

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



**ITEM: 19.9**  
**(ID # 10249)**

**MEETING DATE:**  
Tuesday, June 09, 2020

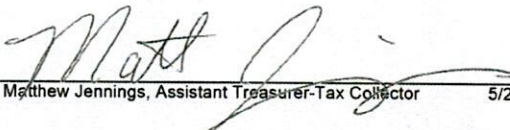
**FROM :** TREASURER-TAX COLLECTOR:

**SUBJECT:** TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 209, Item 143. Last assessed to: David F. Corson, a single man and Paul J. Corson, a widower as joint tenants, District 1. [\$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Deny the claim from David F. Corson, as an individual claimant and as the assignee for Paul J. Corson for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 347220034-5;
2. Deny the claims, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.
3. Authorize and direct the Treasurer-Tax Collector to transfer the unclaimed excess proceeds in the amount of \$40,569.62 to the County General Fund pursuant to Revenue and Taxation Code Section 4674.

**ACTION:**Policy


  
Matthew Jennings, Assistant Treasurer-Tax Collector 5/27/2020

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**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: June 9, 2020  
xc: Treasurer

Kecia R. Harper  
Clerk of the Board  
By:   
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
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<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b>			<b>Budget Adjustment:</b>	N/A
			<b>For Fiscal Year:</b>	19/20

**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 2, 2017 public auction sale. The deed conveying title to the purchasers at the auction was recorded June 21, 2017. 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 24, 2017, 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.

Revenue and Taxation Code 4676 (b) states that the county shall make reasonable effort to obtain the name and last known mailing address of the parties of interest. Then, if the address of the party of interest cannot be obtained, the county shall publish notice of the right to claim excess proceeds in a newspaper of general circulation in the county as per Revenue and Taxation Code 4676 (c). The Treasurer-Tax Collector's Office has made it a policy to take the following actions to locate the rightful party of the excess proceeds.

1. Examined title reports to notify all parties of interest attached to the parcel.
2. Researched all last assessees through the County's Property Tax System for any additional addresses.
3. Used Accurint (people finder) to notify any new addresses that may be listed for our last assessees.
4. Advertised in newspapers for three consecutive weeks in The Desert Sun, Palo Verde Valley Times and The Press Enterprise referring any parties of interest to file a claim for the excess proceeds.
5. Sent out a certified mailing within 90 days as required by Revenue and Taxation Code 4676.

According to Revenue and Taxation Code 4675 (a) Any party of interest in the property may file with the county a claim for the excess proceeds, in proportion to his or her interest held with others of equal priority in the property at the time of the sale, at any time prior to the expiration



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of the one year following the recordation of the Tax Collector's deed to the Purchaser, which was recorded on June 21, 2017.

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

1. Claim from David F. Corson as an individual claimant based on a Grant Deed recorded April 02, 2010 as Instrument No. 2010-0152283, and as the assignee for Paul J. Corson based on an Assignment of Right to Collect Excess Proceeds dated July 18, 2018 and a Grant Deed recorded April 02, 2010 as Instrument No. 2010-0152283.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that the claims from David F. Corson as an individual and as assignee for Paul J. Corson be denied due to the claim being received after the June 21, 2018 deadline. Since there are no other claimants the unclaimed excess proceeds in the amount of \$40,569.62 will be transferred to the County General Fund. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

**Impact on Residents and Businesses**

Excess proceeds will be transferred to the County General Fund.

**ATTACHMENTS (if any, in this order):**

**ATTACHMENT A. Claim Corson**

  
\_\_\_\_\_  
Gregory E. Priamos, Director County Counsel      5/7/2020

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

RECEIVED

2018 JUL 18 PM 5:23

RIVERSIDE COUNTY  
TREAS-TAX COLLECTOR

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 209 Item 143 Assessment No.: 347220034-5

Assessee: CORSON, DAVID F & PAUL J

Situs: 18329 MAGNOLIA AVE LAKE ELSINORE 92532

Date Sold: May 2, 2017

Date Deed to Purchaser Recorded: June 21, 2017

Final Date to Submit Claim: June 21, 2018

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. 2010-0152283; recorded on \_\_\_\_\_. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
County, State

Paul J. Corson  
Signature of Claimant

David F. Corson  
Signature of Claimant

PAUL J CORSON  
Print Name

DAVID F. CORSON  
Print Name

787 E Orange Street  
Street Address

787 E. Orange Street  
Street Address

SAN BERNARDINO CA 92408  
City, State, Zip

SAN BERNARDINO CA 92408  
City, State, Zip

909 205 8403  
Phone Number

909 205 8403  
Phone Number

SCO 8-21 (1-99)

SEE ATTACHED  
NOTARIZED DOCUMENT



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 \_\_\_\_\_ 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 \_\_\_\_\_ sold at public auction on \_\_\_\_\_. I understand that the total of excess proceeds available for refund is \$\_\_\_\_\_ 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.

Paul J. Corson  
(Signature of Party of Interest/Assignor)

PAUL J. CORSON  
(Name Printed)

787 E. Orange Shore Rd  
(Address)

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

SAN BERNARDINO CA 92408  
(City/State/Zip)

SEE ATTACHED  
NOTARIZED DOCUMENT

\_\_\_\_\_  
(Area Code/Telephone Number)

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

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

WITNESS my hand and official seal.

(This area for official seal)

\_\_\_\_\_  
(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.

Dale F. Corson  
(Signature of Assignee)

DALE F. CORSON  
(Name Printed)

787 E. Orange Shore Rd  
(Address)

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

SAN BERNARDINO CA 92408  
(City/State/Zip)

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

WITNESS my hand and official seal.

SEE ATTACHED  
NOTARIZED DOCUMENT

(This area for official seal)

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

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 San Bernardino

Subscribed and sworn to (or affirmed) before me on this 18  
day of July, 2018, by Paul J. Carson  
and David F. Carson  
proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

AV



(Seal)

Signature Adrian Vasquez

SEE ATTACHED  
NOTARIZED DOCUMENT



DOC # 2010-0152283

04/02/2010 08:00A Fee:15.00

Page 1 of 1 Doc T Tax Paid

Recorded in Official Records

County of Riverside

Larry W. Ward

Assessor, County Clerk &amp; Recorder

RECORDING REQUESTED BY:  
FIDELITY NATIONAL TITLE CO

IE

AND WHEN RECORDED MAIL TO:

David F. Corson et al.

18329 Honey Lane

Lake Elsinore, CA 92532

Order No.: 33392720

Escrow No.: BC-13057-LT

A.P.N.: 347-220-034-5 TRA# 065-061



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SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

## GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX IS \$51.70

CITY TRANSFER TAX IS \$0.00

☒ computed on full value of property conveyed, or☐ computed on full value less value of liens or encumbrances remaining at time of sale.☒ unincorporated area of Lake Elsinore AND

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

Ronald D. Rinehart, an unmarried man

hereby GRANT(S) to

David F. Corson, a single man and Paul J. Corson, a widower as joint tenants

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

Block 7  
 Lots 5 and 6 of Elsinore Lake Grove Tract, as shown by map on file in Book 13, Page(s) 16  
 and 17, of Maps, Records of Riverside County, California.  
 AKA: 18329 Honey Lane, Lake Elsinore, CA 92532

Dated: March 25, 2010.

STATE OF CALIFORNIA

COUNTY OF

Riverside

} ss.

On March 30, 2010 before me

LORRI TRAVIS Notary Public,

personally appeared

Ronald D. Rinehart

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

Commission Expiration Date:

3-29-2012



(This area for official notarial seal)

MAIL TAX STATEMENTS TO: David F. Corson et al., 18329 Honey Lane, Lake Elsinore, CA 92532



# STATE OF CALIFORNIA

## CERTIFICATE OF VITAL RECORD

### COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

DISTRICT No. **3353**

REGISTRAR'S No. **35**

1. <b>John Paul Corson</b> FULL NAME OF CHILD		<b>Zahrada</b> MAIDEN SURNAME OF MOTHER	
2. PLACE OF BIRTH: (A) COUNTY <b>Riverside</b> (B) CITY OR TOWN <b>Corona</b> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION <b>117 Mt. Ave. Norco Calif.</b> IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION (D) MOTHER'S STAY BEFORE DELIVERY IN HOSPITAL OR INSTITUTION <b>9</b> WEEKS IN THIS COMMUNITY <b>9</b> WEEKS SPECIFY WHETHER YEARS, MONTHS OR DAYS		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: <b>25</b> (B) STATE <b>California</b> (C) COUNTY <b>Riverside</b> (D) CITY OR TOWN <b>Rural</b> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (E) STREET AND NUMBER <b>117 Mt. Ave. Norco</b>	
4. Sex <b>Male</b>	5. TWIN OR TRIPLET <b>No</b>	6. NUMBER OF MONTHS OF PREGNANCY <b>9</b>	7. DATE OF BIRTH <b>May 3 1946</b>
8. FULL NAME <b>Franklin E. Corson</b>		15. FULL NAME <b>Gessala Zahrada</b>	
9. COLOR OR RACE <b>White</b>	10. AGE AT TIME OF THIS BIRTH <b>16</b>	16. COLOR OR RACE <b>White</b>	17. AGE AT TIME OF THIS BIRTH <b>43</b>
11. LENGTH OF RESIDENCE IN CALIFORNIA <b>16</b>		18. BIRTHPLACE <b>Vienna Austria</b>	
12. BIRTHPLACE <b>Philadelphia, Pa.</b>		19. USUAL OCCUPATION <b>Housewife</b>	
13. USUAL OCCUPATION <b>Sign Painter</b>		20. INDUSTRY OR BUSINESS	
21. CHILDREN BORN TO THIS MOTHER: (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING <b>13</b> (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD <b>1</b> (C) HOW MANY CHILDREN WERE BORN DEAD <b>1</b>		22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: <b>411 Rt. 117 Corona, Calif.</b>	
23. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <b>10:55 A.M.</b> ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <b>Parents</b> RELATED TO THIS CHILD AS <b>Parents</b>			
24. DATE RECEIVED BY LOCAL REGISTRAR <b>May 8, 1946</b>		ATTENDANT'S OWN SIGNATURE <b>J. J. Pearce, D.O.</b>	
25. REGISTRAR'S SIGNATURE <b>H. L. Lyman</b>		M.D., MIDWIFE OR OTHER <b>5-4-46</b>	
26. GIVEN NAME ADDED <b>DATE BY REGISTRAR</b>		ADDRESS <b>Call 1071 13 73 Mira Loma</b>	
27. (A) PREGNANCY, COMPLICATIONS OF: <b>none</b>		(E) DID THE BIRTH HAVE ANY CONGENITAL MALFORMATION? <b>no</b> DESCRIBE:	
(B) LABOR, COMPLICATIONS OF: <b>none</b>		BIRTH INJURY: <b>no</b> DESCRIBE:	
(C) WAS THERE AN OPERATION FOR DELIVERY? <b>no</b> STATE ALL OPERATIONS: <b>none</b>		(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <b>yes</b>	
(D) WAS A PROPHYLACTIC DRUG USED IN THE BIRTH'S EYES? <b>yes</b>		IF SO, AT WHAT PERIOD OF GESTATION? <b>8th</b> Mos.	
IF YES, STATE DRUG <b>Silver N.</b>		IF NOT, WHY NOT?	

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

### CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE  
BUREAU OF THE CENSUS

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

AUG 01 2018

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



034734935

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





# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

DISTRICT NO. 3353 REGISTRAR'S NO. 3

1. David Furman Corson

Gesla Helen Zahrada

40

FULL NAME OF CHILD

MAIDEN SURNAME OF MOTHER

2. PLACE OF BIRTH: (A) COUNTY Riverside  
(B) CITY OR TOWN Norco  
(C) NAME OF HOSPITAL OR INSTITUTION 117 Mountain Ave.  
(D) MOTHER'S STAY BEFORE DELIVERY: YES IN THIS COMMUNITY YES  
IN HOSPITAL OR INSTITUTION: YES SPECIAL WHETHER YEARS, MONTHS OR DAYS

3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: 25  
(B) STATE California  
(C) COUNTY Riverside  
(D) CITY OR TOWN Norco  
(E) STREET AND NUMBER 117 Mountain Ave.

4. SEX Male 5. TWIN OR TRIPLET NO 6. NUMBER OF MONTHS OF PREGNANCY 9 7. DATE OF BIRTH June 23, 1944

8. FULL NAME Franklin E. O. Corson 9. COLOR OR RACE White 10. AGE AT TIME OF THIS BIRTH 48  
11. LENGTH OF RESIDENCE IN CALIFORNIA 14 12. BIRTHPLACE Philadelphia, Penn.  
13. USUAL OCCUPATION Carpenter 14. INDUSTRY OR BUSINESS none

15. FULL NAME Gesla Helen Zahrada 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH 41  
18. BIRTHPLACE Vienna, Austria 19. USUAL OCCUPATION Housewife  
20. INDUSTRY OR BUSINESS none

21. CHILDREN BORN TO THIS MOTHER:  
(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 2  
(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? none  
(C) HOW MANY CHILDREN WERE BORN DEAD? none

22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:  
Gesla Helen Corson  
1117 Corona, California  
117 Mountain Ave.

23. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 8:25P ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Parents

24. DATE RECEIVED BY LOCAL REGISTRAR 6-28-44 25. REGISTRAR'S SIGNATURE Marian T. Grandell

26. GIVEN NAME ADDED: none 27. (A) PREGNANCY, COMPLICATIONS OF: none  
(B) LABOR, COMPLICATIONS OF: none  
(C) WAS THERE AN OPERATION FOR DELIVERY? YES OR NO STATE ALL OPERATIONS: none  
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? YES IF YES, STATE DRUG Silver N.

28. ATTENDANT'S SIGNATURE J. J. Pearce, D.O. M.D., MIDWIFE OR OTHER DATE SIGNED 6/24/44  
ADDRESS 648 Keese, Box 73  
Mira Loma

(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? no DESCRIBE: none  
BIRTH INJURY? no DESCRIBE: none  
(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? yes  
IF SO, AT WHAT PERIOD OF GESTATION? 9th Mos.  
IF NOT, WHY NOT? none

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

### CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE  
BUREAU OF THE CENSUS

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STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

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AUG 01 2018

DATE ISSUED

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



034734936

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



CARIVERS02



California

SENIOR CITIZEN  
IDENTIFICATION CARD

FEDERAL  
LIMITS  
APPLY



ID

EXP 05/03/2026

LN CORSON

FN PAUL JOHN

787 ORANGE SHOW RD  
SN BERNARD, CA 92408

DOB 05/03/1946



05031946

SEX M

HGT 5-08

HAIR BRN

WGT 138 lb

EYES BLU

ISS

DD 06/07/2018 628AA/CCFD/26

06/07/2018



**DMV CALIFORNIA DMV**

**SENIOR CITIZEN IDENTIFICATION CARD**

EXPIRES 06-23-18



DAVID FRANK CORSON  
1569 MOUNTAIN AVE  
NORCO CA 92860



SEX:M HAIR:BRN  
HT:6-00 WT:150

EYES:BLU  
DOB:06-23-44

*David Frank Corson*  
12/11/2008 586 21 FD/18