

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



ITEM
9.2
(ID # 3336)

MEETING DATE:

Tuesday, September 26, 2017

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 98. Last assessed to: Robert Rose, an unmarried man, District 1. [\$39,461-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Gary L. Rose, heir to the Estate of Robert Rose, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 319073029-2;
2. Approve the claim from Robyn R. Noby, heir to the Estate of Robert Rose, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 319073029-2;
3. Deny the claim from Robert Scott Kennard, Attorney for Dickinson Financial LLC;
4. Deny the claim from Ray Allen Rose;
5. Authorize and direct the Auditor-Controller to issue warrants to Gary L. Rose, heir to the Estate of Robert Rose in the amount of \$19,730.81 and Robyn R. Noby, heir to the Estate of Robert Rose in the amount of \$19,730.80, 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.

ACTION: Policy


Jon Christensen

9/11/2017

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: September 26, 2017
xc: Treasurer, Auditor

Kecia Harper-Ihem
Clerk of the Board

By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 39,461	\$ 0	\$ 39,461	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
			Budget Adjustment:	No
			For Fiscal Year:	17/18

C.E.O. RECOMMENDATION: APPROVE

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 four claims for excess proceeds:

1. Claim from Gary L. Rose, heir to the Estate of Robert Rose based on a Grant Deed recorded May 16, 1996 as Instrument No. 181273, a Grant Deed recorded May 16, 1996 as Instrument No. 181274, an Affidavit Under California Probate Code Section 13101 dated December 12, 2016 and the death certificate of Robert Rose.
2. Claim from Robyn R. Noby, heir to the Estate of Robert Rose based on a Grant Deed recorded May 16, 1996 as Instrument No. 181273, a Grant Deed recorded May 16, 1996 as Instrument No. 181274, an Affidavit Under California Probate Code Section 13101 dated December 21, 2016 and the death certificate of Robert Rose.
3. Claim from Robert Scott Kennard, attorney for Dickinson Financial LLC based on an Abstract of Judgment recorded May 23, 2013 as Instrument No. 2013-0244899.
4. Claim from Ray Allen Rose based on Receipt of Taxes Paid on November 1, 2014.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Gary L. Rose, heir to the Estate of Robert Rose be awarded excess proceeds in the amount of \$19,730.81 and Robyn R. Noby, heir to the Estate of Robert Rose be awarded excess proceeds in the amount of \$19,730.80. The claim from Robert Scott Kennard, attorney for Dickinson Financial LLC be denied since he was unable to substantiate his claim. The claim from Ray Allen Rose be denied since he was not a party of interest at the time of the sale. Supporting documentation has been provided. The Tax Collector requests

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

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 to the last assessee of the property.



ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim G. Rose

ATTACHMENT B. Claim Noby

ATTACHMENT C. Claim Kennard

ATTACHMENT D. Claim R. Rose

 Stephanie P. Priaplos	 Gregory V. Priaplos, Director County Counsel	7/22/2017
9/18/2017		

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 203 Item 98 Assessment No.: 319073029-2

Assessee: ROSE, ROBERT

Situs: 20095 SOUDER ST 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 \$ 40,000 from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), children ☐ 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.

Robert Rose's Death Certificate
Statement of Facts from EX-wife
Proof of Identity for Robyn Renee Naby & Gary Lynn Rose

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 18 day of Nov, 2016 at Collin Co. Texas
County, State

Robyn R. Naby
Signature of Claimant

Gary L. Rose
Signature of Claimant

Robyn R. Naby
Print Name

Gary L. Rose
Print Name

6138 Rocky Rd.
Street Address

438 Otis Brown Rd
Street Address

Nevada, TX 75173
City, State, Zip

Baldwin, Ga 30511
City, State, Zip

909-908-3783
Phone Number

678-865-6413
Phone Number

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 203 Item 98 Assessment No.: 319073029-2

Assessee: ROSE, ROBERT

Situs: 20095 SOUDER ST PERRIS 92570

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

RECEIVED
June 1st
2016 MAY-32 AM 11:45
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 39,700. from the sale of the above mentioned real property. I/We were the ☒ sole 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 ; 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.

2016 JUN -1 AM 11:45
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

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

I do not have my copy. I am living in a nursing home at this time. all documentation is in Riverside County Court records. I didnt get the notice about this. I didnt know until an agency contacted me.

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 27 day of May 2016 at 1300

Signature of Claimant Robert Rose

Signature of Claimant

Print Name Robert L. Rose

Print Name

Street Address 6138 Rocky Rd.

Street Address

City, State, Zip Nevada, Texas

City, State, Zip

75173

Robyn Nobby
6138 Rocky Rd
Nevada TX 75173-8196

Daughter

909-908-3782

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



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

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

**COUNTY OF RIVERSIDE
TREASURER-TAX COLLECTOR**

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

July 22, 2015

ROSE, ROBERT
C/O ROSE, ROBERT W
56450 LOGAN CREEK RD
IDYLLWILD, CA 92549

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 319073029-2 Item: 98
Situs Address: 20095 Souder St Perris 92570
Assessee: Rose, Robert
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 Pazicni
Deputy

181273

MAY 16 1996

NAME	Robert Rose
ADDRESS	20095 Souder St.
CITY & STATE	Perris, CA 92570

Recorded in Official Records
of Riverside County, California
Volume _____ Page _____

► Facts

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Whereas I, Lynn M. Bratton, an unmarried woman, am the legal sole assignee/and or the sole legal successor in interest of the certain Land Contracts between Emerson L. Puppier, as Vendor and Karen Anita Cox, as Vendee recorded in Riverside County on May 8, 1979 in Book 1979, Page 93278, as document no. 98278 and between Karen Anita Cox, as Vendor and Robert Rose and Louise Rose, as Vendee recorded in Riverside County on April 6, 1982 in Book 1982, Page 1982, as document no. 67040, affecting the real property legally described as: LOT 47 of UPTON ACRES, NO. 5, as shown by map on file in Book 14, Page 20 of Maps, Records of Riverside County, California, commonly known as 20195 Souder Street, West, CA. THEREFORE, I, the undersigned, do hereby substitute Lynn M. Bratton, an individual, whose address is 2219 Fielding Rd., Riverside, CA. 92506 as duly authorized trustee under the aforementioned Land Contract/Deeds of Trust. As Sole Beneficiary of the above mentioned instruments, I declare that all sums owed have been PAID IN FULL and as trustee, I DO HEREBY RECONVEY to ROBERT ROSE and/or his heirs or successors in interest, all the estate, title, and interest now held under above mentioned instruments.

GRANT DEED

Midwest Text Structures, Inc.

Robert Rose
20095 Soudier St.
Pacifica, CA 92570

The undersigned grantor declares:
Documentary transfer tax is NIL.
This transfer is the result of the
payoff of a long term secured
obligation.

TAX PARCEL NO. 319-073-029-2

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

LYNN M. BRATTON, an unmarried woman, sole owner.

hereby GRANTS to

ROBERT ROSE, an unmarried man

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

Lot 47 of UPTON ACRES, No. 5, as shown by map on file in Book 14, Page 70 of Maps, Records of said County.

Dated: 4-15-94

LYNN M BRATTON

STATE OF CALIFORNIA
County of Riverside

On this 15th day of April 1994.

before me, the undersigned, a Notary Public in and for said County and State, personally appeared Lynn M. Bratton personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name subscribed to the within instrument and acknowledged that she executed the same.

Notary Public in and for said County and State

WITNESS my hand and official seal

(Notary Seal)

OFFICIAL SEAL
CAROL A. GARCIA
ROTARY PUBLIC • CALIFORNIA
RIVERSIDE COUNTY
My Commission Expires Feb. 2, 1995

My Commission Expires Feb. 3, 1995

THIS MATERIAL IS UNCLASSIFIED
DATE 06-17-2008 BY 60322 UCBAW/BJS

1996 BY SECURITY UNION TITLE
INSURANCE COMPANY,
MICROGRAPHICS DIVISION

RIVERSIDE

RECORDING REQUESTED BY:

181274

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

MAY 16 1996

AND WHEN RECORDED MAIL TO:
NAME [ROBERT ROSE
STREET ADDRESS [P.O. BOX 634
CITY [PERKINS, CA. 92570
STATE [20095 SOUDER STREET
ZIP [PERKINS, CA. 92570

Recorded in Official Records
of Riverside County, California
Recorder

THIS SPACE FOR RECORDER'S USE ONLY:

ASSESSOR'S PARCEL NO: 319-073-029-2

The undersigned Grantor(s) declare(s) that the DOCUMENTARY TRANSFER

TITLE ORDER NO:

TAX IS: \$ 0 County \$ 0 City

ESCROW NO:

— computed on the full value of the interest of property conveyed, or
— computed on the full value less the value of liens or encumbrances
remaining thereon at the time of sale

GRANT DEED

OR transfer is exempt from tax for the following reason:

INTERSPOUSAL TRANSFER

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

Grantor/Seller

LOUISE ROSE, SPOUSE OF GRANTEE
AKA LOUISE ROSE DAVIS

hereby GRANT(S) TO ROBERT ROSE, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY
Grantee/Buyer

All that real property situated in the County of RIVERSIDE, State of California,
described as:

LOT 47 OF UPTON ACRES, NO. 5, AS SHOWN BY MAP ON FILE IN BOOK 14 PAGE 70
OF MAPS RECORDS OF SAID COUNTY,
EXCEPTING THEREFROM ALL GAS, OIL, HYDROCARBONS, AND OTHER MINERALS BELOW A DEPTH OF
500 VERTICAL FEET FROM THE SURFACE THEREOF, AS RESERVED BY THE METROPOLITAN WATER
DISTRICT OF SOUTHERN CALIFORNIA, A PUBLIC CORPORATION, RECORDED JUNE 22, 1978 AS
INSTRUMENT NO. 128056 OF OFFICIAL RECORDS OF RIVERSIDE COUNTY.

State of California

SS.

This is Type of Document: Interspousal gld
Number of Pages: 1 Date of Document: 2/28/94
Signer(s) Other than named herein: N/A

County of Riverside

On March 24, 1994 before me, Michelle L. Dotson
Notary Public, personally appeared Louise Rose Davis
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 Michelle L. Dotson (Seal)



FD-1 (Revised 1/93)

CITY, STATE & ZIP

9/8/00-01 1993

THIS FORM FURNISHED COURTEOUSLY BY ORANGE COAST TITLE COMPANIES

181274
5 16 96
THIS NOTICE IS CERTIFIED
1996 BY SECURITY UNION TITLE
INSURANCE COMPANY,
MICROGRAPHICS DIVISION
RIVERSIDE

RECORDING REQUESTED BY:

181274

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

MAY 16 1996

AND WHEN RECORDED MAIL TO:
NAME **ROBERT ROSE**
STREET ADDRESS **P.O. BOX 634**
CITY **PERRIS, CA. 92570**
STATE **20095 SQUIDER STREET**
ZIP **PERRIS, CA. 92570**

Recorded in Official Records
of Riverside County, California
Recorder *a*
Page 1

THIS SPACE FOR RECORDER'S USE ONLY:

ASSESSOR'S PARCEL NO: **319-073-029-2**

The undersigned Grantor(s) declare(s) that the DOCUMENTARY TRANSFER
TAX IS: \$ 0 County 9 City 7

TITLE ORDER NO: _____

— computed on the full value of the interest of property conveyed, or
— computed on the full value less the value of liens or encumbrances
remaining thereon at the time of sale

ESCROW NO: _____

OR transfer is exempt from tax for the following reason:

GRANT DEED

INTERSPOUSAL TRANSFER

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

Grantor/Seller

LOUISE ROSE, SPOUSE OF GRANTOR
AKA LOUISE ROSE DAVIS

hereby GRANT(S) to **ROBERT ROSE, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY**
Grantee/Buyer

all that real property situated in the _____ County of **RIVERSIDE** State of California,
_____ (name of city or unincorporated area)

described as: **LOT 47 OF UPTON ACRES, NO. 5, AS SHOWN BY MAP ON FILE IN BOOK 14 PAGE 70**
OF MAPS RECORDS OF SAID COUNTY.

EXCEPTING THEREFROM ALL GAS, OIL, HYDROCARBONS, AND OTHER MINERALS BELOW A DEPTH OF
500 VERTICAL FEET FROM THE SURFACE THEREOF, AS RESERVED BY THE METROPOLITAN WATER
DISTRICT OF SOUTHERN CALIFORNIA, A PUBLIC CORPORATION, RECORDED JUNE 22, 1978 AS
ASSIGNMENT NO. 128056 OF OFFICIAL RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

2/28/94

DATE OF CALIFORNIA

COUNTY OF

On _____ before me

personally appeared _____

personally known to me for 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 _____

Louise Rose Davis
AKA LOUISE ROSE

(This area for official notary seal)

THIS MICROFILM COPIED
1996 BY SECURITY UNION TITLE
INSURANCE COMPANY,
PHOTOGRAPHICS DIVISION

RIVERSIDE

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Robert L. Rose (name of decedent died on
10/7/16 (date), in the County of San Bernardino State of California and

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - B. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. ☐ An Inventory and Appraisal of the real property in the decedent's estate is attached, or
☐ There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100.

Excess proceeds from Tax sale of
20025 Sander St. Perris, Cal
 (Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are
Living Children
7. ☐ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
☐ The undersigned is/are 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 requests 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.

Date 12/12/16 Printed name Griffith Rose
12/21/16 Robert Rose

Signature Ray X. Rose 12/12/2016
Griffith Rose Exp: 12/09/2020

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

3052016207063

CERTIFICATE OF DEATH

3201636011263

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
ROBERT		ROSE	
AKA, ALSO KNOWN AS - Include AKA (FIRST, MIDDLE, LAST)		DATE OF BIRTH (mm/dd/yyyy)	
		03/05/1946	
BIRTH STATE/FOREIGN COUNTRY		AGE Yrs	
MI		70	
SOCIAL SECURITY NUMBER		MARRIAGE STATUS (at Time of Death)	
		DIVORCED	
EDUCATION - Highest Level (Degrees)		DATE OF DEATH (mm/dd/yyyy)	
HS GRADUATE		10/09/2016	
14/16. Was ever in U.S. Armed Forces?		HOUR (24 Hours)	
YES		0639	
15. DECEDENT'S RACE - Up to 5 races may be listed (see instructions on back)			
CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
TRUCK DRIVER		TRANSPORTATION	
19. YEARS IN OCCUPATION			
30			
20. DECEDENT'S RESIDENCE (Street and number, or location)			
20095 SOUDER ST.			
21. CITY			
PERRIS			
22. COUNTY/TOWNSHIP			
RIVERSIDE			
23. ZIP CODE			
92570			
24. YEARS IN COUNTY			
36			
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP			
ROBYN ROSE, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or location, or P.O. box, city or town, state and zip)			
6138 ROCKY RD., NEVADA, TX 75173			
28. NAME OF SURVIVING SPOUSE/POSP - FIRST			
29. MIDDLE			
30. LAST (BIRTH NAME)			
31. NAME OF FATHER/PARENT - FIRST			
ALFRED			
32. MIDDLE			
JOHN			
33. LAST			
ROSE			
34. BIRTH STATE			
MI			
35. NAME OF MOTHER/PARENT - FIRST			
BETTY			
36. MIDDLE			
MAE			
37. LAST (BIRTH NAME)			
SCHALLER			
38. BIRTH STATE			
MI			
39. DEPOSITION DATE (mm/dd/yyyy)			
10/25/2016			
40. PLACE OF FINAL DISPOSITION (RES. OF ROBYN ROSE)			
6138 ROCKY RD., NEVADA, TX 75173			
41. TYPE OF DISPOSITION			
CR/TR/RES			
42. SIGNATURE OF EMBALMER			
NOT EMBALMED			
43. LICENSE NUMBER			
44. NAME OF FUNERAL HOME/CHURCH			
MARK B. SHAW FUNERAL DIRECTORS			
45. LICENSE NUMBER			
FD406			
46. SIGNATURE OF LOCAL REGISTRAR			
MAXWELL OHIKHUARE, MD			
47. DATE (mm/dd/yyyy)			
10/25/2016			
48. PLACE OF DEATH			
TERRACINA POST ACUTE			
49. COUNTY			
SAN BERNARDINO			
50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
1818 LAUREL AVE			
51. CITY			
REDLANDS			
52. CAUSE OF DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
CARDIOPULMONARY ARREST			
53. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death)			
DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE			
DIABETES MELLITUS TYPE 2			
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given in 53)			
NONE			
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 53 OR 54? (If yes, list type of operation and date)			
NO			
56. IF FEMALE, PREGNANT IN LAST YEAR?			
YES NO UNK			
57. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
58. SIGNATURE AND TITLE OF DEPUTY REGISTRAR			
KHAI Q. TRAN D.C.			
59. LICENSE NUMBER			
20A7325			
60. DATE (mm/dd/yyyy)			
10/17/2016			
61. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE			
KHAI Q. TRAN D.O.			
62. DATE (mm/dd/yyyy)			
03/02/2016			
63. DATE (mm/dd/yyyy)			
10/09/2016			
64. PLACE OF DEATH			
414 TENNESSE ST. SUITE D, REDLANDS, CA 92373			
65. MANNER OF DEATH			
Natural Accident Homicide Suicide Investigation Could not be determined			
66. INJURED AT WORK			
YES NO UNK			
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
68. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
69. LOCATION OF INJURY (Street and number, or location, and city and zip)			
70. SIGNATURE OF CORONER / DEPUTY CORONER			
71. DATE (mm/dd/yyyy)			
72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
A B C D E			
010601003387246			
FAX AUTH.			
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

NOV 15 2016

DATE ISSUED

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

002179858

608 DUFTON

ASSESSOR-RECORDER-CLERK

CASANBER02

DaB Mary Susan Rose
to 11-16-1965
to Robert Lee Rose
Martha May Ballist Rose

DaB Robert Bruce Rose
to 1-18-74
to Robert Lee Rose
Martha May Ballist Rose

There are only children
Robert Rose
and Bruce

Martha Susan
1946
Martha May Ballist
Martha May Ballist 1935

Deceased 1968

Notary Public
LYNN WERNETTE
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF LANSING
My Commission Expires 2-17-79
Lansing in the County of LANSING

STATE OF MICHIGAN
CERTIFICATE OF LIVE BIRTH

State File Number: 121-0138744

Child's Name: Gary Lynn Rose

Date of Birth: November 16, 1965

Gender: Male

Child's Birthplace: Petoskey, Emmet County

Mother's Name Before First Married: Martha Mae Balliet

Mother's Birthplace: Michigan

Father's Name: Robert Lee Rose

Father's Birthplace: Michigan

Mother's Age: 20

Father's Age: 19

Date Filed: November 19, 1965

I hereby certify that the above is a true and correct representation of the birth facts on file with the Division for Vital Records, Michigan Department of Community Health.

Certified by:

Glenn Copeland

Glenn Copeland
State Registrar

Date Issued: December 1, 2009
AFS: 1758697

10973189

THIS CERTIFICATE IS VALID ONLY WHEN ISSUED BY THE DIVISION FOR VITAL RECORDS, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH. IT IS THE POLICY OF THE DIVISION TO MAINTAIN THE INTEGRITY OF THE RECORDS AND TO PREVENT ANY UNLAWFUL ALTERATION OF THE RECORDS.

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 203 Item 98 Assessment No.: 319073029-2

Assessee: ROSE, ROBERT

Situs: 20095 SOUDER ST 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 \$ 40,000 from the sale of the above mentioned real property. I/We were the ☐ lienholder(s), children ☐ 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.

Robert Rose's Death Certificate
Statement of Facts from Ex-Wife
Proof of Identity for Robyn Renee Noby & Gary Lynn Rose

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 18 day of Nov, 2016 at Collin Co. Texas
County, State

Robyn R. Noby
Signature of Claimant

Gary L. Rose
Signature of Claimant

Robyn R. Noby
Print Name

Gary L. Rose
Print Name

6138 Rocky Rd.
Street Address

438 Otis Brown Rd
Street Address

Nevada, TX 75173
City, State, Zip

Baldwin, Ga 30511
City, State, Zip

909-908-3783
Phone Number

678-865-6413
Phone Number

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 203 Item 98 Assessment No.: 319073029-2

Assessee: ROSE, ROBERT

Situs: 20095 SOUDER ST PERRIS 92570

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

RECEIVED

2016 MAY 32 AM 11:45

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

RECEIVED

2016 JUN -1 AM 11:45

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 39,700. from the sale of the above mentioned real property. I/We were the ☒ joint tenant(s) ☐ sole 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 ; 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.

I do not have my copy. I am living in
a nursing home at this time. all doc-
umentation is in Riverside County Court
records. I didnt get the notice about
this. I didnt know until an agency contacted me.

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 27 day of May 2016 at 1300
County, State

Signature of Claimant

Robert Rose

Signature of Claimant

Print Name

Robert L. Rose

Print Name

Street Address

6138 Rocky Rd.

Street Address

City, State, Zip

Nevada, Texas

City, State, Zip

75173

Robyn Noby
6138 Rocky Rd
Nevada TX 75173-8196

Daughter

909-908-3783

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

ROSE, ROBERT
C/O ROSE, ROBERT W
56450 LOGAN CREEK RD
IDYLLWILD, CA 92549

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 319073029-2 Item: 98
Situs Address: 20095 Souder St Perris 92570
Assessee: Rose, Robert
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 Pazicni
Deputy

181273

RECORDING REQUESTED BY

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

WHEN RECORDED MAIL TO:

NAME **Robert Rose**
 ADDRESS **20095 Souder St.**
 CITY & STATE **Perris, CA 92570**

MAY 16 1996

Recorded in Official Records
 of Riverside County, California
 Recorder
 Fees \$ 12

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**SUBSTITUTION OF TRUSTEE,
 FULL RECONVEYANCE
 AND
 DECLARATION OF LIEN SATISFACTION**

Whereas I, Lynn M. Bratton, an unmarried woman, am the legal sole assignee/and or the sole legal successor in interest of the certain Land Contracts between Emerson L. Poppler, as Vendor and Karen Anita Cox, as Vendee recorded in Riverside County on May 8, 1979 in Book 1979, Page 93278, as document no. 93278 and between Karen Anita Cox, as Vendor and Robert Rose and Louise Rose, as Vendee recorded in Riverside County on April 5, 1982 in Book 1982, Page 1982, as document no. 57040, affecting the real property legally described as LOT 47 of UPTON ACRES, NO. 5, as shown by map on file in Book 14, Page 70 of Maps, Records of Riverside County, California, commonly known as 20095 Souder Street, Perris, CA. THEREFORE, I, the undersigned, do hereby substitute Lynn M. Bratton, an individual, whose address is 2219 Fielding Rd., Riverside, CA 92506 as duly authorized trustee under the aforementioned Land Contracts/Deeds of Trust. As Sole Beneficiary of the above mentioned instruments, I declare that all sums owed have been PAID IN FULL and as Trustee, I DO HEREBY RECONVEY to ROBERT ROSE and/or his heirs or successors in interest, all the estate, title, and interest now held under above mentioned instruments.

GRANT DEED

Mail Tax Statements To:

Robert Rose
20095 Souder St.
Perris, CA 92570

The undersigned grantor declares:
 Documentary transfer tax is NIL.
 This transfer is the result of the
 payoff of a long term secured
 obligation.

TAX PARCEL NO. 319-073-029-2

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

LYNN M. BRATTON, an unmarried woman, sole owner,

hereby GRANTS to

ROBERT ROSE, an unmarried man

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

Lot 47 of UPTON ACRES, No. 5, as shown by map
 on file in Book 14, Page 70 of Maps, Records of
 said County.

Dated: 4-15-94

LYNN M. BRATTON

STATE OF CALIFORNIA
 County of Riverside

On this 15th day of April 1994,

before me, the undersigned, a Notary Public in and for said County and State, personally
 appeared Lynn M. Bratton personally known to me (or proved on the basis of satisfactory
 evidence) to be the person whose name subscribed to the within instrument and acknow-
 ledged that she executed the same.

Notary Public in and for said County and State

Carol A. Garcia
 WITNESS my hand and official seal



(Notary Seal)

THIS MICROFILM COPYRIGHTED
 1996 BY SECURITY UNION TITLE
 INSURANCE COMPANY,
 MICROFILMS DIVISION

RIVERSIDE

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

NAME ☐
STREET ADDRESS ROBERT ROSE
P.O. BOX 634
CITY PERRIS, CA. 92570
STATE 20095 SOUDER STREET
ZIP PERRIS, CA. 92570

181274

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

MAY 16 1996

Recorded in Official Records
of Riverside County, California
Recorder

Fees \$

THIS SPACE FOR RECORDER'S USE ONLY:

ASSESSOR'S PARCEL NO: 319-073-029-2

The undersigned Grantor(s) declare(s) that the DOCUMENTARY TRANSFER

TAX IS: \$ 0 County \$ 0 City

TITLE ORDER NO:

ESCROW NO:

GRANT DEED

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

Grantor/Seller

LOUISE ROSE, SPOUSE OF GRANTEE
AKA LOUISE ROSE DAVIS

hereby GRANT(S) to ROBERT ROSE, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY
Grantee/Buyer

all that real property situated in the County of RIVERSIDE, State of California,
(Name of city or unincorporated area)

described as: LOT 47 OF UPTON ACRES, NO. 5, AS SHOWN BY MAP ON FILE IN BOOK 14 PAGE 70
OF MAPS RECORDS OF SAID COUNTY.
EXCEPTING THEREFROM ALL GAS, OIL, HYDROCARBONS, AND OTHER MINERALS BELOW A DEPTH OF
500 VERTICAL FEET FROM THE SURFACE THEREOF, AS RESERVED BY THE METROPOLITAN WATER
DISTRICT OF SOUTHERN CALIFORNIA, A PUBLIC CORPORATION, RECORDED JUNE 22, 1978 AS
INSTRUMENT NO. 128056 OF OFFICIAL RECORDS OF RIVERSIDE COUNTY.

State of California

SS.

County of Riverside

This is Type of Document: Interspousal xld
Number of Pages: 1 Date of Document: 2/28/94
Signer(s) Other than named below: N/A

On March 24, 1994 before me, Michelle L. Dotson
Notary Public, personally appeared Louise Rose Davis,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the
same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Michelle L. Dotson (Seal)



FD-1 (Revised 1/93)

CITY, STATE & ZIP

PPS/CO-81 1993

THIS FORM FURNISHED COURTESY OF ORANGE COAST TITLE COMPANIES

181-274-51696
THIS MICROFILM COPIED/REPRODUCED
1996 BY SECURITY UNION TITLE
INSURANCE COMPANY,
MICROFILMS DIVISION
RIVERSIDE

RECORDING REQUESTED BY:

181274

RECEIVED FOR RECORD
AT 8:00 O'CLOCK

MAY 16 1996

AND WHEN RECORDED MAIL TO:
NAME [ROBERT ROSE
STREET ADDRESS [P.O. BOX 634
CITY [PERRIS, CA. 92570
STATE [20095 SOUDER STREET
ZIP [PERRIS, CA. 92570]

Recorded in Official Records
of Riverside County, California
Recorder [a]
Fee \$

THIS SPACE FOR RECORDER'S USE ONLY:

ASSESSOR'S PARCEL NO: 319-073-029-2

TITLE ORDER NO: _____

ESCROW NO: _____

The undersigned Grantor(s) declare(s) that the DOCUMENTARY TRANSFER
TAX IS: \$ _____ County s _____ City _____

— computed on the full value of the interest of property conveyed, or
— computed on the full value less the value of liens or encumbrances
remaining thereon at the time of sale

OR transfer is exempt from tax for the following reason:

INTERSPOUSAL TRANSFER

GRANT DEED

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

Grantor/Seller

LOUISE ROSE, SPOUSE OF GRANTEE
AKA LOUISE ROSE DAVIS

hereby GRANT(S) to ROBERT ROSE, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY
Grantee/Buyer

all that real property situated in the _____ County of RIVERSIDE, State of California,
(name of city or unincorporated area)

described as: LOT 47 OF UPTON ACRES, NO. 5, AS SHOWN BY MAP ON FILE IN BOOK 14 PAGE 70
OF MAPS RECORDS OF SAID COUNTY.

EXCEPTING THEREFROM ALL GAS, OIL, HYDROCARBONS, AND OTHER MINERALS BELOW A DEPTH OF
500 VERTICAL FEET FROM THE SURFACE THEREOF, AS RESERVED BY THE METROPOLITAN WATER
DISTRICT OF SOUTHERN CALIFORNIA, A PUBLIC CORPORATION, RECORDED JUNE 22, 1978 AS
INSTRUMENT NO. 128056 OF OFFICIAL RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

2/28/94

STATE OF CALIFORNIA

COUNTY OF _____

On _____ before me

personally appeared _____

personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument, and acknowledged
to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s) or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

(This area for official notary seal)

THIS MICROFILM COPYRIGHTED
1996 BY SECURITY UNION TITLE
INSURANCE COMPANY,
MICROFILMS DIVISION

RIVERSIDE

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Robert L. Rose (name of decedent) died on
10/9/16 (date), in the County of San Bernardino State of California and

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - B. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. ☐ An Inventory and Appraisal of the real property in the decedent's estate is attached, or
☐ There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100.

Excess proceeds from Tax Sale of
20095 Sander St. Perris, Cal
(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are
Living Children
7. ☐ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
☐ The undersigned is/are 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 requests 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.

Date 12/12/16 Printed name Gail Lynn Rose
12/21/16 Babyn Nuby

Signature [Signature] 12/12/2016
[Signature] Ex. 02/09/2020

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161)
2. Have this affidavit notarized

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

3052016207063

CERTIFICATE OF DEATH

3201636011263

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Surnames)		3. LAST (Family)	
ROBERT		ROSE	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
		03/05/1946	
5. AGE Yrs		6. SEX	
70		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hrs.)	
10/09/2016		0639	
9. BIRTH STATE/FOREIGN COUNTRY		10. DECEASED'S RACE - Up to 3 races may be listed (See worksheet on back)	
MI		CAUCASIAN	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/PROF. at Time of Death	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION - Highest Level/degree (See worksheet on back)		14. DECEASED'S RACE - Up to 3 races may be listed (See worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
TRUCK DRIVER		TRANSPORTATION	
17. YEARS IN OCCUPATION		18. YEARS IN OCCUPATION	
30		30	
19. DECEDENT'S RESIDENCE (Street and number, or location)		20. ZIP CODE	
20095 SOUDER ST.		92570	
21. CITY		22. COUNTY/PROVINCE	
PERRIS		RIVERSIDE	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY	
36		CA	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route, city or town, state and zip)	
ROBYN ROSE, DAUGHTER		6138 ROCKY RD., NEVADA, TX 75173	
27. NAME OF SURVIVING SPOUSE/PROF. - FIRST		28. MIDDLE	
29. LAST (BIRTH NAME)		30. BIRTH STATE	
ROSE		MI	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
ALFRED		JOHN	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
ROSE		MI	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
BETTY		MAE	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
SCHALLER		MI	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (Street and number, or location)	
10/25/2016		RES. OF ROBYN ROSE 6138 ROCKY RD., NEVADA, TX 75173	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/TR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
		MARK B SHAW FUNERAL DIRECTORS	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD408		MAXWELL OHIKHUA, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy	
10/25/2016		10/25/2016	
49. PLACE OF DEATH		50. IF HOSPITAL, SPECIFY ONE	
TERRACINA POST ACUTE		<input type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL HOME <input checked="" type="checkbox"/> Other	
51. COUNTY		52. CITY	
SAN BERNARDINO		REDLANDS	
53. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		54. CAUSE OF DEATH	
1618 LAUREL AVE.		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
55. IMMEDIATE CAUSE (Final disease or condition resulting in death)		56. TIME ELAPSED BETWEEN ONSET AND DEATH	
A) CARDIOPULMONARY ARREST		MINS	
B) DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE		YRS	
C) DIABETES MELLITUS TYPE 2		YRS	
D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		108. DEATH REPORTED TO CORONER?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date.)		110. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
111. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		112. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since mm/dd/yyyy		Khai Q. Tran D.O.	
Decedent Last Seen Alive mm/dd/yyyy		113. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
03/02/2016		Khai Q. Tran D.O.	
114. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. LICENSE NUMBER	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Court not yet determined		20A7325	
116. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		117. DATE mm/dd/yyyy	
		10/17/2016	
118. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		119. INJURED AT WORK?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. LOCATION OF INJURY (Street and number, or location, and city, and zip)		121. INJURY DATE mm/dd/yyyy	
		122. HOUR (24 Hrs.)	
123. SIGNATURE OF CORONER / DEPUTY CORONER		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
125. DATE mm/dd/yyyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
127. STATE REGISTRAR		128. FAX AUTH.#	
A B C D E			
129. CENSUS TRACT		130. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED

NOV 15 2016

AM

002179858

BOB DUTTON
ASSESSOR-RECORDER-CLERK

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

CASANBERO2

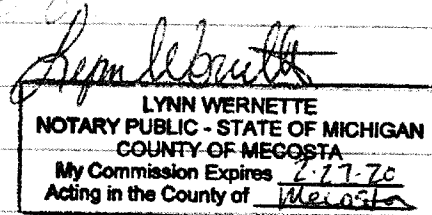
Young Lynn Rose
LoB 11-14-1965
to Robert Lee Rose
to Martha May Bulleit Rose

Robyn Renee Rose
TruB 1-18-1967
to Robert Lee Rose
to Martha May Bulleit Rose

these are only children
Robert Rose had as far
as I know.

Martha Bulleit
2941 Huddell Blvd.
Farmington, Me 04936

Revised 1968



STATE OF MICHIGAN

ROBYN NOBY
6138 ROCKY ROAD
NEVADA TX 75173

IMPORTANT INFORMATION

This certificate is a valuable and legal document. Please keep it in a safe place.

Errors or omissions should be reported to the State Vital Records Office within 30 days of issue by calling (517)335-8666

STATE OF MICHIGAN

LF -12

CF _____

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF LIVE BIRTH

121 - 0002387

State File Number

1. CHILD'S NAME (First, Middle, Last, Suffix)				
Robyn Renee Rose				
2. SEX	3a. PLURALITY - Single, Twin, Triplet, etc. (Specify)	3b. IF NOT SINGLE BIRTH - First, Second, Third, etc. (Specify)	4a. DATE OF BIRTH (Month, Day, Year)	4b. TIME OF BIRTH
Female	Single		January 18, 1967	Not Recorded
5a. CHILD'S BIRTHPLACE (Hospital or Address if other)				5b. COUNTY
Lockwood - Mac Donald Hospital, Petoskey				Emmet
6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last)			6b. MOTHER'S FULL NAME BEFORE FIRST MARRIED (First, Middle, Last)	
Martha Rose			Martha Mae Balliet	
7a. STATE OF BIRTH - Name Country if not USA	7b. DATE OF BIRTH OR AGE	7c. COUNTY OF RESIDENCE	7d. STATE OF RESIDENCE	
Michigan	21	Emmet	Michigan	
8a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last)		8b. STATE OF BIRTH - Name Country if not USA	8c. DATE OF BIRTH OR AGE	
Robert Lee Rose		Michigan	20	
9a. REGISTRAR'S SIGNATURE			9b. DATE FILED BY LOCAL REGISTRAR - (Month, Day, Year)	
\\S\\ Etta M. Howell			January 20, 1967	

I hereby certify that the above is a true and correct representation of the birth facts on file with the State of Michigan, issued from the Michigan Centralized Birth Certification System.

Certified by: *Glenn Copeland*

Glenn Copeland
State Registrar

Date Issued: December 12, 2016
AFS: 3218165



20524794

DCH-09506121 Authority: MCL 323.2892



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED



CERTIFICATION OF VITAL RECORDS

H & MS 13 GSE MCAS EL TORO SANTA ANA, CALIFORNIA 92709

BOOK 703

Marriage Certificate 270335

State of Nevada } ss. No. B 485332
County of Clark, }

This is to Certify that the undersigned Rev. DOLORES D. GILSTER
did on the 5TH day of FEBRUARY A.D. 19 84
at Candlelight Wedding Chapel Las Vegas Nevada
(Address or Church) (City)
join in lawful wedlock LEE MICHAEL FAIRFIELD
of ORANGE State of CALIFORNIA
and ROBYN RENEE ROSE
of ORANGE State of CALIFORNIA
with their mutual consent, in the presence of DANIEL R. SULLIVAN
who was a witness.

Recorded in Book of Marriages,
Clark County Nevada Records,
Joan L. Swift, Recorder.Date FEB 14 1984

Fee \$3.00

Deputy

Rev. Dolores D. Gilster
Chapel of the Holy Trinity
(Sign this in official capacity.)

TO BE GIVEN TO THE RECORDER

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY OF
THE DOCUMENT OR DATA ON FILE
MINUS ANY REDACTED PORTIONS

DEC 12 2016

Lynn Marie Goss
CLERK

Patent #5,636,874

This copy is not valid unless prepared on SafeImage™
paper, impressed with the raised seal of Clark County.

TouchSafe®

KEEP DOCUMENT IN A SAFE PLACE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

59436 001299

082373

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		LICENSE NUMBER	
1A. NAME OF HUSBAND—First (Given)		1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH—Month, Day, Year
ERIC			NOBY		08/03/1946
HUSBAND PERSONAL DATA	3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY		5B. DATE—Month, Day, Year
	Sweden	1	<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		10/14/1991
	6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY		7. EDUCATION—YEARS COMPLETED	
	Painter	House Interiors		12	
8A. FULL NAME OF FATHER		8B. STATE OF BIRTH	8A. FULL MAIDEN NAME OF MOTHER		8B. STATE OF BIRTH
Karl Noby		Sweden	Birgit Bachlund		Sweden
WIFE PERSONAL DATA	10A. NAME OF WIFE—First (Given)	10B. MIDDLE	10C. CURRENT LAST (FAMILY)		10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C
	ROBYN	RENEE	FAIRFIELD		ROSE
	11. DATE OF BIRTH—Month, Day, Year	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES	14A. LAST MARRIAGE ENDED BY:	14B. DATE—Month, Day, Year
	01/18/1967	MI	1	<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	01/03/1989
15A. USUAL OCCUPATION		15B. USUAL KIND OF BUSINESS OR INDUSTRY		16. EDUCATION—YEARS COMPLETED	
Medical Student		Medical		12	
17A. FULL NAME OF FATHER		17B. STATE OF BIRTH	18A. FULL MAIDEN NAME OF MOTHER		18B. STATE OF BIRTH
Robert Rose		MI	Martha Ballett		MI
RESIDENCE OF HUSBAND AND WIFE	19A. RESIDENCE—Street and Number	19B. CITY	19C. ZIP CODE	19D. COUNTY—Outside California, Enter State	
	20642 Hunter St.	Perris	92570	Riverside	
20A. MAILING ADDRESS—If Different		20B. CITY	20C. ZIP CODE	20D. COUNTY—Outside California, Enter State	
<p>We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a License and Certificate of Confidential Marriage.</p> <p>21. SIGNATURE OF HUSBAND</p> <p>22. SIGNATURE OF WIFE</p> <p><i>Eric Noby</i> <i>Robyn R. Fairfield</i></p>					
<p>I the undersigned, empowered by the laws of the State of California, do hereby certify that the above named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code.</p>					
23A. SIGNATURE AND TITLE OF ISSUING CLERK		24A. AFFIX NOTARY SEAL (If Applicable)		24B. "SUBSCRIBED AND SWORN TO BEFORE ME ON"	
<i>E. L. Melville</i> DEPUTY		H. L. MELVILLE COMMISSION #988238 NOTARY PUBLIC-CALIFORNIA SAN BERNARDINO COUNTY My Commission Expires March 22, 1997		03/26/1994 <i>H. L. Melville</i> H. L. MELVILLE Typed Name of Notary	
23B. COUNTY OF ISSUE		23C. MAILING ADDRESS AND ZIP CODE		23D. ISSUE DATE—Month Day Year	
SAN BERNARDINO		COUNTY RECORDER 220 West Hesperia Ave. San Bernardino, CA 92415-3022		03/21/1994	
23E. LICENSE EXPIRES AFTER—Month Day Year		23F. ZIP CODE		23G. DATE ACCEPTED FOR REGISTRATION	
06/19/1994		92345-3423		MAR 30 1994	
<p>25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California.</p> <p>ON <u>March</u> <u>26</u> <u>19</u> <u>94</u></p> <p>AT <u>Hesperia</u> <u>SAN BERNARDINO</u> <u>CALIFORNIA</u></p> <p>CITY OR TOWN COUNTY</p> <p>NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.</p>					
27A. SIGNATURE OF COUNTY CLERK		27B. SIGNATURE OF DEPUTY CLERK (If Applicable)		28. DATE ACCEPTED FOR REGISTRATION	
<i>Marlene Machin</i>		<i>E. Cooper</i> DEPUTY		MAR 30 1994	

MUST BE LEGIBLE/MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS—SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

VS 123 (7-90)

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED

DEC 13 2016

AM



002185347

Bob Dutton
BOB DUTTON
ASSESSOR-RECORDER-CLERK

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



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EP 203-98
Robyn Noby
6138 Rocky Rd.
Nevada, TX 75173-8196



9590 9401 0071 5168 5430 21

2. Article Number (Transfer from service label)

7016 1370 0000 0029 7175

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

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

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation®

☐ Signature Confirmation Restricted Delivery

December 7, 2016

Robyn Noby
6138 Rocky Rd.
Nevada, TX 75173-8196

Re: APN: 319073029-2

TC 203 Item 98

Date of Sale: May 5, 2016 PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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/misspelled

☐ Notarized Statement Giving Authorization to claim on behalf of

☒ Certified Death Certificate for Robert Rose

☐ Copy of Birth Certificates for

☒ Copy of Marriage Certificate for Robyn Noby

☐ 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 (**January 6, 2017**). 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

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

Robert T Lee Rose (name of decedent) died on 10-9-16 (date), in the County of San Bernardino, State of California and:

1. At least forty days have elapsed since the death of the decedent, as shown by the attached certified copy of decedent's death certificate.
2. Either of the following, as appropriate:
 - A. No proceeding is now being or has been conducted in California for administration of the decedent's estate.
 - B. The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
3. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in the California Probate Code Section 13050, does not exceed \$100,000.
4. ☐ An Inventory and Appraisal of the real property in the decedent's estate is attached, or ☐ There is no real property in the estate.
5. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of California Probate Code Section 13100:

Excess Proceeds From Assessment 319073029-2
TC 203 Item 98
 (Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:
7. Robyn R Noby Daughter Gary L Rose, son
 - ☒ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
 - ☐ The undersigned is/are 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 requests 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.

Date 4/2/17 Printed name Robyn Renee Noby
Gary L Rose

Signature Robyn Noby
his Notary is on another form
you already have.

(Attach an additional sheet if necessary.)

1. Attach a certified copy of death certificate and if there is real property in the decedent's estate attach a completed Inventory and Appraisal (Probate Form DE-160, DE-161).
2. Have this affidavit notarized

AFFIDAVIT OF NOTARY PRESENTMENT

On April 21, 2017 Robyn Renee Noby appeared before me with the following document(s) listed below. I, the below signed notary, personally verified that the signor's identification in the form of a Driver License issued by the State of Texas.

List of Documents:

AFFIDAVIT UNDER ALIFORNIA PROBATE CODE SECTION
13101

Katherine Lamkin 4.21.17

Katherine Lamkin

Notary Public for The State of Texas



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 SEP -9 AM 9:30

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
 TREAS-TAX COLLECTOR

TC 203 Item 98 Assessment No.: 319073029-2

Assessee: ROSE, ROBERT

Situs: 20095 SOUDER ST 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 \$ 3,447.06** from the sale of the above mentioned real property. I/We were the ☒ lienholder(s), ☐ property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2013-0244899; recorded on 05/23/2013. 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.

**Calculation of amount claimed is attached for your use and review.

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 24th day of August, 2015 at Sacramento, County of Sacramento, California
 County, State

Signature of Claimant

Signature of Claimant

ROBERT SCOTT KENNARD, Attorney for Claimant

Print Name

Print Name

2180 Harvard Street, Ste. 160

Street Address

Street Address

Sacramento, CA 95815

City, State, Zip

City, State, Zip

(916) 920-2295

Phone Number

Phone Number

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 SacramentoOn August 25, 2015 before me, Hannah J. Callahan
Date Here Insert Name and Title of the Officerpersonally appeared Robert Scott Kennard
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



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

WITNESS my hand and official seal.

Signature Hallahan
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

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

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

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

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



**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

July 22, 2015

ROSE, ROBERT
C/O ROSE, ROBERT W
56450 LOGAN CREEK RD
IDYLLWILD, CA 92549

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 319073029-2 Item: 98
Situs Address: 20095 Souder St Perris 92570
Assessee: Rose, Robert
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 Pazicni
Deputy

TO BE RECORDED IN:
RIVERSIDE COUNTY

DOC # 2013-0244899

05/23/2013 08:00A Fee:31.00

Page 1 of 3

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk & Recorder



FILE NO. 11-20863-0
RECORDING REQUESTED BY:
DONALD G. NELSON
WHEN RECORDED MAIL TO:
NELSON & KENNARD
P.O. BOX 13807
SACRAMENTO, CA 95853

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
1			3		1		4		
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
							T:	CTY	UNI

062

37

TITLE(S)

ABSTRACT OF JUDGMENT

M
062

DICKINSON FINANCIAL LLC v. ROBERT L ROSE , et al.

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

Recording requested by and return to:

ROBERT SCOTT KENNARD, S.B.N. 117017
NELSON & KENNARD (916) 920-2295
2180 Harvard Street, Suite 160
Sacramento, CA 95815
File No. 11-20863-0

☒ ATTORNEY FOR ☒ JUDGMENT CREDITOR ☐ ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, RIVERSIDE COUNTY

STREET ADDRESS: Attn: Civil Division

MAILING ADDRESS: 41002 County Center Dr. #100

CITY AND ZIP CODE: Temecula, CA 92591-6035

BRANCH NAME: TEMECULA BRANCH - LIMITED CIVIL CASE

FOR RECORDER'S USE ONLY

PLAINTIFF: DICKINSON FINANCIAL LLC

CASE NUMBER:

DEFENDANT: ROBERT L ROSE, et al.

TEC1204947

**ABSTRACT OF JUDGMENT—CIVIL
AND SMALL CLAIMS**

☐ Amended

FOR COURT USE ONLY

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

a. Judgment debtor's

Name and last known address

ROBERT L ROSE
20095 SOUDER STREET
PERRIS, California 92570

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

☒ Unknown

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

☐ Unknown

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

ROBERT L ROSE, 20095 SOUDER STREET, PERRIS, California 92570

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

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

3. Judgment creditor (name and address):

5. ☐ Original abstract recorded in this county:

DICKINSON FINANCIAL LLC,

c/o NELSON & KENNARD P.O. Box 13807, Sacramento, CA 95853

a. Date:

b. Instrument No.:

Date: March 19, 2013

ROBERT SCOTT KENNARD

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed:
\$ 3,245.51

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

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

a. Amount: \$

8. a. Judgment entered on (date): February 4, 2013

b. In favor of (name and address):

- b. Renewal entered on (date):

9. ☐ This judgment is an installment judgment.

11. A stay of enforcement has

- a. ☒ not been ordered by the court.

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

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

- b. ☐ A certified copy of the judgment is attached.

(SEAL)



This abstract issued on (date):

APR 09 2013

Clerk, by

B. Shorter

, Deputy

APR 08 2013

PLAINTIFF: DICKINSON FINANCIAL LLC
DEFENDANT: ROBERT L ROSE, et al.

CASE NUMBER:
TEC1204947

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (name and address):

14. Judgment creditor (name and address):

15. ☐ Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

16. Name and last known address

[]

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

☒ Unknown

Social security no. [last 4 digits]: ***-**-0000

☐ Unknown

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

17. Name and last known address

[]

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

☐ Unknown

☐ Unknown

Social security no. [last 4 digits]:

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

18. Name and last known address

[]

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

☐ Unknown

Social security no. [last 4 digits]:

☐ Unknown

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

19. Name and last known address

[]

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

☐ Unknown

Social security no. [last 4 digits]:

☐ Unknown

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

20. ☐ Continued on Attachment 20.

ATTACHMENT TO
CLAIM TO EXCESS PROCEEDS

Assessment No. 319073029-2
Situs Address: 20095 Souder Street, Perris, CA 92570
Assessee: Robert Rose
Date Sold: 05/05/2015

Claimant: DICKINSON FINANCIAL LLC

CALCULATION OF BALANCE OWED

Judgment Amount:	\$ 3,245.51
Post Judgment Costs ¹ :	
Abstract of Judgment - \$25.00	
Writ of Execution - \$25.00	
Recording Abstract - \$27.00	
Sheriff's Fee (Levy) - \$35.00	
	\$ 122.00
Post Judgment Interest ² :	
(from 02/04/13 to 05/05/12:	\$ 729.13
Less: Payments/Credits Received:	\$ <649.58>
TOTAL DUE:	\$ 3,447.06

¹ Post-Judgments Costs are allowed pursuant to C.C.P. §685.040
² Accrued interest on judgment is allowed pursuant to C.C.P. §685.010(a).

Business Entity Detail

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed through Tuesday, June 21, 2016. Please refer to [http://www.sos.ca.gov/cbs.aspx](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity.

Entity Name:	EDWINSON FINANCIAL, LLC
Entity Number:	00000000000000000000
Date Filed:	06/21/2016
Fee Paid:	\$0.00
Jurisdiction:	STATE OF CA
Entity Address:	1000 ANNE STREET, SUITE 100
City, State, Zip:	IRVINE, CA 92614
Agent for Service of Process:	EDWINSON FINANCIAL, LLC 00000000000000000000
Agent Address:	
Agent City, State, Zip:	

* Indicates the information is not contained in the California Secretary of State's database.

* **Note:** If the agent for service of process is a corporation, the address of the agent may be requested by ordering a status report.

- For information on checking or reserving a name, refer to [http://www.sos.ca.gov/cbs.aspx](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [http://www.sos.ca.gov/cbs.aspx](#).
- For help with searching an entity name, refer to [http://www.sos.ca.gov/cbs.aspx](#).
- For descriptions of the various fields and status types, refer to [http://www.sos.ca.gov/cbs.aspx](#).

Business Record Search »

Business Name

dickinson financial

Search Scope:

Begins With

Filing Status:

Active

Include Prior Names:

Exclude

Not finding your business name? When searching a business name, only a portion of the name is required. You may change the search criteria with the options above.

Search Results

Business Name

DICKINSON FINANCIAL, LLC[Details](#)

Business Status:

Active

Business Type:

Limited Liability Company
(Domestic)

Name Type:

Minnesota Business
Name

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Pazicni, Jennifer

From: Pazicni, Jennifer
Sent: Tuesday, August 30, 2016 9:21 AM
To: 'Kim Tanaka'
Subject: RE: (EP 203-98)

My apologies for the delay in my response.

In order to process the claim for excess proceeds we need to verify that the persons claiming the funds have a lawful right to the funds. When an attorney is filing on behalf of their client, we request a notarized statement by the claimant stating that they are still a client of the attorney and are authorizing the attorney to claim on their behalf. When the claimant is a company, we request documentation for the company that states who the legal signers are so that we can verify that we are distributing the money to the proper claimant. I have already searched the business through the Secretary of State websites in California and Minnesota to determine that the company is in good standings, however the information I was able to obtain does not state who the owner/signer of the company is. We would need to verify that information prior to distribution. I hope this helps explain our reasons for asking for this documentation.

Sincerely,

Jennifer Pazicni
Riverside County Treasurer-Tax Collector's Office
Tax Sale Operations/Excess Proceeds
951 955-3336
jpazicni@RivCoTTC.org

From: Kim Tanaka [<mailto:KTanaka@nelson-kennard.com>]
Sent: Wednesday, August 17, 2016 11:29 AM
To: Pazicni, Jennifer
Subject: (EP 203-98)

Hello Jennifer:

I do not believe I received a response to Mr. Kennard's inquiries below. Could you please review and advise?

Thank you,

Kim Tanaka
Legal Secretary
NELSON AND KENNARD
2180 Harvard Street, Suite 160
Sacramento, California 95815
916-920-2295 ext. 102
916-920-0682 Fax
ktanaka@nelson-kennard.com

Pazicni, Jennifer

From: Pazicni, Jennifer
Sent: Friday, August 05, 2016 11:37 AM
To: 'Kim Tanaka'
Subject: RE: Hi Its Me (EP 203-98)
Attachments: AGENT.doc; ASSIGN1.doc

It was very nice speaking with you.

- We need to have Articles of Organization for Dickinson Financial LLC that show who the "signers" or owners of the company are. Basically, who can sign and make financial decisions for this company.
- And either the Authorization of Agent or Assignment of Right form. (Attached) Dickinson Financial will sign the top give the permission and your office will sign the bottom accepting responsibility. This form will need to be notarized in both sections.

I believe I have everything else, so once I receive these two items, I will be able to complete my recommendation. The process is lengthy, however I will try my best to complete as soon as possible. Still at best it may take at least another 6 months before payment is issued. Please let me know if you have any questions.

Thank you for your patience.

Jennifer Pazicni
Riverside County Treasurer-Tax Collector's Office
Tax Sale Operations/Excess Proceeds
951 955-3336
jpazicni@RivCoTTC.org

From: Kim Tanaka [<mailto:KTanaka@nelson-kennard.com>]
Sent: Friday, August 05, 2016 11:26 AM
To: Pazicni, Jennifer
Subject: Hi Its Me

Kim Tanaka
Legal Secretary
NELSON AND KENNARD
2180 Harvard Street, Suite 160
Sacramento, California 95815
916-920-2295 ext. 102
916-920-0682 Fax
ktanaka@nelson-kennard.com

PRIVILEGED ATTORNEY CLIENT COMMUNICATION

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS TRANSMISSION TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THE AUTHOR IMMEDIATELY.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EP 203-98
 Dickinson Financial LLC
 C/O Robert Scott Kennard, Attorney
 2180 Harvard Street, Ste. 160
 Sacramento, CA 95815



2. Article Number (Transfer from service label)

9590 9401 0072 5168 8639 06

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation®
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

September 29, 2016

Dickinson Financial LLC
 C/O Robert Scott Kennard, Atto
 2180 Harvard Street, Ste. 160
 Sacramento, CA 95815

Re: APN: 319073029-2
 TC 203 Item 98
 Date of Sale: May 5, 2016

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/misspelled

☒ Notarized Statement Giving
 Authorization to Robert Scott Kennard to
 claim on behalf of Dickinson Financial
 LLC

___ Certified Death Certificate for

___ Copy of Birth Certificates for

___ Copy of Marriage Certificate for
 ___ Original Note/Payment Book

___ Updated Statement of Monies Owed
 (as of date of tax sale)

☒ Articles of Incorporation/Organization
 (if applicable Statement by Domestic Stock)

___ Court Order

___ Deed (Quitclaim/Grant etc...)

___ Other -

Please send in all documents within 30 days (**October 31, 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

December 7, 2016

Final Notice

Dickinson Financial LLC
C/O Robert Scott Kennard, Attorney
2180 Harvard Street, Ste. 160
Sacramento, CA 95815

Re: APN: 319073029-2
TC 203 Item 98
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.

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

If your documentation is not received within 15 days (December 22, 2016), your claim will be denied.

If you should have any questions

Sincerely,

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EP 203-98
Dickinson Financial LLC
C/O Robert Scott Kennard, Attorney
2180 Harvard Street, Ste. 160
Sacramento, CA 95815



2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ 

☐ Agent

☐ Addressee

B. Received by (Printed Name)

MONA ODELL

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation® |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Romero, Jennifer

From: Romero, Jennifer
Sent: Tuesday, May 23, 2017 4:29 PM
To: 'ktanaka@nelson-kennard.com'
Cc: 'rskennard@nelson-kennard.com'; Taylor, Desiree
Subject: Claim for Excess Proceeds EP 203-98

FINAL NOTICE

Re: Claim Excess Proceeds
Assessee: Robert Rose
Property address: 20095 Souder St., Perris, CA 92570
APN: 319073029-2
TC 203 Item 98
Date Sold: 05/05/15

Dear Kim,

This afternoon I phoned your office and spoke with Mr. Kennard. I advised that our office is in need of necessary proof to establish your right to claim the excess proceeds. The documents listed below may assist the Tax Collector in making the determination;

- Notarized Statement Giving Authorization to Robert Scott Kennard to claim on behalf of Dickinson Financial LLC
- Updated Statement of Monies Owed (as of date of tax sale)
- Articles of Incorporation (if applicable Statement by Domestic Stock)


Please submit requested documentation within 15 days, if not received by June 7th, 2017 your claim will be denied.

If you should have any questions, please contact me at the phone number listed below.

Sincerely,

Jennifer Romero

Sr. Accounting Assistant
Tax Sale Operations/Excess Proceeds

 OFFICE OF THE TREASURER-TAX COLLECTOR
RIVERSIDE COUNTY, CALIFORNIA

Tel 951 955-3945/Fax 951 955-3990

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

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 203 Item 98 Assessment No.: 319073029-2

Assessee: ROSE, ROBERT

Situs: 20095 SOUDER ST PERRIS 92570

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

RECEIVED
2015 JUL 27 PM 2:33
RIVERSIDE COUNTY
TREAS-TAX COLLECTION

☒ We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 351.46 from the sale of the above mentioned real property. ☒ 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. ☒ We are the rightful claimants by virtue of the attached assignment of interest. ☒ 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.

I have not placed a Lien on the property. But if I can get a refund for the above amount of \$ 351.46 I would appreciate it. Thank you.

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.

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

Executed this 24 day of July, 2015 at Imperial, California
County, State

Ray Rose
Signature of Claimant

Signature of Claimant

Ray Allen Rose
Print Name

Print Name

814 Brentwood Ave.
Street Address

Street Address

Holtville Ca 92250
City, State, Zip

City, State, Zip

760-356-4518
Phone Number

Phone Number

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

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

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

July 22, 2015

ROSE, ROBERT
C/O ROSE, ROBERT W
56450 LOGAN CREEK RD
IDYLLWILD, CA 92549

Re: EXCESS PROCEEDS FROM SALE OF TAX DEFAULTED PROPERTY

Assessment No.: 319073029-2 Item: 98
Situs Address: 20095 Souder St Perris 92570
Assessee: Rose, Robert
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 Pazicni
Deputy



OFFICE OF THE TREASURER-TAX COLLECTOR

RIVERSIDE COUNTY, CALIFORNIA

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Property Tax Payments - Credit Card Receipt

Your transaction has completed successfully. Please write down the transaction number below for your records. To print a copy of your receipt click the print button below.. Please note you will see separate transactions on your credit card statement for the convenience fee and tax payment amounts.

[Print Receipt](#)

Payment Summary			
Assessment Number	Type	Installment Date	Amount
319073029-2	Secured Assessment 1st Installment	12-10-2014	\$343.32
NSF Fees:			\$0.00
Sum Total:			\$343.32
Credit Card Fee:			\$8.14
Grand Total:			\$351.46

Tax Payment Transaction ID: 1113125
Fee Transaction ID: 1113126
Effective Date: 11/1/2014 7:53:17 PM
First Name: ray
Middle Name: allen
Last Name: rose
Billing Address: 814 brentwood ave
City: holtville
State: CA
Country: USA
Zip Code: 92250
Card Number: *****
Expiration Date: 2016 - 12
Email Address: absolam13@yahoo.com
Contact Phone: 7603564518

[Print Receipt](#)