

ID# 2038

FORM APPROVED COUNTY COUNSEL
DATE 8/22/16
BY: GREGORY P. PRIAMOS

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

723
(2038)



SUBMITTAL DATE:
AUG 22 2016

FROM: Don Kent, Treasurer-Tax Collector

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 140. Last assessed to: Alfonso Martinez, a single man. District 1 [\$59,600]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

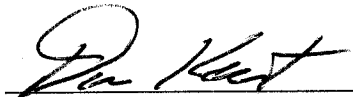
1. Approve the claim from Alfonso Martinez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 343253001-9;
- (continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the May 5, 2015 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 18, 2015. 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 22, 2015, 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	\$ 59,600	\$ 0	\$ 59,600	\$ 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


County Executive Office Signature


Stephanie Persi

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: September 27, 2016
xc: Treasurer, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

Prev. Agn. Ref.: | District: 1 | Agenda Number: 9-10

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

Departmental Concurrence

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

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 140. Last assessed to: Alfonso Martinez, a single man. District 1 [\$59,600]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: AUG 22 2016

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Deny the claim from Carmen Orejel;
3. Deny the claim from Kern County Child Support Services;
4. Authorize and direct the Auditor-Controller to issue a warrant to Alfonso Martinez in the amount of \$59,600.44, 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 three claims for excess proceeds:

1. Claim from Alfonso Martinez based on Grant Deed recorded September 3, 2004 as Instrument No. 2004-0703363 and Grant Deed recorded September 26, 2005 as Instrument No. 2005-0792489.
2. Claim from Carmen Orejel based on a Grant Deed recorded September 3, 2004 as Instrument No. 2004-0703363.
3. Claim from Kern County Child Support Services based on a Notice of Support Judgment recorded January 16, 2013 as Instrument No. 2013-0026020.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Alfonso Martinez be awarded excess proceeds in the amount of \$59,600.44. The claim from Carmen Orejel be denied since she was not a party of interest at the time of the sale. The claim from Kern County Child Support Services be denied since the lien filed is not associated with our last assessee. 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 last assessee of the property.

ATTACHMENTS (if needed, in this order):

Copies of the Excess Proceeds Claim forms and supporting documentation are attached.

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2015 AUG -5 PM 4: 12

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

TC 203 Item 140 Assessment No.: 343253001-9

Assessee: MARTINEZ, ALFONSO

Situs: 21643 CLUB DR PERRIS 92570

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 50,000 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. 0703363; recorded on 7-8-2004. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

My name is Alfonso Martinez Cornejo Osejal
we acquired this property on 7-8-2004

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 7-28 day of _____, 2015 at 8 AM Riverside County CA.
County, State

Alfonso Martinez
Signature of Claimant

Cornejo Osejal
Signature of Claimant

Alfonso Martinez
Print Name

CARMEN Osejal
Print Name

678 bond drive
Street Address

678 bond drive
Street Address

Perris CA. 92570
City, State, Zip

Perris CA. 92570
City, State, Zip

9517606605
Phone Number

9517606605
Phone Number

RECORDING REQUESTED BY:
Lawyers Title Company

AND WHEN RECORDED MAIL TO:

Alfonso Martinez Salas and Carmen Orejel

121 E. 11th Street
Perris, CA. 90570



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
	1		3			✓			
									LA
A	R	L	COPY	LONG	REFUND	NCHG	EXAM		

Title Order No.:

5316103-36

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$181.50

[X] computed on full value of property conveyed, or

[] computed on full value less value of liens or encumbrances remaining at time of sale.

[X] Unincorporated area [] City of AND

13 T
LA

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

Marti Reese, a Single Woman

hereby GRANT(s) to:

Alfonso Martinez, a single man and Carmen Orejel, a single woman
as Joint Tenants

the real property in the County of Riverside, State of California, described as:

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF

Also Known as: 21643 Club Drive, Perris, CA 92570

AP#: 343-253-001-9

343-253-002-0 TRA# 007-014
343-253-006-4
343-253-006-4

DATED July 8, 2004

STATE OF CALIFORNIA

COUNTY OF

On

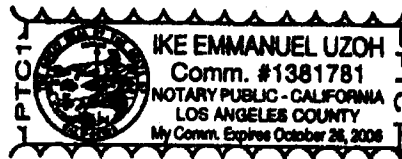
Before me,

A Notary Public in and for said State, personally appeared

Los Angeles
7/22/04
Emmanuel Uzoh
Marti Reese

Marti Reese
Marti Reese

~~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

MAIL TAX STATEMENTS TO PARTY SHOWN BELOW; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE:

(This area for official notarial seal)

Government Code 27361.7

I certify under penalty of perjury that the Notary Seal on the document to which this statement is attached reads as follows:

NAME OF THE NOTARY IKE Emmanuel Uzoh

DATE COMMISSION EXPIRES 10-26-06

COUNTY WHERE BOND IS FILED Los Angeles

COMMISSION NUMBER 1381781

MANUFACTURER / VENDOR NUMBER PTCI

PLACE OF EXECUTION Los Angeles DATE 7-22-04

SIGNATURE Brenda Lee D. Nino

I certify under penalty of perjury and the laws of the State of California that the illegible portion of this document to which this statement is attached reads as follows:

Place of Execution _____ Date _____

Signature _____

Exhibit "A"

All that certain real property situated in the County of Riverside, State of California, described as follows:

Lots 46, 47, 74, and 75, Block B, Good Hope Country Club Heights, in the County of Riverside, State of California, as per map on file in Book 12, page(s) 64 and 65, of Maps, in the Office of the County Recorder of said County.



This must be in red to be a
"CERTIFIED COPY"

I hereby certify the foregoing instrument to
which this stamp has been affixed consisting
of _____ pages to be a full, true and
correct copy of the original on file and
of record in my office.

[Signature]
Recorder - County Clerk - Recorder
County of Riverside, State of California

Date: _____

Certification must be in red to be a
"CERTIFIED COPY"

EP 205-140

KERN COUNTY DEPARTMENT OF

CHILD SUPPORT SERVICES



Phyllis P. Nance, Director

2015 AUG -3 AM 8:39

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

July 27, 2015

Treasurer- Tax Collector
Don Kent
1770 Fourth Avenue
San Diego, California 92101

Via Email-ttc@co.riverside.ca.us
Via Facsimile - Fax No. 951-955-3990

Re: EXCESS OF PROCEEDS
Assessee: Alfonso Martinez
Assessment No.: 343253001-9
Situs Address: 21643 Club Drive Perris, CA 92570
Date Sold: May 05, 2015

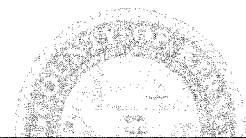
Dear Mr. Kent:

Enclosed please find our agency's Affidavit and Statement of Claim regarding excess of funds in the above mentioned case. If you need further information, please do not hesitate to contact me. I can be reached directly at (661) 868-2813.

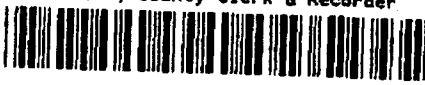
Sincerely,

Lena Legge
Paralegal

LL:tbs
Enclosure



DOC # 2013-0026020 X
X 01/16/2013 04:20P Fee:NC
Page 1 of 2
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



M
059

RECORDING REQUESTED BY

KERN COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

COUNTY CODE: 0602900

WHEN RECORDED MAIL TO

X KERN COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
1300 18TH ST
BAKERSFIELD CA 93301-4537

DOCUMENT TITLE

NOTICE OF SUPPORT JUDGMENT X

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address): <input checked="" type="checkbox"/> Recording requested by and return to: WILLIAM M. MALLOY, CHIEF ATTORNEY KERN COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES 1300 18TH ST BAKERSFIELD CA 93301-4537 TELEPHONE NO.: (866) 901-3212 20000001196390 <input type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD	FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: 1215 TRUXTUN AVE MAILING ADDRESS: 1215 TRUXTUN AVE CITY AND ZIP CODE: BAKERSFIELD 93301-4619 BRANCH NAME: METROPOLITAN DIVISION - JUSTICE BUILDING	
PETITIONER/PLAINTIFF: COUNTY OF KERN RESPONDENT/DEFENDANT: ALFONSO PARRAS MARTINEZ SR	

X ABSTRACT OF SUPPORT JUDGMENT

CASE NUMBER
S1501DA726936

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
- ALFONSO PARRAS MARTINEZ SR
CVSP AG4312
PO BOX 2289
BLYTHE CA 92226-2289
- b. Driver's license no. and state: Unknown
- c. Social security number: Unknown
provide only last four digits
- d. Birth date: 11/02/1977 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: 01/09/2013

WILLIAM M. MALLOY
(TYPE OR PRINT NAME)

William M. Malloy
(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 KERN
Department of Child Support Services
whose address appears on this form above the court's name.
4. The support is ordered to be paid to the following county officer (name and address):
 KERN
PO BOX 989067
WEST SACRAMENTO CA 95798-9067
5. Judgment debtor (full name as it appears in judgment):
ALFONSO PARRAS MARTINEZ SR
6. a. A judgment was entered on (date): 08/18/1999
b. Renewal was entered on (date):
c. Renewal was entered on (date):
7. 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. not been ordered by the court.
b. been ordered by the court effective until (date):
9. This is an installment judgment.
- This document is a notice under Family Code Section 4506.
- Clerk, by No signature required., Deputy

[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

AFFIDAVIT AND STATEMENT OF CLAIM

Re: Notice of Excess Proceeds
Property: 21643 Club Dr
Perris, Ca. 92570
Assessment No.: 343253001-9

CLAIMANT: Kern County Department of Child Support Services **TAX ID NO.:**
(Hereinafter "KCDCSS")
ADDRESS: 1300 18TH Street
Bakersfield, CA 93301
PHONE NO.: (661) 868-2813 **FAX NO.:** (661) 868-6503 **E-MAIL:** llege@co.kern.ca.us

JUDGMENT DEBTOR'S NAME: Martinez, Alfonso
JUDGMENT DEBTOR'S S.S.N. NO.:

KCDCSS Case Number(s): 20000001196390 (Superior Court No. S-1501-DA-726936)
0290230275-01 (Superior Court No. S-1501-DA-771127)

The following amounts were secured by a Deed of Trust or lien on the above-referenced property immediately prior to the senior Deed of Trust holder's foreclosure sale, and these amounts remain outstanding to date:

- Unpaid Principle Balance \$ 1,713.65
 - Interest thru July 31, 2015 (10% per annum) \$ 590.44
- Total Due \$2,304.09**

ACKNOWLEDGMENT

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Dated: 7/27/15

Lena Legge
Lena Legge

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

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 Kern
On 7/27/2015, before me, Kerry R. Self, Notary Public, Notary, personally appeared Lena Legge, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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 Kerry R. Self (Seal)
Notary Public



Case Balance Detail

Case Number: 0290230275-01 | Managing County: KERN | NCP: MARTINEZ, ALFONSO P SR | CP: MURILLO, SANDY

View Options

View Criteria: Debt Type: All | Court Case Number: All | Payee: All | Interstate: All | Other Agencies: All | Child: All | Balance Month: 07/2015

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: OTHER											
SubTotal	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Court Case Number: S1501DA771127											
CHILD SUPPORT - UNASSIGNED CURRENT	0.00	235.00	0.00	235.00	0.00	0.00	0.00	MURILLO, SANDY	All Children	FA	Yes
CHILD SUPPORT - NAA PRINCIPAL	892.75	0.00	0.00	19.75	0.00	0.00	873.00	MURILLO, SANDY	All Children	FA	Yes
CHILD SUPPORT - NAA INTEREST	120.64	0.00	0.00	0.00	0.00	0.00	120.64	MURILLO, SANDY	All Children	FA	Yes
CHILD SUPPORT - PAA PRINCIPAL	235.00	0.00	0.00	0.00	0.00	0.00	235.00	MURILLO, SANDY	All Children	FA	Yes
CHILD SUPPORT - PAA INTEREST	31.38	0.00	0.00	0.00	0.00	0.00	31.38	MURILLO, SANDY	All Children	FA	Yes
SubTotal	1,279.77	235.00	0.00	254.75	0.00	0.00	1,260.02				
Total	1,279.77	235.00	0.00	254.75	0.00	0.00	1,260.02				

[View All](#)

Case Balance Detail

Case Number: 20000001196390 Managing County: KERN NCP: MARTINEZ, ALFONSO P SR CP: RODGERS, SARAH A

View Options

View Criteria: Debt Type: All Court Case Number: All Payee: All Interstate: All Other Agencies: All Child: All Balance Month: 07/2015

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: OTHER											
SubTotal	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Court Case Number: S1501DA726936											
CHILD SUPPORT - PAA PRINCIPAL	622.02	0.00	0.00	16.37	0.00	0.00	605.65	RODGERS, SARAH A	All Children	CA	Yes
CHILD SUPPORT - PAA INTEREST	438.42	0.00	0.00	0.00	0.00	0.00	438.42	RODGERS, SARAH A	All Children	CA	Yes
SubTotal	1,060.44	0.00	0.00	16.37	0.00	0.00	1,044.07				
Total	1,060.44	0.00	0.00	16.37	0.00	0.00	1,044.07				
View All											

GOVERNMENTAL AGENCY (Under Family Code, §§ 1740, . . . 406):
 WILLIAM M. MALLOY, CHIEF ATTORNEY
 KERN COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
 1300 18TH ST
 BAKERSFIELD CA 93301-4537

0290230275-01

TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (661) 868-8558

E-MAIL ADDRESS (Optional): childsupport@co.kern.ca.us
 ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN
 STREET ADDRESS: 1215 TRUXTUN AVE
 MAILING ADDRESS: 1215 TRUXTUN AVE
 CITY AND ZIP CODE: BAKERSFIELD 93301-4619
 BRANCH NAME: METROPOLITAN DIVISION - JUSTICE BUILDING

PETITIONER/PLAINTIFF: COUNTY OF KERN
 RESPONDENT/DEFENDANT: ALFONSO PARRAS MARTINEZ SR
 OTHER PARENT: SANDY MURILLO

JUDGMENT REGARDING PARENTAL OBLIGATIONS
 AMENDED 1st SUPPLEMENTAL

FOR COURT USE ONLY

FILED
 KERN COUNTY
 MAR 10 2014
 TERRY McNALLY, CLERK
 BY _____ DEPUTY

ENDORSED

CASE NUMBER:
 S1501DA771127

1. a. NOTICE: THIS IS A PROPOSED AMENDED PROPOSED JUDGMENT. This Judgment Regarding Parental Obligations will be entered by the court and will become legally binding unless you fill out and file the Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-610) with the court clerk within 30 days of the date you were served with the Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.
- b. NOTICE: THIS IS A JUDGMENT. It is now legally binding.
2. This matter proceeded as follows:
- a. Judgment entered under Family Code section 17430.
- b. By court hearing, appearances as follows:
- | | | |
|--|---|-------------------|
| (1) Date: | Dept.: | Judicial Officer: |
| (2) <input type="checkbox"/> Petitioner/plaintiff present | <input type="checkbox"/> Attorney present (name): | |
| (3) <input type="checkbox"/> Respondent/defendant present | <input type="checkbox"/> Attorney present (name): | |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> Attorney present (name): | |
| (5) Local child support agency attorney (Family Code, §§ 17400, 17406) (name): | | |
| (6) <input type="checkbox"/> Other: (specify): | | |
- c. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent.
3. This order is based on presumed income for the parent ordered to pay support under Family Code section 17400.
4. Attached is a computer printout showing 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.
5. This order is based on the attached documents (specify):

THE COURT ORDERS

6. a. Petitioner/plaintiff Respondent/defendant Other parent are the parents of the children named in item 6b below.
- b. The parent ordered to pay support must pay current child support as follows:
- | Name of child | Date of birth | Monthly support amount |
|--------------------|---------------|------------------------|
| ELIJAH D MARTINEZ | 04/25/2003 | \$88.00 |
| MATTHEW A MARTINEZ | 08/25/2005 | \$147.00 |

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 KERN RESPONDENT/DEFENDANT: ALFONSO PARRAS MARTINEZ SR OTHER PARENT: SANDY MURILLO	CASE NUMBER: S1501DA771127
---	-------------------------------

6. b. (1) Mandatory additional child support
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
 one-half or % or (specify amount): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
 one-half or % or (specify amount): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit health-care provider.
- (2) Other (specify): _____

(3) For a total of \$ 235.00 payable on the first _____ day of each month beginning (date): 11/01/2013

(4) The low-income adjustment applies.
 The low-income adjustment does not apply because (specify reasons): _____

- (5) Any support ordered will continue until further order of court, unless terminated by operation of law.
- (6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

c. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (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.

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

Name of child	Date of birth	Period of support	Amount
---------------	---------------	-------------------	--------

PETITIONER/PLAINTIFF: COUNTY OF KERN	CASE NUMBER:
RESPONDENT/DEFENDANT: ALFONSO PARRAS MARTINEZ SR	S1501DA771127
OTHER PARENT: SANDY MURILLO	

d. (1) Other (specify):

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

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

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

f. No provision of this judgment can 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.

g. All payments, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):

CALIFORNIA STATE DISBURSEMENT UNIT
PO BOX 989067
WEST SACRAMENTO CA 95798-9067

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

i. 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.

j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.

k. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

l. The form *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.

m. The following person (the "other parent") is added as a party to this action (name):

n. The court further orders (specify):

RALPH L. McKNIGHT, JR.

Date: **MAR 10 2014**

Number of pages attached: _____

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order. Date: _____ (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

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.

Avi Sobre Derechos y Responsabilidades
Procedimientos relativos 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, tal 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 el 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 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 está 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 los documentos a esa agencia.

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 después de 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.

Court Case Number: S1501DA771127
 Petitioner Name: COUNTY OF KERN
 Respondent Name: ALFONSO PARRAS MARTINEZ SR
 Other Parent Name: SANDY MURILLO

Guideline Calculation Results Summary

Monthly Support Totals		NCP	Other Parent						
Monthly Child Support Amount		235.00	0.00						
Basic Child Support Amount	235.00 to 380.00		0.00						
Child Support Add-Ons Amount		0.00	0.00						
Child Care		0.00	0.00						
Visits/Travel Expenses		0.00	0.00						
School Expenses		0.00	0.00						
Uninsured Health Expenses		0.00	0.00						
Total Arrears Support Amount		0.00	0.00						
Temporary Spousal Support Amount (N/A)		0.00	0.00						
Monthly Tax/Income Information (Tax Year: 2013)		NCP	Other Parent						
Monthly Net Disposable Income		950.00	0.00						
Monthly Taxable & Non-Taxable Gross Income		1387.00	0.00						
Monthly Taxable Gross Income		1387.00	0.00						
Monthly Non-Taxable Gross Income		0.00	0.00						
Federal Adjusted Gross Income		1387.00	0.00						
Federal Taxable Income		575.00	0.00						
Net Income After Support		715.00	235.00						
Federal Tax Filing Status		SINGLE	HEAD OF HOUSEHOLD						
Number of Tax Exemptions (Federal)		1	3						
State Tax Filing Status		SAME AS FEDERAL	SAME AS FEDERAL						
Number of Tax Exemptions (State)		1	3						
Federal Tax Liabilities		57.00	0.00						
State Tax Liabilities		1.00	0.00						
FICA (Social Security and/or Medicare)		106.00	0.00						
Self-Employment Tax		0.00	0.00						
CASDI		14.00	0.00						
TANF/CaWORKS		NO	NO						
Other Monthly Deduction Totals		NCP	Other Parent						
Child Support Paid (Other Relationships)		258.00	0.00						
Required Union Dues		0.00	0.00						
Mandatory Retirement		0.00	0.00						
Job Related Expenses & Spousal Support Other Relationship		0.00	0.00						
Health Insurance Premium		0.00	0.00						
Hardship Deduction Amount		0.00	0.00						
Hardship Deduction Children		0.0	0.0						
Extraordinary Health Expenses		0.00	0.00						
Uninsured Catastrophic Losses		0.00	0.00						
Monthly Support Amounts Per Child									
Child Name	Date of Birth	% Time with NCP	NCP Add-Ons	NCP Support	NCP Total	OP Add-Ons	OP Support	OP Total	
ELIJAH	2003-04-25	0.0 %	0.00	88.00	88.00	0.00	0.00	0.00	
MATTHEW	2005-08-25	0.0 %	0.00	147.00	147.00	0.00	0.00	0.00	
		%							
		%							
		%							
		%							
		%							
		%							
		%							
Average % Time with NCP:		0.0 %	0.00	235.00	235.00	0.00	0.00	0.00	
Guideline Findings:									
ALFONSO P MARTINEZ, SR is required to pay SANDY MURILLO \$235.00 in CURRENT SUPPORT									
Total Child Support Arrears Per Child									
Child Name	Prior Period	NCP Add-Ons	NCP Support	NCP Total	OP Add-Ons	OP Support	OP Total		
ELIJAH	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MATTHEW	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Court Case ber: S1501DA771127
 Petitioner Name: COUNTY OF KERN
 Respondent Name: ALFONSO PARRAS MARTINEZ SR
 Other Parent Name: SANDY MURILLO

Guideline Calculation Results Detail	NCP	Other Parent
Tax Setting Information		
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Include Advanced Earned Income Credit	YES	YES
Number of Children for Child Care Credits	0	2
Number of Children for Earned Income Credits	0	2
Number of Children for Child Tax Credits	0	2
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	YES	YES
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	YES	YES
Number of Children for Child Tax Credits	0	2
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	1387.00	0.00
NCP: Based on presumed income		
Other Parent: Based on earned income: \$0.00 MONTHLY		
Self-Employment Income	0.00	0.00
Unemployment Compensation	0.00	0.00
Disability (Taxable)	0.00	0.00
Imputed Income	NONE	NONE
Total Other Taxable Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Other Income (Retirement, Annuity, SS Other Rel, Operating Losses, etc)	0.00	0.00
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	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	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
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: S1501DA771127
Petitioner Name: COUNTY OF KERN
Respondent Name: ALFONSO PARRAS MARTINEZ SR
Other Parent Name: SANDY MURILLO

Guideline Calculation Results Detail	NCP	Other Parent
Monthly Deduction Information		
Child Support Paid (Other Relationships)	258.00	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
Total 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	0.00	0.00
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

GOVERNMENTAL AGENCY (pursuant to Welf. and Inst. Code 11478.1 and 11478.2) EDWARD R. JAGELS, DISTRICT ATTORNEY FAMILY SUPPORT DIVISION 1300 18TH STREET, BAKERSFIELD, CA 93301	TELEPHONE NO.: (661)868-6500 FAX(661)868-8558	FOR COURT USE ONLY <div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">99 AUG 18 AM 8:31</div> <div style="text-align: center; font-size: 0.8em;"> CLERK KERN COUNTY CALIFORNIA BY: <u>Qbomo</u> DEPUTY </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS : 1415 TRUXTUN AVENUE MAILING ADDRESS : SAME CITY AND ZIP CODE : BAKERSFIELD, CA 93301 BRANCH NAME : MAIN		<div style="text-align: right; font-size: 1.5em; vertical-align: middle;">2/2</div>
PETITIONER/PLAINTIFF: COUNTY OF KERN RESPONDENT/DEFENDANT: ALFONSO PARRAS MARTINEZ SR OTHER PARENT: YOLANDA M PACHECO		
<div style="text-align: center; font-weight: bold;">JUDGMENT REGARDING PARENTAL OBLIGATIONS</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> [] AMENDED [X] SUPPLEMENTAL </div>		CASE NUMBER: 726936

1. a. [] **NOTICE - THIS IS A PROPOSED JUDGMENT:** This *Judgment Regarding Parental Obligations* will be entered by the court and will become legally binding unless you fill out and file the *Answer* (form 1299.04) with the court clerk within 30 days of the date you were served with the *Summons and Complaint* (form 1299.01). If you need an answer form, you may get one from the district attorney's office, the court clerk or the Family Law Facilitator. The Family Law Facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.

b. [X] **NOTICE - THIS IS A FINAL JUDGMENT:** It is now legally binding.

2. **THIS MATTER PROCEEDED AS FOLLOWS:**

- a. [X] Judgment entered pursuant to Welfare and Institution Code section 11355.
 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) District attorney (W & I Code sections 11475.1 & 11478.2) (name): | | |
| (6) [] Other (specify): | | |

c. The Obligor (the parent ordered to pay support) is [] Petitioner/Plaintiff [X] Respondent/Defendant [] Other Parent

3. [] This order is based on presumed income for the Obligor under to Welfare and Institution Code section 11475.1(c).
 4. [] Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, shall become the court's findings.
 5. [] This order is based on the attached documents (specify)

6. **THE COURT ORDERS:**

- a. The mother and father listed in the complaint are the parents of the children named in item 6b.
 b. Obligor shall pay current child support as follows:

Name	Date of birth	Monthly support amount
ALFONSO MARTINEZ	02/15/1996	\$ 258.33
MARIAH MARTINEZ	08/21/1997	\$ 258.33
JEREMIAH MARTINEZ	08/21/1997	\$ 258.33

(1) [] Other (specify):

(2) [X] For a total of \$775.00 per month payable on the first day of each month beginning: 04/01/1999

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

(Continued on next page)

2-1196390

6. b (3) The support ordered was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1000.

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

c. Obligor shall pay child support for the past periods and in the amounts set forth below :

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
MARIAH MARTINEZ	08/21/1997	02/02/1999 to 04/01/1999	\$ 516.67
JEREMIAH MARTINEZ	08/21/1997	02/02/1999 to 04/01/1999	\$ 516.67

(1) Other (specify):

(2) For a total of \$1033.33 payable \$50.00 on the first day of each month beginning (date): 04/01/1999

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

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

e. No provision of this judgment shall 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.

f. All payments shall be made to (name and address of agency):
 KERN COUNTY DISTRICT ATTORNEY
 1300 18th Street
 Bakersfield, CA 93301

g. A Wage and Earnings Assignment Order shall issue.

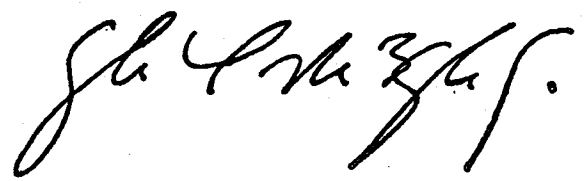
h. Obligor Oblige shall (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and shall keep the district attorney's office informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the district attorney's request, complete and return a health insurance form; (4) provide to the district attorney 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 to the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a Health Insurance Coverage Assignment shall issue.

i. Both parents shall complete a Child Support Case Registry Form (form 1285.92) and send (deliver or mail) it to the district attorney within 10 days of the date of this judgment. The parents shall notify the district attorney of any change in the information submitted within 10 days of the change by submitting an updated form.

j. The form Notice of Rights and Responsibilities (form 1285.78) and Information Sheet on Changing a Child Support Order (form 1285.79) are attached.

k. The following person (the "Other Parent") is added as a party to this action under to Welfare and Institutions Code section 11350.1 (name): YOLANDA M PACHECO

l. Obligor shall pay costs of: \$
 The court further orders (specify):



(JUDICIAL OFFICER)

Signature follows last attachment

Date: 08/17/1999

7. Number of pages attached:

Approved as conforming to court order: Date:
(SIGNATURE OF ATTORNEY FOR OBLIGOR)

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2015 AUG -5 PM 4: 12

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 203 Item 140 Assessment No.: 343253001-9

Assessee: MARTINEZ, ALFONSO

Situs: 21643 CLUB DR PERRIS 92570

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 50,000 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. 0703363; recorded on 7-8-2004. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

My name is Alfonso Martinez Gomez Ojeda
we acquired this property on 7-8-2004

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 7-28 day of _____, 2015 at 8 AM Riverside County CA.
County, State

Alfonso Martinez
Signature of Claimant

Carmen Ojeda
Signature of Claimant

Alfonso Martinez
Print Name

CARMEN Ojeda
Print Name

678 bond drive
Street Address

678 bond drive
Street Address

Perris CA. 92570
City, State, Zip

Perris CA. 92570
City, State, Zip

9517606605
Phone Number

9517606605
Phone Number

RECORDING REQUESTED BY:
Lawyers Title Company

AND WHEN RECORDED MAIL TO:

Alfonso Martinez Salas and Carmen Orejel

121 E. 11th Street
Perris, CA. 90570



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.
	1		3			✓			
A	R	L			COPY	LONG	REFUND	NCHG	EXAM

Title Order No.:

5316103-36

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$181.50

[X] computed on full value of property conveyed, or

[] computed on full value less value of liens or encumbrances remaining at time of sale.

[X] Unincorporated area [] City of AND

13

T
LA

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

Marti Reese, a Single Woman

hereby GRANT(s) to:

Alfonso Martinez, a single man and Carmen Orejel, a single woman
as Joint Tenants

the real property in the County of Riverside, State of California, described as:

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF

Also Known as: 21643 Club Drive, Perris, CA 92570

AP#: 343-253-001-9

343-253-002-0 TRA#097-014

343-253-006-4

343-253-006-4

DATED July 8, 2004

STATE OF CALIFORNIA

COUNTY OF

Los Angeles

On

Before me,

I, Emmanuel Uzoh

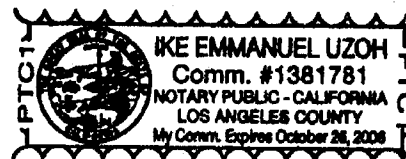
A Notary Public in and for said State, personally appeared

Marti Reese

Marti Reese
Marti Reese

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

[Signature]

(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN BELOW; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE:

Government Code 27361.7

I certify under penalty of perjury that the Notary Seal on the document to which this statement is attached reads as follows:

NAME OF THE NOTARY IKE Emmanuel Uzoh
DATE COMMISSION EXPIRES 10-26-06
COUNTY WHERE BOND IS FILED Los Angeles
COMMISSION NUMBER 1381781
MANUFACTURER / VENDOR NUMBER PTCI
PLACE OF EXECUTION Los Angeles DATE 7-22-04
SIGNATURE Brenda Lee Di Nino

I certify under penalty of perjury and the laws of the State of California that the illegible portion of this document to which this statement is attached reads as follows:

Place of Execution _____ Date _____
Signature _____

Exhibit "A"

All that certain real property situated in the County of Riverside, State of California, described as follows:

Lots 46, 47, 74, and 75, Block B, Good Hope Country Club Heights, in the County of Riverside, State of California, as per map on file in Book 12, page(s) 64 and 65, of Maps, in the Office of the County Recorder of said County.



I hereby certify the foregoing instrument to which this stamp has been affixed consisting of _____ pages to be a full, true and correct copy of the original on file and of record in my office.

[Signature]
 Assessor - County Clerk - Recorder
 County of Riverside, State of California

Dated _____

This must be in red to be a "CERTIFIED COPY"

This must be in red to be a "CERTIFIED COPY"

NORTH AMERICAN TITLE COMPANY

RECORDING REQUESTED BY

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

Name ALFONSO MARTINEZ &
Street 21643 CLUB DRIVE
Address PERRIS, CA 92570
City 121 E 11th St.
State Perris Ca
Zip 92570

DOC # 2005-0792489

09/26/2005 08:00A Fee:10.00

Page 1 of 2

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder

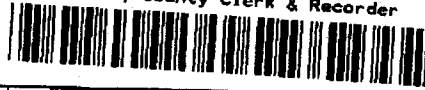


Table with columns: M, S, U, PAGE, SIZE, DA, PCOR, NOCOR, SMF, MISC. and rows for recording details.

ORDER NO. 1558754-67

ESCROW NO. 30057-ML TRA:008

GRANT Deed

TAX PARCEL NO. 343-253-001-9

10 TL

The undersigned declares that the documentary transfer tax is \$0.00 and is

X computed on the full value of the interest of the property conveyed, or is

computed on the full value less the value of liens or encumbrances remaining thereon at the time of sale.

The land, tenements or realty is located in unincorporated area

X city PERRIS

and

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

CARMEN OREJEL, a Single Woman

hereby GRANT(S) to

ALFONSO MARTINEZ, a Single Man

The following described real property in the City of PERRIS County of Riverside, State of California:

Lot 46, BLOCK B Good Hope Country Club as per map recorded in book 12. Page(s) 64-65 inclusive of maps, in the office of the county recorder of the said county.

THIS IS A BONA FIDE GIFT AND THE GRANTOR RECEIVED NOTHING IN RETURN R & T 11911

Dated 09/19/2005

STATE OF CALIFORNIA, COUNTY OF Riverside

On September 19, 2005, before me,

L. Romero, Notary Public

(insert name/title of the officer), personally appeared

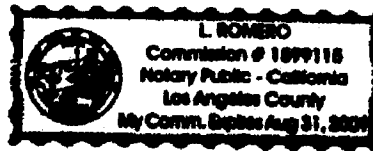
CARMEN OREJEL &

Signature of Carmen Orejel

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) 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 L. Romero



(Notary Seal)

MAIL TAX STATEMENTS TO PARTY SHOWN BELOW: IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE.

ALFONSO MARTINEZ &

21643 CLUB DRIVE

PERRIS, CA 92570

Name

Street Address

City & State



GARY L. ORSO
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

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

<http://riverside.assessor.com>

NOTARY CLARITY

Under the provisions of Government Code 27361.7, I certify under the penalty of perjury that the notary seal on the document to which this statement is attached reads as follows:

Name of Notary: L. Romero

Commission #: 1599115

Place of Execution: LA

Date Commission Expires: AUG. 31, 2009

Date: 9/26/05

Signature: *V. Armenta*

Print Name: V. Armenta