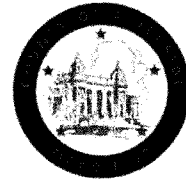


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM
9.7
(ID # 5871)

MEETING DATE:

Tuesday, January 23, 2018

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 207, Item 915. Last assessed to: Brent D. Coley and Kinder Lynn D'Agostino tenants in common, District 4. [\$804-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Brent Coley and Kinder D'Agostino, last assessee's for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 665154009-4;
2. Authorize and direct the Auditor-Controller to issue a warrant Brent Coley and Kinder D'Agostino in the amount of \$804.16 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, Treasurer-Tax Collector 1/10/2018

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: January 23, 2018
xc: Treasurer

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 | \$804 | \$ 0 | \$804 | \$ 0 |
| NET COUNTY COST | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale. | | | Budget Adjustment: | N/A |
| | | | 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 24, 2016 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 14, 2016. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 10, 2016, 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 one claim for excess proceeds:

1. Claim from Brent Coley and Kinder D'Agostino based on a Quitclaim Deed recorded October 06, 1998 as Instrument No. 1998-432453.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Brent Coley and Kinder D'Agostino be awarded excess proceeds in the amount of \$804.16. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Coley

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


Stephanie Parsi 1/12/2018

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 207 Item 915 Assessment Number: 665154009-4

Assessee: COLEY, BRENT D & DAGOSTINO, KINDER LYNN

Situs: NONE

Date Sold: May 24, 2016

Date Deed to Purchaser Recorded: July 14, 2016

Final Date to Submit Claim: July 14, 2017

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 8000 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

- tax assessment paper will
- Death Certificate
- copy of document
- Grant deed

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 June day of 5, 2017 at Humboldt ca
County, State

Brent Coley
Signature of Claimant

Kinder D Agostino
Signature of Claimant

Brent Coley
Print Name

Kinder D Agostino
Print Name

1208 Lone Star
Street Address

1208 Lonestar Dr.
Street Address

McKinleyville, CA 95519
City, State, Zip

McKinleyville, CA 95519
City, State, Zip

(707) 839-7699
Phone Number

(707) 839-7699
Phone Number

RECEIVED
2017 JUN 12 PM 2:01
RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

COUNTY OF RIVERSIDE
TREASURER - TAX COLLECTOR
County Administrative Center-4th Floor
4080 Lemon Street, P.O. Box 12005
Riverside, CA 92502-2205

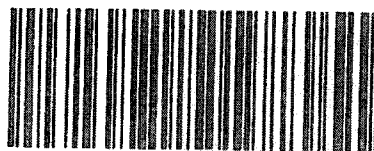


Satellite Offices

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

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

951-955-3900
951-955-3990 - Fax
www.countytreasurer.org
E-mail: ttc@rivcotte.org



7114 7344 2820 2557 0473



MESSAGE FROM THE COUNTY OF RIVERSIDE

COLEY, BRENT D & DAGOSTINO, KINDER LYNN
1208 LONESTAR
MCKINLEYVILLE CA 95519

August 10, 2016

EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

Assessment Number 665154009-4 TC: 207 ITEM: 915
Situs Address: NONE
Assessee: COLEY, BRENT D & DAGOSTINO, KINDER LYNN
Date Sold: May 24, 2016
Deed to Purchaser Recorded: July 14, 2016
Final Date to Submit Claim: July 14, 2017

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 indicate that you may be a party of interest, and we have enclosed a claim form for your convenience. Please note that your claim must be filed within one year from the date the deed to the purchaser was recorded (shown above). By law, we cannot accept claims after the one year period 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.

In addition, please note 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
TAX SALE OPERATIONS

Order No.
Escrow No.
Loan No.

432453X

WHEN RECORDED MAIL TO:

RECEIVED FOR RECORD
AT 8:00AM

X BRENT D. COLEY
115 Samoa Blvd. #69
Arcata, CA 95521

OCT 6 1998 X

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

DOCUMENTARY TRANSFER TAX \$-0- none due
NO CONSIDERATION GIVEN
Computed on the consideration of value of property conveyed OR
Computed on the consideration of value less liens or
encumbrances remaining at time of sale.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Brent D. Coley
Signature of Recipient or Agent determining tax - Form Name
BRENT D. COLEY

APN 665154009-4 ✓

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
BRENT D. COLEY, Successor Trustee of the
MARGUERITE E. CORNELIUS TRUST DATED 11/2/92

do(es) hereby REMISE, RELEASE AND FOREVER QUITCLAIM to
X BRENT D. COLEY and KINDER LYNN D'AGOSTINO
tenants in common

the real property in the City of
County of RIVERSIDE

State of California, described as

Lot 15 of Hot Springs Ranchos as shown by map on file in
Book 33, pages 5-6 of Maps, in the office of the County Recorder
of Riverside County.

Dated September 20th, 1998

STATE OF CALIFORNIA
COUNTY OF Humboldt } ss.

on September 20th, 1998 before me,
Kimberly Hunter - Notary Public

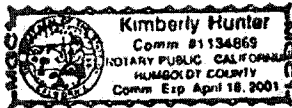
personally appeared BRENT D. COLEY

BRENT D. COLEY, Succ. Trustee

Brent D. Coley
Succ Trustee

personally known to me (or proved to me on the basis of satisfactory
evidence) to be the person (if whose name is subscribed to the within
instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity, and that by his/her/their signa-
ture(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 *Kimberly Hunter*



(This area for official notarial seal)

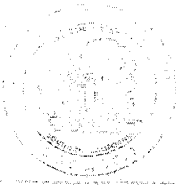
MAIL TAX STATEMENTS TO:

X BRENT D. COLEY
115 Samoa Blvd. #69
Arcata, CA 95521

3-M-2-1111
10 6 98
RIVERSIDE

THE RIVERSIDE COUNTY RECORDER'S OFFICE
MICROFILM DIVISION
914 North Broadway, Suite 200
San Jacinto, CA 92582

1085 (1/84)



COUNTY OF BUTTE
 COUNTY CLERK
 1000 MAIN STREET, SUITE 100
 BUTTE, CALIFORNIA 95924
 (530) 838-3000

Type of Sale: **LOT 15 MB 033/005 HOT SPRINGS RANCHOS**
 Due to Conveyance NBR: **927985** EFFECTIVE DATE: **05-14-1998**
 Bill Number: **005982650** Parcel Number: **051391130-5**
 Tax Rate A-137: **061-176** Parcel Number: **665154009-4**

BRENT D COLEY
KINDER LYNN DAGOSTINO
115 SAMOA BLV NO 69
ARCATA CA 95521

0 08/05/1999
 081099 - 5179
 IN REVERSE SIDE

Property of the California State Board of Equalization
 Whenever a change of ownership occurs on property in newly organized
 counties, the following information is required:
1% TAX LIMIT PER PROP 13
UNIFIED SCHOOL DEBT SV

| Assessor's Roll Year | 1997 - 1998 | 1998 - 1999 |
|-------------------------------|-------------|-------------|
| ROLL VALUE | 3000 | 3000 |
| LESS: PRIOR SUPPLEMENTAL | | |
| FULL VALUE (LESS: EXEMPTIONS) | 2282 | 2268 |
| NET VALUE | 2282 | 2268 |
| OWNERSHIP FACTOR | 8/ | 100/ |
| TAX RATE PER \$100 VALUE | 1.05110 | 1.05110 |
| TAXES | \$1.89 | \$23.83 |
| TOTAL TAXES | | \$25.72 |
| ADD 10% penalty after | \$12.86 | \$12.86 |
| 12-10-1999 | \$12.86 | 04-10-2000 |
| | \$12.86 | \$12.86 |

RECORDING REQUESTED BY

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

422205

Name: MARGUERITE E. CORNELIUS
Street Address: 547 N. Orange St.
City State Zip: Orange, Ca. 92667

Title Order No. _____ Escrow No. _____

RECEIVED FOR RECORD AT 8:00 O'CLOCK

NOV - 5 1992

Notary Public - California
Commission Expires
May 8, 1993

THIS SPACE FOR RECORDER'S USE

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$ NONE for no consideration

- Computed on full value of property conveyed, or
- Computed on full value less value of liens or encumbrances remaining at time of sale, and

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

Marguerite E. Cornelius, a widow

hereby GRANT(S) to

Marguerite E. Cornelius, Trustee of the Marguerite E. Cornelius Living Trust, dated, November 2, 1992

the following described real property in the city of County of Riverside State of California:

Lot 15 of of Hot Springs Ranchos as shown by map on file in Book 33, Pages 5-6 of Maps, in the office of the county recorder of Riverside county.

"This conveyance transfers The Grantors interests into their Revocable Living Trust, R & T 11911"

Dated 11-2-92

Marguerite E. Cornelius
Marguerite E. Cornelius

STATE OF CALIFORNIA COUNTY OF Orange

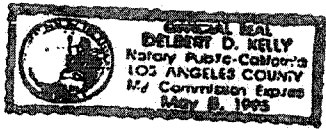
On 11-2-92

before me, the undersigned, a Notary Public in and for said State, personally appeared Marguerite E. Cornelius

personally known to me for granted to me on the date 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.

WITNESS my hand and official seal.

Signature Delbert W. Kelly



(This area for official notarial seal)

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

Name Street Address City & State

APN 665154009-4

FIRST AMENDMENT OF DECLARATION OF TRUST

According to the right reserved, MARGUERITE E. CORNELIUS, Trustor under the Declaration of Trust known as the RESTATED MARGUERITE E. CORNELIUS TRUST dated MARCH 23, 1995 hereby amends the Trust as follows:

1. In Article I on page 1, in the first paragraph, change "GERALDINE D. KNIGHT and DWAIN W. COLE" to "BRENT COLEY". BRENT COLEY shall act as the current Trustee of this trust.

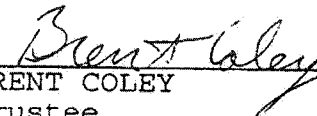
2. In Article V, on page 8, replace the first paragraph of Successor Trustee. and substitute the following:

"Successor Trustee. Upon the resignation, death, incapacity, incompetency, failure or inability of the named Trustee to so serve, GERALDINE D. KNIGHT and KINDER LYNN COLEY shall so serve as co-trustees. Upon the resignation, death, failure or inability of either GERALDINE to so serve RICHARD KNIGHT and thereafter MICHAEL KNIGHT shall so serve as Co-Trustee. If no named Trustee is available to so serve, a majority of competent adult beneficiaries then entitled to receive distributions may appoint a Trustee."

DATED: DEC 26 1996

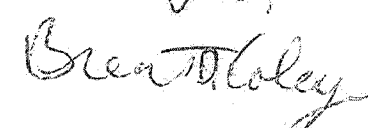

MARGUERITE E. CORNELIUS
Trustor

I agree to so serve as the current Trustee.


BRENT COLEY
Trustee

ATT: PAM TEAL # 1015-PT

HERE IS A COPY OF MYSELF BEING SUCCESSOR TRUSTEE

Thank you,


STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

3 199830 006452

CERTIFICATE OF DEATH

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/87) | | | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT—FIRST (GIVEN) | | 2. MIDDLE | | 3. LAST (FAMILY) | | | |
| Marguerite | | E. | | Cornelius | | | |
| 4. DATE OF BIRTH—M/M/D/C/C/Y | | 5. AGE YRS | | 6. SEX | | 7. DATE OF DEATH—M/M/D/D/C/C/Y | |
| 06/14/1912 | | 85 | | F | | 05/14/1998 | |
| 8. STATE OF BIRTH | | 10. SOCIAL SECURITY NO. | | 11. MILITARY SERVICE | | 12. MARITAL STATUS | |
| OK | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | Widowed | |
| 14. RACE | | 15. HISPANIC—SPECIFY | | 16. USUAL EMPLOYER | | 13. EDUCATION—YEARS COMPLETED | |
| White | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Santa Ana First Baptist Church | | 12 | |
| 17. OCCUPATION | | 18. KIND OF BUSINESS | | 19. YEARS IN OCCUPATION | | | |
| Pre-School Dietician | | Religion/Education | | 10 | | | |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) | | | | | | | |
| 547 N. Orange St. | | | | | | | |
| 21. CITY | | 22. COUNTY | | 23. ZIP CODE | | 24. YRS IN COUNTY | |
| Orange | | Orange | | 92867 | | 63 | |
| 25. STATE OR FOREIGN COUNTRY | | CA | | | | | |
| 26. NAME, RELATIONSHIP | | | | | | | |
| Brent Coley - Grandson | | | | | | | |
| 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) | | | | 30. LAST (MAIDEN NAME) | | | |
| 115 Sanda Blvd. #69, Arcata, CA 95521 | | | | | | | |
| 31. NAME OF FATHER—FIRST | | 32. MIDDLE | | 33. LAST | | 34. BIRTH STATE | |
| Wallace | | E. | | Ward | | KY | |
| 35. NAME OF MOTHER—FIRST | | 36. MIDDLE | | 37. LAST (MAIDEN) | | 38. BIRTH STATE | |
| Nannie | | J. | | Wedenkino | | TX | |
| 39. DATE M/M/DD/C/C/Y | | 40. PLACE OF FINAL DISPOSITION | | | | | |
| 05/18/1998 | | Fairhaven Memorial Park, 1702 Fairhaven, Santa Ana, CA | | | | | |
| 41. TYPE OF DISPOSITION(S) | | 42. SIGNATURE OF EMBALMER | | 43. LICENSE NO. | | 47. DATE M/M/DD/C/C/Y | |
| BU | | <i>James Hill</i> | | 8286 | | 05/18/1998 | |
| 44. NAME OF FUNERAL DIRECTOR | | 45. LICENSE NO. | | 46. SIGNATURE OF LOCAL REGISTRAR | | 48. DATE M/M/DD/C/C/Y | |
| Shannon - Pomegranate Chapel | | FD-663 | | <i>[Signature]</i> | | 05/18/1998 | |
| 101. PLACE OF DEATH | | 102. IF HOSPITAL, SPECIFY ONE: | | 103. FACILITY OTHER THAN HOSPITAL | | 104. COUNTY | |
| Sunrise Newport | | <input type="checkbox"/> IR <input type="checkbox"/> ENVOF <input type="checkbox"/> COA | | <input type="checkbox"/> CONV <input type="checkbox"/> RES <input type="checkbox"/> CARE <input type="checkbox"/> OTHER | | Orange | |
| 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) | | 106. CITY | | 107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D. | | | |
| 1555 Superior Ave. | | Newport Beach | | TIME INTERVAL BETWEEN ONSET AND DEATH | | | |
| IMMEDIATE CAUSE (A) | | Congestive Heart Failure | | Mths | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (B) | | Coronary Artery Disease | | Yrs | | 109. BIOPSY PERFORMED | |
| DUE TO (C) | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (D) | | | | | | 110. AUTOPSY PERFORMED | |
| | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | | | | | | 111. USED IN DETERMINING CAUSE | |
| | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 | | | | | | | |
| None | | | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION, AND DATE | | | | | | | |
| No | | | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE | | 115. SIGNATURE AND TITLE OF CERTIFIER | | 116. LICENSE NO. | | 117. DATE M/M/DD/C/C/Y | |
| 12/29/1997 | | 05/06/1998 | | <i>[Signature]</i> M.D. | | 058897 | |
| 118. MANNER OF DEATH | | 119. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP | | 120. INJURY AT WORK | | 121. INJURY DATE M/M/DD/C/C/Y | |
| <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE | | Son T. Nguyen, M.D. | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | 122. HOUR | |
| <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED | | 18119 Brookhurst St., Fountain Valley, CA 92708 | | | | 123. PLACE OF INJURY | |
| 123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) | | 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | | | | |
| | | | | | | | |
| 125. SIGNATURE OF CORONER OR DEPUTY CORONER | | 127. DATE M/M/DD/C/C/Y | | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | | | |
| | | | | | | | |
| STATE REGISTRAR | | | | | | | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

05/19/1998

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

[Signature]
HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

