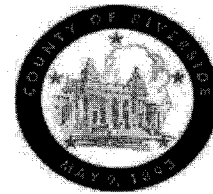


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



2053

SUBMITTAL DATE:
August 16, 2016

FROM : TREASURER-TAX COLLECTOR::

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 622. Last assessed to: Antonia Soto. District 4 [\$31,872]. Fund 65595 Excess Proceeds from Tax Sale.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Norma Carrillo, heir to the Estate of Antonia Soto, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 768391005-5;
2. Approve the claim from Gloria Duco, heir to the Estate of Antonia Soto, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 768391005-5;
3. Approve the claim from Lawrence Soto, heir to the Estate of Antonia Soto, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 768391005-5;
4. Authorize and direct the Auditor-Controller to issue warrants to Norma Carrillo, heir to the Estate of Antonia Soto in the amount of \$10,624.24, Gloria Duco, heir to the Estate of Antonia Soto in the amount of \$10,624.24 and Lawrence Soto, heir to the Estate of Antonia Soto in the amount of \$10,624.23, 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.

Don Kent
Don Kent, Treasurer-Tax Collector 10/14/2016

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:
COST	\$ 31,872	\$ 0	\$ 31,872	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale			Budget Adjustment: No	
			For Fiscal Year:	16/17

C.E.O. RECOMMENDATION: APPROVE

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington and Ashley
Nays: None
Absent: Benoit
Date: November 1, 2016
xc: Treasurer

Kecia Harper-Ihem
 Clerk of the Board
 By *[Signature]*
 Deputy

9-17

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

Page 2

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.

The Treasurer-Tax Collector has received three claims for excess proceeds:

1. Claim from Norma Carrillo, heir to the Estate of Antonia Soto based on a Joint Tenancy Grant Deed recorded June 7, 1957 as Instrument No. 41669, an Affidavit-Death of Joint Tenant recorded February 28, 1963 as Instrument No. 20451, an Affidavit for Collection of Personal Property Probate Code 13101 dated March 29, 2016 and the death certificate of Antonia Lopez Soto.
2. Claim from Gloria Duco, heir to the Estate of Antonia Soto based on a Joint Tenancy Grant Deed recorded June 7, 1957 as Instrument No. 41669, an Affidavit-Death of Joint Tenant recorded February 28, 1963 as Instrument No. 20451, an Affidavit for Collection of Personal Property Probate Code 13101 dated April 2, 2016 and the death certificate of Antonia Lopez Soto.
3. Claim from Lawrence Soto, heir to the Estate of Antonia Soto based on a Joint Tenancy Grant Deed recorded June 7, 1957 as Instrument No. 41669, an affidavit-Death of Joint Tenant recorded February 28, 1963 as Instrument No. 20451, an Affidavit for Collection of Personal Property Probate Code 13101 dated April 2, 2016 and the death certificate of Antonia Lopez Soto.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Norma Carrillo, heir to the Estate of Antonia Soto be awarded excess proceeds in the amount of \$10,624.24, Gloria Duco, heir to the Estate of Antonia Soto be awarded excess proceeds in the amount of \$10,624.24 and Lawrence Soto, heir to the Estate of Antonia Soto be awarded excess proceeds in the amount of \$10,624.23. 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 Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Carrillo, Duco & Soto

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

RECEIVED

2016 APR 20 PM 3:27

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

TC 203 Item 622 Assessment No.: 768391005-5

Assessee: SOTO ANTONIA

Situs: 52388 CALLE TECHA COACHELLA 92236

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 \$ 31,922.71 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.

Attached please find our Affidavit for Collection of Personal Property and its accompanying exhibits.

Our signatures are notarized therein. We are the decedent's natural children, Gloria Duco fka Gloria Soto,

Lawrence Soto, and Norma Carrillo fka Norma Carrillo. We all agree to an even apportionment of

the excess proceeds. The funds may be distributed equally amongst us three.

If the property is held in Joint Tenancy, the tax sale 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 2 day of April ~~March~~, 2016 at Riverside
Orange, California
County, State

Gloria Duco
Signature of Claimant

Please see attachments for 2 additional signatures.
Signature of Claimant

Gloria Duco
Print Name

Print Name

700 E. Lake Drive, Unit 126
Street Address

Street Address

Orange, CA 92866
City, State, Zip

City, State, Zip

714/915-9256
Phone Number

Phone Number

SCO 8-21 (1-99)

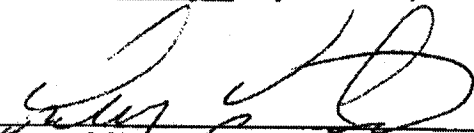
Please see attachments for 2 additional signatures.

Attachment to Claim for Excess Proceeds from the Sale of Tax-Defaulted Property

Assessment No.: 768391005-5, Situs: 52388 Calle Techa, Coachella, CA 92236

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

Executed this 2nd day of ^{April} ~~March~~, 2016, at Riverside, Calif.
(County and State)



Signature of Claimant

Lawrence Soto

700 E. Lake Drive, Unite 126

Orange, CA 92866

Tel. 951/391-9892

Attachment to Claim for Excess Proceeds from the Sale of Tax-Defaulted Property

Assessment No.: 768391005-5, Situs: 52388 Calle Techa, Coachella, CA 92236

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

Executed this 29 day of March, 2016, at Brewster County Texas
(County and State)

Norma Carrillo
Signature of Claimant

Norma Carrillo

516 Laredo Street, Apt. C-3

Navasota, TX 77868

Tel. 936/419-6361

County Administrative Center- 4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205
(951) 955-3900
(951) 955-3990 - Fax



**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

Palm Desert Office
38-686 El Cerrito Road
Palm Desert, CA 92211

Temecula Office
40935 County Center Drive, Suite C
Temecula, CA 92591

E-mail: ttc@co.riverside.ca.us
www.countytreasurer.org

July 22, 2015

ANTONIA SOTO
C/O MARSH, MOORE & COLOGNE, ATTORNEYS AT LAW
P.O. BOX 1945
INDIO, CA 92202-1945

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 768391005-5 Item: 622
Situation Address: 52388 Calle Techa Coachella 92236
Assessee: Sota, Antonia
Date Sold: May 5, 2015
Date Deed to Purchaser Recorded: June 18, 2015
Final Date to Submit Claim: June 20, 2016

Dear Sir or Madame:

The property referenced above was declared subject to the Tax Collector's power of sale for non-payment of taxes and later sold. Parties of Interest, as defined in Section 4675 of the California Revenue and Taxation Code (e.g., the last assessee and any lienholders of record), have a right to file a claim for any excess proceeds that remain after the tax liens and the costs of the sale have been satisfied. Our records show that you may be a party of interest, and we are enclosing for your convenience a claim form and a return envelope. Please note that your claim must be filed within one year of the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after one year from this recording date. Claims submitted will be evaluated by our legal counsel and awarded in accordance with state law. The submission of a claim merely initiates that review.

The enclosed form is relatively simple and we must stress that most applicants will be able to fill it out without help. However, if you need help, please feel free to contact our office by mail, telephone or in person and we will help you without charge. You may telephone us at (951) 955-3336.

If you prefer to have an agent file your claim for you, or if you should decide to sell your claim (often referred to as "assignment") so that the purchaser of the claim may receive the funds, please advise us and we will send the proper form.

Please note also that the statutory procedures and the County's internal procedures dictate that most claims will not be processed until at least twenty (20) months following the date of recordation of the tax deed.

Sincerely,

DON KENT
TREASURER-TAX COLLECTOR

By Jennifer Pazient
Deputy

PLACE INTERNAL REVENUE STAMP IN THIS SPACE

Joint Tenancy Grant Deed

REV. 2-75

MIGUEL F. LOPEZ and CELSA ELIAS LOPEZ, husband and wife,
 (GRANTOR - GRANTORS)
 FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
 Do hereby Grant To LUIS FELIX SOTO and ANTONIA SOTO, husband and wife,
 As Joint Tenants
 the real property in the
 County of Riverside State of California, described as follows:
 Lot 201 of ABENIMON SUBDIVISION, as per map recorded in Book 21, page 9
 of Maps, Records of Riverside County.
 SUBJECT TO:
 covenants, conditions, restrictions, reservations, rights, rights of way and
 assessments of record, if any.

Executed on May 21, 1957

Miguel F. Lopez
 Miguel F. Lopez
 Celsa Elias Lopez
Celsa Elias Lopez

STATE OF CALIFORNIA
 COUNTY OF
 Riverside

On May 21, 1957
 before me, Dorothy Lee Filton
 a Notary Public in and for said County and State, personally appeared Miguel F. Lopez and Celsa Elias Lopez, husband and wife,

known to me to be the persons whose names are set forth
 subscribed to the within instrument and acknowledged that
they executed the same.
 WITNESS my hand and official seal.

[Signature]
 Notary Public
 State of California

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO
Mr. and Mrs. Luis Felix Soto
52-200 Calle Tachon, Coachella, California
 ORDER No. 25 822 8 ESCROW No. 916-3565

SPACE BELOW FOR RECORDER'S USE ONLY

RECEIVED FOR RECORD
 JUN 7 1957
 COUNTY CLERK
 RIVERSIDE COUNTY

69819

Joint Tenancy Grant Deed

PLATE NUMBER: _____

DATE: _____

FOR A VARIANCE OR EXTENSION, receipt of which is hereby acknowledged

Be: Stanley Thomas Sr. and Stanley Thomas Jr. and Stanley Thomas III

Do and pertain to the _____

County of Shasta State of California, described as follows:

Lot 111 of SHASTA COUNTY TRACT, as per map recorded for book 22, page 19 of Maps, Records of Shasta County.

WITNESSETH:

That the said parties, grantors, covenants, conditions, reservations, rights, rights of way and easements of record.

Notary Public _____

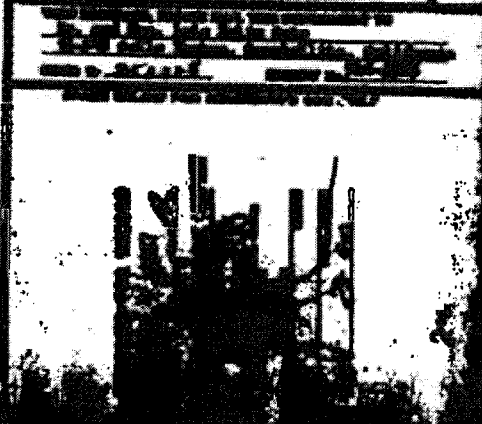
Stanley Thomas Sr.
Stanley Thomas Jr.
Stanley Thomas III

STATE OF CALIFORNIA
 COUNTY OF _____

Notary Public _____

My commission expires _____

Notary Public _____



20451

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO

MARSH, MOORS & COLOGNS
Attorneys at Law
P. O. Box 1945
Indio, California

Order No. _____
Recorder's Instrument No. _____

RECEIVED FOR RECORD
FEB 23 1963

W. W. Beck
Notary Public
FEB 23 1963

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of Riverside

That Antonia Soto of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Luis Felix Soto named as one of the parties in that certain grant deed dated May 21, 1957 executed by Miguel F. Lopez and Celso Elias Lopez to Luis Felix Soto and Antonia Soto as joint tenants, recorded as Instrument No. 41889 in book 2100, page 223, of Official Records of Riverside County, California, covering the following described property situated in the County of Riverside, State of California:

Lot 102 of Abdelnour-Subdivision
Recorded in Map Book 21 page 19
Maps of Riverside County, California

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 4,000.00

Dated May 8, 1962

Antonia Soto

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 8th day of May, 1962

Harriet S. Burkhardt

(Notary signature line)
HARRIET S. BURKHARDT

("His name (notary's) shall be typed or legibly printed")
(Sec. 2205 - Government Code 1959)
My Commission Expires January 31, 1964.

CERTIFIED COPY DEATH ATTACHED

Misc-119 (G.R.) (Rev. 1-50) 8-31-61 (8 pt.)

FEB 23 1963

20451

THIS DOCUMENT SHOULD BE RECORDED

ALAN CRANSTON
CONTROLLER OF THE STATE OF CALIFORNIA
INHERITANCE TAX DIVISION

RECEIVED
DEC 22 1962

CERTIFICATE OF RELEASE OF INHERITANCE TAX LIEN

Luis Felix Soto, DECEASED
December 31, 1961, DATE OF DEATH

The undersigned certifies pursuant to Section 14307 of the Revenue and Taxation Code that the lien imposed by the Inheritance Tax Laws of the State of California on the real property hereinafter described heretofore held by said decedent and

Antonia Soto, as joint tenants, by that certain deed dated the 21st day of May, 1957, and recorded the 7th day of June, 1957, in Book 2100, at page 235 of the Official Records of Riverside County, State of California, and which said lien arose by virtue of the death of said decedent and the survivorship of the said Antonia Soto as such joint tenant has been released.

Said real property is situate in the County of Riverside, State of California, and is described as set forth in the deed hereinabove mentioned.

Lot 101 Abdelnour Subdivision, Riverside County

Dated this 20th day of December, 1962

STATE OF CALIFORNIA }
COUNTY OF Los Angeles }

William P. Elam
Inheritance Tax Appraiser or Attorney

On this 20th day of December, 1962, before me, a Notary Public in and for said County and State, personally appeared William P. Elam

known to me to be the Asst. Inher. Tax Attorney whose name is subscribed to the within instrument, and acknowledged to me that he executed the same as such Person

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this day and year first hereinabove written.

Nellie M. Swart
Notary Public in and for said County and State
NELLIE M. SWART

SA:mp

REC. 2 1962
20451

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

The undersigned state(s) as follows:

1. Antonia Soto (DECEDENT) died 12/15/1970 (DATE OF DEATH)
Please see Death Certificate attached hereto as Exhibit A
in the County of Riverside, State of California;
2. At least 40 days have elapsed since the death of the decedent, as shown by the attached certified copy of the decedent's death certificate;
3. No proceeding is now being or has been conducted in the State of California for administration of the decedent's estate;
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$150,000.00;
5. The following property is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100 (please describe the property in below space):
Excess proceeds from the sale of the following property: TC 203, Item 622, Assessment No.: 768391005-5, Situs: 52388 Calle Techa, Coachella, California 92236, Date sold: May 5, 2015
6. The successor(s) of the decedent, as defined in California Probate Code Section 13006, is/are:
Gloria Duco fka Gloria Soto, Lawrence Soto, Norma Carrillo fka Norma Soto
Please see Birth Certificates attached hereto as Exhibit B
7. The undersigned (please check which box(s) applies):
 Is successor(s) of the decedent to the decedent's interest in the described property, or
 Is authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property;
8. No other person has a superior right to the interest of the decedent in the described property;
9. The undersigned request that the described property be paid, delivered or transferred to the undersigned.

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

APR 1
March 2, 2016

(DATE)

Gloria Duco

(TYPE OR PRINT NAME OF PARTY MAKING DECLARATION)

Gloria Duco
(SIGNATURE)

Signatures continued on Attachment "1"

SHORT TITLE: Affidavit for Collection of Personal Property, Decedent - Antonia Soto	CASE NUMBER: Assessment No.: 768391005-5
--	---

ATTACHMENT (Number): 1
 (This Attachment may be used with any Judicial Council form.)

We declare under penalty of perjury under the laws of the State of California that the statements contained in the attached Affidavit for Collection of Personal Property re Decedent Antonia Soto are true and correct.

4/2/16
 (Date)

Lawrence Soto Lawrence Soto
 (Type or Print Name of Party Making Declaration)

[Signature]
 (Signature)

3/29/16
 (Date)

Norma Carrillo Norma Carrillo
 (Type or Print Name of Party Making Declaration)

[Signature]
 (Signature)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page ____ of ____
 (Add pages as required)

ACKNOWLEDGMENT

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.

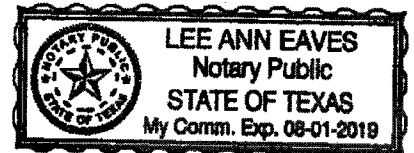
Personally appeared Norma Carrillo

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 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 Lee Ann Eaves (Seal)



ACKNOWLEDGMENT

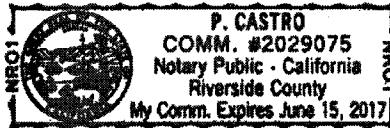
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Personally appeared Gloria Duco

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 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 P. Castro (Seal)

ACKNOWLEDGMENT

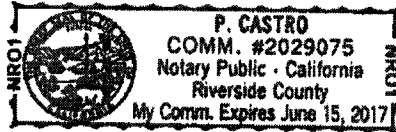
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Personally appeared Lawrence Soto

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 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 P. Castro (Seal)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

BOOK 1970

PAGE

04851

CERTIFICATE OF DEATH 3397

4265

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1a. NAME OF DECEASED—FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR
2a. DATE OF DEATH—MONTH, DAY, YEAR		2b. HOUR		3. SEX		4. COLOR OR RACE
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)		8. IF UNDER 1 YEAR
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED NAME)		14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)
17. KIND OF INDUSTRY OR BUSINESS		18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		18d. CITY OR TOWN		18e. COUNTY		18f. LENGTH OF STAY IN COUNTY OF DEATH
18f. LENGTH OF STAY IN COUNTY OF DEATH		18g. CITY OR TOWN		18h. COUNTY		18i. STATE
18i. STATE		19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		20. NAME AND MAILING ADDRESS OF INFORMANT
20. NAME AND MAILING ADDRESS OF INFORMANT		21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE SHOWN ABOVE FROM THE EVIDENCE SET FORTH BELOW AND THAT I HAVE VIEWED THE REMAINS OF DECEASED AS REQUIRED BY LAW OR		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE SHOWN ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM		21c. PHYSICIAN OR CORONER—SIGNATURE AND OFFICE OR TITLE
21c. PHYSICIAN OR CORONER—SIGNATURE AND OFFICE OR TITLE		21d. DATE SIGNED		21e. PHYSICIAN'S EMPLOYER LICENSE NUMBER		22a. SPECIFY BURIAL, DIFFORMENT OR CREMATION
21d. DATE SIGNED		22a. SPECIFY BURIAL, DIFFORMENT OR CREMATION		22b. DATE		22c. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
22b. DATE		22c. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		22d. ADDRESS		23. LOCAL REGISTRAR—SIGNATURE
22d. ADDRESS		23. LOCAL REGISTRAR—SIGNATURE		24. EMBALMER—SIGNATURE		24. EMBALMER—LICENSE NUMBER
23. LOCAL REGISTRAR—SIGNATURE		24. EMBALMER—SIGNATURE		24. EMBALMER—LICENSE NUMBER		25. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
24. EMBALMER—LICENSE NUMBER		25. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		26. IF NOT IDENTIFIED BY PHYSICIAN, DATE THIS BODY REFERRED TO CORONER (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE
25. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		26. IF NOT IDENTIFIED BY PHYSICIAN, DATE THIS BODY REFERRED TO CORONER (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
26. IF NOT IDENTIFIED BY PHYSICIAN, DATE THIS BODY REFERRED TO CORONER (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		29. PART I: DEATH WAS CAUSED BY:
27. LOCAL REGISTRAR—SIGNATURE		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		29. PART I: DEATH WAS CAUSED BY:		30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		29. PART I: DEATH WAS CAUSED BY:		30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		31. WAS OPERATION OF MOTOR VEHICLE INVOLVED FOR ANY CAUSE OTHER THAN THAT OF DRIVER? (SPECIFY YES OR NO)
29. PART I: DEATH WAS CAUSED BY:		30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		31. WAS OPERATION OF MOTOR VEHICLE INVOLVED FOR ANY CAUSE OTHER THAN THAT OF DRIVER? (SPECIFY YES OR NO)		32a. AUTOPSY (SPECIFY YES OR NO)
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		31. WAS OPERATION OF MOTOR VEHICLE INVOLVED FOR ANY CAUSE OTHER THAN THAT OF DRIVER? (SPECIFY YES OR NO)		32a. AUTOPSY (SPECIFY YES OR NO)		32b. IF YES, WERE FINGERES COMPRESSED OR SEVERED IN ACCIDENT? (SPECIFY YES OR NO)
31. WAS OPERATION OF MOTOR VEHICLE INVOLVED FOR ANY CAUSE OTHER THAN THAT OF DRIVER? (SPECIFY YES OR NO)		32a. AUTOPSY (SPECIFY YES OR NO)		32b. IF YES, WERE FINGERES COMPRESSED OR SEVERED IN ACCIDENT? (SPECIFY YES OR NO)		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
32a. AUTOPSY (SPECIFY YES OR NO)		32b. IF YES, WERE FINGERES COMPRESSED OR SEVERED IN ACCIDENT? (SPECIFY YES OR NO)		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)
32b. IF YES, WERE FINGERES COMPRESSED OR SEVERED IN ACCIDENT? (SPECIFY YES OR NO)		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR
35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR		37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR		37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO NORMAL PLACE, FEET OR MILES
36b. HOUR		37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO NORMAL PLACE, FEET OR MILES		38. PAIN (COMPARISON WITH OWN FOR DEGREE OR TRAGIC EMERGENCY) (SPECIFY YES OR NO)
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO NORMAL PLACE, FEET OR MILES		38. PAIN (COMPARISON WITH OWN FOR DEGREE OR TRAGIC EMERGENCY) (SPECIFY YES OR NO)		39. WAST LABORATORY TESTS (SPECIFY YES OR NO)
37b. DISTANCE FROM PLACE OF INJURY TO NORMAL PLACE, FEET OR MILES		38. PAIN (COMPARISON WITH OWN FOR DEGREE OR TRAGIC EMERGENCY) (SPECIFY YES OR NO)		39. WAST LABORATORY TESTS (SPECIFY YES OR NO)		40. DESCRIBE HOW INJURY OCCURRED (EXTENT KNOWLEDGE OF EVENTS WHICH RESULTED IN DEATH; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 8)
38. PAIN (COMPARISON WITH OWN FOR DEGREE OR TRAGIC EMERGENCY) (SPECIFY YES OR NO)		39. WAST LABORATORY TESTS (SPECIFY YES OR NO)		40. DESCRIBE HOW INJURY OCCURRED (EXTENT KNOWLEDGE OF EVENTS WHICH RESULTED IN DEATH; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 8)		STATE REGISTRAR
39. WAST LABORATORY TESTS (SPECIFY YES OR NO)		40. DESCRIBE HOW INJURY OCCURRED (EXTENT KNOWLEDGE OF EVENTS WHICH RESULTED IN DEATH; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 8)		STATE REGISTRAR		45701

CARVERSON

CERTIFIED COPY OF VITAL RECORD
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, Assessor-County Clerk-Recorder.

DATE ISSUED

MAR 11 2016

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



Peter Alderson
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



CERTIFICATE OF LIVE BIRTH

REGISTRATION NUMBER **1001** REGISTRATION NUMBER **4947**

1. CHILD'S FIRST NAME **MORTIA** 2. CHILD'S LAST NAME **CARRILLO**

3. SEX **female** 4. THIS CHILD WAS AT THE TIME OF BIRTH **single** 5. DATE OF BIRTH **9-11-51** 6. TIME OF BIRTH **9:03 P.**

7. PLACE OF BIRTH **Fresno** 8. COUNTY **Fresno**

9. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION IN WHICH BIRTH OCCURRED **St. Agnes Hospital
Corner of Belmont and Q St.
Merlota rural**

10. PLACE OF BIRTH **rural** 11. COUNTY **Fresno** 12. STATE **California**

13. NAME OF MOTHER **Antonia Lopez** 14. COLOR OR RACE OF MOTHER **white**

15. NAME AND ADDRESS OF FATHER **Box 271 Mendota
Carrillo** 16. COLOR OR RACE OF FATHER **white**

17. OCCUPATION OF FATHER **Laborer** 18. NAME AND ADDRESS OF PHYSICIAN **Mendota Clearing**

19. NAME AND ADDRESS OF REGISTERAR **Stanley T. Lu, M.D.** 20. DATE OF BIRTH **9-16-51**

21. SIGNATURE OF REGISTERAR **W. C. Greenwood** 22. DATE ON WHICH THIS BIRTH WAS ANNOUNCED **Fresno**

23. REGISTERAR'S CERTIFICATION **3111 (1951)**

24. LEAF-BLANK NUMBER

STATE OF CALIFORNIA



COUNTY OF FRESNO

This is to certify that this is a true transcript copy of this document, recorded and/or filed in this office, as provided by law.

Dated 4/1/92
Book 8 Page 20

William C. Greenwood, County Recorder, By Deputy R. Rodriguez

6A. COUNTY Fresno	6B. STATE California	6C. COLOR OR RACE OF MOTHER white
7A. MIDDLE NAME Antonio	7B. LAST NAME Lopez	7C. COLOR OR RACE OF FATHER white
8A. CITY OR TOWN Mendota	8B. PLACE, NAME OR FOREIGN COUNTRY Box 291 Mendota	8C. MOTHER'S MARRIAGE STATUS MARRIED
9A. MOTHER'S AGE 25	9B. FATHER'S AGE 30	9C. CHILD'S SEX M
10A. FATHER'S OCCUPATION Laborer	10B. MOTHER'S OCCUPATION Mendota Cleaners	10C. CHILD'S BIRTH DATE 9-16-51
11A. FATHER'S SIGNATURE <i>Antonio Lopez</i>	11B. MOTHER'S SIGNATURE <i>Antonio Lopez</i>	11C. DATE SIGNED 9-16-51
12A. REGISTRAR'S SIGNATURE <i>W. J. ...</i>	12B. REGISTRAR'S NAME W. J. ...	12C. DATE ON WHICH GIVEN NAME ADDED

STATE OF CALIFORNIA

COUNTY OF FRESNO

This is to certify that this is a true transcript copy of this document, recorded and/or filed in this office, as provided by law.

Dated 4/1/92

Book 81 Page 80

William C. Greenwood, County Recorder, By Deputy B. RODRIGUEZ



STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

544

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

1. NAME OF CHILD (FIRST, MIDDLE, LAST)	Gloria		10. SEX	Female	11. RACE	Hispanic	12. DATE OF BIRTH	February 5, 1957	13. TIME	12:00 P.
14. PLACE OF BIRTH (NAME OF HOSPITAL)	Cedars Hospital		15. CITY OR TOWN	Indio	16. COUNTY	Riverside	17. STREET ADDRESS	80-430 Miles Avenue	18. CITY	Indio
19. MOTHER OF CHILD	20. NAME OF MOTHER (FIRST, MIDDLE, LAST)	21. AGE OF MOTHER AT TIME OF BIRTH	22. LOCAL RESIDENCE OF MOTHER (CITY OR TOWN)	23. COUNTY	24. STATE	25. NATIONAL ADDRESS OF MOTHER (STREET ADDRESS)	26. CITY	27. STATE	28. COUNTRY	29. MARITAL STATUS
	Antonio	25	Coachella Gardens Apartments #31	California	California	Box 465, Coachella	Coachella	California	USA	Married
30. FATHER OF CHILD	31. NAME OF FATHER (FIRST, MIDDLE, LAST)	32. AGE OF FATHER AT TIME OF BIRTH	33. LOCAL RESIDENCE OF FATHER (CITY OR TOWN)	34. COUNTY	35. STATE	36. NATIONAL ADDRESS OF FATHER (STREET ADDRESS)	37. CITY	38. STATE	39. COUNTRY	40. MARITAL STATUS
	Julia	29	Indio	California	California	Indio	Indio	California	USA	Married
41. INFIRMITY CERTIFICATION	42. HAD THIS CHILD BEEN REGISTERED IN THE STATE OF CALIFORNIA PRIOR TO THIS BIRTH?		43. HAD THIS CHILD BEEN REGISTERED IN ANY OTHER STATE PRIOR TO THIS BIRTH?		44. HAD THIS CHILD BEEN REGISTERED IN ANY OTHER COUNTRY PRIOR TO THIS BIRTH?		45. DATE OF BIRTH AS REGISTERED			
	No		No		No		February 6, 1957			
46. ATTENDING PHYSICIAN	47. NAME OF PHYSICIAN (FIRST, MIDDLE, LAST)		48. ADDRESS OF PHYSICIAN (CITY OR TOWN)		49. COUNTY		50. STATE			
	Ernest M. Stone - M.D.		Indio		California		March 15, 1957			
51. REGISTRAR'S CERTIFICATION	52. NAME OF REGISTRAR (FIRST, MIDDLE, LAST)		53. ADDRESS OF REGISTRAR (CITY OR TOWN)		54. COUNTY		55. STATE			
	Ernest M. Stone - M.D.		Indio		California		March 15, 1957			

033470786

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

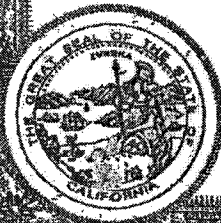
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED: 10/11/2004

This copy is not valid unless prepared on unguaranteed border displaying date, seal and signature of the County Clerk-Recorder. Page 7 of

Gary L. Orso

GARY L. ORSO
 COUNTY CLERK-RECORDER
 RIVERSIDE COUNTY, CALIFORNIA



Marriage Certificate

No. D 351348

Clark County, Nevada

This is to Certify that the undersigned did on the 25th day of August, 2001
at Carterbury Wedding Chapel, Las Vegas, Nevada, join in lawful matrimony
at, _____, Nevada, join in lawful matrimony
Address or Church _____, City _____

PIERRE H. DUCO of ORANGE COUNTY, CALIFORNIA
City _____ State _____

and GLORIA SOTO of ORANGE COUNTY, CALIFORNIA
City _____ State _____

with their mutual consent, in the presence of _____
Type or Print Name of Witness _____

McMurry & The Duce _____
Type or Print Name of Official _____
Marriage Assembly _____
1200 Churchman Way Suite 3000 _____
Las Vegas, Nv. 89108 _____
Type or Print Address of Official _____

Signature of Official _____
Type or Print City, State, Zip _____
SHIRLEY B. PARRAGUIRE, COUNTY CLERK

ORIGINAL: TO BE GIVEN TO THE PARTIES MARRIED

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF LIVE BIRTH

LOCAL REGISTRAR DISTRICT AND 334 1752

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH - CERTIFICATE NUMBER

THIS CHILD	1. SEX Male	2. ALL THIS CHILD, BORN THIS OR TRIPLET Single	3. IF THIS IS FIRST BIRTH OF CHILD FROM THIS MOTHER	4. DATE OF BIRTH - Month, Day, Year March 2, 1959	5. HOUR 2:50 a.
PLACE OF BIRTH	6. PLACE OF BIRTH - NAME OF HOSPITAL Adair Hospital		7. STREET ADDRESS (Give number or name of building or location, or use P. O. Box Number) 82485 Miles Avenue		
MOTHER OF CHILD	8. MOTHER'S NAME - First Name Annie	9. MOTHER'S NAME - Last Name Lopez	10. COLOR OR RACE OF MOTHER Cauc.	11. AGE OF MOTHER (at end of this month) 27	
USUAL RESIDENCE OF MOTHER (where mother lives)	12. CITY OR TOWN Combsville		13. COUNTY Riverside		
FATHER OF CHILD	14. NAME OF FATHER - First Name Luis	15. MOTHER'S MARRIAGE TO FATHER Yes	16. COLOR OR RACE OF FATHER Cauc.	17. DATE BORN BY INFORMANT March 2, 1959	
INFORMANT'S CERTIFICATION	18. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE, AT THE HOME RATE AND PLACE STATED ABOVE.		19. SIGNATURE OF OTHER INFORMANT - SIGNATURE (Last Name) <i>[Signature]</i>		20. ADDRESS Indio, California
ATTENDANT'S CERTIFICATION	21. DATE ON WHICH NAME ADDED BY BUREAU (Month, Name, Report)		22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE RECEIVED BY LOCAL REGISTRAR APR 10 1959
REGISTRAR'S CERTIFICATION					



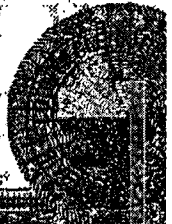
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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: MAR 04 2009

[Signature]
BARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

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



August 31, 2016

Gloria Duco
700 E. Lake Drive, Unit 126
Orange, CA 92866

Re: APN: 768391005-5
TC 203 Item 622
Date of Sale: May 5, 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.

- Notarized Affidavit for Collection of Personal Property under California Probate Code 13100
- Notarized Statement of different/mis spelled
- Notarized Statement Giving Authorization to claim on behalf of
- Certified Death Certificate for
- Copy of Birth Certificates for

- 9/1/16 ✓ Copy of Marriage Certificate for Gloria Duco
- Original Note/Payment Book
- Updated Statement of Monies Owed (as of date of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)
- Court Order Appointing Administrator
- Deed (Quitclaim/Grant etc...)
- Other -

Please send in all documents within 30 days (**October 3, 2016**). If you should have any questions, please contact me at the number listed below.

Sincerely,



Jennifer Pazicni
Tax Sale Operations Unit
(951) 955-3336
(951) 955-3990 Fax
jpazicni@RivCoTTC.org