

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



ITEM  
9.3  
(ID # 4679)

MEETING DATE:

Tuesday, September 26, 2017

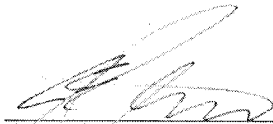
FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 356. Last assessed to: Aaron W. Harford and Eva B. Harford, husband and wife as joint tenants, District 3. [\$6,156-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Cochran Investment Company, Inc., assignee for Dirk Harford, heir to Aaron W. Harford and Eva B. Harford, last assessees for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 459223007-8;
2. Authorize and direct the Auditor-Controller to issue a warrant to Cochran Investment Company, Inc., assignee for Dirk Harford in the amount of \$6,156.92, 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

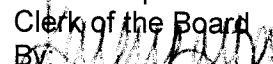
9/11/2017

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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**

**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.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 6,156	\$ 0	\$ 6,156	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
			Budget Adjustment:	No
			For Fiscal Year:	17/18

**C.E.O. RECOMMENDATION:** APPROVE

**BACKGROUND:**

**Summary (continued)**

The Treasurer-Tax Collector has received one claim for excess proceeds:

1. Claim from Cochran Investment Company, Inc., assignee for Dirk Harford heir to Aaron W. Harford and Eva B. Harford based on an Assignment of Right to Collect Excess Proceeds dated January 14, 2016, a Grant Deed recorded June 10, 1999 as Instrument No. 1999-256734, a Declaration Under Probate Code Section 13101 dated November 10, 2015 Aaron W. Harford and Eva B. Harford, and the death certificates for Eva Bertha Harford and Aaron William Harford.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Cochran Investment Company, Inc., assignee for Dirk Harford heir to Aaron W. Harford and Eva B. Harford be awarded excess proceeds in the amount of \$6,156.92. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

**Impact on Residents and Businesses**

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

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Mills

  
Stephanie P. Si 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 356 Assessment No.: 459223007-8

Assessee: HARFORD, AARON W & EVA B

Situs: 26422 MELBA AVE HOMELAND 92548

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

**RECEIVED**

2016 MAY 31 PM 12:28

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 6,668 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. 256734; recorded on 6/10/99. 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.**

Table of Heirship, Declaration Under Probate Code, Assignment of Right to Claim Excess Proceeds, Grant Deed

Death Certificate for Eva Harford, Death Certificate for Aaron Harford (to follow)

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 23<sup>rd</sup> day of MAY, 2016 at ORANGE COUNTY, CA  
County, State

Signature of Claimant

Kelly A. Mills

Print Name  
Cochran Investment Company, Inc.  
2512 Chambers Rd, Ste. 102

Street Address

Tustin, CA 92780

City, State, Zip

714-731-1820

Phone Number

Signature of Claimant

Print Name

Street Address

City, State, Zip

Phone Number

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.

## CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California )

County of ORANGE )

On May 23, 2016 before me, VICTORIA NELSON, Notary Public,  
(here insert name and title of the officer)

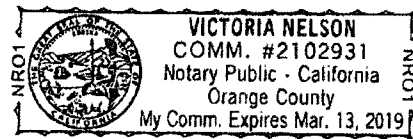
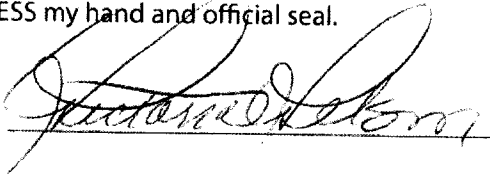
personally appeared Kelly A. Mills

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



(Seal)

### OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

#### Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of \_\_\_\_\_

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)  
☐ Attorney-in-Fact  
☐ Corporate Officer(s)

- ☐ Guardian/Conservator  
☐ Partner - Limited/General  
☐ Trustee(s)  
☐ Other: \_\_\_\_\_

representing: \_\_\_\_\_

(Name(s) of Person(s) or Entity(ies) Signer is Representing)

#### Method of Signer Identification

Proved to me on the basis of satisfactory evidence:  
☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:  
Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

#### Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

COCHRAN INVESTMENT COMPANY, INC.

2512 Chambers Rd., Ste. 102, Tustin, CA 92780

Office: (714) 731-1820 ♦ Fax: (714) 731-1820

[kmills@cochraninvestment.com](mailto:kmills@cochraninvestment.com)

CLAIM SUMMARY

To: County of Riverside Treasurer & Tax Collector

Assessors Parcel Number: 459223007-8

Last Assessee: Harford, Aaron W and Eva B

Sale Date: April 30-May 5, 2015

Deadline: 6/20/2016

Dear Treasurer/Tax Collector:

Claimant(s): Cochran Investment Company, Inc.

The following proof of claim(s) for excess proceeds and documents are attached:

Dirk Harford:

1. Copy of Grant Deed recorded as instrument number 1999-256734
2. Notarized Assignment of Rights to Collect Excess Proceeds
3. Notarized Declaration Under Probate Code Section 13101
4. Certified Copy of Death Certificate for Eva B. Harford
5. Certified Copy of Death Certificate for Aaron W. Harford (to follow)
6. Signed Table of Heirship

Cochran Investment Company, Inc.

1. A resolution of the Board of Directors, with corporate seal
2. California Secretary of State – status of good standing for Cochran Investment Company, Inc.
3. Copy of Articles of Incorporation for Cochran Investment Company, Inc.
4. Driver's License and Business Card for Kelly A. Mills, Vice-President
5. Notarized Claim Form

Upon approval, claimant(s) request that the Treasurer and Tax Collector issue its warrant(s) as follows:

- One warrant in the amount of \$6668 or 100% of the claimant's share of the excess proceeds made payable to Cochran Investment Company, Inc. and mailed to 2512 Chambers Rd., Ste. 102, Tustin, CA 92780.

Please address questions regarding the attached claim(s) to Kelly Mills, Vice-President, at (714) 731-1820, or e-mail to [kmills@cochraninvestment.com](mailto:kmills@cochraninvestment.com).

The Client(s) and the staff of Cochran Investment Company, Inc., thank you in advance for your timely review and approval of the attached claim(s).

Certified Tracking Number: 7015-0640-0003-5138-6160

ASSIGNMENT OF RIGHT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. **PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.**

As a party of interest (defined in Section 4675 of the California Revenue and Taxation Code), I, the undersigned, do hereby assign to Cochran Investment Company, Inc. my right to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 459223007-8 sold at public auction on April 30-May 5, 2015. I understand that the total of excess proceeds available for refund is \$ 6,668 and that I AM GIVING UP MY RIGHT TO FILE A CLAIM FOR THEM. FOR VALUABLE CONSIDERATION RECEIVED I HAVE SOLD THIS RIGHT OF COLLECTION (assignment) TO THE ASSIGNEE. I certify under penalty of perjury that I have disclosed to the assignee all facts of which I am aware relating to the value of this right I am assigning.

[Signature]  
(Signature of Party of Interest/Assignor)

Dirk Harford  
(Name Printed)

26422 Melba Ave  
(Address)

Homeland, CA 92548  
(City/State/Zip)

951-204-1269

(Area Code/Telephone Number)

STATE OF CALIFORNIA )ss.  
COUNTY OF \_\_\_\_\_)

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

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

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary)

(This area for official seal)

I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest (assignor), pursuant to Section 4675 of the California Revenue and Taxation Code, all facts of which I am aware relating to the value of the right he is assigning, that I have disclosed to him the full amount of excess proceeds available, and that I HAVE ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT ASSIGNING THAT RIGHT.

[Signature]  
(Signature of Assignee)

Kelly A. Mills, Cochran Investment Company  
(Name Printed)

2512 Chambers Rd., Ste. 102  
(Address)

Tustin, CA 92705

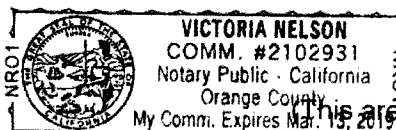
(City/State/Zip)

STATE OF CALIFORNIA )ss.  
COUNTY OF Orange

On January 14, 2016, before me, the undersigned, a Notary Public in and for said State, personally appeared Kelly A. Mills, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]  
(Signature of Notary)



(This area for official seal)

*see attached*

## ACKNOWLEDGEMENT

A notary 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 certificate.

State of California

County of Riverside

On 11.10.15 before me, Cindy Yeakel, notary public, personally appeared

Derek Heyford

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 Cindy Yeakel

Commission Expires : 1/20/2017

Document Name Assignment of Right to Collect  
Press Proceeds



## ACKNOWLEDGMENT

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

State of California

County of ORANGE )

On January 14, 2016 before me, VICTORIA NELSON, NOTARY PUBLIC  
(insert name and title of the officer)

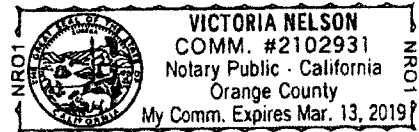
personally appeared Kelly A. Mills  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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 

(Seal)



### Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That Aaron W. Harford [Name of Decedent], hereinafter "Decedent" died in the City of Hemet, County of Riverside, State of California on 1/20/2001.
2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
3. Either of the following, as appropriate:
  - ☒ No proceeding is now being or has been conducted in California for administration of the decedent's estate.
  - ☐ 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.
  - ☐ The proceeding has been conducted for the administration of the decedent's estate.
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).
5. ☐ An Inventory and Appraisal of the real property in the decedent's estate is attached, or  
☒ There is no real property in the estate.
6. A description of the property that is to be paid, transferred or delivered to the undersigned under the provisions of the California Probate Code Section 13100:

Excess proceeds from Riverside County Tax Sale on April 30 – May 5, 2015 for APN # 459223007-8

7. CHECK ONE OF THE FOLLOWING and, if applicable, FILL IN THE BLANK:
  - ☒ The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property  
Excess proceeds from Riverside County Tax Sale on April 30 – May 5, 2015 for APN # 459223007-8
  - ☐ The declarant(s) is/are authorized under Section 13051 of the California Probate Code to Act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property

The name(s) of the successor(s) of the Decedent is/are: \_\_\_\_\_

8. No other person has a superior right to the interest of the Decedent in the described property.
9. The declarants request that the described property be paid, delivered to  
Cochran Investment Company, Inc. – Client Trust Account  
2512 Chambers Rd., Ste. 102  
Tustin, CA 92780  
(714) 731 – 1820
10. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Dirk A. Harford  
Signature  
Dirk Harford  
Signature  
\_\_\_\_\_  
Signature

Dirk Harford  
Name [Print or Type]  
\_\_\_\_\_  
Name [Print or Type]  
\_\_\_\_\_  
Name [Print or Type]

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY  
PUBLIC

State of California ) ss.  
County of \_\_\_\_\_)

*"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."*

On \_\_\_\_\_, before me, \_\_\_\_\_ personally appeared \_\_\_\_\_, who provided 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) is acted, executed the instrument.

I certify that 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 of Notary)

(This area is for official Seal)

## ACKNOWLEDGEMENT

A notary 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 certificate.

State of California

County of Riverside

On 11.10.15 before me, Cindy Yeakel, notary public, personally appeared

Dan Hayford

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 Cindy Yeakel

Commission Expires: 1/20/2017

Document Name Declaration Under Probate  
Code Section 13101

# ORANGE COAST TITLE CO.

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

AARON W. HARFORD  
26424 Melba Avenue  
Home land, CA 92548

DOC # 1999-256734

06/16/1999 08:00A Fee:19.00

Page 1 of 2 Doc 7 Tax Paid

Recorded in Official Records

County of Riverside

Gary L. Orso

Assessor, County Clerk & Recorder



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	DISP	RESC
	1		2			✓		1	
									LC
A	R	L				COPY	LONG	REFUND	NCHG
									EXAM

## GRANT DEED

ASSESSOR'S PARCEL NO.: 459-223-007-8  
TITLE ORDER NO.: R-176315-1  
ESCROW NO.: 1840-D

The undersigned Grantor(s) declare that the DOCUMENT TRANSFER TAX IS:  
\$ 22.00 County \$ 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:

TRA 089018

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, MARGARET J. NICHOLS, A WIDOW hereby GRANT(S) to AARON W. HARFORD and EVA B. HARFORD, HUSBAND AND WIFE AS JOINT TENANTS.

all that real property situated in the unincorporated area of RIVERSIDE County, State of California, described as: Legal is attached hereto as Exhibit "A" and made a part hereof.

Dated May 14, 1999

STATE OF CALIFORNIA,  
COUNTY OF RIVERSIDE

ON 5/15/99, before me DIANA L. DECKMAN

, Notary Public, personally appeared

MICHAEL A. BOOK

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

*Margaret J. Nichols by*  
MARGARET J. NICHOLS *notary at R. 1100*  
*as her attorney in fact*



MAIL TAX STATEMENTS TO:

AARON W. HARFORD - 26424 Melba Avenue, Homeland, CA 92548

(This area for official notary seal)

*Exhibit "A"*

THE LAND REFERRED TO IS SITUATED IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA,  
AND IS DESCRIBED AS FOLLOWS:

PARCEL 1:

LOT 6 AND NORTH 1/2 OF LOT 7 BLOCK M HOMELAND, AS SHOWN BY MAP ON FILE IN BOOK 13  
PAGE 1 OF MAPS, RIVERSIDE COUNTY RECORDS.

EXCEPTING THEREFROM THE EASTERLY 66.62 FEET AND THE WESTERLY 66.62 FEET THEREOF,  
SAID PROPERTY IS ALSO SHOWN AS PARCEL 2 OF RECORDS OF SURVEY RECORDED IN RECORDS  
OF SURVEY IN BOOK 45 PAGE 27 OF RECORDS OF SURVEY, RIVERSIDE COUNTY RECORDS.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS, ROAD AND PUBLIC UTILITY PURPOSES  
OVER AND ACROSS THE NORTHERLY 30 FEET OF LOT 6, BLOCK M HOMELAND AS SHOWN BY  
MAP ON FILE IN BOOK 13, PAGE 1 OF MAPS, RIVERSIDE COUNTY RECORDS.

EXCEPTING THEREFROM THAT PORTION THEREOF LYING WITHIN PARCEL 1 ABOVE DESCRIBED.

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052000 022466

## CERTIFICATE OF DEATH

3 2000 33001587

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY-NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
EVA		BERTHA		HARFORD	
4. DATE OF BIRTH M/M/D/CYY		5. AGE YRS.		6. SEX	
02/07/1925		75		F	
7. DATE OF DEATH M/M/D/CYY		8. HOUR		9. MIN	
02/11/2000		1910			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
PA		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		MARRIED	
13. RACE		14. HISPANIC—SPECIFY		15. USUAL EMPLOYER	
WHITE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		JEWEL MASTERS	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
MANAGER		JEWELRY RETAIL SALES		5	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
1360 W. WHITTIER					
20. CITY		21. COUNTY		22. ZIP CODE	
HEMET		RIVERSIDE		92543	
23. YRS IN COUNTY		24. STATE OR FOREIGN COUNTRY			
13		CA			
25. NAME, RELATIONSHIP		26. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
AARON W. HARFORD - HUSBAND		1360 W. WHITTIER, HEMET, CA. 92543			
27. NAME OF SURVIVING SPOUSE—FIRST		28. MIDDLE		29. LAST (MAIDEN NAME)	
AARON		W.		HARFORD	
30. NAME OF FATHER—FIRST		31. MIDDLE		32. LAST	
WILFRED				SHAROCK	
33. NAME OF MOTHER—FIRST		34. MIDDLE		35. LAST (MAIDEN)	
MYRTLE				THORPE	
36. DATE M/M/D/CYY		37. PLACE OF FINAL DISPOSITION			
02/18/2000		AT SEA OFF THE COAST OF ORANGE COUNTY			
38. TYPE OF DISPOSITION		39. SIGNATURE OF FUNERAL DIRECTOR		40. LICENSE NO.	
CR/SEA					
41. NAME OF FUNERAL DIRECTOR		42. LICENSE NO.		43. SIGNATURE OF LOCAL REGISTRAR	
HEMET VALLEY MORTUARY		FD833			
44. DATE M/M/D/CYY		45. DATE M/M/D/CYY			
02/16/2000					
46. PLACE OF DEATH		47. IF HOSPITAL, SPECIFY		48. COUNTY	
KAISER FOUNDATION HOSP.		RIVERSIDE		RIVERSIDE	
49. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		50. CITY		51. STATE	
10800 MAGNOLIA AVE.		RIVERSIDE		CA	
52. DEATH WAS CAUSED BY—(ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
A. CARDIAC ARREST					
B. ATHEROSCLEROTIC VASCULAR DISEASE					
C. DIABETES MELLITUS					
D. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO CAUSE, GIVEN IN ( )					
HYPERTENSION, RECENT CVA, LEFT FOOT GANGRENE, METHICILLIN RESISTANT; STAPH INFECTION					
53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE					
LEFT LEG AMPUTATION 02/07/2000					
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		55. SIGNATURE AND TITLE OF PHYSICIAN		56. LICENSE NO.	
DECEDENT ATTENDED SINCE M/M/D/CYY		FRANK FLOWERS JR, M.D. 10800 MAGNOLIA AVE. RIVERSIDE, CA. 92505		G51152	
DECEDENT LAST SEEN ALIVE M/M/D/CYY		57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		58. DATE M/M/D/CYY	
02/07/2000		02/11/2000		02/14/2000	
59. MANNER OF DEATH		60. INJURY AT WORK		61. INJURY DATE M/M/D/CYY	
NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18: HOUR	
ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>		62. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		63. PLACE OF INJURY	
64. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
65. SIGNATURE OF CORONER OR DEPUTY CORONER		66. DATE M/M/D/CYY		67. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
68. STATE REGISTRAR		69. FAX AUTH.		70. CENSUS TRACT	
A 1 B V C 2 D E F G H		385242			

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

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

DATE ISSUED

JAN 14 2016

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



034544616

Peter Aldana

PETER ALDANA  
ASSESSOR-COUNTY CLERK-RECORDER  
RIVERSIDE COUNTY, CALIFORNIA

CARIVERS02

October 4, 2016

Cochran Investment Company, Inc.  
C/O Kelly A. Mills  
2512 Chambers Rd., Ste. 102  
Tustin, CA 92780

Re: APN: 459223007-8  
TC 203 Item 356  
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 type="checkbox"/> Notarized Statement Giving Authorization to claim on behalf of	<input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale)
<input checked="" type="checkbox"/> <b>Certified Death Certificate for Aaron W. Harford.</b>	<input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock)
<input checked="" type="checkbox"/> <b>Copy of Birth Certificate for Dirk Harford.</b>	<input type="checkbox"/> Court Order Appointing Administrator
	<input type="checkbox"/> Deed (Quitclaim/Grant etc...)
	<input type="checkbox"/> Other –

Please send in all documents within 30 days (**February 29, 2016**). If you should have any questions, please contact me at the number listed below.

Sincerely,

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



# STATE OF ARKANSAS

FEB 01 2001

ARKANSAS DEPARTMENT OF HEALTH 2001.001641  
Division of Vital Records  
CERTIFICATE OF DEATH

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

DECEDENT

1/14/2001

NAME OF DECEDENT  
For use by physician or institution

SEE INSTRUCTIONS  
ON OTHER SIDE

NAME OF DECEDENT  
For use by physician or institution

SEE INSTRUCTIONS  
ON OTHER SIDE

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For use by physician or institution

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NAME OF DECEDENT  
For use by physician or institution

SEE INSTRUCTIONS  
ON OTHER SIDE

1 DECEDENT'S NAME (First, Middle, Last) <b>Aaron William Harford</b>			2 SEX <b>Male</b>		3 DATE OF DEATH (Month, Day, Year) <b>January 20, 2001</b>	
4 SOCIAL SECURITY NUMBER		5a AGE - Last Birthday (Years) <b>74</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) <b>March 15, 1926</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Charleroi, PA</b>		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>yes</b>				
9a PLACE OF DEATH (Check only one) <b>HOSPITAL</b>		9b CITY, TOWN, OR LOCATION OF DEATH <b>Harrison</b>				
10 FACILITY NAME (If not institution, give street and number) <b>North Arkansas Regional Medical Center</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>n/a</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Truck Driver</b>		12b KIND OF BUSINESS/INDUSTRY <b>Transportation Trucking</b>
13a RESIDENCE - STATE <b>Arkansas</b>		13b COUNTY <b>Boone</b>		13c CITY, TOWN, OR LOCATION <b>Harrison</b>		13d STREET AND NUMBER <b>101 E College</b>
14 INSIDE CITY LIMITS? (Yes or No) <b>Yes</b>		15 ZIP CODE <b>72601</b>		16 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17 DECEDENT'S RACE (Specify) <b>White</b>
18 FATHER'S NAME (First, Middle, Last) <b>Aaron Harford</b>			19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Grace Cope</b>			
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b DATE OF DISPOSITION (Month, Day, Year) <b>January 24, 2001</b>			
21a SIGNATURE OF EMBALMER <b>Not Embalmed</b>			21b LICENSE NUMBER <b>n/a</b>		21c NAME AND ADDRESS OF FUNERAL HOME <b>Holt Memorial Chapel 1904 Capps Rd., Harrison, AR</b>	
22a SIGNATURE OF EMBALMER <b>Not Embalmed</b>			22b LICENSE NUMBER <b>n/a</b>		22c NAME AND ADDRESS OF FUNERAL HOME <b>Holt Memorial Chapel 1904 Capps Rd., Harrison, AR</b>	
23 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. <b>Pneumonia</b> <b>Myelodysplastic Syndrome</b> <b>Cervical Cancer</b>			24 WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>			
25 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			26 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Pending Investigation			
27 DATE OF INJURY (Month, Day, Year)			28 TIME OF INJURY		29 INJURY AT WORK? (Yes or No)	
30 DESCRIBE HOW INJURY OCCURRED						
31 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			32 LOCATION (Street and Number or Rural Route Number, City or Town, State)			
33 TIME OF DEATH <b>0730 A</b>			34 DATE PRONOUNCED DEAD (Month, Day, Year) <b>January 20, 2001</b>		35 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) <b>NO</b>	
36 MEDICAL EXAMINER OR CORONER Only On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated. Signature and Title: <b>[Signature]</b>			37 DATE SIGNED (Month, Day, Year) <b>Jan. 23, 2001</b>		38 CERTIFYING PHYSICIAN/REGISTERED NURSE (Hospice only) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Signature and Title: <b>[Signature]</b>	
39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type-Print) <b>DR. VICTOR CHU 306 N. CHESTNUT HARRISON AR 72601</b>						
40 REGISTRAR'S SIGNATURE <b>[Signature]</b>						41 DATE FILED (Month, Day, Year) <b>January 26, 2001</b>



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH

*Shirley Louie*

Shirley Louie  
State Registrar

5405715

5405715



WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VR-112

# TABLE OF HEIRSHIP

Deceased Owner Name: Aaron W. Harford Deceased Date: 1/20/2001

## LIST ALL KNOWN RELATIVES

Enter "None" in any section for which there is no known relative  
(If you need additional space, attach a second Table of Heirship  
identifying all missing relatives for all appropriate sections.)

Property ID:

Section 1		FIRST	MIDDLE	(MAIDEN) LAST	Date of		
					Marriage	Birth	Death
Deceased Owner's Spouse(s)	1	Eva B.	Harford			2/7/1925	2/11/00
	2						
	3						
Section 2		FIRST	MIDDLE	(MAIDEN) LAST	Parent's Name (FROM SECTION 1)	Birth	Death
Deceased Owner's Children	1	Dirk	Harford		Eva	7/30/1959	
	2						
	3						
	4						
	5						
	6						
	7						
	8						
Section 3		FIRST	MIDDLE	(MAIDEN) LAST	Parent's Name (FROM SECTION 2)	Birth	Death
Deceased Owner's Grandchildren	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
Section 4		FIRST	MIDDLE	(MAIDEN) LAST		Birth	Death
Deceased Owner's Parents	Father:						
	Mother:						
Section 5		FIRST	MIDDLE	(MAIDEN) LAST		Birth	Death
Deceased Owner's Brothers and Sisters	1						
	2						
	3						
	4						
	5						
Section 6		FIRST	MIDDLE	(MAIDEN) LAST	Parent's Name (FROM SECTION 5)	Birth	Death
Children of Deceased Owner's Brothers and Sisters	1						
	2						
	3						
	4						

I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this Table of Heirship and any accompanying documents are true and correct, with full knowledge that all statements made in the Table of Heirship are subject to investigation and that any false or dishonest statement may be grounds for denial of the submitted claim.

PRINTED NAME: Dirk Harford

SIGNATURE

JON CHRISTENSEN  
ASSISTANT TREASURER-TAX COLLECTOR

DEBBIE BASHE  
INFORMATION TECHNOLOGY OFFICER

GIOVANE PIZANO  
INVESTMENT MANAGER

KIEU NGO  
FISCAL MANAGER



DON KENT  
TREASURER

MATT JENNINGS  
CHIEF DEPUTY TREASURER-TAX COLLECTOR

MELISSA JOHNSON  
CHIEF DEPUTY TREASURER-TAX COLLECTOR

ADRIANNA GOMEZ  
ADMINISTRATIVE SERVICES MANAGER I

March 26, 2017

## Final Notice

Cochran Investment Company, Inc.  
C/O Kelly A. Mills  
2512 Chambers Rd., Ste. 102  
Tustin, CA 92780

Re: APN: 459223007-8  
TC 203 Item 356  
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"/> Claim Form Completed- Attached                                    | <input type="checkbox"/> Original Note/Payment Book   |
| <input type="checkbox"/> Notarized Statement of different/misspelled                       | <input type="checkbox"/> Updated Statement of Monies Owed<br>(as of date of tax sale)             |
| <input type="checkbox"/> Notarized Statement Giving Authorization to<br>claim on behalf of | <input type="checkbox"/> Articles of Incorporation (if applicable<br>Statement by Domestic Stock) |
| <input type="checkbox"/> Certified Death Certificate for                                   | <input type="checkbox"/> Court Order Appointing Administrator                                     |
| <input checked="" type="checkbox"/> Copy of Birth Certificate for Dirk Harford             | <input type="checkbox"/> Deed (Quitclaim/Grant etc...)  |
| <input type="checkbox"/> Copy of Marriage Certificate for                                  | <input type="checkbox"/> Other -  |

**If your documentation is not received within 15 days (JUNE 12, 2017), your claim will be denied.**

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

Sincerely,

*Jennifer Romero*

Tax Sale Operations Unit  
(951) 955-3945  
(951) 955-3990 Fax  
jiromero@rivcotte.org

COUNTY OF RIVERSIDE, TREASURER-TAX COLLECTOR

\*\*\*\*\*

4080 LEMON STREET, 4TH FLOOR \* P.O. BOX 12005 \* RIVERSIDE, CALIFORNIA 92502  
WWW.COUNTYTREASURER.ORG \* (951) 955-3900 \* 1 (877) 748-2689 \* FAX (951) 955-3923

Commonwealth of Pennsylvania  
DEPARTMENT OF HEALTH



Notification of Birth Registration

This Certifies that, A Certificate of Birth has been filed in the State Office for the Registration of Vital Statistics at Harrisburg, Pennsylvania, under Registered No. 736

Name Dirk Aaron Harford Sex Male

July 30, 1959 North Charlestown, Penna.  
Date of Birth Place of Birth

Name of Father Mr. W. Harford Harford

Maternal Name of Mother Mrs. Bertha Harrock



VITAL STATISTICS  
HARRISBURG, PENNSYLVANIA