25		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP REFUGIA JUAREZ-RODRIGUEZ, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 27925 HOT WELL ROAD, DESERT HOT SPRINGS, CA 92241			
28. NAME OF SURVIVING SPOUSE -- FIRST REFUGIA		29. MIDDLE -		30. LAST (Maiden Name) JUAREZ	
31. NAME OF FATHER -- FIRST HONORATO		32. MIDDLE -		33. LAST RODRIGUEZ	
34. BIRTH STATE UNK		35. NAME OF MOTHER -- FIRST JUANA		36. MIDDLE -	
37. LAST (Maiden) DAVILA		38. BIRTH STATE UNK			
39. DEPOSITION DATE mm/dd/yyyy 05/03/2006		40. PLACE OF FINAL DISPOSITION DESERT MEMORIAL PARK 31705 DA VALL DRIVE, CATHEDRAL CITY, CA 92234			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER MICHAEL GOODELL		43. DATE mm/dd/yyyy 04/25/2006	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN CATHEDRAL CITY		45. SIGNATURE OF LOCAL REGISTRAR GARY M FELDMAN, MD		46. DATE mm/dd/yyyy 04/25/2006	
101. PLACE OF DEATH JOHN F. KENNEDY MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IN <input type="checkbox"/> OP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> HOSPICE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 47111 MONROE STREET		106. CITY INDIO	
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 circulatory fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (First disease or condition resulting in death) (A) CARDIOPULMONARY ARREST		Time Interval Between Onset and Death (AT) MIN		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE		(BT) YRS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) TOBACCO USE DISORDER		(CT) YRS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) LUNG MASS, OBESITY		(DT) YRS		111. 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 LUNG MASS, OBESITY		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Anatomical Site (A) mm/dd/yyyy 05/10/2004 (B) mm/dd/yyyy 04/20/2006		115. SIGNATURE AND TITLE OF CERTIFIER ASSAD ULLAH DARAWAL M.D.		117. DATE mm/dd/yyyy 04/24/2006	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ASSAD ULLAH DARAWAL M.D. 81-893 DR CARREON BLVD # 1, INDIO, CA 92201					
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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH. #		CENSUS TRACT		*012006000208657*	



0 3 3 7 7 8 7 7 4

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, County Clerk-Recorder.

DATE ISSUED

SEP 17 2007

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

Larry W Ward

LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

