

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



ITEM
19.1
(ID # 6780)

MEETING DATE:

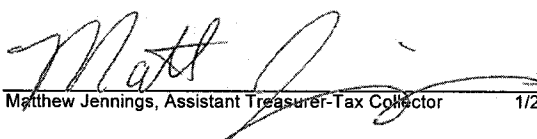
Tuesday, February 5, 2019

FROM : TREASURER-TAX COLLECTOR:

SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 203, Item 349. Last assessed to Carmen C. Castaldo and Beatrice M. Castaldo, District 3. [\$45,493-Fund 65595 Excess Proceeds from Tax Sale]

1. Approve the claim from Rosemary J. Castaldo, heir to Carmen C. Castaldo, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 457093002-8;
2. Approve the claim from Maria Castaldo, heir to Carmen A. Castaldo for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 457093002-8;
3. Authorize and direct the Auditor-Controller to issue a warrant to Rosemary J. Castaldo in the amount of \$22,746.54 and Maria Castaldo in the amount of \$22,746.53, 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 1/24/2019

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: February 5, 2019
xc: Treasurer, Auditor

Kecia Harper
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	\$45,493	\$ 0	\$45,493	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	No
			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 05, 2015 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 18, 2015. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on July 22, 2015 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

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

1. Claim from Rosemary J. Castaldo based on Grant Deed recorded February 21, 1995 as Instrument No. 1995-053723, an Affidavit Under California Probate Code Section 13101 dated December 4, 2017 and death certificates for Carmen C. Castaldo and Beatrice Marie Castaldo.
2. Claim from Maria Castaldo based on a Grant Deed recorded July 15, 1999 as Instrument No. 1999-316226, the Last Will and Testament of Carmen A. Castaldo dated August 17, 2012 and the death certificate for Carmen Andrew Castaldo.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Rosemary J. Castaldo be awarded excess proceeds in the amount of \$22,746.54 and Maria Castaldo be awarded excess proceeds in the amount of \$22,746.53. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

Impact on Residents and Businesses

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

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

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim Castaldo R

ATTACHMENT B. Claim Castaldo M


Stephanie P. B., Principal Management Analyst 1/30/2019


Gregory V. Priamos, Director County Counsel 12/20/2018

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 349 Assessment No.: 457093002-8

Assessee: CASTALDO, CARMEN A & ROSEMARY J

Situs: 25148 AVENIDA MADRID HOMELAND 92548

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

RECEIVED

2015 SEP 15 PM 4:40

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$22,746.54 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. 1999-316226; recorded on 7-16-99. 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.

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 30 day of JULY, 2015 at SALT LAKE, UTAH
County, State

Rosemary J. Castaldo
Signature of Claimant

Signature of Claimant

ROSEMARY J. CASTALDO
Print Name

Print Name

5456 W. NEW DAWN CIR.
Street Address

Street Address

HERRIMAN, UTAH 84096
City, State, Zip

City, State, Zip

702-324-9700
Phone Number

Phone Number

053723 X
RECEIVED FOR RECORD
AT 8:00 O'CLOCK

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

FEB 21 1995 X

NAME CARMEN CASTALDO
ADDRESS P.O. BOX 5033
CITY HEMET
STATE CA
ZIP 92544

Recorded in Official Records
of Riverside County, California

Recorder

Fees \$

GRANT DEED X

ASSESSOR'S PARCEL NO.: _____

TITLE ORDER NO.: _____

ESCROW NO.: _____

The undersigned Grantors declare that the DOCUMENTARY TRANSFER TAX IS: \$ -0-, 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: Bankruptcy - Deed in lieu of foreclosure.

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

Grantor/Seller(S): Charles R. West and Norma Mae West hereby GRANT and QUITCLAIM to

Grantee/Buyer(S): Carmen C. Castaldo and Beatrice M. Castaldo X

all that real property situated in the County of Riverside, California, and described as Lot 25, Tract 4037, as shown by map on file in Book 66, Pages 9 and 10 of Maps, Records of Riverside County, California, and a 1967 Broadmore Mobile Home bearing Serial Number AAW2795.

Dated Jan 13, 1995.

STATE OF NEBRASKA)
COUNTY OF DeWitt) SS

Charles R. West
Charles R. West

Norma Mae West
Norma Mae West

On Jan 13, 1995, Charles R. West and Norma Mae West
Notary Public in my presence.

Valerie J. Bucher
My Commission Expires: 4-19-98

REAL\DEED\72MS1209.ATT

AFFIDAVIT UNDER CALIFORNIA PROBATE CODE SECTION §13101

The undersigned state(s) as follows:

CARMEN C Castaldo (name of decedent) died on
August 9, 2009 (date), in the County of CLARK LAS VEGAS NV, State of California and:

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

25148 AVENIDA MADRID HomeLand Calif
Parcel 457093002-8 ASSESSMENT 457093002-8
(Attach additional sheets if necessary.)

6. The successor(s) of the decedent, as defined in Probate Code Section 13006, is/are:
7. ROSEMARY J. Castaldo
 - ☒ The undersigned is/are successor(s) of the decedent to the decedent's interest in the described property, or
 - ☐ The undersigned is/are authorized under California Probate Code Section 13051 to act on behalf of the successor(s) of the decedent with respect to the decedent's interest in the described property.
8. No other person has a superior right to the interest of the decedent in the described property.
9. The undersigned requests that the described property be paid, delivered or transferred to the undersigned.

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

Date	Printed name	Signature
<u>12/4/2017</u>	<u>Rosemary Castaldo</u>	<u>Rosemary J Castaldo</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach an additional sheet if necessary.)

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

In the County of Salt Lake, State of Utah, on
this 4th day of December 20 17 a notary public
personally appeared Rosemary Castaldo,
proved on the basis of satisfactory evidence to be
the person(s) whose name(s) (is/are) subscribed to
this instrument, and acknowledged (he/she/they)
executed the same.

D. A. Shah

Notary Signature and seal



**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS**

CERTIFICATE OF DEATH

2009011716

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Carmen C CASTALDO		2. DATE OF DEATH (Mo/Day/Year) August 09, 2009		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Summerlin Hospital Medical Center		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Inpatient	
	4. SEX Male					
DECEDENT	5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1921	
	9a. STATE OF BIRTH (If not U.S.A. name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 8	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Rosemary J MACALUSO			
	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Master Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Automobile Repair (garage)	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Joseph CASTALDO		17. MOTHER - NAME (First Middle Last Suffix) Angela GRIMALDI			
	18a. INFORMANT - NAME (Type or Print) Rosemary J CASTALDO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5001 Tropical Ridge Court Las Vegas, Nevada 89130			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS		20b. FUNERAL DIRECTOR LICENSE 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
	21. SIGNATURE AUTHENTICATED					
	TRADE CALL - NAME AND ADDRESS					
TRADE CALL	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NOUHAD BAHIJ DAMAJ M.D.		22a. 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) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) August 12, 2009		21c. HOUR OF DEATH 06:00		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CERTIFIER	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nouhad Bahij Damaj M.D. 9280 W. Sunset, Ste. 320 Las Vegas, NV 89048		23b. LICENSE NUMBER 10028			
	24a. REGISTRAR (Signature) NINETTE HARRINGTON		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 14, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Small cell lung carcinoma		Interval between onset and death Months			
CAUSE OF DEATH	(a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
	(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
	(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
	PART II					
	28a. ACC., SUICIDE, HOM. UNDET OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
STATE REGISTRAR	28d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA" This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: *[Signature]*
Date Issued: **AUG 24 2009**

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

1A. NAME OF DECEDENT—First Name Beatrice		1B. MIDDLE Marie		1C. LAST (FAMILY) Castaldo		2A. DATE OF DEATH—MO, DAY, YR. 11/01/1993		2B. HOUR 1815		2C. SEX F	
4. RACE White		6. DATE OF BIRTH—MO, DAY, YR. 06/19/1921		7. AGE IN YEARS 72		8. UNDER 1 YEAR MONTHS 0		9. UNDER 1 YEAR DAYS 0		10. UNDER 1 YEAR HOURS 0	
5. STATE OF BIRTH NY		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Domenick Terracciano		10B. STATE OF BIRTH Italy		11A. FULL MAIDEN NAME OF MOTHER Antoinette Durso		11B. STATE OF BIRTH Italy	
12. MILITARY SERVICE None		13. MARRIAGE—SPECIFY Married		14. MENTAL STATUS Married		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME Carmen C. Castaldo		16. YEARS IN OCCUPATION 8		17. EDUCATION—TRANS COMPLETE 12	
18A. USUAL OCCUPATION Supply Clerk		18B. USUAL KIND OF BUSINESS OR INDUSTRY Telephone Co.		18C. USUAL EMPLOYER General Telephone		18D. CITY Hemet		18E. ZIP CODE 92544			
19A. REFERENCE—STREET AND NUMBER OR LOCATION 41208 Mayberry Ave.		19B. COUNTY Riverside		19C. NUMBER OF YEARS IN THE COUNTY 20		19D. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF SPOUSE Carmen C. Castaldo - Husband P.O. Box 5033 Hemet, CA 92544			
19A. PLACE OF DEATH Residence		19B. STREET ADDRESS—STREET AND NUMBER OR LOCATION 41208 Mayberry		19C. CITY Hemet		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) Cardio Pulmonary Arrest		22. WAS DEATH REPORTED TO CORONER YES		23. WAS DEATH REPORTED TO CORONER YES	
21. IMMEDIATE CAUSE Cardio Pulmonary Arrest		22. DUE TO End Stage Brain Tumor		23. DUE TO High Grade Astrocytoma		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		25. WAS DEATH REPORTED TO CORONER YES		26. WAS DEATH REPORTED TO CORONER YES	
27A. DECEASED ATTENDED SINCE DECEASED LAST BEEN ALIVE 10/13/1993		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Rafael Retiro, MD 391 San Jacinto St. 'A', Hemet, CA 92543		27C. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Gratitotony 01/21/1993		27D. DATE BORN 11/2/93		27E. DATE BORN 11/2/93		27F. DATE BORN 11/2/93	
28. NAME OF DEATH—STREET AND NUMBER OR LOCATION 41208 Mayberry Ave.		29. PLACE OF DEATH Residence		30. DATE OF DEATH 11/01/1993		31. DATE OF DEATH 11/01/1993		32. DATE OF DEATH 11/01/1993		33. DATE OF DEATH 11/01/1993	
34. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Miller-Jones Mortuary & Crematory		34B. LICENSE NO. 1286		35. SIGNATURE OF LOCAL REGISTRAR Bradley P. Dilbert		36. SIGNATURE OF LOCAL REGISTRAR Bradley P. Dilbert		37. SIGNATURE OF LOCAL REGISTRAR Bradley P. Dilbert		38. SIGNATURE OF LOCAL REGISTRAR Bradley P. Dilbert	
39. STATE REGISTRAR A		40. STATE REGISTRAR B		41. STATE REGISTRAR C		42. STATE REGISTRAR D		43. STATE REGISTRAR E		44. STATE REGISTRAR F	

THIS MICROFILM CO.
1995 BY SECURITY UNION TITLE
INSURANCE COMPANY,
MICROFILMS DIVISION

436303

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA
COUNTY OF RIVERSIDE
DATE ISSUED NOV 08 1993
Director, Health Services

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

Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

State of Nevada

Marriage Certificate

NO. MA95-16683

State of Nevada, } ss.
County of Washoe, }

This is to Certify that the undersigned, _____ Minister of the Gospel _____
did on the 23rd day of August, A.D., 19 95, _____
(Title)

at _____ The Chapel of the Bells _____ Reno Nevada,
(Address or Church) (City)

join in lawful wedlock _____ CARMEN C. CASTALDO _____

of _____ HEMET _____ State/Country of _____ CALIFORNIA _____

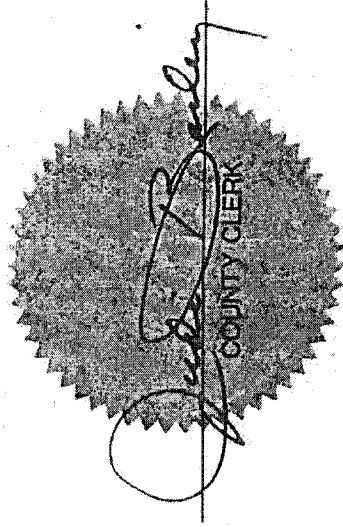
and _____ ROSEMARY J. DUCATO _____

of _____ HEMET _____ State/Country of _____ CALIFORNIA _____

Mailing Address _____ PO BOX 5033 HEMET CA 92344 _____

with their mutual consent, in the presence of _____ Sam Macaluso _____

and _____ Rita Macaluso _____, witnesses.



Signature of person performing marriage

Rev. Helen L. Murtha, Minister

Print name under signature

2/10/2009

TO my DEAR WIFE ROSEMARY

TODAY IS my BIRTHDAY. EVERY day GETS HARDER + HARDER. I WISH I COULD SPEND A COUPLE MORE YEARS WITH you + THE FAMILY BUT I DON'T THINK I WILL MAKE IT. I WANT TO MAKE SURE YOU CAN TAKE MY NAME off of THE TITLE ON EVERYTHING WE OWN AS I GIVE MY SHARE of HOUSE + CAR + MONEY IS ALL YOURS.

I REALLY LOVE YOU,
Carmen C. Castallo

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

RECEIVED

To: Don Kent, Treasurer-Tax Collector

2016 JUN 20 PM 1:38

Re: Claim for Excess Proceeds

RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

TC 203 Item 349 Assessment No.: 457093002-8

Assessee: CASTALDO, CARMEN A & ROSEMARY J

Situs: 25148 AVENIDA MADRID HOMELAND 92548

Date Sold: May 5, 2015

Date Deed to Purchaser Recorded: June 18, 2015

Final Date to Submit Claim: June 20, 2016

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$11,373.26 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. 011270454, recorded on Sept 12, 2014. 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.

Death Certificate of Carmen A. Castaldo attached leaving
myself, Maria R. Castaldo his daughter as the rightful
heir to one quarter of the sale proceeds for the above
property.

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 17th day of June, 2016 at San Bernardino, CA
County, State

Maria Castaldo
Signature of Claimant

Signature of Claimant

Maria Castaldo
Print Name

Print Name

PO Box 436
Street Address

Street Address

Panama, NV 89042
City, State, Zip

City, State, Zip

(951) 378-8476
Phone Number

Phone Number

DOC # 1999-316226

07/15/1999 08:08A Fee:0.00

Page 1 of 2

Recorded In Official Records

County of Riverside

Gary L. Orsa

Assessor, County Clerk & Recorder



When Recorded Mail To:
Carmen A Castaldo
Rosemary J Castaldo
PO Box 5033
Harmet, CA 92544

LI	B	LI	PAGE	REV	DA	POST	MOOR	IMP	REC.
	1		✓			✓			
									✓
A	R	L				COPY	LEAD	REPLD	NOEL

DT: 07-15-99
TLA: 100

GRANT DEED

Assessors Parcel No. 457-083002-9 ✓

C
AC

FOR A VALUABLE CONSIDERATION, receipt of which is hereby

Acknowledged,

GRANTOR/SELLOR Carmen C Castaldo ✓

Hereby Grants to

GRANTEE/BUYER Carmen A Castaldo and Rosemary J. Castaldo, ✓

Tenants In Common

All that real property situated in the County of Riverside, State of California

Described as:

Lot 25, Tract 4037, as shown by map on file in Book 68 pages
9 and 10 of Maps, Records of Riverside County, California.

"This is a bonafide gift and the
grantor received nothing in
return, R&T11911."

Dated: 07-15-1999

Carmen A Castaldo

Rosemary J Castaldo

Page 1 of 2

7-15-99

7 15

SECURITY UNIFORM INC. CO.
RECORDS & TITLE DIVISION
5014 Riverside Boulevard, Suite 200
San Diego, CA 92108

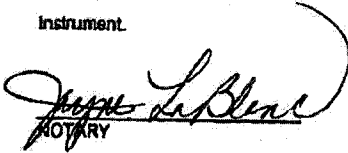
RIVERSIDE

NOTARY ACKNOWLEDGMENT

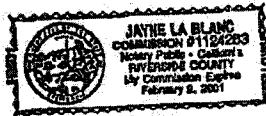
STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

On 15 July 1999, before me Jayne LaBlanc
a notary public in and for said state, personally appeared Carmen A Castaldo
and Rose Mary J Castaldo, personally known to me (or who proved to me on the
basis of satisfactory evidence) to be the persons whose names are subscribed to
the within instrument, and acknowledged to me that they executed the same in their
authorized capacity and that by their signature on the instrument they executed the
instrument.


NOTARY

SEAL



1839-316226
07/15/1999 00:00:00
2 of 2

7-15-99

7 15 99

SECURITY UNION TITLE INS. CO.
RECORDERS DIVISION
301 S. Market Street, Suite 200
San Jose, CA 95128

RIVERSIDE

Last Will and Testament of Carmen A. Castaldo

I, Carmen A. Castaldo, whose address is 25148 Avenida Madrid
Homeland Calif 92548, declare that this is my Last Will and Testament
and I revoke all previous wills.

My marital status is that _____

I have 3 child(ren) living. My child(ren)'s names, addresses, and birth dates are as follows:

Carmen B. Castaldo

Angela T. Castaldo

Maria R. Castaldo

I have _____ grandchild(ren) living. My grandchild(ren)'s names, addresses, and birth dates are as follows:

I make the following specific gifts:

To Vicki Castaldo

- 1.) House, Furniture, Guns
- 2.) Remanding Property to be split
for the 3rd children AS Vicki CASTALDO
SEE'S FIT

I give all the rest of my property, whether real or personal, wherever located,
to VICKI CASTALDO, my WIFE or if not
surviving, to MARIA CASTALDO, my daughter.

All beneficiaries named in this will must survive me by thirty (30) days to receive any gift under this Will. If any beneficiary and I should die simultaneously, I shall be conclusively presumed to have survived that beneficiary for purposes of this Will.

I appoint Vicki Castaldo my wife
of 10 years, P.O. Box 436, Panama Nv. 89042,
as Executor, to serve without bond. If not surviving or otherwise unable to serve,

I appoint Maria Castaldo my Daughter
of 128, W. County Line Rd Burrington Hill. 60010,
as Alternate Executor, also to serve without bond. In addition to any powers, authority, and discretion granted by law,

I grant such Executor or Alternate Executor any and all powers to perform any acts, in his/her sole discretion and
without court approval, for the management and distribution of my estate, including independent administration of my
estate.

I publish and sign this Last Will and Testament, consisting of 3 typewritten pages, on
August 17, 20 12, and declare that I do so freely, for the purposes expressed,
under no constraint or undue influence, and that I am of sound mind and of legal age.

[Signature]
Signature of Testator

Carmen Castaldo
Printed Name of Testator

We, the undersigned, being first sworn on oath and under penalty of perjury, state that:
On August 17, 20 12, in the presence of all of us, the above-named Testator pub-
lished and signed this Last Will and Testament, and then at Testator's request, and in Testator's presence, and in each
other's presence, we all signed below as witnesses, and we declare, under penalty of perjury, that, to the best of our
knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind
and legal age.

[Signature]
Signature of Witness #1

Rick Butin
Printed Name of Witness #1

[Signature]
Signature of Witness #2

Cruz Flores
Printed Name of Witness #2

25139 Avenida Madrid
Address of Witness #1

25149 Avenida Madrid
Address of Witness #2

[Signature]
Signature of Witness #3

Lourdes Molina
Printed Name of Witness #3

25149 Avenida Madrid
Address of Witness #3

Page 3 of 5 pages

Testator's initials C.A.C.

On August 17, 20 12, in the presence of all of us, the above-named Testator published and signed this Last Will and Testament, and then at Testator's request, and in Testator's presence, and in each other's presence, we all signed below as witnesses, and we declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

[Signature]
Signature of Witness #1

Rick Kutin
Printed Name of Witness #1

25139 Avenida Madrid
Address of Witness #1

[Signature]
Signature of Witness #2

Cruz Flores
Printed Name of Witness #2

25149 Avenida Madrid
Address of Witness #2

Lourdes Molina
Signature of Witness #3

Lourdes Molina
Printed Name of Witness #3

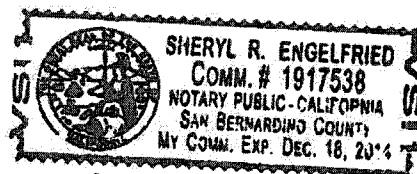
25149 Avenida Madrid
Address of Witness #3

Notary Acknowledgment

State of California County of Riverside
On August 17, 20 12, the Testator, Carmen A CASTALDO
and Rick Kutin, Cruz Flores
Lourdes Molina, the witnesses, personally came before me and, being duly

sworn, did state that they are the persons described in the above document and that they signed the above document in my presence as a free and voluntary act for the purposes stated.

[Signature]
Signature of Notary Public



Notary Public, In
and for the County of San Bernardino State of California

My commission expires: Dec. 18, 2014 Notary Seal

proceeds has been disclosed to the party of interest and that the party of interest has been advised of his or her right to file a claim for the excess proceeds on his or her own behalf (§4675).

4. Mail completed form to:

Don Kent, Treasurer-Tax Collector
P.O. Box 12005
Riverside, CA 92502-2205
Attn: Tax Sale Operations

PLEASE NOTE: Claims will be processed after one year has passed from the date of the recording of the deed to the purchaser. In order to receive consideration by the County Board of Supervisors, claims must be received BEFORE THE EXPIRATION OF ONE YEAR following the date of the recording of the deed to the purchaser (see the "Date Deed to Purchaser Recorded" on the attached notice). Following the Board's review, the claim will be either approved or denied. The Clerk of the Board of Supervisors will notify you of the action taken by the Board. Should the claim be approved, the Auditor-Controller will, after 90 days, issue a county warrant in payment.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014163589

CERTIFICATE OF DEATH

3201433009524

STATE FILE NUMBER 3052014163589		LOCAL REGISTRATION NUMBER 3201433009524	
1. NAME OF DECEDENT - FIRST (Given) CARMEN		2. MIDDLE ANDREW	
3. LAST (Family) CASTALDO		4. DATE OF BIRTH mm/dd/yyyy 07/04/1947	
5. AGE Yrs 67		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY IL		8. DATE OF DEATH mm/dd/yyyy 08/30/2014	
9. HOURS (24 Hour) 1355		10. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
11. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MECHANIC		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) GASOLINE SUPPLY	
15. YEARS IN OCCUPATION 35		16. DECEDENT'S RESIDENCE (Street and number, or location) 25148 AVENIDA MADRID	
17. CITY HOMELAND		18. COUNTY/PROVINCE RIVERSIDE	
19. ZIP CODE 92548		20. YEARS IN COUNTY 30	
21. STATE/FOREIGN COUNTRY CA		22. INFORMANT'S NAME, RELATIONSHIP VICKI CASTALDO, WIFE	
23. NAME OF SURVIVING SPOUSE/SRDP - FIRST VICKI		24. MIDDLE LYNN	
25. LAST (BIRTH NAME) BOYD		26. NAME OF FATHER/PARENT - FIRST CARMEN	
27. MIDDLE CLEMENS		28. LAST CASTALDO	
29. NAME OF MOTHER/PARENT - FIRST BEATRICE		30. MIDDLE MARIE	
31. LAST (BIRTH NAME) TERRICINO		32. BIRTH STATE MI	
33. DISPOSITION DATE mm/dd/yyyy 09/08/2014		34. PLACE OF FINAL DISPOSITION RESIDENCE OF MARIA CASTALDO 25148 AVENIDA MADRID, HOMELAND, CA 92548	
35. TYPE OF DISPOSITION CR/RES		36. SIGNATURE OF EMBALMER NOT EMBALMED	
37. NAME OF FUNERAL ESTABLISHMENT CREMATION SOCIETY.COM		38. LICENSE NUMBER FD1445	
39. PLACE OF DEATH MENIFEE VALLEY MEDICAL CENTER		40. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
41. COUNTY RIVERSIDE		42. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> NURSING HOME/LTC <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER	
43. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 28400 MC CALL BLVD		44. CITY MENIFEE	
45. CAUSE OF DEATH PENDING		46. TIME INTERVAL BETWEEN ONSET AND DEATH 2014-08098	
47. IMMEDIATE CAUSE PENDING		48. COUGH PERFORMED TO DEEPEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. 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		49. B1. COUGH PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
50. B2. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		50. C1. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		51. 113A. IF FEMALE, PRESENT IN LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
52. 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		53. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	
54. 115. SIGNATURE AND TITLE OF CERTIFIER ROSIE R LASTER		55. 116. LICENSE NUMBER 09/08/2014	
56. 117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		57. 118. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
58. 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		59. 120. INJURY DATE mm/dd/yyyy 09/08/2014	
60. 121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		61. 122. HOURS (24 Hour) 1355	
62. 123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		63. 124. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
64. 125. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		65. 126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
66. 127. DATE mm/dd/yyyy 09/08/2014		67. 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
68. 129. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		69. 130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
70. 131. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		71. 132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
72. 133. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		73. 134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
74. 135. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		75. 136. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
76. 137. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		77. 138. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
78. 139. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		79. 140. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
80. 141. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		81. 142. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
82. 143. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		83. 144. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
84. 145. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		85. 146. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
86. 147. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		87. 148. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
88. 149. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		89. 150. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
90. 151. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		91. 152. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
92. 153. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		93. 154. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
94. 155. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		95. 156. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
96. 157. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		97. 158. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
98. 159. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		99. 160. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
100. 161. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		101. 162. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
102. 163. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		103. 164. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
104. 165. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		105. 166. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
106. 167. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		107. 168. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
108. 169. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		109. 170. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
110. 171. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		111. 172. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
112. 173. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		113. 174. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
114. 175. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		115. 176. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
116. 177. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		117. 178. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
118. 179. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		119. 180. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
120. 181. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		121. 182. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
122. 183. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		123. 184. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
124. 185. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		125. 186. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
126. 187. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		127. 188. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
128. 189. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		129. 190. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
130. 191. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		131. 192. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
132. 193. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		133. 194. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
134. 195. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		135. 196. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
136. 197. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		137. 198. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
138. 199. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		139. 200. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
140. 201. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		141. 202. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
142. 203. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		143. 204. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
144. 205. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		145. 206. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
146. 207. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		147. 208. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
148. 209. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		149. 210. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
150. 211. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		151. 212. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
152. 213. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		153. 214. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
154. 215. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		155. 216. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
156. 217. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		157. 218. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
158. 219. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		159. 220. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
160. 221. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		161. 222. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
162. 223. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		163. 224. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
164. 225. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		165. 226. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
166. 227. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		167. 228. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
168. 229. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		169. 230. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
170. 231. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		171. 232. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
172. 233. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		173. 234. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
174. 235. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		175. 236. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
176. 237. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		177. 238. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
178. 239. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		179. 240. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
180. 241. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		181. 242. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
182. 243. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		183. 244. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
184. 245. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		185. 246. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
186. 247. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		187. 248. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
188. 249. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		189. 250. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
190. 251. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		191. 252. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
192. 253. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		193. 254. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
194. 255. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		195. 256. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
196. 257. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		197. 258. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
198. 259. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		199. 260. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
200. 261. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		201. 262. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
202. 263. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		203. 264. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
204. 265. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		205. 266. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
206. 267. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		207. 268. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
208. 269. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		209. 270. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
210. 271. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		211. 272. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
212. 273. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		213. 274. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
214. 275. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		215. 276. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
216. 277. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		217. 278. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
218. 279. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		219. 280. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
220. 281. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		221. 282. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
222. 283. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		223. 284. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
224. 285. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		225. 286. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
226. 287. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		227. 288. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
228. 289. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		229. 290. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
230. 291. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		231. 292. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
232. 293. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		233. 294. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
234. 295. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		235. 296. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
236. 297. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		237. 298. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
238. 299. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		239. 300. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
240. 301. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		241. 302. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
242. 303. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		243. 304. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
244. 305. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		245. 306. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
246. 307. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		247. 308. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
248. 309. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		249. 310. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
250. 311. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		251. 312. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
252. 313. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		253. 314. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	
254. 315. SIGNATURE OF CORONER / DEPUTY CORONER ROSIE R LASTER		255. 316. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSIE R LASTER, DEPUTY CORONER	

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 Maria Castaldo 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 0612709544570930026 sold at public auction on 05-05-2015. I understand that the total of excess proceeds available for refund is \$ 22,796 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.

Vicki Castaldo
(Signature of Party of Interest/Assignor)

VICKI CASTALDO
(Name Printed)

P.O. Box 736
(Address)

STATE OF CALIFORNIA Utah) ss.
COUNTY OF Iron)

Panaca NV 89042
(City/State/Zip)

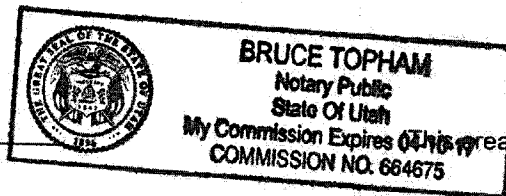
951) 260-8481
(Area Code/Telephone Number)

On April, 6, 2017, before me, Bruce Topham, personally appeared Vicki Castaldo, 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 (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.

Maria Castaldo
(Name Printed)

[Signature] (Signature of Assignee)


445 S 400 W (Address)
Hurricane, UT 84737

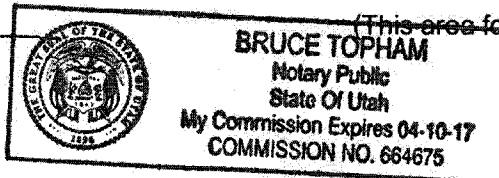
STATE OF CALIFORNIA Utah)ss.
COUNTY OF Iron)

(City/State/Zip)

On April 6, 2017, before me, the undersigned, a Notary Public in and for said State, personally appeared Maria Castaldo, 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 of Notary)



FURTHER INSTRUCTIONS FOR COMPLETING ASSIGNMENT FORM
(See Assignment Form on Reverse Side)

The California Revenue and Taxation Code, Section 4675, states in part:

"For the purposes of this article, parties of interest and their order of priority are:

- (a) First, lien holders of record prior to the property becoming subject to the tax collector's power of sale on tax defaulted property or to any other taxing agency, the order of their priority, as to liens that were extinguished by the tax collector's issuance of the declaration of power to sell; and
- (b) Then, any person who would have retained title to all or any portion of the property should the property have been redeemed immediately prior to the sale by the tax collector."
- (c) A party of interest in the property at the time of the sale may assign his or her right to claim the excess proceeds only by a dated, written instrument that explicitly states that the right to claim the excess proceeds is being assigned, and only after each party to the proposed assignment has disclosed to each other party to the proposed assignment all facts of which he or she is aware relating to the value of the right that is being assigned (§4675).

If you consider yourself to be a party of interest in the sale of tax defaulted property as defined above, please fill out the reverse of this form. If you need help in filling out the form, please contact our office by telephone, mail, or in person. Our telephone number is (951) 955-3842. You must attach copies of documents to support your claim as a party of interest as follows:

1. In case (a), attach a copy of your trust deed or other evidence of lien or security interest, along with a statement under penalty of perjury setting forth the original amount of the lien or interest, the total amount of payments received reducing the original amount of the lien or interest, and the amount still due and payable as of the date of the sale of the tax defaulted property by the tax collector.
2. In case (b), attach copies of any other documents supporting your claim (e.g., deed, death certificate, will, court order, etc.).
3. Any person or entity who in any way acts on behalf of, or in place of, any party of interest with respect to filing a claim for any excess proceeds shall submit proof with the claim that the amount of excess

Pazicni, Jennifer

From: Pazicni, Jennifer
Sent: Tuesday, July 28, 2015 8:32 AM
To: 'MAHONEY_MARIA@YMAIL.COM'
Subject: RE: 25148 avenida madrid- EP 203-349
Attachments: EP 203-349 Claim.pdf

Dear Maria,

I have attached a copy of the claim form for EP 203-349 (APN 457093002-8). There is \$45,493.07 available in excess proceeds. The claimant will need to complete the attached form and return it along with any documentation that will support your claim before the due date of June 20, 2016. It is a very lengthy process that can take over 2 years to complete. Please let me know if you have any further questions.

Thank you,

Jennifer Pazicni
 Riverside County Treasurer-Tax Collector's Office
 Tax Sale Operations/Excess Proceeds
 951 955-3336
jpazicni@co.riverside.ca.us

From: Maria Mahoney[SMTP:MAHONEY_MARIA@YMAIL.COM]
Sent: Friday, July 24, 2015 11:51:38 AM
To: UnclaimedEstates
Subject: 25148 avenida madrid
Auto forwarded by a Rule

← Carmen is father

Good morning, my father's property at 25148 avenida madrid, homeland, ca 92548. Was sold in a tax sale and it is my understanding that there was an excess of about \$40,000 over the debt owed that the house sold for. Can you please email me the necessary forms to resolve the excess money that is due my family or please let me know if it is necessary to come in and pick them up. My mother Vicki Castaldo and myself Maria Castaldo are my father's heirs and my mother lives out of state and works for the parks department and we would truly appreciate any assistance you can provide us with this process.

Thank you,
 Maria

6/2/16

Justin (Maria's Spouse) called checking on status.
 Let him know that he did not receive claim form.
 Stressed importance of getting claim to me timely.
 Let him know which Docs to send.

Pazicni, Jennifer

From: Pazicni, Jennifer
Sent: Thursday, June 02, 2016 9:56 AM
To: 'justinmahoney55@gmail.com'; MAHONEY_MARIA@YMAIL.COM
Subject: Claim Form for EP 203-349
Attachments: EP 203-349 Claim.pdf

Here is the requested claim form. Please be sure to sign and mail to me as soon as possible. The claim must be received no later than June 20, 2016. Please let me know if you have any questions.

Thank you,

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EP 203-349
 Maria Castaldo
 PO Box 436
 Panaca, NV 89042



2. Article Number (Transfer from service label)

7016 1370 0000 0027 5166

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Maria Castaldo

C. Date of Delivery

10/7/16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

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

Domestic Return Receipt

October 4, 2016

Maria Castaldo
 PO Box 436
 Panaca, NV 89042

Re: APN: 457093002-8
 TC 203 Item 349
 Date of Sale: May 5, 2016

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.

☒ Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 for Carmen A. Castaldo (if no Will or Trust exists.)

☒ Will or Trust for Carmen A. Castaldo (If none exists, please send the Probate Affidavit)

☒ Notarized Statement Giving Authorization to Maria Castaldo to claim on behalf of Vicki Castaldo.

☐ Certified Death Certificate for

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

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

Sincerely,

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

November 3, 2016

Final Notice

Maria Castaldo
PO Box 436
Panaca, NV 89042

Re: APN: 457093002-8
TC 203 Item 349
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 checked="" type="checkbox"/> Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 for Carmen A. Castaldo (if no Will or Trust exists.) | <input type="checkbox"/> Copy of Birth Certificates for |
| <input checked="" type="checkbox"/> Will or Trust for Carmen A. Castaldo (If none exists, please send the Probate Affidavit) | <input type="checkbox"/> Copy of Marriage Certificate for |
| <input checked="" type="checkbox"/> Notarized Statement Giving Authorization to Maria Castaldo to claim on behalf of Vicki Castaldo. | <input type="checkbox"/> Original Note/Payment Book |
| <input type="checkbox"/> Certified Death Certificate | <input type="checkbox"/> Updated Statement of Monies Owed (as of date of tax sale) |
| | <input type="checkbox"/> Articles of Incorporation (if applicable Statement by Domestic Stock) |
| | <input type="checkbox"/> Court Order Appointing Administrator |
| | <input type="checkbox"/> Deed (Quitclaim/Grant etc...) |
| | <input type="checkbox"/> Other - |

If your documentation is not

If you should have any question

Sincerely,

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EP 203-349
Maria Castaldo
PO Box 436
Panaca, NV 89042



9590 9401 0071 5168 5429 70

2. Article Number (Transfer from service label)

7016 1370 0000 0027 5630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Vicki Castaldo* Agent

B. Received by (Printed Name)
Vicki Castaldo

C. Date of Delivery
Nov 8 2016

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



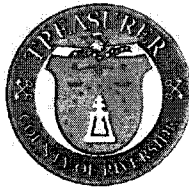
- | | |
|--|---|
| 3. Service Type | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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 25, 2017

Final Notice

Maria Castaldo
PO Box 436
Panaca, NV 89042

Re: APN: 457093002-8
TC 203 Item 349
Date of Sale: May 5, 2015

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.

- ☒ Notarized Affidavit for Collection of Personal Property under California Probate Code 13100 completed by sibling of Carmen A. Castaldo (Included)
- ☒ Notarized Statement Giving Authorization to Maria Castaldo to claim on behalf of Sibling (Included)
- ☒ Certified Death Certificate for Carmen C. Castaldo
- ☒ Copy of Birth Certificates for Carmen A. Castaldo & Sibling of Carmen A. Castaldo

- ☒ Copy of Marriage Certificate(s) for sibling of Carmen A. Castaldo
- ☐ Original Note/Payment Book
- ☐ Updated Statement of Monies Owed (as of date of tax sale)
- ☐ Articles of Incorporation (if applicable)
- ☐ Statement by Domestic Stock
- ☐ Court Order Appointing Administrator
- ☐ Deed (Quitclaim/Grant etc...)
- ☐ Other -

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) 748-2682 * FAX (951) 955-3923

Romero, Jennifer

From: Romero, Jennifer
Sent: Tuesday, May 09, 2017 2:58 PM
To: 'MCASTALDOMAHONEY@GMAIL.COM'
Cc: Taylor, Desiree
Subject: REQUESTED DOCUMENTS EP 203-349
Attachments: ASSIGN1.doc; 13101 Small Estate Probate.pdf

Hello Maria,

Thank you for taking the time to speak with me today. As we discussed after reviewing the file there are some things that were noticed and additional documentation is needed. I apologize in advance, below is a list of documents needed and forms that must be completed and notarized;

- Copy of Carmen C. Castaldo Death Certificate;
- Copy of Carmen A. Castaldo Birth Certificate;
- Copy of Birth Certificate of sibling of Carmen A. Castaldo;
- Marriage Certificate(s) of sibling if married;
- Attached is a copy of Assignment of Right to Collect Excess Proceeds, must be completed by your fathers sibling and notarized giving you the right to collect on her behalf;
- Attached is a copy of a 13101, please have your fathers sibling complete.

If you may have any question please feel free to contact me.

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