

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



ITEM
9.7
(ID # 6031)

MEETING DATE:

Tuesday, July 17, 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 1009. Last assessed to: Estate of Heber Osvaldo Gonzalez. District 4. [\$76,197-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from Bruce R. Durkee agent for Angelina Rodriguez aka Angelina M. Gonzalez, heir to the Estate of Heber Osvaldo Gonzalez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 778200064-0;
2. Approve the claim from Bruce R. Durkee agent for Christopher A. Gonzalez, heir to the Estate of Heber Osvaldo Gonzalez, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 778200064-0;
3. Authorize and direct the Auditor-Controller to issue warrants to Bruce R. Durkee agent for Angelina Rodriguez aka Angelina M. Gonzalez, heir to the Estate of Heber Osvaldo Gonzalez in the amount of \$38,098.90 and Bruce R. Durkee agent for Christopher A. Gonzalez, heir to the Estate of Heber Osvaldo Gonzalez in the amount of \$38,098.89, 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


Matthew Jennings, Assistant Treasurer-Tax Collector 7/3/2018

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Perez 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: July 17, 2018
XC: Treasurer, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy
9.7

**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	\$ 76,197	\$ 0	\$ 76,197	\$ 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:	18/19

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 two claims for excess proceeds:

1. Claim from Bruce R. Durkee agent for Angelina Rodriguez aka Angelina M. Gonzalez, heir to the Estate of Heber Osvaldo Gonzalez based on an Authorization for Agent to Collect Excess Proceeds dated November 6, 2017, a Quitclaim Deed recorded March 30, 2004 as Instrument No. 2004-0223678, a Quitclaim Deed recorded March 30, 2004 as Instrument No. 2004-0223679, an Affidavit of Legatee Under California Probate Code Section 13100 dated September 7, 2016 and the death certificate of Heber Osvaldo Gonzalez.
2. Claim from Bruce R. Durkee agent for Christopher A. Gonzalez, heir to the Estate of Heber Osvaldo Gonzalez based on an Authorization for Agent to Collect Excess Proceeds dated November 6, 2017, a Quitclaim Deed recorded March 30, 2004 as Instrument No. 2004-0223678, a Quitclaim Deed recorded March 30, 2004 as Instrument No. 2004-0223679, an Affidavit of Legatee Under California Probate Code Section 13100 dated September 7, 2016 and the death certificate of Heber Osvaldo Gonzalez.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Bruce R. Durkee agent for Angelina Rodriguez aka Angelina M. Gonzalez, heir to the Estate of Heber Osvaldo Gonzalez in the amount of \$38,098.90 and Bruce R. Durkee agent for Christopher A. Gonzalez, heir to the Estate of Heber Osvaldo

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

Gonzalez in the amount of \$38,098.89. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Rodriguez

ATTACHMENT B. Claim Gonzalez


Stephanie Perez, Principal Management Analyst 7/10/2018

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2016 SEP 13 PM 2: 15

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 207 Item 1009 Assessment Number: 778200064-0

Assessee: GONZALEZ HEBER OSVALDO ESTATE OF

Situs: 85505 BAGDAD ST COACHELLA 92236

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 \$ _____ 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. 2004-023206; recorded on 3/30/04. 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.

Affidavit of legatee Under Probate Code Sec. 13100 (Small Estates Affidavit)
Death Certificate

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 7th day of September, 2016 at Riverside County, CA
County, State

[Signature]
Signature of Claimant

[Signature]
Signature of Claimant

Angelina M. Gonzalez
Print Name

Christopher A. Gonzalez
Print Name

72490 El Centro Way #132
Street Address

80839 Brown Ave.
Street Address

Thousand Palms, CA 92276
City, State, Zip

Indio, CA 92201
City, State, Zip

760-396-8123
Phone Number

760-702-9703
Phone Number

AUTHORIZATION FOR AGENT 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 make BRUCE P. DURKEE my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 778200064-0 sold at public auction on MAY 24, 2016. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 92,700- and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

[Signature]
(Signature of Party of Interest)

ANGELINA RODRIGUEZ
(Name Printed)

72490 EL CENTRO WAY #132
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF RIVERSIDE)

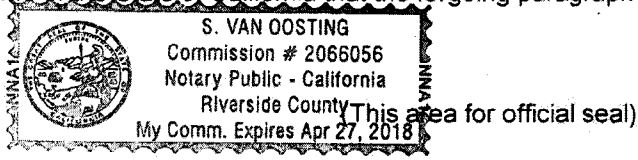
THOUSAND PALMS CA 92276
(City/State/Zip)

760 396 8123
(Area Code/Telephone Number)

On NOVEMBER 16, 2017, before me, S. VAN OOSTING, Notary Public, personally appeared ANGELINA RODRIGUEZ, 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]
(Signature of Notary)



I, the undersigned, certify under penalty of perjury that I have disclosed to the party of interest, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN, WITHOUT THE HELP OF AN AGENT.

[Signature]
(Signature of Agent)

BRUCE P. DURKEE
(Name Printed)

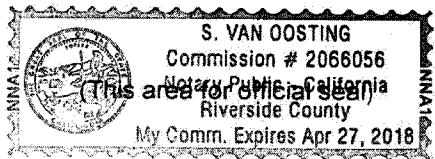
77-772 FLORA RD # C
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF RIVERSIDE)

PAUM DESERT CA 92211
(City/State/Zip)

On NOVEMBER 16, 2017, before me, the undersigned, a Notary Public in and for said State, personally appeared BRUCE P. DURKEE, 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)



RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Heber Gonzalez
85-505 Bagdad Street
Coachella, CA 92236



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	SMF	MISC.	
	1		1			✓				
									7	
A	R	L				COPY	LONG	REFUND	NCHG	EXAM

ASSESSOR'S PARCEL NO.: 765-530-064-b
TRA: 012
TITLE ORDER NO.: 94402625

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

TAX IS: \$ 0 County \$ _____ City

ESCROW NO.: 16814-CB

___ 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

QUITCLAIM DEED

OR transfer is EXEMPT from tax for the following reason:
Family Transfer

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Oscar Verdugo and Sandra Verdugo who acquired title as Sandra Obdulia Gonzalez, husband and wife
hereby REMISES, RELEASES and QUITCLAIMS to
Heber Osvaldo Gonzalez, an unmarried man

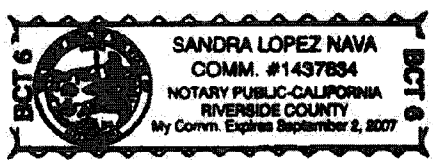
all that real property situated in the City of Coachella
County of Riverside, State of California, described as:
Lot 33 of Tract No. 4547 as shown by Map on file in Book 76, Pages 42 and 43 of Maps,
Riverside County Records.

Dated March 19, 2004

STATE OF CALIFORNIA,)
COUNTY OF Riverside) ss.
On March 25, 2004, before me Sandra Lopez Nava, Notary Public, personally appeared Oscar & Sandra Verdugo

Oscar Verdugo
Oscar Verdugo
Sandra Verdugo
Sandra Verdugo

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.

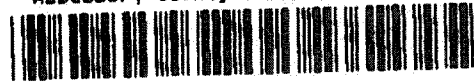


Signature _____

(This area for official notary seal)

MAIL TAX STATEMENTS TO:
Heber Gonzalez - 85-505 Bagdad Street, Coachella, CA 92236

NAME ADDRESS CITY, STATE & ZIP



RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

RECORDING REQUESTED BY
TITLE COURT SERVICE, INC.

Heber Gonzalez
85-505 Bagdad Street
Coachella, CA 92236

2625

M	S	U	PAGE	SIZE	DA	PCDR	NOCOR	SMF	MISC	
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ASSESSOR'S PARCEL NO.: 765-530-014-6

TRA: 012

TITLE ORDER NO.: 94402625

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

TAX IS:

\$ 0 County \$ _____ City D

T
SF

ESCROW NO.: 16814-CB

— 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

QUITCLAIM DEED

OR transfer is EXEMPT from tax for the following reason:

family transfer

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Maria de Jesus Gonzalez, a married woman, as her sole and separate property,

hereby REMISES, RELEASES and QUITCLAIMS to
Heber Osvaldo Gonzalez, an unmarried man

all that real property situated in the City of Coachella
County of Riverside, State of California, described as:
Lot 33 of Tract No. 4547 as shown by Map on file in Book 76, Pages 42 and 43 of Maps,
Riverside County Records.

Dated March 17, 2004

Maria de Jesus Gonzalez
Maria de Jesus Gonzalez

STATE OF CALIFORNIA,
COUNTY OF RIVERSIDE) ss.

On MARCH 18, 2004, before me SHARON ATWELL

, Notary Public, personally appeared

MARIA DE JESUS GONZALEZ

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 Sharon Atwell



(This area for official notary seal)

MAIL TAX STATEMENTS TO:
Heber Gonzalez - 85-505 Bagdad Street, Coachella, CA 92236

NAME ADDRESS CITY, STATE & ZIP

**AFFIDAVIT OF LEGATEE UNDER
CALIFORNIA PROBATE CODE SECTION 13100**

ANGELINA M. GONZALEZ and CHRISTOPHER A. GONZALEZ, ("Affiants")
declares of their own knowledge as follows:

1. The name of the decedent is **HEBER O. GONZALEZ**, aka **HEBER OSVALDO GONZALEZ** ("Decedent").

2. Decedent died on October 20, 2011, at Palm Springs (Riverside County), California.

3. At least 40 days have elapsed since the death of Decedent, as shown in the certified copy of Decedent's death certificate attached hereto as Exhibit A and incorporated by this reference herein.

4. No proceeding is now being or has been conducted in California for administration of Decedent's estate.

5. The current gross fair market value of 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).

6. The property of Decedent to be paid, transferred and delivered to Affiant is as follows:

EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY OF THAT CERTAIN REAL PROPERTY LOCATED AT 85505 BAGDAD AVE., COACHELLA, CA 92236.

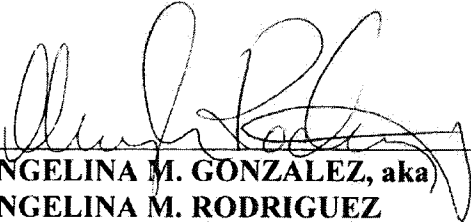
7. Affiants are the successors of Decedent, as defined in Section 13006 of the California Probate Code, to the above-described property.

8. No other person has a superior right to the interest of Decedent in the above-described property.

9. Affiants request that the above-described property be paid, delivered or transferred to the Law Office of Bruce R. Durkee, APC per the attached wire instructions.

10. To induce Riverside County Treasurer-Tax Collector to comply with the foregoing requests, Affiant agrees to indemnify and hold harmless Riverside County Treasurer-Tax Collector for and from any liability which may hereafter accrue by reason of its compliance therewith.

Affiants certify (or declares) under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration was executed on September 7, 2016, at Palm Desert, California.


ANGELINA M. GONZALEZ, aka
ANGELINA M. RODRIGUEZ


CHRISTOPHER A. GONZALEZ

JURAT

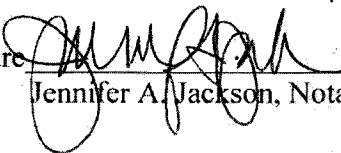
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside

Subscribed and sworn to (or affirmed) before me on this 7th day of September, 2016, by ANGELINA M. GONZALEZ, aka ANGELINA M. RODRIGUEZ and CHRISTOPHER A. GONZALEZ, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature 
Jennifer A. Jackson, Notary

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3201133011041

STATE FILE NUMBER		DATE OF CALIFORNIA USE BLACK INK ONLY / NO BRUSHES, HIGHLIGHTERS OR ALTERNATORS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HEBER		2. MIDDLE OSVALDO		3. LAST (Family) GONZALEZ	
4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) OZZIE - GONZALEZ		4. DATE OF BIRTH mm/dd/yyyy 12/24/1964		6. AGE Yrs. 46	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH mm/dd/yyyy 10/20/2011	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (PROP. in Title of Decedent) DIVORCED		8. HOUR (24 Hours) 2002	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. ETHNICITY/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEXICAN		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHEF		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RESTAURANT		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 85505 BAGDAD AVE					
21. CITY COACHELLA		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92236	
24. YEARS IN COUNTY 46		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP SANDRA GONZALEZ VERDUGO, SISTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 81447 FUCHSIA AVE, INDIO, CA 92201		
28. NAME OF SURVIVING SPOUSE/PARTNER - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST GABRIEL		32. MIDDLE		33. LAST GONZALEZ	
34. BIRTH STATE MX		35. NAME OF MOTHER/PARENT - FIRST MARIA DE JESUS		36. MIDDLE	
37. LAST (BIRTH NAME) GONZALEZ		38. BIRTH STATE MX			
39. DISPOSITION DATE mm/dd/yyyy 10/28/2011		40. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY 82925 AVE 52, COACHELLA, CA 92236			
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMBALMER WILLIAM ROBERTS		43. LICENSE NUMBER EMB9083	
44. NAME OF FUNERAL ESTABLISHMENT CASILLAS FAMILY FUNERAL HOME		45. LICENSE NUMBER FD1498		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 10/26/2011					
101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> GYNP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1150 N INDIAN CANYON DRIVE		106. CITY PALM SPRINGS	
107. CAUSE OF DEATH 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 venous/arterial thrombosis without showing the etiology. DO NOT ABBREVIATE. → CARDIOPULMONARY ARREST		Time Interval Between Onset and Death (A) MINS		108. CSDH - REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST → BILATERAL CEREBELLAR CEREBRAL STROKE		(B) DAYS		109. BODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
→ SPONTANEOUS SUBARACHNOID HEMORRHAGE		(C) DAYS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
→ HYPERTENSION		(D) DAYS		111. LIES IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ENDOASCULAR COILING OF ANEURYSM 10/13/2011		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: 10/11/2011 Decedent Last Seen Alive: 10/20/2011		115. SIGNATURE AND TITLE OF CERTIFIER ROSALINDA MARIA MENONI M.D.		116. LICENSE NUMBER G59780	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROSALINDA MARIA MENONI M.D. 1180 N INDIAN CANYON DRIVE, PALM SPRINGS, CA 92262		118. LICENSE NUMBER G59780		119. DATE mm/dd/yyyy 10/25/2011	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"010001001901195"			

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

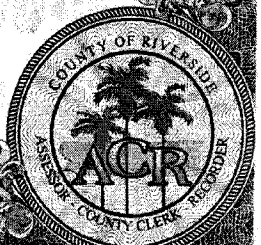
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED **SEP 07 2016**

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



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



CARIVERS02

ESTATE OF HEBER OSVALDO GONZALEZ

September 7, 2016

Don Kent, Treasurer-Tax Collector
PO Box 12005
Riverside, CA 92502-2205

RE: Heber Osvaldo Gonzalez, deceased
DOD: October 20, 2011

Dear Sir or Madam:

We are writing to you as the heirs at law of our father, Heber Osvaldo Gonzalez's estate. Please find the following documents enclosed:

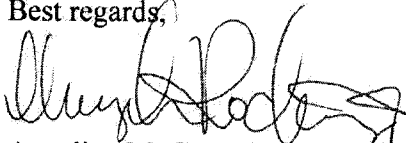
- Affidavit of Legatee under California Probate Code Section 13100
- Certified Death Certificate

Please use these documents to claim and release any and all excess proceeds from the sale of the tax-defaulted property located at 85505 Bagdad St., Coachella, CA 92236

Please wire the excess proceeds to our attorney using the wire instructions attached.

By our signatures below, we authorize the County of Riverside Treasurer-Tax Collector to contact our attorney Evan C. Page, Esq. at the Law Office of Bruce R. Durkee with any questions regarding this claim.

Best regards,



Angelina M. Gonzalez, aka Angelina M. Rodriguez



Christopher A. Gonzalez

Enclosures

Romero, Jennifer

From: Romero, Jennifer
Sent: Friday, November 03, 2017 10:06 AM
To: 'Jennifer@attorneycpa.net'
Cc: Taylor, Desiree; Potenciano, Adrian
Subject: Request for Additional Docs EP207 ITEM1009
Attachments: Authorization for Agent.pdf

To Whom It May Concern:

Re: APN: 778200064-0
TC 207 Item 1009
Date of Sale: May 24, 2016

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 Treasurer-Tax Collector in making the determination.

1. Original Notarized Authorization for Agent to Collect Excess Proceeds (See attachment);
2. Copy of Birth Certificates for Angelina M Gonzalez & Christopher A. Gonzalez;
3. Copy of Marriage Certificate for Angelina M Gonzalez.

Please send in all documents within 30 days (December 03, 2017). If you should have any questions, please contact me at the number provided 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

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

104-84-312893

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

33 - 009150

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A NAME OF CHILD—FIRST GIVEN Angelina		1B MIDDLE Marie	1C LAST FAMILY Gonzalez	
	2 SEX Female	3A THIS BIRTH SINGLE TWIN, ETC. Single	3B IF MULTIPLE THIS CHILD IS 1ST 2ND, ETC. ---	3A DATE OF BIRTH—MONTH DAY YEAR October 6, 1984	4B HOUR—24 HOUR CLOCK TIME 1818
PLACE OF BIRTH	5A PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY John F. Kennedy Memorial		5B STREET ADDRESS—STREET NUMBER OR LOCATION 47 - 111 Monroe Street		
	5C CITY Indio		5D COUNTY Riverside	5E PLANNED PLACE OF BIRTH ---	
FATHER OF CHILD	6A NAME OF FATHER—FIRST GIVEN Osvaldo	6B MIDDLE ---	6C LAST FAMILY Gonzalez		7 STATE OF BIRTH CA
MOTHER OF CHILD	9A NAME OF MOTHER—FIRST GIVEN Veronica	9B MIDDLE ---	9C LAST MARDEN Avila		10 STATE OF BIRTH CA
PARENT'S CERTIFICATION	11 CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A PARENT OR OTHER INFORMANT—SIGNATURE Veronica Gonzalez		12B RELATIONSHIP TO CHILD Mother
	11 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		13A ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE Shakti Mahapatra, M.D.		13C DATE SIGNED 10-07-84
CERTIFICATION OF BIRTH	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT Indio, CA			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT ---	
	15A DATE OF DEATH	15B STATE FILE NO.—STATE USE ONLY	16 LOCAL REGISTRAR—SIGNATURE Ronald P. Hattis, M.D.		17 DATE ACCEPTED FOR REGISTRATION 10-18-84

1008246

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

DATE ISSUED

00 OCT 15 11 30 45

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE
MUST BE LEGIBLE - MAKE NO ERASURES, WHIT EDITS, OR OTHER ALTERATIONS
USE DARK INK ONLY

4201533008338
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		4201533008338		LOCAL REGISTRATION NUMBER		
FIRST PERSON DATA <input type="checkbox"/> Groom <input type="checkbox"/> Bride	1A. FIRST NAME JUAN		1B. MIDDLE GABRIEL		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) ---	
	1C. CURRENT LAST RODRIGUEZ JR		10A. FULL BIRTH NAME OF FATHER/PARENT JUAN GABRIEL RODRIGUEZ		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA	
	2. DATE OF BIRTH (MM/DD/CCYY) 09/08/1995		3. STATE/COUNTRY OF BIRTH CA		4. # PREV. MARRIAGES/SRDP 00	
	4. ADDRESS 72490 EL CENTRO WAY #132		7. CITY THOUSAND PALMS		8. STATE/COUNTRY CA	
	10A. FULL BIRTH NAME OF FATHER/PARENT JUAN GABRIEL RODRIGUEZ		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		11A. FULL BIRTH NAME OF MOTHER/PARENT IRENE -- VERDUZCO	
	11A. FULL BIRTH NAME OF MOTHER/PARENT IRENE -- VERDUZCO		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		12A. FIRST NAME ANGELINA	
	12A. FIRST NAME ANGELINA		12B. MIDDLE MARIE		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) ---	
	12C. CURRENT LAST GONZALEZ		12E. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		13. DATE OF BIRTH (MM/DD/CCYY) 10/06/1984	
	13. DATE OF BIRTH (MM/DD/CCYY) 10/06/1984		14. STATE/COUNTRY OF BIRTH CA		15. # PREV. MARRIAGES/SRDP 00	
	17. ADDRESS 72490 EL CENTRO WAY #132		18. CITY THOUSAND PALMS		19. STATE/COUNTRY CA	
21A. FULL BIRTH NAME OF FATHER/PARENT HEBER OSVALDO GONZALEZ		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		22A. FULL BIRTH NAME OF MOTHER/PARENT VERONICA -- AVILA		
22A. FULL BIRTH NAME OF MOTHER/PARENT VERONICA -- AVILA		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D 		
24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D 		25. THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 368 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.				
26. LICENSE TO MARRY I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. BECAUSE OF THESE REASONS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.						
28. ISSUE DATE (MM/DD/CCYY) 08/04/2015		29. EXPIRES AFTER (MM/DD/CCYY) 11/01/2015		27C. NAME OF COUNTY CLERK PETER ALDANA		
28A. MARRIAGE LICENSE NUMBER R-41533005679		28B. COUNTY OF ISSUE RIVERSIDE		27D. SIGNATURE OF CLERK OR DEPUTY CLERK 		
27C. NAME OF COUNTY CLERK PETER ALDANA		27D. SIGNATURE OF CLERK OR DEPUTY CLERK 		27E. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS) P.O. BOX 751, RIVERSIDE, CA 92502-0751		
27A. SIGNATURE OF WITNESS 		27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) CHRISTOPHER ADRIAN GONZALEZ		27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 80839 BROWN AVE. INDIO, CA 92201		
27A. SIGNATURE OF WITNESS 		27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) KIMBERLY ANNALIE CASTRO		27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 80839 BROWN AVE. INDIO, CA 92201		
28. THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.						
28A. DATE OF MARRIAGE (MM/DD/CCYY) 10/02/2015		28B. CITY/TOWN OF MARRIAGE INDIO		28C. COUNTY OF MARRIAGE RIVERSIDE		
28A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE 		28B. RELIGIOUS DENOMINATION (IF CLERGY) ROMAN CATHOLIC		28C. OFFICIAL TITLE DEACON FERNANDO HEREDIA		
28C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) Fernando Heredia		28D. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 45299 DEGLET NOOR INDIO, CA 92201		29. NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION) ---		
29A. FIRST - MUST BE SAME AS 1A ---		29B. MIDDLE ---		29C. LAST ---		
29A. FIRST - MUST BE SAME AS 12A ANGELINA		29B. MIDDLE MARIE		29C. LAST RODRIGUEZ		
32A. NAME OF LOCAL REGISTRAR PETER ALDANA		32B. SIGNATURE OF CLERK OR DEPUTY CLERK 		32C. DATE ACCEPTED FOR REGISTRATION OCT 15 2015		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (01/01/2010)



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

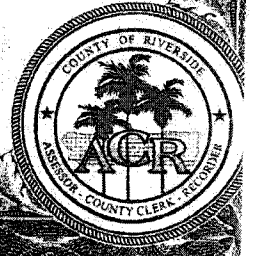
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

OCT 30 2015

DATE ISSUED

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

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE LAW OFFICE OF
**BRUCE R
DURKEE**
A PROFESSIONAL CORPORATION

RECEIVED

2017 DEC -7 PM 2:02

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

November 27, 2017

Don Kent, Treasurer-Tax Collector
PO Box 12005
Riverside, CA 92502-2205
ATTN: Tax Sale Operations

RE: Estate of Heber Osvaldo Gonzalez / Assessment No. 778200064-0

Dear Sir or Ma'am,

Please find the enclosed Authorization for Agent to Collect Excess Proceeds for your review/files. Please advise if you have any further questions or concerns. Please contact our office as the status progresses.

Thank you for your consideration!

Regards,

Stacy Van Oosting
Legal Assistant

SVO/abm

Enclosures: as noted

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2016 SEP 13 PM 2: 15

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS - TAX COLLECTOR

TC 207 Item 1009 Assessment Number: 778200064-0

Assessee: GONZALEZ HEBER OSVALDO ESTATE OF

Situs: 85505 BAGDAD ST COACHELLA 92236

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 \$ _____ 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. ~~3004-033328~~ recorded on 3/30/04. 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.

Affidavit re legatee Under Probate Code Sec. 13100 (Small Estates Affidavit)
Death Certificate

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 7th day of September, 2016 at Riverside County, CA
County, State

[Signature]
Signature of Claimant

[Signature]
Signature of Claimant

Angelina M. Gonzalez
Print Name

Christopher A. Gonzalez
Print Name

72490 El Centro Way #132
Street Address

80839 Brown Ave.
Street Address

Thousand Palms, CA 92276
City, State, Zip

Indio, CA 92201
City, State, Zip

760-396-8123
Phone Number

760-702-9703
Phone Number

AUTHORIZATION FOR AGENT 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 make BRUCE P. DURKEE my agent to apply for and collect the excess proceeds which you are holding and to which I am entitled from the sale of assessment number 778200064-0 sold at public auction on MAY 24, 2016. I understand that I AM NOT SELLING MY RIGHT TO THE REFUND, but merely naming an agent for collection purposes for my convenience.

I also understand that the total of excess proceeds available for refund is \$ 92,700- and that I have a right to file a claim for this refund on my own, without the help of an agent. For valuable consideration received my agent is appointed to act on my behalf.

[Signature]
(Signature of Party of Interest)

CHRISTOPHER A. GONZALEZ
(Name Printed)

80-839 BROWN AVE.
(Address)

STATE OF CALIFORNIA)ss.
COUNTY OF RIVERSIDE)

INDIO, CA, 92201
(City/State/Zip)

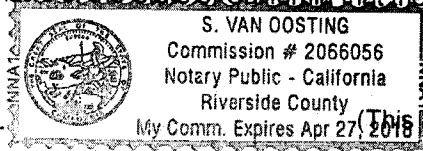
(760) 397-6877
(Area Code/Telephone Number)

On NOVEMBER 6, 2017, before me, S. Van Oosting ^{NOTARY PUBLIC} personally appeared CHRISTOPHER A. GONZALEZ, 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]
(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, pursuant to Section 4675 of the California Revenue and Taxation Code, the full amount of excess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A CLAIM ON HIS OWN WITHOUT THE HELP OF AN AGENT.

[Signature]
(Signature of Agent)

BRUCE P. DURKEE
(Name Printed)

77-772 FLORA RD # C
(Address)

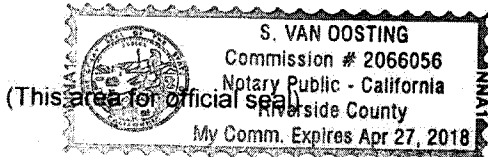
STATE OF CALIFORNIA)ss.
COUNTY OF RIVERSIDE)

PAW DESERT CA 92211
(City/State/Zip)

On NOVEMBER 16, 2017, before me, the undersigned, a Notary Public in and for said State, personally appeared BRUCE P. DURKEE, 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)

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Heber Gonzalez
85-505 Bagdad Street
Coachella, CA 92236



M	S	U	PAGE	SIZE	DA	PCOR	NOCOR	BMF	MISC.	
						<input checked="" type="checkbox"/>				
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A	R	L				COPY	LONG	REFUND	NCHG	EXAM

7

ASSESSOR'S PARCEL NO.: 765-530-064-6

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

TRA: 012

TITLE ORDER NO.: 94402625

TAX IS:

\$ 0 County \$ _____ City

T
SF

ESCROW NO.: 16814-CB

- 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

QUITCLAIM DEED

OR transfer is EXEMPT from tax for the following reason:
Family Transfer

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

Oscar Verdugo and Sandra Verdugo who acquired title as Sandra Obdulia Gonzalez, husband and wife

hereby REMISES, RELEASES and QUITCLAIMS to
Heber Osvaldo Gonzalez, an unmarried man

all that real property situated in the City of Coachella
County of Riverside, State of California, described as:

Lot 33 of Tract No. 4547 as shown by Map on file in Book 76, Pages 42 and 43 of Maps,
Riverside County Records.

Dated March 19, 2004

STATE OF CALIFORNIA,)
COUNTY OF Riverside) ss.

On March 25, 2004, before me Sandra Lopez Nava, Notary Public, personally appeared Oscar i Sandra Verdugo

Oscar Verdugo
Oscar Verdugo
Sandra Verdugo
Sandra Verdugo

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

Signature _____

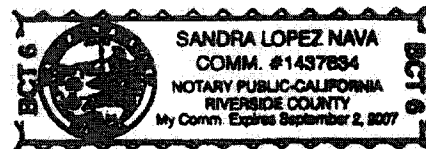
MAIL TAX STATEMENTS TO:

Heber Gonzalez - 85-505 Bagdad Street, Coachella, CA 92236

NAME

ADDRESS

CITY, STATE & ZIP



(This area for official notary seal)



RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

RECORDING REQUESTED BY
TITLE COURT SERVICE, INC.

Heber Gonzalez
85-505 Bagdad Street
Coachella, CA 92236

2625

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A	R	L				COPY	LONG	REFUND	NCHG	EXAM

ASSESSOR'S PARCEL NO.: 765-530-014-6

TRA: 012
TITLE ORDER NO.: 94402625

ESCROW NO.: 16814-CB

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

TAX IS:

\$ 0 County \$ City

T
SF

- ___ 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

QUITCLAIM DEED

XX OR transfer is EXEMPT from tax for the following reason:

family transfer

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

Maria de Jesus Gonzalez, a married woman, as her sole and separate property,

hereby REMISES, RELEASES and QUITCLAIMS to
Heber Osvaldo Gonzalez, an unmarried man

all that real property situated in the City of Coachella
County of Riverside, State of California, described as:

Lot 33 of Tract No. 4547 as shown by Map on file in Book 76, Pages 42 and 43 of Maps,
Riverside County Records.

Dated March 17, 2004

Maria de Jesus Gonzalez
Maria de Jesus Gonzalez

STATE OF CALIFORNIA,
COUNTY OF RIVERSIDE) ss.

On MARCH 18, 2004, before me SHARON ATWELL

Notary Public, personally appeared
MARIA DE JESUS GONZALEZ

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 *Sharon Atwell*

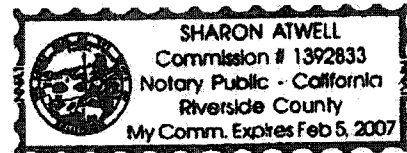
MAIL TAX STATEMENTS TO:

Heber Gonzalez - 85-505 Bagdad Street, Coachella, CA 92236

NAME

ADDRESS

CITY, STATE & ZIP



(This area for official notary seal)

**AFFIDAVIT OF LEGATEE UNDER
CALIFORNIA PROBATE CODE SECTION 13100**

ANGELINA M. GONZALEZ and CHRISTOPHER A. GONZALEZ, ("Affiants") declares of their own knowledge as follows:

1. The name of the decedent is **HEBER O. GONZALEZ**, aka **HEBER OSVALDO GONZALEZ** ("Decedent").

2. Decedent died on October 20, 2011, at Palm Springs (Riverside County), California.

3. At least 40 days have elapsed since the death of Decedent, as shown in the certified copy of Decedent's death certificate attached hereto as Exhibit A and incorporated by this reference herein.

4. No proceeding is now being or has been conducted in California for administration of Decedent's estate.

5. The current gross fair market value of 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).

6. The property of Decedent to be paid, transferred and delivered to Affiant is as follows:

***EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY OF
THAT CERTAIN REAL PROPERTY LOCATED AT 85505 BAGDAD AVE., COACHELLA,
CA 92236.***

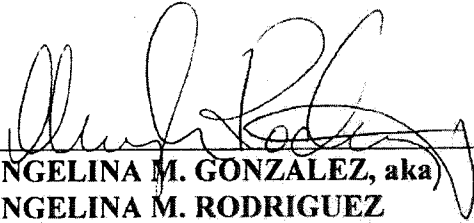
7. Affiants are the successors of Decedent, as defined in Section 13006 of the California Probate Code, to the above-described property.

8. No other person has a superior right to the interest of Decedent in the above-described property.

9. Affiants request that the above-described property be paid, delivered or transferred to the Law Office of Bruce R. Durkee, APC per the attached wire instructions.

10. To induce Riverside County Treasurer-Tax Collector to comply with the foregoing requests, Affiant agrees to indemnify and hold harmless Riverside County Treasurer-Tax Collector for and from any liability which may hereafter accrue by reason of its compliance therewith.

Affiants certify (or declares) under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration was executed on September 7, 2016, at Palm Desert, California.


ANGELINA M. GONZALEZ, aka
ANGELINA M. RODRIGUEZ


CHRISTOPHER A. GONZALEZ

JURAT

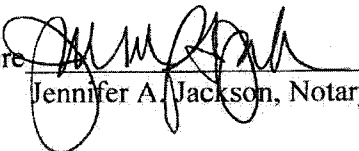
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside

Subscribed and sworn to (or affirmed) before me on this 7th day of September, 2016, by ANGELINA M. GONZALEZ, aka ANGELINA M. RODRIGUEZ and CHRISTOPHER A. GONZALEZ, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature 
Jennifer A. Jackson, Notary

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3201133011041

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HEBER		3. LAST (Family) GONZALEZ	
2. MIDDLE OSVALDO		4. DATE OF BIRTH mm/dd/yyyy 12/24/1964	
AKA, ALSO KNOWN AS - Include the AKA FIRST, MIDDLE, LAST OZZIE - GONZALEZ		5. AGE Yrs 46	6. SEX M
8. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER BY U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (Group) (at time of death) DIVORCED
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN	7. DATE OF DEATH mm/dd/yyyy 10/20/2011
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHEF		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RESTAURANT	
19. YEARS IN OCCUPATION 20		20. DECEDENT'S RESIDENCE (Street and number, or location) 85505 BAGDAD AVE	
21. CITY COACHELLA		22. COUNTY/PROVINCE RIVERSIDE	23. ZIP CODE 92236
24. YEARS IN COUNTY 46		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP SANDRA GONZALEZ VERDUGO, SISTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 81447 FUCHSIA AVE, INDIO, CA 92201	
28. NAME OF SURVIVING SPOUSE/SADP - FIRST GABRIEL		29. MIDDLE GONZALEZ	
30. LAST (BIRTH NAME) GONZALEZ		31. BIRTH STATE MX	
32. NAME OF FATHER/PARENT - FIRST MARIA DE JESUS		33. MIDDLE GONZALEZ	
34. LAST (BIRTH NAME) GONZALEZ		35. BIRTH STATE MX	
36. NAME OF MOTHER/PARENT - FIRST GONZALEZ		37. MIDDLE GONZALEZ	
38. LAST (BIRTH NAME) GONZALEZ		39. BIRTH STATE MX	
40. DISPOSITION DATE mm/dd/yyyy 10/28/2011		41. PLACE OF FINAL DISPOSITION COACHELLA VALLEY CEMETERY 82925 AVE 52, COACHELLA, CA 92236	
42. TYPE OF DISPOSITION(S) BU		43. SIGNATURE OF EMBALMER WILLIAM ROBERTS	
44. NAME OF FUNERAL ESTABLISHMENT CASILLAS FAMILY FUNERAL HOME		45. LICENSE NUMBER FD4498	46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD
47. DATE mm/dd/yyyy 10/26/2011		48. LICENSE NUMBER EMB9083	
101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY PALM SPRINGS	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1150 N INDIAN CANYON DRIVE		106. COUNTY RIVERSIDE	
107. CAUSE OF DEATH Enter the chain of events - i.e., disease, injury, or complication - that directly caused death. DO NOT abbreviate events such as cardiac arrest, respiratory arrest, or septic bacteremia without showing the etiology. DO NOT ABBREVIATE. CARDIOPULMONARY ARREST		108. CEMETRY PERFORMED TO CORROPERATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) BILATERAL CEREBELLAR CEREBRAL STROKE		109. MINS	
110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST SPONTANEOUS SUBARACHNOID HEMORRHAGE		110. DAYS	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. DAYS	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION		112. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) ENDOANVASCULAR COILING OF ANEURYSM 10/13/2011		113A. IF FEMALE, PREGNANT (PLASTY SURG) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Declarant Attested Since: mm/dd/yyyy Declarant Last Seen At: mm/dd/yyyy 10/11/2011 10/20/2011		115. SIGNATURE AND TITLE OF CERTIFIER ROSALINDA MARIA MENONI M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROSALINDA MARIA MENONI M.D. 1180 N INDIAN CANYON DRIVE, PALM SPRINGS, CA 92262		117. LICENSE NUMBER G59780	
118. I CERTIFY THAT IF ANY OTHER DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		118. DATE mm/dd/yyyy 10/26/2011	
119. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		120. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		121. INJURY DATE mm/dd/yyyy	
122. LOCATION OF INJURY (Street and number, or location, city and zip)		122. HOUR (24 Hours)	
123. SIGNATURE OF CORONER / DEPUTY CORONER		123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
124. DATE mm/dd/yyyy		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
125. STATE REGISTRAR		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
126. STATE REGISTRAR		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



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.

SEP 07 2016

DATE ISSUED

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



034604066

Peter Aldara
 PETER ALDARA
 ASSESSOR-COUNTY CLERK-RECORDER
 RIVERSIDE COUNTY, CALIFORNIA

CARIVERSOR

ESTATE OF HEBER OSVALDO GONZALEZ

September 7, 2016

Don Kent, Treasurer-Tax Collector
PO Box 12005
Riverside, CA 92502-2205

RE: Heber Osvaldo Gonzalez, deceased
DOD: October 20, 2011

Dear Sir or Madam:

We are writing to you as the heirs at law of our father, Heber Osvaldo Gonzalez's estate.
Please find the following documents enclosed:

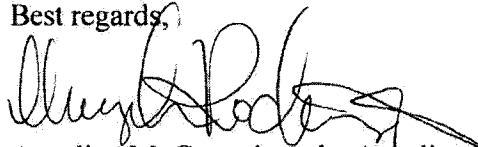
- Affidavit of Legatee under California Probate Code Section 13100
- Certified Death Certificate

Please use these documents to claim and release any and all excess proceeds from the sale of the tax-defaulted property located at 85505 Bagdad St., Coachella, CA 92236

Please wire the excess proceeds to our attorney using the wire instructions attached.

By our signatures below, we authorize the County of Riverside Treasurer-Tax Collector to contact our attorney Evan C. Page, Esq. at the Law Office of Bruce R. Durkee with any questions regarding this claim.

Best regards,



Angelina M. Gonzalez, aka Angelina M. Rodriguez



Christopher A. Gonzalez

Enclosures

Romero, Jennifer

From: Romero, Jennifer
Sent: Friday, November 03, 2017 10:06 AM
To: 'Jennifer@attorneycpa.net'
Cc: Taylor, Desiree; Potenciano, Adrian
Subject: Request for Additional Docs EP207 ITEM1009
Attachments: Authorization for Agent.pdf

To Whom It May Concern:

Re: APN: 778200064-0
TC 207 Item 1009
Date of Sale: May 24, 2016

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 Treasurer-Tax Collector in making the determination.

1. Original Notarized Authorization for Agent to Collect Excess Proceeds (See attachment);
2. Copy of Birth Certificates for Angelina M Gonzalez & Christopher A. Gonzalez;
3. Copy of Marriage Certificate for Angelina M Gonzalez.

Please send in all documents within 30 days (December 03, 2017). If you should have any questions, please contact me at the number provided 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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

104-

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

18933009263

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A. NAME OF CHILD—FIRST (GIVEN) Christopher		1B. MIDDLE Adrian	1C. LAST (FAMILY) GONZALEZ	
	2. SEX Male	3A. THIS BIRTH, SINGLE, TWIN, ETC. Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. ---	4A. DATE OF BIRTH—MONTH, DAY, YEAR July 17, 1989	4B. HOUR—(24 HOUR CLOCK TIME) 1513
PLACE OF BIRTH.	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY Desert Hospital		5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION 1150 North Indian		
	5C. CITY Palm Springs		5D. COUNTY Riverside		5E. PLANNED PLACE OF BIRTH Hospital
	6A. NAME OF FATHER—FIRST (GIVEN) Heber		6B. MIDDLE Oswaldo	6C. LAST (FAMILY) Gonzalez	
FATHER OF CHILD	9A. NAME OF MOTHER—FIRST (GIVEN) Veronica		9B. MIDDLE ---	9C. LAST (MAIDEN) Avila	
	7. STATE OF BIRTH CA		8. DATE OF BIRTH—MONTH, DAY, YEAR 12-24-64		
MOTHER OF CHILD	10. STATE OF BIRTH CA		11. DATE OF BIRTH—MONTH, DAY, YEAR 3-11-68		
	12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>Veronica Gonzalez</i>		12B. RELATIONSHIP TO CHILD Mother		12C. DATE SIGNED 7-18-89
PARENT'S CERTIFICATION	13A. ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE <i>John A. Bednar, M.D.</i>		13B. LICENSE NUMBER G 16536		13C. DATE SIGNED 7/21/89
	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT John A. Bednar, M.D., 555 Tachevah, P.S., CA				
CERTIFICATION OF BIRTH	15A. DATE OF DEATH		15B. STATE FILE NO. (STATE USE ONLY)		15C. LOCAL REGISTRAR SIGNATURE <i>[Signature]</i>
	16. LOCAL REGISTRAR SIGNATURE <i>[Signature]</i>		17. DATE ACCEPTED FOR REGISTRATION AUG 01 1989		

**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.

JAN 17 2017

DATE ISSUED _____

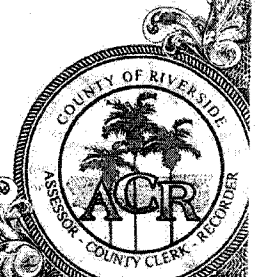
This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-County Clerk-Recorder.



034636813

Peter Aldana

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



CARRIVERSIDE

THE LAW OFFICE OF
**BRUCE R
DURKEE**
A PROFESSIONAL CORPORATION

BRD

RECEIVED

2017 DEC -7 PM 2:02

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

November 27, 2017

Don Kent, Treasurer-Tax Collector
PO Box 12005
Riverside, CA 92502-2205
ATTN: Tax Sale Operations

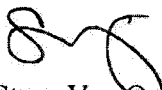
RE: Estate of Heber Osvaldo Gonzalez / Assessment No. 778200064-0

Dear Sir or Ma'am,

Please find the enclosed Authorization for Agent to Collect Excess Proceeds for your review/files. Please advise if you have any further questions or concerns. Please contact our office as the status progresses.

Thank you for your consideration!

Regards,



Stacy Van Oosting
Legal Assistant

SVO/abm

Enclosures: as noted